WHEN STAKES ARE HIGH: RESEARCH-BASED MENTORING FOR YOUTH WITH MULTIPLE RISK FACTORS

Written and Presented By:
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Produced and Presented By:
The EMT Group, Inc.
June 2003

EMT

Produced by The EMT Group for the California Department of Alcohol and Drug Programs
TODAY’S AGENDA

9:00   Welcome and Introduction
9:30   MODULE 1:  Mentoring as a Developmental Intervention
11:00  Break
11:15  MODULE 2:  Mentoring Theory, Research Findings and Suggested Implications for Practice
Noon  Lunch (on your own)
1:00   MODULE 3:  Program Infrastructure
2:15   Break
2:30   MODULE 4:  Best Practices with High-Risk Youth
4:00   Evaluation Completion and Adjournment

EMT

The Mentoring Regional Training Symposiums are a project of The EMT Group, Inc., with funding by the California Department of Alcohol and Drug Programs.

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Regional Training Symposia
Produced and Presented By: The EMT Group Inc.
June 2003

Produced by The EMT Group for the California Department of Alcohol and Drug Programs
Welcome to the Mentoring Essentials 2003 Regional Training Symposium entitled *When Stakes Are High: Research-Based Mentoring For Youth With Multiple Risk Factors*, a project of the Evaluation, Management and Training (EMT) Group, Inc., funded through the California Department of Alcohol and Drug Programs. We are excited about this year’s program and hope you find the day to be helpful and informative. The relaxed setting will provide you with the opportunity to network with program presenters and colleagues, and to explore how successful strategies can be incorporated into your own program.

About Today’s Training

The 2003 Regional Training Symposium will present a six-hour comprehensive approach on strategies for mentoring youth with multiple risk factors including:

- Foster youth
- Children of incarcerated parents
- Adjudicated youth
- Homeless youth
- Children of substance abusers

The curriculum was produced by youth experts Brenda Ingram, M.S.W., L.C.S.W., Denise Johnston, M.D., and Dustianne North, M.S.W. The training will explore mentoring as a developmental intervention; mentoring theory, research findings and suggested implications for practice; program infrastructure; and best practices for mentoring youth with multiple risk factors.

Your commitment to making a difference with our youth is appreciated. Enjoy the day and thank you for joining us.
There are approximately 34 million adolescents in America. Ten percent of these youths face multiple challenges on the road to adulthood. They live and grow up in communities where violence, poverty, substance abuse, parental incarceration, parental mental illness, family violence, child abuse, high unemployment or underemployment, high rates of criminal and youth gang activity and poor community resources and infrastructures play powerful roles in their lives. These various challenges can impact a child’s development and put them at risk for failure to become productive adult citizens.

Today’s youth are facing more and more challenges that put them at risk for developing negative behaviors with fewer opportunities for positive interactions with adults. Relationship-based interventions, such as mentoring and apprenticing, have long been considered the cornerstone of youth development. Mentoring is increasing in popularity as a means of providing youth with adult guidance and nurturance. In a 1989 study conducted by the Bush’s Points of Light Foundation, mentoring was identified as the best way to help youth who faced multiple risk factors. Mentoring will not solve all problems experienced by youth, but it has been proven to be very effective with some youth.

Youth who have been classified as “high-risk”— having multiple risk factors or challenges in their lives and have developed negative coping behaviors— require effective mentoring programs that are specially designed to address their issues. These programs tend to have greater staff to mentors ratios, provide more structured activities, more supervision to mentors, parent programming, intensive mentor training structures, more clinical support, more collaboration with other community-based agencies, etc.

An EMT training developed by Brenda Ingram, M.S.W., L.C.S.W.; Denise Johnston, M.D.; and Dustianne North, M.S.W.
This training is designed to help programs that are considering serving these youth through mentoring with developing a sound program. A sound program has the following elements:

- Adequate planning that includes stakeholders from the community, especially youth;
- Infrastructures that support the program design and operations, including long-term funding sources;
- Sustainability- these youths need programs that can last the distance;
- Evaluation plan
LEARNING OBJECTIVES

By the end of this workshop participants will have:

1. A deeper understanding of the developmental issues associated with youth who have been seen as “high-risk.”
2. Knowledge of the current research findings regarding mentoring with this population.
3. The ability to assess one’s own program infrastructure and suitability to provide mentoring.
4. Understand the process of screening, training and supervision for mentors working with these youth.
5. An opportunity to examine intervention practices with youth that help sustain mentoring relationships.
6. An understanding of the evaluation process for a mentoring program.

We want to thank you for your willingness to learn more about mentoring this population of youth who will benefit from your endeavors to develop well-planned and structured mentoring programs. The principles you learn in this training will assist you to move your traditional mentoring program to better serve these youths or to start a new program in your community.
9:00 Welcome and Introduction
9:30 MODULE 1: Mentoring as a Developmental Intervention
11:00 Break
11:15 MODULE 2: Mentoring Theory, Research Findings and Suggested Implications for Practice
Noon Lunch (on your own)
1:00 MODULE 3: Program Infrastructure
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2:30 MODULE 4: Best Practices with High-Risk Youth
4:00 Evaluation Completion and Adjournment
Brenda Ingram, M.S.W., L.C.S.W.

BRENDA INGRAM is a licensed clinical social worker that has worked in the fields of mental health and trauma for the past 20 years. She has provided numerous workshops for human service providers on compassion fatigue, trauma, foster youth, mentoring, parenting trauma-reactive children, impact of violence on adults and children, cultural competency, stress management and developmentally appropriate practice with young children. She is a mental health consultant and trainer to school districts, childcare programs, preschools, sexual assault programs, domestic violence and ex-offender programs. She has been an adjunct faculty member and guest lecturer for Pacific Oaks College and California State Universities in Los Angeles and Long Beach.

Denise Johnston, M.D.

DENISE JOHNSTON is a leading national authority on children of criminal offenders. She is the founder and director of the Center for Children of Incarcerated Parents, which has served more than 12,000 clients since 1989. She has been principal investigator in more than a dozen major studies of the children of criminal offenders and their families. She has developed and implemented over 40 direct service projects for “at risk” children and families, including five mentoring projects: two for children of prisoners, one for female juvenile offenders, one for pregnant jailed women, and one for women prisoners living with their children in mother-child correctional facilities.

Dustianne North, M.S.W.

DUSTIANNE NORTH has been working in the field of youth mentoring since 1995, when she began building a mentor and volunteer program for the foster youth in residence at the Florence Crittenton Center in Los Angeles in 1995. After creating the first mentoring program in Los Angeles County serving youth in foster care (with official approval from Los Angeles County Department of Children and Family Services, the LA Probation Department, and Community Care Licensing), Ms. North began providing training and technical assistance throughout the state for EMT. She specializes in assisting programs that serve special needs populations such as court-involved and foster youth. Ms. North has now completed her M.S.W. at UCLA, and she continues to work toward her Ph.D. in Social Welfare, also at UCLA. She draws upon her experiences with mentoring, her clinical training as a social worker, and her administrative expertise in designing curricula and facilitating trainings. This diverse scope of knowledge allows her to work with direct practice issues, such as communicating with youth, as well as macro-level issues, such as designing mentor programs for foster youth.
For their contributions to the success of our Regional Training Symposiums, The EMT Group extends its gratitude to the following people and organizations:

- The California Department of Alcohol and Drug Programs and the Governor’s Mentoring Partnership for encouraging and supporting the mentoring effort throughout California.

- The writers and presenters of *When Stakes Are High: Research-Based Mentoring For Youth With Multiple Risk Factors* Regional Training Symposiums: Brenda Ingram, Denise Johnston, and Dustianne North.

- Shelly Boehm of EMT for curriculum design, database management and registration assistance for the Regional Training Symposiums.

- Jacquie Kramm for the graphic design guidance of the symposium materials.

- TC Printing for their print production of the symposium materials.

- Our guests, without whom these events would not be possible. We hope that your expectations were exceeded and the day provided some valuable information. Thank you for your dedication to the mentoring effort and your participation today.

For their superb service and gracious hospitality, The EMT Group would like to thank the staff members of the following businesses and organizations:

- Radisson Huntley Hotel Santa Monica
- The Catamaran Resort Hotel in San Diego
- The Doubletree Hotel in Monterey
- The Sierra Health Foundation in Sacramento
Free Customized Technical Assistance

Community and school-based youth mentoring programs may receive free technical assistance and training from the Evaluation, Management and Training (EMT) Group, which is funded to provide this service by the California Department of Alcohol and Drug Programs. Drawing on a statewide pool of diverse consultants, EMT tailors technical assistance to the specific needs of the requesting organization.

Please ask a workshop trainer for more information about available services. A Technical Assistance Application is provided for your use in the Program Development Resources section of this binder. You may also contact Lisa Scott or Shelly Boehm of EMT directly at:

- Mail: 391 South Lexington Drive, Suite 110, Folsom, California 95630
- Tel: 916.983.9506
- Fax: 916.983.5738
- Email: lisa@emt.org or shellyb@emt.org
- Website: www.emt.org
Workshops By Request

The Mentoring Plus Workshops By Request are **FREE** one day intensive trainings that make state-of-the-art mentoring practices available to programs throughout California. The goals of the Mentoring Plus Series Workshops are to assist new and existing programs in meeting the **Recommended Best Practices for Mentor Programs** and to enable children and youth to benefit from the best mentoring practices available.

Interested organizations can request to host a workshop for groups of 15 to 40 people. The workshops, which are designed for both beginning and advanced-level mentor programs, offer the following:

**The Workshop Series Offers the Participant:**

- FREE day-long workshops in accessible locations throughout California
- Comprehensive trainings developed by leading experts in the mentoring field that are designed for both beginning and advanced-level mentoring programs
- A training handbook containing:
  - a narrative of the material presented
  - all overheads and activities conducted
  - supplementary resources
  - assessment of “next steps” to help workshop participants “bring the training home”
  - information on accessing customized technical assistance
- Technical assistance resources and forms for requesting technical assistance
- Networking with other community members interested in mentoring

**The Current Workshop Topics are Available:**

- Creating a Safe & Effective Mentoring Program
- Designing An Effective Training Program for Your Mentors
- Foster Youth Mentorship Training for Program Managers
- Mentoring Program Basics for New Managers
- Preparing Mentees for Success: A Guide for Program Manager’s
- Responsible Mentoring
- Risk Management For Mentoring Programs
MODULE 1

IN THIS MODULE

▼ Define “development”

▼ Developmental resources, developmental insults and developmental outcomes

▼ Developmental interventions for optimal mentoring

▼ Developmental approach for recruitment, screening, training and supervision

MENTORING AS A DEVELOPMENTAL INTERVENTION
EXERCISE:

“The Three Questions for Reflective Practitioners”

1. Who am I and why do I do work?

2. How does the work affect who I am?

3. How does who I am affect the work?
Defining High Risk

Children Facing Multiple Developmental Insults

- Homeless children
- Children of substance-dependent parents
- Children of criminal offenders or incarcerated parents
- Children in foster care
- Children on probation or in correctional settings

Some Common Developmental Insults

- Developmental, physical or mental disabilities
- Impaired (substance-dependent, mentally ill) primary caregiver(s)
- Physical, emotional and sexual abuse
- Severe neglect
- The witnessing of violence (domestic or in the community)
- Bereavements
- Separations from home and family

Some Common Development Resources/Supports

- A consistent, nurturing primary caregiver
- Protection from physical, mental and emotional harm
- An additional consistent, nurturing adult in a child’s life
- A safe, healthy home environment
- Health care
- Formal education
List Five Groups of High Risk Children

1.

2.

3.

4.

5.
The Developmental Perspective

Definition of Development
...the acquisition of skills through integration of experience

Some “Packages” of Developmental Skills
- Walking
- Attachment
- Logical thinking
- Identity

The Attachment Bond
- Enduring
- Emotional and physical components
- Security and comfort is sought from the attachment figure
- Distress is experienced following involuntary separation from the attachment figure

Attachment
- The “package” of developmental skills that supports and is produced by the attachment relationship

The Attachment Cycle

John Bowlby:
Attachment behavior is drive behavior and attachment is like other basic human drives.
Behaviors Developed in the Attachment Cycle

- Attachment-maintenance ("keeping someone around")
- Attachment-seeking/aggression ("getting someone back when they go")
- Self-soothing

What skills do children learn in the primary attachment relationship?

Attachment Skill Sets

- Children learn to love and trust
- Children achieve a sense of "felt security" in their environment
- Children achieve the ability to self-regulate:
  - activity
  - affect
  - arousal
  - attention
- Children develop cognitive representations of themselves and others in relationships

Attachment Creates Cognitive Representations of Relationships

Attachment answers the questions:

- What do I look like in an attachment relationship?
- What do my attachment relationships look like?

The process of acquiring the capacity for attachment illustrates the way development works.
**Definition of Development**

“The process of acquiring skills by integrating experience.”

**Development is like baking a cake.**

Some people have had good things go into their cake...
These things are called “developmental resources.”

Some people have had other things go into their cake...
These things are called “developmental insults.”

**Some developmental insults that may have a lifelong effect:**

- Severe illness
- Major injuries
- Forced separations from caregivers
- Caregiver or sibling bereavements
- Multiple placements
- Physical, sexual or emotional abuse
- Witnessing violence in the home or in the community

Many developmental insults that have major, lifelong effects are referred to as...
### Trauma

An emotional or physical shock capable of producing lasting developmental damage.

#### The Aspects of the Trauma State

- Shuts down unnecessary functions
- Focuses all systems on sources of threat
- Physical, cognitive and emotional components

**Physical**

- Shut down of digestive, reproductive and other functions unnecessary for survival
- Preparation of the body for “fight or flight”:
  - Increased heart rate and blood pressure
  - Increased respiration
  - Increased blood flow to muscles

**Cognitive**

- Shut down of learning, reasoning and reflective functions
- Focus of cognitive functions on sources of threat:
  - Increased speed of mental activity
  - Attention/concentration on survival

**Emotional**

- Freezing or numbing of “positive” emotions
  - Love
  - Happiness
  - Joy
- Emotional flooding
  - Anxiety
  - Fear
  - Anger
When Does Trauma Affect Development?

When recovery does not occur.

Elements of Recovery from Trauma

- Individual coping skills
- Emotional support
- Basic needs are met, including the need for **safety**

**Individual Coping Skills**

- Good health
- Normal cognitive function
- Physical strength
- Self-esteem

**Emotional Supports**

- A caring adult helper
- Validation of the traumatic experience
- Provision of a sense of belonging and identity

**Basic Needs Are Met**

- Shelter
- Food
- Clothing
- Safety

Without **safety**, traumatic experiences continue and recovery cannot occur.

*All of these elements are critical, but if one is missing, recovery cannot occur.*
Long-Term Effects of Trauma Without Recovery

Emotional effects
- persistent emotional numbness
- persistent emotional flooding

Cognitive and moral effects
- powerlessness, hopelessness, despair
- attention-concentration and learning problems

Behavioral effects
- irritability, impulsivity, hyperarousal, hypervigilance
- depression
- aggression

Children who exhibit these long-term manifestations of trauma (or other developmental insults) are often said to engage in “high risk behaviors.”

Developmental insults, including trauma, are most effectively addressed by developmental intervention.
Developmental Intervention

- Principles
- Mechanisms
- Methods

PRINCIPLES OF DEVELOPMENTAL INTERVENTION

FIRST PRINCIPLE

DEVELOPMENT IS ADAPTIVE.
Developmental outcomes reflect life experience.

If you look like what has gone into your cake, you are developmentally normal.

SECOND PRINCIPLE

DEVELOPMENTAL OUTCOMES ARE THE SUM OF THE EFFECTS OF:

Developmental Resources/Supports
("good experiences")

+ 

Developmental Insults
("bad experiences")

Children who have experienced many developmental insults are often referred to as “high risk” children.
THIRD PRINCIPLE

DEVELOPMENTAL PATHWAYS AND OUTCOMES CAN ALWAYS BE CHANGED BY NEW EXPERIENCE.

Mechanisms of Developmental Intervention

- Increasing developmental resources
- Reducing developmental insults or their effects

Increasing Developmental Resources

- EXAM PLES: Increasing resources that support development of the capacity for attachment in children
  - Home visiting provides appropriate models of caregiving for new mothers, improving their ability to nurture their infants
  - Mentoring provides children with supplemental attachment figures

Reducing Developmental Insults or Their Effects

- EXAM PLES: Decreasing insults that damage the capacity for attachment in children
  - Safe (low violence, low crime) housing
  - Drug treatment for parents/caregivers

- EXAM PLES: Decreasing the effects of developmental insults that damage the capacity for attachment
  - Psychotherapy following traumatic experiences

Methods of Developmental Intervention

- Like primary development:
  - Address developmental tasks
  - Are resource-intensive
  - Involve multiple modalities
  - Are relationship-based
Developmental Intervention Methods Address Developmental Tasks

- EXAM PLE: approaches that build the capacity for attachment
  - Mother-child residential treatment programs
  - Mentoring
- EXAM PLE: techniques that support development of cohesive identity
  - Life calendars
  - Narrative therapies

Developmental Intervention Methods Are Resource-Intensive

- Clients do not compete for resources
- Diverse and accessible intervention staff
- Availability of resources anticipates and is sensitive to client needs

Developmental Intervention Methods Involve Multiple Modalities

- Use of multiple modalities support a global approach that:
  - Engages a greater proportion of clients
  - Engages clients in several developmental domains
  - Allows clients to modulate the impact of activities in different domains
  - Is more effective

Developmental Intervention Methods Are Relationship-Based

- Relationship-based intervention:
  - Replicates the circumstances in which developmental skills are normally acquired (i.e., within supportive relationships)
  - Replicates the sequence in which developmental skills are normally acquired (emotional/relational development precedes development in all other domains)
  - Requires and enhances the use of language and narrative
  - Is more powerful than any other type of intervention in changing developmental outcomes
Mentoring as a Developmental Intervention

- Mentoring addresses the developmental task of attachment:
  - Mentoring provides a supplemental attachment figure
  - Mentoring provides opportunities for the development of shared narratives

- Mentoring is resource intensive when:
  - diverse and accessible mentors are provided to mentees
  - mentors anticipate and are sensitive to mentee needs

- Mentoring is relationship-based practice

Implications of a Developmental Approach to Mentoring

- Assessment is essential
  - Initial assessments of
    - Potential mentors
    - Mentees
    - Mentor-mentee matches
  - On-going assessments of
    - Mentors
    - Mentees
    - Mentoring practice

- Mentors must be appropriate supplemental attachment figures
  - Emotionally balanced
  - Non-judgmental
  - Capable of:
    - “unconditional, hopeful, positive regard”
    - self-regulation
    - mutual regulation
    - creating shared narratives
  - Own needs are met
Mentors must receive adequate supports

- Adequate base of information on child development, mentoring and the population served
- Training
  - Values clarification
  - Listening, reflection and other counseling skills
  - Crisis identification and management
- Extensive, available and accessible resources for mentees
- Assistance in meeting own needs outside of the mentoring relationship
  - Social/recreational activity
  - Stress reduction
  - Respite
- Monitoring
  - Observation of mentoring interaction
  - Structured feedback on mentoring practice
  - Reflective supervision:
    - routine utilization of the “3 Questions” exercise
    - commitment to regular supervision activities
    - opportunities for mutual self-examination of mentoring practice
    - anticipatory guidance
    - mentoring and modeling
Summary

- Development is the acquisition of skills through integration of experience
- Developmental outcomes equals the sum of the effects of developmental resources plus the effects of developmental insults
- Characteristics of developmental interventions:
  - They increase developmental resources or decrease the effects of developmental insults
  - They address developmental tasks
  - They are resource-intensive
  - They use multiple modalities
  - They are relationship-based
- Mentoring is a developmental intervention because:
  - It addresses a developmental task (attachment)
  - It is resource-intensive when diverse and accessible mentors are provided
  - It is relationship-based practice
- Implications of a developmental approach to mentoring:
  - Assessment is essential
  - Mentors must be appropriate supplemental attachment figures
  - Mentors must receive adequate supports, including reflective supervision
Research Findings, Mentoring Theory, and Introduction to Best Practices

IN THIS MODULE

▼ Major current research findings
▼ Benefits of mentoring
▼ Program strategies for high-risk youth
MODULE 2

Research Findings, Mentoring Theory, and Introduction to Recommended Program Structures and Practices

LEARNING OBJECTIVES

1. Understand and interpret some major current research findings about:
   • The possible benefits of mentoring
   • Cautions associated with mentoring
   • Specific findings regarding mentoring for youth facing multiple risk factors

2. Become familiar with a conceptual theory explaining how having a mentor can improve the quality of life of children as proposed by Dr. Jean Rhodes.

3. Explore ways in which mentoring programs and practices might be structured to support positive matches for youth facing high risk factors.
RESEARCH FINDINGS REGARDING THE IMPACT OF MENTORING ON YOUTH IN GENERAL

BENEFITS OF MENTORING
General Findings

- Positive relations with adults are crucial to resiliency (Benard, 1991; Werner, 1990).

- Newly utilized as a formal “intervention,” or rather “resiliency-building programming” but early results look promising (EMT, 2002).

- Overall meta-analysis of 55 program evaluations says programs only have modest benefit to an average youth; however, benefits improve significantly when “best practices” are employed (Dubois, 2002).
General Findings, continued

- Seems to be most successful when used in conjunction with other interventions (Jakielek et al., 2002).

- Best results in improving:
  - school attendance
  - attitudes toward school
  - preventing substance abuse
  - promoting positive social attitudes and relationships (Jakielek et al., 2002)

- Less substantial but still promising results for college attendance. (Jakielek et al., 2002).

Big Brothers Big Sisters Study

Key Source: Dr. Jean Rhodes, Ph.D.

- A 1988 study of Big Brothers Big Sisters is THE study on mentoring because it was conducted nationwide and used the programs' waiting list youth as a control group.

- At a glance, its results showed mentoring to be EXTREMELY EFFECTIVE:
  - Youth mentored were 46% less likely to begin using drugs
  - 27% less likely to begin using alcohol
  - 52% less likely to skip school
  - 37% less likely to skip a class
  - 33% less prone to violence

However, when the SAME data was further analyzed, different results appeared...
Over time, mentoring was shown to slow down the onset of negative behaviors, but not to eliminate them.

**Drug Use Ratings**

![Drug Use Ratings Graph](Rhodes)

**Alcohol Use Ratings**

![Alcohol Use Ratings Graph](Rhodes)

**Hitting Ratings**

![Hitting Ratings Graph](Rhodes)

**Skipping Class Ratings**

![Skipping Class Ratings Graph](Rhodes)
Big Brothers Big Sisters Study, continued  
Key Source: Dr. Jean Rhodes, Ph.D.

- Both the meta-analysis of 55 program evaluations showed modest results (.13) AND the BBBS study showed small pre-post and post-program difference effect size estimates (.02 & .05). However, BBBS results reflect successful matches and failed ones lumped as one, so successful matches showed better results than those reported.
- Mentoring assisted youth in closing the gap between their aspirations and their expectations regarding career choices.
- Natural mentors are also effective, perhaps even more so.

CAUTIONS ABOUT MENTORING  
All Programs

- Unsuccessful mentoring can harm youth! In fact, mentoring carries much greater capacity for damage than for improvement, though improvements are significant when mentoring is successful (EMT, 2002; Rhodes, Jakeilek et al., 2002).
Role of Duration

- < 6 Months: 19%
- 6 - 11 Months: 36%
- > 11 Months: 45%

Length of Mentoring Relationship and Outcomes

- Type of Outcome: Scholastic Competence, School Attendance, Prosocial Behavior, Sexual Abstinence
- Strength of Outcome: -5 to 1

- < 6 months
- 6 - 12 months
- > 12 months
CAUTIONS ABOUT MENTORING
All Programs, continued

- Most mentoring programs do not provide the necessary training and support for children to show improvement shown in Big Brothers Big Sisters study (EMT, 2002; Dubois, 2002; Rhodes):
  - Less than 25% of mentor programs nationwide have adequate support for mentors once matches are made
  - Less than half of programs offered 2+ hours of training
  - 1:20 staff to mentors is median; 20% of mentors “never talk” to program staff (Herrera, Sipe)

- Multiple models of mentoring are used and many populations served, so programs are very different from each other. Defining mentoring is hard and it is difficult to tell what those programs actually do (EMT, 2002).

CAUTIONS ABOUT MENTORING
All Programs, continued

- Other program issues/obstacles:
  - high staff turnover rate
  - unrealistic funder expectations
  - insufficient recruitment and support of mentors
  - inadequate infrastructure
  - labeling of youth
  - social skills challenges facing mentees
  - unclear or inappropriate purpose in mentoring
  - ineffective collaborations
  - difficulty meeting special needs populations
  - ineffective developmental practices (EMT, 2002)

- It is difficult to recruit enough mentors—problems with professionals, students, retirees... also volunteers fear to work in neighborhoods where youth live (Jakeleek et al., 2002).
Cautions About Mentoring All Programs, continued

- Damage is most likely to occur when matches terminate early (especially prior to 6 months when commitment is 1 yr) (Rhodes)

Predictors of Early Relationship Termination

- **Volunteer is:**
  - married and 26 to 30 years old
  - female
  - lower income
- **Protégé is:**
  - referred for psychological testing
  - referred to educational remediation program
  - survivor of abuse
  - minority status

What Mentoring Does NOT Do...

- It is unclear whether mentoring has an impact on grades - as stated before, mentoring DOES seem to improve school attendance and attitudes toward school (Jakielek et al., 2002).

- No effect on stealing or damaging property, trips to the principal’s office, being in a fight, cheating, or using tobacco (Jakielek et al., 2002).

- Mentoring does not seem to directly affect self-image, though may via improved relationships (Jakielek et al., 2002).

- The presence of an adult to turn to had no effect in a recent study of demographically diverse adolescents in New Jersey on consumption of alcohol (Beier et al., 2003).
MENTORING THEORY:

All Types Of Mentoring
(formal, natural)

All Types Of Youth
(all levels of “risk”)

How Does Mentoring Work???

Mentoring...

- Is hypothesized to correct societal deterioration of adult-youth relationships and to be a “powerful & cost-effective” way of improving the quality of life of youth.
- Takes a proactive approach to serving youth rather than a reactive one when problems occur.
- Is hypothesized to enhance social and emotional development.
- Can facilitate transition to adulthood.
Module 2

Research Findings, Mentoring Theory, and Introduction to Best Practices

**Pathways of Mentoring Influence**

- **Mentor Relationship**
  - Mutuality
  - Trust
  - Empathy

- **Social-emotional development**
  - Positive Protégé Outcomes (e.g., grades, well-being, behavioral)

- **Role modeling & identification**

- **Cognitive development**

**Interpersonal history, social competencies, relationship duration, developmental stage, demographics, ecological context**

(Rhodes)

**Enhancing Social-Emotional Development**

- **Challenge of views of self in relationship**
- **“Corrective experience”** that generalizes to other relationships
- **Alleviate relationship stress**

“[Without my mentor], I wouldn’t have opened up. She helped me talk a lot. I ask her about things in my life. Like about my friends, like if I get in an argument with one of my friends. I ask her about that—when my parents have trouble.”

(Rhodes)
Foster Youth’s Peer Relations


Pathways of Mentor Influence

Child Development (2000), 1662-1671 (Regression coefficients from LISREL analysis)
**Research Findings, Mentoring Theory, and Introduction to Best Practices**

### Quality of Parental Relationship

- **Substance Use**: $-0.46$  
- **Self-Worth**: $0.18$  
- **Quality of Peer Relationships**: $0.20$, $0.14$  

### Pathways of Mentor Influence


**Modeling and Shaping**

- **Role modeling**
  - observing and comparing their own and mentors
  - reinforced through support and feedback
- **Selection of reference groups**
  - act as audience
  - raise standards of performance
- **Improvements in self-concept**
  - encourage skill-building, further action
  - increase optimism, achievement goals

(Rhodes)
Recommended Program Practices
(All Mentoring Programs)

Research shows that mentoring is MOST effective in improving outcomes for youth when:
- Programs strongly adhere to guidelines for designing and implementing mentor programs (National or State Quality Standards) (Dubois).
- Structure and planning are top program priorities.
- Programs are youth-driven.
- Programs perform in-depth assessment of relationship and contextual factors in the evaluation of programs (Dubois).
- Most important elements of effective mentoring are:
  - mentor commitment and follow-through
  - keeping things fun for mentees
  - having a positive developmental perspective
  - longer lasting matches
  - close and frequent contact between mentors & mentees
  - thorough training for mentors
  - realistic training and recruitment
  - monitoring of matches
  - attention to social context of match (EMT, Rhodes, Jakeilek).

Recommended Program Practices, continued

- Mentoring should be aimed at enhancing social skills, emotional well-being, improving cognitive skills via dialogue and listening, role modeling, and advocacy (EMT).
- ADDRESSING MULTIPLE NEEDS WORKS BEST! (EMT, Rhodes)
- Using proven practices is crucial: support of feelings, affirmation of strengths, trust, empathy, mutuality (EMT).
- The QUALITY OF THE MENTORING RELATIONSHIP is key! (EMT)
- There are different benefits to cross-race matches and same-race matches:
  - Same-Race Matches
    - Boys did more homework
    - Girls had higher school value
  - Cross-Race Matches
    - Protégés less likely to initiate alcohol use
    - Boys less likely to initiate alcohol
    - Girls had improved self-concept (Rhodes).
- Mentor familiarity with mentee’s family is best.
Everything we have learned so far applies to mentoring all children. But what does the research say specifically about mentoring as an intervention for youth facing multiple risk factors?

Revisiting “Risk”

- Often refers to developmental insults children/youth have suffered or are continually suffering. This could include past or present abuse, exposure to violence, extreme injury or illness, separation from caretakers, etc.

- Also is referred to when discussing factors that render youth vulnerable to insult, including but not limited to the presence of past or present insults or traumas.

So when talking about “High risk youth,” mentoring programs often think of youth dealing with past, present, or the high risk of future insults such as those described above. Mentoring programs have often taken a cautious approach to serving these youth – many programs feel ill equipped to address these issues.
In the literature regarding youth development, risk is also discussed when talking about youth in the context of RISK BEHAVIORS, or behaviors youth engage in that carry risk of health damage, failure to thrive as children or adults, etc. such as substance abuse, unsafe sex, violence, etc.

Revisiting “Risk”
A Third Definition:

In the literature regarding youth development, risk is also discussed when talking about youth in the context of RISK BEHAVIORS, or behaviors youth engage in that carry risk of health damage, failure to thrive as children or adults, etc. such as substance abuse, unsafe sex, violence, etc.

Specific Findings
Regarding High Risk Youth

Benefits...

- Youth facing several risk factors may be able to benefit MOST from mentoring when program structures and positive interactions with their mentors are in place.
- Mentoring appears to be MOST successful when used in conjunction with other interventions. It seems likely that this would be even more true when mentoring youth facing high risk!
- FOSTER YOUTH: peer relationships improved over time when they had a mentor, deteriorated over time without one (Jakielek, 2002; Rhodes).
New Research Finding: Mentoring and its Ability to Reduce High Risk Behaviors
(Baer et. Al, 2003)

In a new study, it was found that adolescents with mentors were significantly less likely to participate in 4 of the 5 measured risk behaviors:

- ever carrying a weapon (odds ratio, 0.41; P<.01).
- illicit drug use in the past 30 days (odds ratio, 0.44; P<.01).
- smoking more than 5 cigarettes per day (odds ratio, 0.54; P<.05).
- sex with more than 1 partner in the past 6 months (odds ratio, 0.56; P<.05).
- No significant difference was found with alcohol use (>3 drinks in the past 30 days).

Cautions About Mentoring

- Poorly implemented programs have high potential to have an adverse effect on high risk youth, often due to the tendency for matches involving these youth to terminate early (DuBois, 2002).

- Mentees are most likely to terminate early if they are referred for psychology testing, remedial education, are survivors of abuse, or are minority status. Youth facing multiple risk factors were more likely to terminate early and therefore more likely to suffer damage from having been mentored (Rhodes).

- Therefore, extreme caution should be used in serving low functioning youth facing high risk factors!!! (Rhodes; Jakeilek et al., 2002)
Recommended Program Practices

- Programs that showed highly positive results for high risk youth had high screening threshold for mentees; higher functioning youth facing high risk did best in mentor programs.

- Strong adherence to guidelines for designing and implementing mentor programs becomes especially critical when serving high risk youth—particularly in regard to screening, training, and supervision processes.

- In-depth assessment of relationship and contextual factors in the evaluation of programs is also highly critical in serving high risk youth.

- Proper closure of matches when serving high risk youth is also crucial to avoiding damage to mentees and promoting positive outcomes.

- Natural mentors were found to be of benefit to youth—programs may want to consider designing their program to accommodate natural matches in addition to "arranged" ones (Rhodes; Beier et al 2003).

Summation of Key Research Findings

- Mentoring actually has MORE capacity for damage than benefits; however, benefits are significant and worthwhile when successful.

- Early termination of relationships is one main cause of adverse reactions to mentoring—youth facing high risk are far more likely to terminate matches early than youth in lower risk categories. This means that programs serving youth facing high risk need to focus heavily on strong planning and program design that offers thorough support to mentors and mentees.

- Natural mentors can be just as important and effective with youth in need as “arranged” mentors.

- EXTREME CAUTION SHOULD BE USED WHEN USING MENTORING AS AN INTERVENTION WITH LOW FUNCTIONING, HIGH RISK YOUTH!
Summation of Key Research Findings, continued

- Mentoring is MOST effective for children facing high risk when used in conjunction with other services. It is NOT advised to use mentoring as a lone intervention with youth in high risk environments!

- Mentoring seems to work via development of social and emotional skills, and it seems to strengthen the relationship between mentees and their parents and mentees and their peers.

- Much more research is needed to understand the effects of mentoring on high risk youth, especially in programs that are specifically designed to serve high risk youth.


DiClemente RJ, Hansen WB, Ponton LE. Adolescents at risk, a generation in jeopardy. In: DiClemente RJ,


Bretherton & E. Waters (Eds.), Growing points of attachment theory and research (pp. 66-104). Monographs of the Society for Research in Child Development, 50(1-2, Serial No. 209).


Rhodes, J. E. (2002). Stand by me. The risks and rewards of mentoring today's youth. Cambridge, MA:
Harvard University Press.


Staudt D. Mentoring: a school-university partnership that is making a difference. Paper presented at: a Texas University/School Research Collaborative; 1995; College Station, Tex.


IN THIS MODULE

▼ “Global risk levels,” mentor responsibilities, and mentee profile

▼ Recommended Best Practices

▼ Program ability to serve youth facing multiple risk factors
  ▼ Deepen understanding about reflective supervision
  ▼ Screening, training and supervision approaches for working with high-risk youth

▼ A reflective paradigm in program structure

▼ Evaluation

WHEN STAKES ARE HIGH  EMT
DIRECTIONS:
Complete the following Agency Self-Assessment. It will help you identify the risk factors inherent in your mentoring program so that can develop an appropriate mentor profile.
Work individually or with other members from your own agency.
Circle the answer that is most appropriate.

1. Mentoring takes place:
A. In a school, youth center, church, or other facility with staff supervision ONLY
B. BOTH at a facility with staff supervision and out in the community unsupervised (this includes programs that have supervised formal sessions, but allow their mentors to have outside contact with their mentees)
C. Out in the community ONLY, with mentors and mentees working independently and without staff supervision
D. Not yet determined

2. Mentees are transported:
A. Never — transportation is not an element of the program
B. By staff only
C. By staff and volunteers, or just volunteers
D. Not yet determined

3. Visits or outings are approved by:
A. Parents or relatives with custody AND staff
B. Parents or relatives with custody ONLY
C. Foster family, social worker, or other professional guardian when children are wards of the court
D. Not yet determined

4. Rate the overall stability of your organization and program based on secure funding and resources, experience and continuity of staff, retention of mentors, and community support:
A. Strong, stable and supported
B. Some staff turnover present OR lack of long-term funding BUT NOT BOTH
C. Some staff turnover present AND lack of long-term funding
D. Program has not yet secured staff and/or funding

5. Refer to the attached “Classifications of Mentoring Relationship Types” and circle the choice that best matches the “softest” type of mentoring relationships characteristic of your program.
A. Soft – Medium
B. Hard
C. Hard Core
D. Not yet determined

6. Refer to the attached “Classifications of Mentoring Relationship Types” and circle the choice that best matches the “hardest” type of mentoring relationships characteristic of your program.
A. Soft – Medium
B. Hard
C. Hard Core
D. Not yet determined

7. You consider your program to be primarily:

continued
A. A prevention strategy to support before drugs, gangs, violence, teen pregnancy, and other dangers ONLY
B. BOTH a prevention strategy AND a method of intervention that helps youth who have already run into problems with school, criminal and/or violent behavior, drug or alcohol abuse, etc.
C. An intervention strategy ONLY
D. Not yet determined

8. Rate the level of training provided to mentors:
A. Orientation and training are extensive and thorough
B. Orientation and training are adequate to get mentors started
C. Orientation only — no real training provided
D. Not yet determined

9. Rate the level of support provided to mentors:
A. Extensive support from staff, other mentors, AND possibly parents or guardians
B. Strong support from staff OR other mentors, but not both
C. Support comes only from parents or guardians
D. Not yet determined

10. The neighborhood(s)/community(ies) served by your agency is(are):
A. Mixed levels of income; many stable community members who could serve as mentors; some families struggling; reasonable quality of education provided by local public schools; strong presence of youth programs and service; rising levels of crime; some presence of drug and alcohol abuse, and some gang presence
B. Dominated by lower-income families; some stable community members; many families struggling; educational programs could be improved; more youth programs and services are needed; crime is an ingrained reality, although is kept somewhat at bay by long-standing community efforts; significant presence of drug and alcohol abuse and trafficking, and significant gang presence
C. Dominated by low-income families; fewer stable community members; substandard educational programs; many more youth programs and services are needed; crime is prevalent and deeply ingrained; prevailing drug and alcohol abuse and trafficking; powerful gang presence
D. Not yet determined

SCORING
POINTS: To total your score, give your program 1 POINT for every answer “A” or “D” you selected, 2 POINTS for every “B” you selected, and 3 POINTS for every “C” you selected.

ADJUSTMENTS FOR “D” ANSWERS: IF you answered “D” to 4 or more questions, your program is not yet defined sufficiently to fully develop a mentor profile. IF you answered “D” to 3 questions AND your score is 22-24, ADD 2 POINTS to the total. IF you answered “D” to 2 questions AND your score is 24-26, ADD 1 POINT to the total.

SCORE: There are 30 points possible. The number of points indicates ROUGHLY the level of risk your program faces. This is ONLY to give a general idea, and to match you with other programs in the room that are facing similar risk levels that you are — it is not meant to formally classify any program.


A: ___ x 1 = _____
B: ___ x 2 = _____
C: ___ x 3 = _____
D: ___ x 1 = _____

+ SUBTOTAL: _____

Point adjustments for D answers + _____

= GRAND TOTAL: _____
<table>
<thead>
<tr>
<th>CLASSIFICATION OF MENTORING RELATIONSHIP TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistance Mentoring</strong></td>
</tr>
<tr>
<td><strong>1. Low/Moderate</strong></td>
</tr>
<tr>
<td><strong>Mentoring</strong> (Formerly Soft Mentoring)</td>
</tr>
<tr>
<td><strong>Risk Level “Low”</strong></td>
</tr>
<tr>
<td><strong>TERMINOLOGY/RISK LEVEL</strong></td>
</tr>
<tr>
<td><strong>TYPES OF MENTORING EFFORTS/ACTIVITIES</strong></td>
</tr>
<tr>
<td><strong>TYPES OF KINDS, I.E. YOUTH PROFILES</strong></td>
</tr>
<tr>
<td><strong>MENTORING CLASSIFICATIONS</strong></td>
</tr>
<tr>
<td><strong>NEEDED MENTOR CHARACTERISTICS</strong></td>
</tr>
<tr>
<td><strong>MENTOR PROGRAM CONSIDERATIONS</strong></td>
</tr>
<tr>
<td>- Companionship</td>
</tr>
<tr>
<td>- Academic Tutoring</td>
</tr>
<tr>
<td>- Career and Professional Guidance</td>
</tr>
<tr>
<td>- College/Higher Education Guidance</td>
</tr>
<tr>
<td>Basically well behaved and well guided kid who could benefit from additional companionship and/or assistance. Very impressionable. Eager for assistance.</td>
</tr>
<tr>
<td>Assistance mentoring is designed and utilized to assist (helping hand) youth who have no intrusive attitudinal and behavioral issues that would inhibit and/or serve as an obstacle to receiving basic assistance in academics, career/job counseling, leadership/conflict resolution skills, social recreation activities, minor self-esteem issues, etc. Assistance mentoring is for youth who have not been deeply affected by societal, community and/or family risk factors.</td>
</tr>
<tr>
<td>A caring and committed person who recognizes the value of additional companionship and guidance to a young person. In this regard, little patience is needed, but requires a time commitment. Also, thought must be given to appropriate attitudes, activities and techniques used.</td>
</tr>
<tr>
<td>- MENTORING PROGRAM COORDINATOR POSITION:</td>
</tr>
<tr>
<td>- Program development &amp; management skills,</td>
</tr>
<tr>
<td>- Knowledgeable regarding principles of youth development.</td>
</tr>
<tr>
<td>- PROGRAM CAPACITY:</td>
</tr>
<tr>
<td>- Must have adequate resources i.e. funding,</td>
</tr>
<tr>
<td>- Staff, technology and equipment, before starting mentoring activities.</td>
</tr>
<tr>
<td>- Matching Considerations:</td>
</tr>
<tr>
<td>- Same cultural, gender considerations should be considered, however in this context and classification not necessary in reaching effective outcomes for youth.</td>
</tr>
<tr>
<td>- Mentors must have the skills to assist in relevant (goals/objectives) areas,</td>
</tr>
<tr>
<td>- Mentors must be culturally and gender aware and respectful.</td>
</tr>
<tr>
<td>TERMINOLOGY/RISK LEVEL</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>2. Moderate Mentoring</td>
</tr>
<tr>
<td>(Formerly Medium Mentoring)</td>
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</tbody>
</table>
### Transformative Mentoring

#### 3. INTENSIVE MENTORING

**Risk Level “High”**

- Companionship
- Academic Tutoring
- Career and Professional Guidance
- College/HIGHER Education Guidance
- Self-Esteem Building
- Prospective Broadening
- Conflict Resolution
- Manhood/Womanhood Responsibility
- Parenting Skills
- Respect for Private Property

Potentially good kid. Has no positive male or female guidance. Basically treats school as a social gathering. Not much positive encouragement and examples regarding academics at home. Has given little or no thought to career and/or collegiate path. Maybe, occasional run-ins with the law or school authorities. Still impressionable but heavily influenced by negative surroundings and/ or peer group.

Transformative mentoring is designed (non-punitively) to deliberately address and/or affect change of negative/anti-social self-esteem, attitude and behavior in youth who have been profoundly affected by societal risk factors. The transformative mentoring process is a necessary prerequisite in order for most youth in this category to benefit from an assistance mentoring process. Transformative mentoring is for youth who, because of their current attitudes/behavior would not be receptive to assistance mentoring. Transformative mentoring is an expression of profound empathy, sensitivity, compassion and love.

An extremely caring and committed adult. Willing to go beyond casual involvement in a youths' life. Requires patience and willingness to play several roles in youths' life i.e., teacher, guide, support, resource, challenger, etc. A necessary willingness to come to where the youth functions physically and mentally. Culturally sophisticated and abreast of current youth issues. Much thought must be given to appropriate attitudes, activities and techniques used.

#### MENTORING PROGRAM COORDINATOR POSITION:

- strong program development & management skills,
- excellent people skills, particularly when operating a multi-cultural program,
- exceptional knowledge regarding principles of youth development, particularly regarding cross-cultural competence and respect for other peoples' way of life.

#### PROGRAM CAPACITY:

- must have sufficient resources i.e. funding, staff, technology and equipment, before starting mentoring activities,
- must have strong collaborative relationships with community resources,
- must have strong and relevant follow-up (support) services in place (the transition from transformative mentoring to assistance mentoring).

#### MATCHING CONSIDERATIONS:

- same cultural, gender should be a strong consideration
- mentors must have the skills to assist in relevant (goals/objectives) areas,
- mentors must be culturally/gender competent and very respectful of other peoples' life issues, challenges and way of life.
## Transformative Mentoring

### Risk Level “Very High”

<table>
<thead>
<tr>
<th><strong>4. VERY INTENSIVE MENTORING</strong></th>
<th><strong>(FORMERLY HARD CORE MENTORING)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Companionship</td>
<td>• Still reachable kid but “hard core”. Basically little to no positive adult influence and/or guidance. Attracted to the seemingly “easy way out.” Very much influenced by peer group. Has spent considerable time institutionalized.</td>
</tr>
<tr>
<td>• Academic Tutoring</td>
<td>• Same As Above</td>
</tr>
<tr>
<td>• Career Guidance</td>
<td>• Extremely caring and committed adult who basically becomes a surrogate family member. Always in touch and on-call. Requires much patience and love. Required willingness to come to where the youth functions physically and mentally. Culturally competent and abreast of current youth issues. Willingness to remain an advocate for the youth even as they continue to make mistakes. Much thought must be given to appropriate attitudes, activities and techniques used.</td>
</tr>
<tr>
<td>• College/Higher Education</td>
<td>• Same As Above</td>
</tr>
<tr>
<td>Guidance</td>
<td></td>
</tr>
<tr>
<td>• Self-Esteem Building</td>
<td></td>
</tr>
<tr>
<td>• Prospective Broadening</td>
<td></td>
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<tr>
<td>• Conflict Resolution</td>
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<td>• Man/Womanhood Responsibility</td>
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<tr>
<td>• Parenting Skills</td>
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<tr>
<td>• Respect for Private Property</td>
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<tr>
<td>• Respect for Self</td>
<td></td>
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<tr>
<td>• Respect for Life</td>
<td></td>
</tr>
<tr>
<td>• Cultural Awareness &amp; Respect</td>
<td></td>
</tr>
<tr>
<td>• Respect for Authority/Law</td>
<td></td>
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</tbody>
</table>

**Note:** The above are broad classifications. The characteristics of each classification type can be interchangeable from youth-to-youth and/or from mentor-to-mentor, meaning there can be variations of characteristics. (Revised 08/00)
Recommended Best Practices for Mentoring Programs

Statement of Purpose/Long Range Plan

For Low Risk Programs/Populations
Having clear purpose and long range planning is key to the survival and success of any program. Even if the program is a very safe, supervised program with less vulnerable youth, there is still potential to damage youth and frustrate volunteers if programs are not well organized with funding sustainability and competent staff.

For Moderate Risk Programs/Populations
Clear purpose and plans take on more importance as mentees served have more needs, or as mentor practices increase in frequency, become unsupervised, etc.

For High Risk Programs/Populations
Programs need to be stable so matches run their full course, and mentors and mentees need high levels of support from program staff. Programs serving youth facing high risk should write into their purpose and plan ways in which they will work with other systems and professionals in the lives of their mentees in order to address complex needs.

An unstable program with no clear sustainable funding, disorganized operations, and incompetent staff would be HIGHLY DAMAGING to youth facing these issues!!
Recruitment

For Low Risk Programs/Populations
Can be widespread and less discriminate than for higher risk populations. Most any SAFE adult who is truly interested in working with children may be targeted for recruitment.

For Moderate Risk Programs/Populations
Programs may want to consider ways to target recruitment to find mentors who will work well with their youth.

For High Risk Programs/Populations
ONLY CERTAIN COMMUNITY MEMBERS WILL BE INTERESTED AND EQUIPPED TO SERVE THESE POPULATIONS. Strive to find groups and organizations that work for the good of the youth served by the program—they may have members who would become mentors for youth. A lack of qualified, interested volunteers will be a difficult issue for any program serving youth facing high risk factors—there is no room to compromise on the quality and safety of those selected; yet there is likely to be a shortage of mentors.
Orientation

For Low Risk Programs/Populations
Can be extremely simple: should cover requirements to become a mentor, populations served, mentor job description, basic policies, answer questions, etc. May be done one-to-one or in a group. The screening process begins now, so some interaction with orientees is important.

For Moderate Risk Programs/Populations
Same as for low risk, but may need more time spent on understanding populations served or on how mentoring is intended to work in the program. The screening process begins now, so some interaction with orientees is important.

For High Risk Programs/Populations
Needs to paint a VERY realistic picture of the youth served and of how the program works. The importance of follow-through and the capacity to damage these youth needs to be impressed early. The screening process begins now, so interaction with orientees is important.
Screening

For Low Risk Programs/Populations
Must meet basic Recommended Best Practices (background checks, reference checks, face-to-face interview, application, etc.). Pre-match training should be considered part of the screening process. It is always helpful to have a professional with clinical training assist with mentor screening if possible, even in low risk programs.

For Moderate Risk Programs/Populations
Should carefully identify what types of mentors are sought for populations served. In addition to basic screening processes, mentors should be screened based on their ability to work with youth without supervision and to deal with possible difficult issues related to populations served. Mentors can be asked how they might handle certain difficult situations. The importance of having clinical support in the screening process increases.

For High Risk Programs/Populations
It is strongly recommended that professionals with clinical expertise participate in the screening process for these programs!!! Mentors need to be screened not only for their basic intentions and safety, but for their personal emotional health and stability, ability to cope with crisis and ambiguity, ability to work in complex systems with other professionals, and stable life situation. The screening process should continue throughout mentor training.
Training and Pre-Match Preparation

For Low Risk Programs/Populations
Should last two or more hours depending on level of supervision and support once matches are made. Should cover basics of mentoring, describe program and populations served, instruct in program protocols and practices, etc. A similar training for mentees is recommended to increase the quality of matches.

For Moderate Risk Programs/Populations
Should last six or more hours to address specific program procedures for unsupervised outings and specific issues that are likely to arise depending on populations served and intent of program in addition to everything covered in a low risk training. Programs should consider involving a clinician in the training of mentors. A similar training for mentees is recommended to increase the quality of matches.

For High Risk Programs/Populations
Should last 15-30 hours depending on the populations served, the responsibility levels given to mentors in the program, the level of supervision offered, and the setting in which the match occurs. Training should cover all topics in low and medium risk trainings, and also issues related to systems that serve youth in the program, crisis response, and should carry a heavily self-reflective component so that trainers and clinicians can elicit personal issues that may become a problem once a match is made.
Matching

For Low Risk Programs/Populations

Should be done based on the staff’s familiarity with youth and with mentors, as well as shared interests and common ground matches may share.

For Moderate Risk Programs/Populations

Staff having familiarity with both mentors and mentees becomes more important as staff places mentors with youth who may face specific challenges or exhibit certain behaviors. Family situation of mentees should be taken into account.

For High Risk Programs/Populations

Careful assessment of both mentors and mentees should be completed before matching. Staff must strive to delve deep in getting to know potential mentors and mentees, and matches should be made based FIRST on whether the mentor has the skills and the demeanor to deal with the personality, behavior patterns, and life situation of the mentee. These matches are likely to face difficult issues together, and are at risk for early termination. Ideally, a clinician or other professional who works with the mentee regularly should be involved in the matching decisions. Specific factors such as career interest may certainly be considered; however, the most IMPORTANT factors go much deeper than shared interests. Matches should be made with careful consideration of the mentee’s capacity for self-regulation and the mentor’s capacity for self and mutual regulation.
Monitoring and Supervision

For Low Risk Programs/Populations

Needs to be sufficient in order for youth to be safe and for matches to thrive. If meetings are all supervised then less outside processing is needed; if mentors are unsupervised with youth then much more careful supervision is needed. Regardless, mentors need a chance to reflect on their practice and to receive feedback and guidance from trained, professional staff. They also need staff to step in when issues outstretch their training. Youth need staff they can turn to if something goes wrong, and they need to be protected from unsafe settings. Documentation of match meetings and progress must be kept even in low risk programs. Having clinical support for the program (whether on staff, contracted, or even donated!) is recommended for all programs.

For Moderate Risk Programs/Populations

More careful and reflective supervision and monitoring of matches is needed as mentor responsibilities and levels of risk faced by mentees increase. Both individual and group supervision are useful, and it may be necessary to offer both. Documentation takes on greater importance as issues and problems are more likely to arise. Both mentors and mentees need a strong and supportive relationship with the program staff that they work with, and agencies need to be prepared to assist mentors with referrals, interventions, and match troubleshooting as needed. Clinical support for program becomes more important.

For High Risk Programs/Populations

Here, monitoring and supervision take on KEY importance. Mentors are likely to face difficult situations in which they need substantial support and reflective supervision from staff, and they are also likely to encounter experiences that may be challenging for them. Finally, they are likely to need to interact with social systems that serve the youth they are matched with. Mentors in these programs need strong, reflective support from professionals with strong mentoring and clinical expertise. They need programs to support them by working collaboratively with systems affecting the youth they serve, and they need resources and support for difficult issues. Both individual and group supervision are recommended, and professional staff must be available for consultation at ANY time that mentors are with mentees.
Support and Recognition

For Low Risk Programs/Populations
Mentors will need program managers to offer ongoing support and gratitude, assistance with issues and problems, and a chance to interact with other mentors and other matches if possible and appropriate. It is important to continually appreciate and support all mentors through ongoing efforts such as thank you and birthday cards, gifts from mentees, recognition events, etc.

For Moderate Risk Programs/Populations
Support becomes more important as mentee issues gain complexity and challenge mentors more than in low risk programs. Recognitions is still important in all of the ways listed for lower risk programs.

For High Risk Programs/Populations
In higher risk programs, mentors need to feel integrated into the treatment team for mentees as much as possible. They need strong support and availability from professionals and clinicians who can really solve problems and assist with very challenging situations. Bonding with other mentors and matches becomes even more important for mentors to feel surrounded by support, and recognitions and appreciations are critical.
Closure

For Low Risk Programs/Populations

Mentors and mentees should be prepared for the closure process before the match is ever made. It should also be discussed perhaps a few months before matches close when possible. It is always important that mentors and mentees (and families) have a chance to debrief when a match ends. They need to say goodbye properly, and clear guidelines need to be given regarding any future contact. Exit interviews should be conducted with both mentors and mentees, and if possible a match closure meeting should be held with all parties. Clinical support is recommended in the closure process, especially if matches end early. Careful documentation of match closure needs to be kept by staff, and exit interview information should be included in evaluation processes.

For Moderate Risk Programs/Populations

All processes listed for low risk programs are needed. The more vulnerable the populations served, the more important becomes proper closure of matches. The risk of early termination increases as risk levels increase, so all efforts should be made to address problems in matches early to avoid early termination whenever possible. Debriefing a match that terminates early is likely to require much more processing and delicate handling—clinical support is highly recommended!

For High Risk Programs/Populations

All processes listed for low risk programs are needed. Here matches are more likely to terminate early. Strong efforts should be made to address problems in matches early lest they fall apart and damage mentees. Terminated matches, however, are not necessarily failures when dealing with very high risk populations. However, for some children, simply ATTEMPTING to have a relationship with an adult is an accomplishment! Due recognition needs to be given that youth facing high risk carry extremely deep issues that are likely to be triggered by a one-to-one relationship, so it is important to help both mentees and mentors feel positively about their experiences together regardless of how long they last. It might be good to give awards and recognition to those matches that DO make it through a term rather than looking at those that terminated early as failures.
Evaluation

For Low Risk Programs/Populations
In order to effectively evaluate the success of any mentor program, evaluation needs to focus on two aspects of the program. Process measures are those that indicate how youth participated: how long did the match last; what types of activities did they have; how often did they meet; demographics of the participants, like age, gender, ethnicity, etc. Outcome measures, on the other hand, show improvement of youth behaviors and performance as a result of receiving mentoring services.

For Moderate Risk Programs/Populations
Process measures should still be documented, and outcome evaluations may involve experimental designs that compare youth who have received mentoring with youth who have not. Typical outcome studies look at:

- Number of school absences
- Academic grades/grade point average
- Number of weekly hours spent on homework
- Number of weekly hours spent reading
- Frequency of participation in social and cultural enrichment activities
- Initiation/frequency of drug use
- Initiation/frequency of alcohol use
- Number of incidents involving stolen/damaged property
- Number of incidents involving a physical altercation
- Degree of respect for one’s self
- Degree of self-satisfaction
- Level of communication with parent/guardian
- Level of anger with parent/guardian
- Level of trust in parent/guardian

These outcome measures can be collected through interviews, surveys or record checks. They determine a program’s impact on the youths served and whether or not the program has met its objectives.
For High Risk Programs/Populations

All evaluation designs listed for other populations can be used for higher-risk populations. Additionally, mentoring programs usually involve interviews or surveys and an examination of program records to determine program characteristics such as: (1) how mentors and mentees are selected and matched; (2) what types of activities mentors and mentees participate in; (3) drop-out rates for both the adults and juveniles (4) whether or not age and race of mentors and mentees was appropriately matched; and (5) the amount of time spent together and the perceived quality of interactions for the mentors and mentees.

Issues in program implementation include recruiting and retaining mentors, high turnover of staff, and cost of administering the program. The evaluation would link program characteristics to youth outcomes to more define the impact of the mentoring. Since the mentoring is considered ongoing, the program would need to determine at what intervals should data be collected. It could be every six months or yearly. Programs would want to have a mechanism for tracking outcomes of youth who have dropped out of the program.

It is important when designing a program for youth facing high risk that realistic outcomes be chosen based on the populations served so as not to set the program, its mentors, and its youth up for failure.
Examples

**Population**

For Low Risk Programs/Populations
Youth in a local church; children/youth living in traditional (one or two parent) homes; teens who need academic assistance; etc.

For Moderate Risk Programs/Populations
Children or youth exhibiting problem behaviors at school; children/youth lacking support at home; teen parents who have some support in their lives, etc.

For High Risk Programs/Populations
Foster youth, youth on probation, children of incarcerated parents, disabled, homeless children, children of substance-dependent parents, children exposed to high levels of violence, children who have experienced trauma, etc.

**Program Structure**

For Low Risk Programs/Populations
School-based or site-based; supervised visits; mentors don’t transport mentees; group mentoring, etc.

For Moderate Risk Programs/Populations
Mentors have unsupervised contact with mentees and transport mentees; mentors interact with mentees’ families.

For High Risk Programs/Populations
“Treatment team” approach to mentoring—mentoring as an intervention used in conjunction with other services in order to address complex challenges; mentors receive a high level of supervision and support; program interacts with systems affecting youth served.
Who Are The Mentors?

There are personal characteristics to look for in your potential mentors:

- Mental and emotional stability: ability to soothe one’s self with self talk is highly desirable. Ability to not personalize child’s provocative behaviors.

- Ability to accept the child as is, with no strings attached: unconditional regard, a committed interest in helping this child; able to maintain a positive attitude in the face of hostility.

- Ability to be empathetic and convey this so that the child knows that you really understand.

- Ability to forge an alliance in which the child perceives you as working with him or her.

- Ability to encourage self-exploration and the acceptance of responsibility by asking questions that develop this skill.

- Set standards or goals and the expectation that the child will reach them.

- Be firm, direct and set limits. Don’t be afraid to confront or challenge.

- Be nurturing and persistent in advocating for child.
Program Structure and Components

- In working with high-risk youth, having a program component that outreaches to the family or collaborating with another agency that can add that service is good.

- Utilizing a multiple mentor/mentee design is useful. It reduces the emotional intensity of the relationship and adds more resources. An example is the “two-by-two approach”.

- Sufficient training for mentors. One survey of mentors commented that having training was vital and helped them talk to the youth.

- Ongoing supervision and in-service training with mentors

- Utilize incentives with mentees to increase attendance and participation in program.

- Encourage the mentors to maintain frequent phone contact with the mentees.

- Offer services for the parents/caregivers of mentees, such as parent training, career support, support to siblings, etc. Look for opportunities to include them in your programming.

- Mentors and mentees can participate in monthly activities that teach pro-social skills, problem-solving, career choices, academic preparedness, conflict resolution, etc.

- Quarterly or bi-annual family, mentor and mentee activities
Sampling of Training Topics

- Concept of mentoring - includes theory and practice
- Developmental stages of children and attachment theory
- Dynamics of high-risk youth
- Mentor self-awareness
- Understanding the theory of helping
- Communication skills
- Building relationships with high-risk youth
- Red flag issues
- Policies and procedures
Structure of Training

- One survey of mentors commented that having training was vital and helped them talk to youth.

- It's best if initial training is no less than 12 hours including a group activity with youth. Include both didactic and experiential opportunities that use various adult learning styles.

- Training is used to further screen mentors through observation of their interactions with others, e.g., other mentors, supervisors, youth, etc.

- There should be periodic in-service training.
QUESTIONS TO ASK

Monitoring and Supervision in High Risk Programs

Direct Supervision and Emergency Support for Match Meetings/Outings

Site-Based/Group Mentoring Programs:

1. What is the role of the mentor regarding discipline of mentees during sessions?

2. What is the role of staff present at match sessions?

3. Is there an opportunity for mentors and/or mentees to debrief and process after sessions?

4. What type of documentation is kept by mentors and staff regarding each mentoring session?

5. Are mentors allowed to see or contact mentees between sessions (If YES, then refer to Community Mentoring with Unsupervised Outings on the next page).
Community Mentoring with Unsupervised Outings:

1. Who approves mentors and mentees to begin having off-site outings without professional supervision?

2. How do mentors and mentees go about getting permission for each outing?

3. What is the role of the mentor regarding discipline of mentees when unsupervised with mentors?

4. Who can mentors call when they are with mentees for emergency support?

5. Will mentors be allowed to bring mentees to their private homes, and if so how will this be monitored for safety (e.g., mentors’ family members, intimacy of being in a family homes, etc.?)

6. What documentation is kept regarding each outing?

7. Are there ever group activities for mentors and mentees so that staff may observe matches directly as they interact?
Individual Mentor Supervision Meetings

1. What staff will participate in individual meetings with mentors regarding their matches?

2. How often will these take place?

3. What issues are mentors most likely to need to discuss in a private setting?

4. What type of documentation will be kept regarding supervision sessions?

5. Will mentees or their families ever be included in these meetings?

6. How often will matches be formally evaluated? Can these supervision sessions be conducted by phone or do they need to be in person?
Group Mentor Supervision Meetings/Support Groups

1. Who will facilitate and be present at these meetings?

2. Who will provide a clinical perspective?

3. What issues are mentors likely to want to discuss in a group?

4. What confidentiality issues arise around group supervision, and how might they be addressed?

5. How might mentors be encouraged to support each other, and how might staff play a supportive role in these sessions?

6. What kind of documentation is needed regarding in-service training?
Formal In-Service Trainings

1. What topics arise repeatedly in your program that should be addressed via formal training (could be issues related to the populations served, issues of program protocol or policy, general youth issues, general mentoring skills, etc.)?

2. How often should these trainings be offered, and what should be the requirements for mentors’ attendance?

3. Are there any trainings you would like to do that would be appropriate for mentors AND mentees?

4. What type of documentation is needed regarding in-service training?
Mentee and Family Check-Ins

1. How often does staff check in with mentees and their families to ensure that they are satisfied with the program and comfortable with their mentor?

2. Does this happen by phone or in-person?

3. What type of relationship should staff cultivate directly with the mentees?

4. How might these check-ins assist with match trouble-shooting and improve service to mentees?

5. What kind of documentation is needed regarding mentee/family check-ins?

6. What feedback will youth and their families be asked to give, and what role will they play in evaluating the match and the program?

General Question

How may the techniques of reflective practice be employed by program staff in each of these three supervision domains?
What is Reflective Supervision?

Reflective Supervision

Offers mentors a safe environment and a relationship in which they can learn to meet the emotional and intellectual demands of relationship-based work. It differs from regular administrative supervision which is designed to monitor someone’s performance.

This is the parallel process that we want the youth to learn. The mentor will be taught this process by the supervisor and then in turn the mentor will teach the youth. The ability to be reflective develops insight and authenticity plus competence.

The Four C’s of Reflective Supervision

1. CONSISTENCY
2. COMMUNICATION
3. CUSTOMIZATION
4. COLLABORATION
Mentoring Program Evaluation

It is vital for mentoring programs to evaluate their effectiveness. Programs that have lacked sufficient programmatic processes can produce mentor relationships that are problematic and ultimately detrimental to the youth that participate. The National Mentoring Center website has links to free program evaluation materials (www.nwrel.org/mentoring).

Issues to Consider:

- Quantitative versus qualitative data
- Differences between school-based and community-based. Need to look at institutional school issues, e.g., cost analysis may show that school-based programs are less expensive, but you must factor in school personnel, etc.
- Evaluation Design
  - Pre and post test
  - Post test only
  - Experimental design
  - Quasi-experimental design
  - Mixed methods

The approach of one evaluation was to link a number of programmatic quality measures to significant improvements in youth performance. They looked at the quality of mentor-mentee relationship, which included the frequency of contact, the length of the relationship, sense of pleasure in the relationship, level of emotional engagement, youth-centered activities, etc. They also asked the youth’s caseworker/caregiver to assess the relationship. The assessment of the mentor’s sense of the quality of the relationship is also important. These were linked to outcomes for youth.

Negative outcomes linked to youth from high risk environments

- Poor school performance or early withdrawal (positive outcome: school completion)
- Involvement in gangs or other delinquent behaviors (positive outcome: development and sustainability of positive and nurturing relationships)
- Use of alcohol and other substances (positive outcome: living of a healthy lifestyle)
- Premature and/or unwanted pregnancy (positive outcome: able to delay pregnancy until marriage)
Best Practices with High-Risk Youth

IN THIS MODULE

▼ Analyze program practices
▼ Deepen understanding about high-risk youth
▼ Develop interventions for programs
▼ Deepen understanding about reflective supervision
GROUP EXERCISE SCENARIO 1

GOOD FAITH CHURCH MENTORING PROGRAM

Good Faith decided that it wanted to start a mentoring program as another form of ministry it provides to its members. The pastor asked one of the deacons to gather some other members to develop this program so that they could go into the community and help some of their youth who were having difficulties, such as doing poorly in school, joining gangs, engaging in delinquent behaviors, staying out past curfew, etc. They knew that this task would be challenging.

The deacon met with several members of the church congregation and most agreed to act as mentors. There were 20 members who agreed to meet with the youth weekly for two hours to provide them with “guidance” and support. The pastor announced in church that they were going to have mentoring for the youth and if anyone knew of a youth who could benefit to refer them to the deacon. They wanted youth who were between the ages of 13 and 18 years, who were having these types of challenges in their lives. Within a month there were 15 youth who had been signed up by some of the members.

The deacon met with all the youth and the mentors one day and introduced them to each other. He had the boys pair up with the men and the girls pair up with the women. They were told that they would get to do things together and have fun.

At the first meeting of the group after matches were made, many of the mentees and mentors did not show up. Those who did show up complained about the other. Mentors said that the youth did not appreciate them and didn’t want to do anything with them. The youth said the mentors did not care about them and only wanted to preach to them and they weren’t having any fun. The deacon did not know what to do. He listened and tried to help but felt overwhelmed by all the complaints.
The principal at ABC Middle School was growing more and more concerned about the high numbers of youth in the school who were having difficulties with their behaviors and academic performance. She felt that tutoring was an answer, but also felt students needed more. She read a little bit about mentoring and decided that her school would offer mentoring to those youth who were having the most difficulties. She assigned one of the school counselors to develop a mentoring program for 6-8 graders who were referred often to the principal for behavior and/or academic problems.

The counselor put an ad in the local paper, went to the PTA meetings, local businesses and churches with flyers to recruit mentors from the area. She got about ten potential mentors. She met with them and explained the goals of the program. Everyone filled out an application and had a background check done. After about a month, the counselor was ready to introduce the mentors to the students that teachers had referred. He set up a party in the auditorium as a way to introduce the students to the mentors. He had spent a couple of hours with the mentors before the “party” talking about the students and some of the reasons why they were being referred to mentoring. The mentors made a commitment to meet with the students at school for two hours a week to help them with schoolwork and participate in monthly activities for the rest of the school year. The party went well and all the youth were matched with a mentor. Several weeks later, the counselor received several phone calls from mentors and parents about the mentoring. Some mentors did not know what to do with students who would tell them horrible stories about their lives. One mentor allowed a student to stay at their home because the youth was afraid to go home. A parent called to complain that mentor had told her child to report them for child abuse because the parent had restricted the child’s activities because of negative behavior. One of the teachers was concerned because the mentor would come to the class with the student often and tended to be disruptive. A couple of mentors were feeling overwhelmed and manipulated by their mentees, who would talk the mentors into buying them things because they didn’t have these things at home. One child had contacted his mentor because he was feeling suicidal and didn’t want to tell his parents. One mentor said that child would not be prepared for the tutoring and just wanted to play games, the mentor did not know how to handle it.
Hope, Inc. has been providing mentoring for youth for ten years. They want to move their program to work with youth who are first-time offenders and have been placed on probation rather than incarcerated. They feel that their long history of providing mentoring to at-risk youth has prepared them to work with a high-risk population. They wanted to start with about 20 youths and mentors. The program manager went to the probation department and presented this approach as a way to support their probation officers and provide more interaction with youth than the average probation officer could. They told the department that their mentors could meet with youth on a weekly basis, whereas most probation officers only met with their caseloads on a monthly basis, if that much. The department was interested in the proposal to utilize mentors with youth on probation.

Hope, Inc. recruited new mentors from various sources—college students, retired probation officers, local business owners, etc. They were able to get 20 mentors. All were screened and had background checks done. All mentors went to a ten-hour training on working with high-risk youth. Soon after they were matched up with youth that probation officers referred. Typically, the referred youth tended to be the ones who had the greatest needs. Within a matter of a few weeks, many of the mentors felt overwhelmed. These youth had major psychological problems and anti-social behaviors. The mentors were afraid to be alone with their mentees. The mentors started resigning or not meeting with the youth. Probation officers were concerned about the youth not seeing their mentors as consistently as the program had promised. Some youth were getting into more trouble since getting a mentor.
During the monthly meeting with the mentors, one of the mentors was an hour late to the meeting. This was a mentor that the program director was concerned about because, she was having a hard time getting in touch with him to check on the relationship with his mentee. This particular mentee had had a couple of mentors before who had left the program abruptly after only a couple of months. One of the past mentors was in a car accident so he left the program and the other mentor had a job transfer.

She knew that the mentee could be challenging and provocative toward adults, especially males. He had a history of early physical abuse by his father who abandoned the family when he was four years-old. He has not had many men in his life since then, who stayed around very long. Now that he is 13 years old, his school and mother felt he needed a strong and consistent male role model in his life. He was getting into fights at school on a weekly basis and starting to hang out with youth who were known gang members. This particular mentor that was matched with this youth, was someone who had grown up just around the corner from the youth and had faced many challenges himself as a boy. The mentor was in law enforcement and wanted to give back to the youth in his neighborhood. He saw himself as “street smart” and would not be easily intimidated or manipulated by youth who were seen as high-risk. He at one time was seen as “high-risk” himself and he made it by joining the military then the police force, where he has been for eight years. He has been married for five years. He and his wife could not have children, but each wanted to have children in their lives and discussed for a year wanting to mentor youth before actually contacting a program. Both went through the training and knew that many of these youth would not be easy, but agreed to accept the challenge.

The program director had already begun the meeting and was in the process of debriefing with the mentors and discussing futures activities. Upon seeing the mentor, the program director asked the mentor to check in and let everyone know how the mentoring has been going. The mentor paused often as if to search for words before the mentor told everyone that he would be leaving the program because his
mentee was too difficult. He told about a time when he went to the home to pick up the youth and he was not there. Later on the mentor called to the home and spoke to the youth who apologized for not being there, but that he had gotten busy and ran late. The youth was upset that the mentor had not waited for him longer. Both agreed to meet again the next week. The mentor went to the youth’s home at the agreed upon time and the youth was not there again. This time the mentor waited at the home for over an hour. He left the home very angry with the youth. Also, he was concerned because he and the youth had agreed on the time and he couldn’t believe that the youth would not show up again. He waited a couple of days before he contacted the youth at home. When he spoke to the youth, the youth said that he was there waiting for the mentor but when the mentor didn’t show up— he left. The mentor became angry with the youth and accused him of lying. According to the mentor, this conversation only got worse. The youth told the mentor that he hated him. The mentor hung up the phone and swore that he would not work with this youth again. After a few minutes the mentor realized that he had lost his cool with the youth and called him back. The youth answered the phone and both apologized for their remarks and agreed to try again. They agreed on getting together the next week and set up plans to go to a ball game. The mentor called the youth the nite before to confirm the event. He went to go pick the youth at his home at the agreed upon time and the youth was not there. The mother informed the mentor that the youth had just left about 20 minutes ago. When he was talking to the mother, he could tell that she had been smoking marijuana and had several adult males in the house that were smoking as well. He remembers the youth telling him that his mother would have company often and it would get so uncomfortable in the house for him that he would leave and hang out in the park. The mentor was so frustrated that he got back in his car and went home. He decided not to call the youth. A few days later the youth called him and explained that he left the house because he was getting into a fight with his mother’s boyfriend. The mentor was still angry with the youth for standing him up, that he told the youth that he could not continue to work with him if he continued this behavior and that he had spent his hard-earned money on tickets to a ball game and they had to go to waste. The youth apologized and promised not to stand up the mentor again. The mentor set up another outing and this time the youth showed up and they spent the day together going to the car races and dinner. Afterwards the mentor and mentee talked about his mother’s drug use. The mentee asked that the mentor not tell anyone about his mother or have her arrested since he was a cop. The mentor said that
he would not do anything like that. He was there to support the mentee, not arrest his mother. They spoke occasionally over the phone for the next few days. They agreed to meet after school and the mentor would help the youth with his homework. When the mentor arrived at the youth’s home, he was not there. The mentor decided that this was the last time he would waste his time coming to see the youth. The mentor talked about how disappointed he was that the youth did not want to have him as a mentor. He could not understand why the youth did not appreciate the efforts of himself and the program to help him. The program director decided to set up an individual meeting with the mentor.
Anwer the following questions for your group’s vignette:

1. What infrastructure seems to be missing from the program?

2. What interventions would you recommend to the program?

3. How would you introduce on-going structure to the program?

4. What support do the mentors need?

5. What do the youth in the program need to have in order to be successful?

6. What other types of concerns do you see arising in these programs?

7. What questions come to mind about your own program as you analyze these programs?

8. What issues should the program manager address in her meeting with the mentor?

9. How will she utilize reflective supervision with the mentor?

10. What could the mentor have said to the mentee to help develop the mentee’s skill in understanding his own behavior, or to help him “reflect”?

11. What are program manager’s next steps?
Research-Based Mentoring for Youth With Multiple Risk Factors
RESOURCES SECTION

In an effort to reduce printing costs, we are providing the resource section on our website. Please go to www.emt.org/ment_eventsarchive.htm and download the PDF file.

If you should encounter any difficulties, please contact Shelly Boehm by phone at (916) 983-9506 or email at shellyb@emt.org. Thank you.
TECHNICAL ASSISTANCE
APPLICATION FOR MENTOR PROGRAMS

ADMINISTERED BY THE EMT GROUP, INC.
FOR THE CALIFORNIA DEPARTMENT OF
ALCOHOL AND DRUG PROGRAMS

Please Return Completed Application By Fax Or Mail To:

Lisa Scott, Project Manager
The EMT Group, Inc.
391 South Lexington Drive, Suite 110
Folsom, CA 95630
(916) 983-9506             (916) 983-5738 FAX
Website: www.emt.org

PLEASE ALLOW 2 TO 3 WEEKS FOR YOUR APPLICATION TO BE PROCESSED

Please attach a description of your youth mentor program and any other materials that are relevant to this technical assistance request (e.g., training agenda, mission statement, action plans, etc.). If you have questions about this application, please call:

Lisa Scott at (916) 983-9506
1. How did you hear about Mentor Program Technical Assistance? (Please check one.)
   - EMT
   - Conference
   - Mentoring consultant
   - Colleague
   - Internet
   - Mentoring training event
   - County Alcohol and Drug Program
   - California Department of Alcohol and Drug Programs (ADP)
   - Governor’s Mentoring Partnership (GMP)
   - Other:

2. If you checked previous utilization in number 2, please describe: ________________________________

3. Do you currently receive government funding?  
   - Yes  
   - No
   (e.g., AmeriCorps, Office for the Secretary of Education, Community Challenge Grant, Community Services Development, ADP, etc.)
   If so, what? ________________________________

4. Please check one of the following categories that best describes your organization.

   **BUSINESS**
   - Business

   **FRIDAY NIGHT LIVE**
   - Friday Night Live

   **NONPROFIT ORGANIZATION**
   - Mentoring is sole program
   - Mentoring is one of several programs

   **COALITION**
   - Coalition

   **GOVERNMENT**
   - City

   **RELIGIOUS**
   - Religious

   **EDUCATION**
   - K-6
   - Middle School
   - High School
   - Junior College
   - University

   **OTHER**
   - Other: ________________

   **STATE**
   - CMI/ADP
   - Other: ________________

(For EMT Use Only)
TA Number: 72-
5. Please describe your existing mentoring issue(s) or need(s) and what technical assistance (TA) or training is needed to address this issue or need. (Use additional paper if necessary.)

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

6. Proposed timeline or training date(s): (Please allow 2 to 3 weeks for processing)

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

7. Estimated number of people participating:  
   Estimated number of organizations participating:

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

8. Where will the consultation occur?

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

9. Are you requesting a specific consultant? □ Yes □ No
   If yes, please specify:

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

10. Please identify your primary goal(s) and specific outcomes to be achieved through the requested TA or training.
   TA Goal(s):

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

   TA Outcomes:

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

11. Mentors are/will be: □ All adults □ Adults 55 and older □ Adults 55 and under □ Teens □ College Students □ Other:

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

12. Mentees are/will be: □ Grade school or younger □ Middle/intermediate school age □ High school age □ All children and youth □ Other (please describe):

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

13. Primary issues addressed by your program:
   □ Academically at-risk/drop-out prevention □ Drugs/Alcohol □ Gangs
   □ General youth development/support □ School-To-Career □ Teen pregnancy/parenting
   □ Other (please describe):

____________________________________________________________________________________________________________________________________________________________________________________________________________________________

14. Does/will your mentoring program primarily serve specific populations of mentees? □ Yes □ No (e.g., disabled, racial/ethnic, gay/lesbian/bisexual/transgender, foster youth, homeless, etc.)
   Please describe:

____________________________________________________________________________________________________________________________________________________________________________________________________________________________
15. Please identify the primary target populations that will be directly impacted by the TA or training services (i.e., populations that will receive the training or TA). Check all that apply.

Racial/Ethnic Groups:
- African American
- Asian American
- Caucasian
- Hispanic/Latino
- Native American
- Pacific Islander
- All
- Other: ______________________________

16. Does your organization have resources to pay for or share the cost of the technical assistance or training services? (e.g., funding for consultant fee, photocopying training materials, etc.)
- Yes
- No
- Partial (please describe): ______________________________

17. How long have you been associated with this agency/organization?

18. How long has your mentoring program existed?

19. Briefly describe the current status of your mentoring program:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

20. List any products that your organization will develop as a result of this TA or training service (e.g., videotape, handbook, curriculum).

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please remember that the ADP Resource Center has written resources available for you. You may contact them at (800) 444-3066 or www.adp.state.ca.us