Research into Practice Webinar Series

Mentoring for Youth with Mental Health Needs: Possibilities for Improving the Parent-Mentor Alliance in the Mentoring Process

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Canadian Centre for Mentoring Research

MENTOR CANADA

Land Acknowledgment

We begin today by acknowledging that we are meeting on Indigenous land. As settlers, we're grateful for the opportunity to meet here and we thank all the generations of Indigenous peoples who have taken care of this land.

As settlers, this recognition of the contributions and historic importance of Indigenous peoples must also be clearly and overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities.

MENTOR CANADA

Canadian Centre for Mentoring Research

MENTOR Canada is a coalition of organizations that provide youth mentoring.

It was launched by Big Brothers Big Sisters of Canada, the Alberta Mentoring Partnership, and the Ontario Mentoring Coalition.

Working together, we will build sector capacity to empower every young person to fulfil their potential.

Created by the University of Alberta, the Alberta Mentoring Partnership, and MENTOR Canada, the Canadian Centre for Mentoring Research's mission is to advance knowledge about youth mentoring in Canada by generating and supporting rigorous and innovative research.

Research into Practice Webinar Series

- Enhance quality and effectiveness of mentoring programs and services by enabling the adoption of evidence-based practices
- Highlight new research related to youth mentoring which you can apply to your programs
- Showcase innovative program practices

Mentoring Youth with Mental Health Needs: Possibilities for Improving the Parent-Mentor Alliance in the Mentoring Process

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For Mentor Canada
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Introduction and Overview

Introduction

Who I am, who we are

Review of two studies in progress

“Locations for Change”

Note: This 1-hour talk will be followed with a half-hour open time for anyone who want to stay to talk, further discuss, explore questions, and share more on possibilities for practice.

Community-Based Youth Mentoring: A Few Key Anchor Points

General youth mentoring built on **Relational Closeness** between non-familial adult and youth built over time through shared interests and activities (Rhodes, 2002)

Quality of that Dyadic Relationship is associated with positive youth outcomes (Dubois, Portillo, Rhodes, Silverthorn & Valentine, 2011;Grossman & Rhodes, 2002)

Most of mentoring research pertains to the **individual factors and characteristics in this dyad** that connect to positive outcomes.

Nearly 50% of mentoring relationships **end prematurely;** youth with histories of trauma or psychological challenges are **highest risk for decline in functioning** after relationship end. (Grossman & Rhodes, 2002; U.S. Department of Education, 1996).

Youth with **complex needs have higher rate** of experiencing premature endings. (Rhodes, 2002; Styles & Morrow, 1992)

Family risk factors associated with **premature endings** – low-income home, parent in military, parent who is incarcerated, immigrant families, youth in foster care (Kupersmidt et al., 2017)

Youth With Mental Health Needs and Their Families

- Children/youth: **One in five** have mental health condition and significant numbers do not engage with mental health services (Merikanga, He, Bursteing, Swendsen et al., 2011).
- Of those that do engage with mental health services, low-income youth have the **highest rate of underutilization** (Stagman & Cooper, 2010)
- Parents: U.S. Surgeon General's Year 2000 Report began drawing attention to parent **strain and community stigma** of both parent and child (Satcher, 2000)
- There is a long-standing social narrative **that parents are to blame** for their children's mental health conditions (Caplan & Hall-McCorquodale, 1985)
- Ignorance, stigma and disempowerment **increase parent stress** and can **decrease service engagement** (McDonald, Gregoire, Poertner & Early, 1997)
- Recent research from mental health services: Family involvement, choice, **engagement and empowerment have mediating (pushing forward) effects on child outcomes** (Hoagwood, 2005)

Parent/Caregiver Stress/Strain

Increasing societal and research recognition of the challenges and stress affecting parents raising children with mental health needs (Satcher, 2000)

Stress negatively **affects engagement and involvement** in mental health services (McDonald et al., 1997)

Stress experienced by families **may be greater** and **more complicated** than stress experienced in families with children of other types of special needs (Armstrong et al., 2005)

Brannan, Heflinger & Bickman (1997) operationalized caregiver strain with the Caregiver Strain Questionnaire(CGSQ), specific to families raising children with mental health needs.

Two dimensions:

1. **Objective strain –** daily life demands parents negotiate specific to raising child with mental health challenges.
2. **Subjective strain** (externalized and internalized) – feelings of parent in relation to caregiving responsibilities.

Parent Involvement in Youth Mentoring

- **Encouragement of parent involvement** is a positive program practice (DuBois et al., 2002)
- **Concept of parent involvement** not well-defined (Spencer & Basualdo-Delmonico, 2014)
- Positive outcomes more likely when mentor and parent have **shared understanding** of mentor's role, have good relationship, and are in **alignment with each other** (Grossman & Rhodes, 2002; Meissen & Lounsbury, 1981)
- In youth mentoring research**, direct voice of parents is rare** (Basualdo-Delmonico & Spencer, 2016; Spencer & Basualdo-Delmonico, 2014).
- Finally, in mentoring, the **voice of parents** of youth with mental health needs is **absent**.

Guiding Conceptual Framework: The Systemic Model of Youth Mentoring

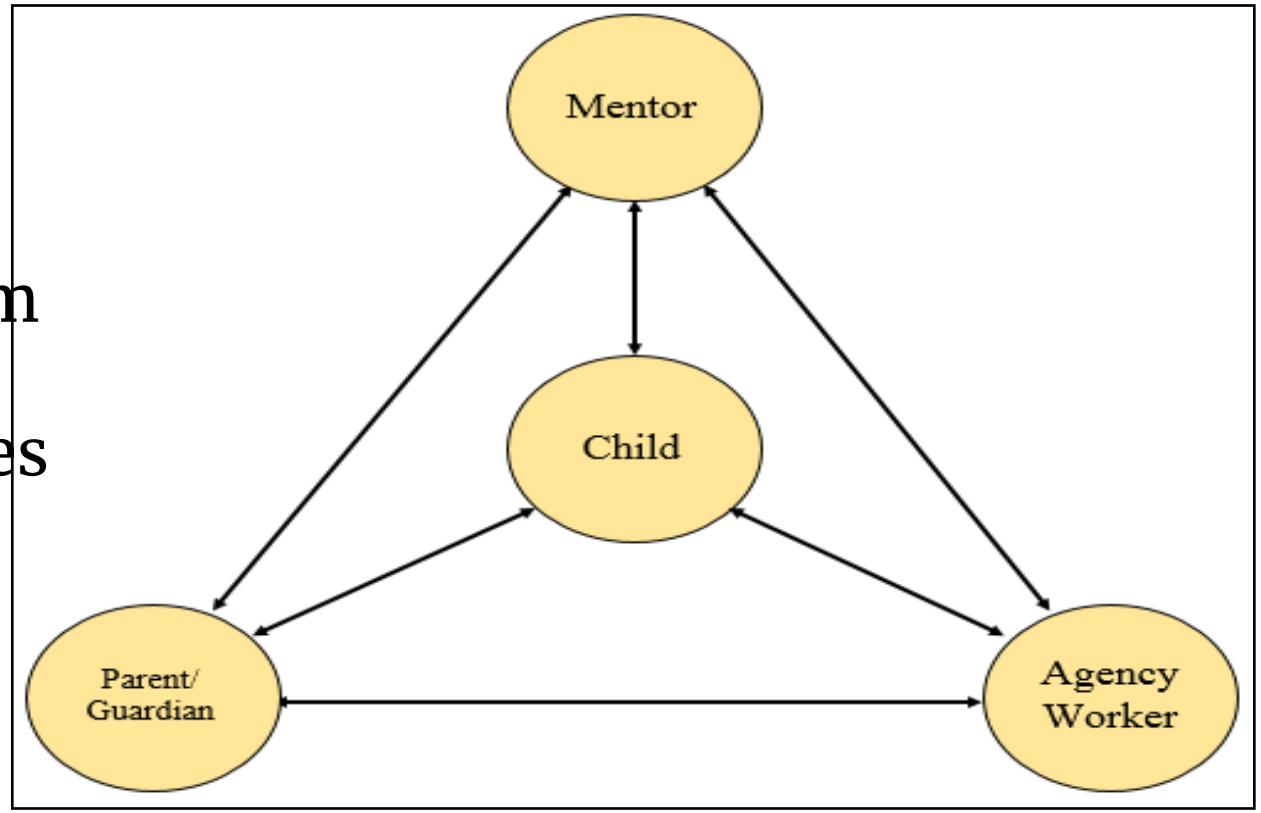
- The mentor-youth relationship is dependent, in part, on **"the pattern and content of interactions that occur within and across the relationship subsystems…"** based on ecological and family systems theory (Keller, 2005, p. 172)

- Mentor-youth pair is nested with an **"interdependent web of relationships"** (Keller, 2005, p. 170)

- Spencer, et al., 2019) name this interdependent web as a **"mentoring system."**

Systemic Model of Youth Mentoring

Agency program and practices



(Keller, 2005)

Using the Systemic Model for the Study of Quality of Relationships:

- Aligns with other research fields that incorporate ecological and systems orientations in the study of service engagement and effectiveness.

- Allows for the integration of multiple bodies of knowledge to understand complex social phenomena (Jabareen, 2009), as are the relationships that surround a primarily one-to-one intervention.

- Wide open model in terms of exploring those transacting relationships.

Pre-Mature Match Endings

Family risk factors (categorical) associated with pre-mature endings –

Family navigating poverty (categorical yes/no means the greater the poverty, the more risk of pre-mature ending)

Parent absent and in the military

Parent absent due to incarceration

Family who has immigrated

(Kupersmidt et al. 2017)

STAR study: Quality of the mentor-youth relationship is not necessarily enough to sustain the match when the surrounding relationships are not going well. (Spencer, Gowdy, Drew, McCormack & Keller, 2019)

Small collection of qualitative studies explored reasons for premature endings:

Spencer (2017): 20 mentors, 11 youth, five factors related to match endings, one called **"family interference"** by the mentor.

Study 1: Parents of Youth with Mental Health Needs in Long Lasting Mentoring Relationships

Purpose: To explore the experience and perceptions of parents of children with mental health needs in mentoring, and specifically in long mentoring relationships.

My Questions: How do parents experience the course of mentoring for their child with mental health needs and how did they see themselves involved in that process?

* What were their hopes and fears at the start of mentoring and how did those turn out or change over time?
* What has been important to them through the process?
* What kinds of surprises and challenges did they experience?
* What have they watched change in their child through mentoring?

Study 1: 10 parent/caregivers

Inclusion Criteria for Parent/Caregivers

1. Parent/caregiver involved since start of mentoring.
2. Their child is between ages of 12 and 18 years.
3. Their child has been with same mentor for at least two years.
4. Their child is currently or has been previously involved in mental health services for at least six months.
5. Their child received a mental health diagnosis and the parent/caregiver can speak to that.

Exclusion

Foster parents

Participant Recruitment Through BBBS

Potential participants were identified by agency case managers from their caseloads (nothing in the database system captured that info)

50 potential matches were identified out of 1,000 open, active matches.

Agency Case managers made first contact with parent/caregiver about the study

Data Collection

- One audio-recorded, in-person, individual interview with each parent/caregiver, at a location of their choosing.

- **Interview lengths:** Range = 35 minutes to 113 minutes (Mean length = 48 minutes)

- **Semi-structured Interview Protocol:**

  * Main questions followed temporal "life history" of mentoring

    Hopes and wishes for mentoring at the start

    Fears and worries about mentoring at the start

    Building of early impressions of the process and relationships

    Surprises and challenges along the way

    Changing perceptions over time

    Thoughts about the future for their child

Participants

N = 10 Self-identified as:

Biological mothers -- 7
Adoptive mothers -- 2
Long-term guardianship mother – 1

Missing voices: fathers, grandparents

Age: Range 36 years to 59 years (Mean age = 44 years)

Race/ethnicity: 1 African American; 1 Native American; 8 white

Missing voices: Diversity in race/ethnicity

Marital Status: 50% married/partnered, 50% identified as single parent

Economic Status: Over half with household income of less than $30,000.

Three living at or below poverty level.

Referral status at the start of mentoring:

Voluntary (Self, friend, school, agency) -- 7

Mandated (child welfare, court-ordered) – 3

Demographics of Their Children

- **Gender:** Female = 8 Male = 3 (one participant had 2 children who met study criteria)
- **Age:** Range of 12 – 18 years Mean age = 13.4 years
- Length of Mentoring Relationships Mean = **4.9 years** Range = 2 – 7 years
- **Types of Mental Health Diagnoses (per parent report):**

  Post-Traumatic Stress Disorder, Depression, Anxiety Disorder, Attention Disorder, Obsessive Compulsive Disorder, traumatic brain injury, sensory integration disorder (one parent did not know)

Four out of eleven (36%) of youth had two or more mental health diagnoses (all per parent report).

Snapshot of Preliminary Findings

(a) Initial Hopes for Mentoring (Goals)

Related to child's mental health needs

Coming to the end of counseling:

"The counseling was doing OK. It was working pretty well, but she kinda came to an end, where she didn't want to participate anymore, and I didn't want to leave her hanging…"

Thought of other resources first:

"…because of her background and her issues, she would have overwhelmed somebody a little less experienced or mature…" [parent at first was thinking using a church member]

Developmental Growth Needs

Someone who could **"broaden their perspective on how to think and look at things,"**

or **"needed a male role model to give them insight on different things."**

Initial Hopes for Mentoring (cont.)

Family Stress

Second child in family with needs:

"….my younger son [had older brother with mental health needs]….good idea to get him out of the house with somebody normal, because his own big brother didn't play with him."

Daughter who was bullied at school:

"…I felt, oh I can breathe…all this stuff happening…and I was torn all over…I felt like with [daughter with mentor], now I can breathe, now I can focus on other things."

(b) Initial Worries About Mentoring

Worry of being judged as a parent:

"I get fearful of [agency name]…fearful of not parenting in such a way that they would like 'she's not doing it right' and take them again, even though I'm, you know, stellar."

Worry about child being judged:

"I wasn't sure….if they would be able to find somebody who would understand her uniqueness, and stick around with her."

(c) Development of Trust in the Mentor

Through Observation of Child and Mentor:

"hit it off really well…had a lot in common…that was a big thing for me, because **she didn't always connect with people."**

Mentor going at the youth's pace and getting to know parent:

"well, you know, if she's gonna take the time to know her and not take her somewhere…..she spent the time to get to know me, so that **I felt comfortable with what she was doing."**

Working through a conflict with the mentor:

"…it was hard for me to trust – not that he did anything to deserve being mistrusted – it was differences of opinion on how children are raised, and just needing to kind of remind him of that."

(d) Changes in the mentored youth

Appreciation of mentor's lived experience as good for their child:

"…here's this grown-up who has to wash his hands all the time, and has to go exactly the speed limit, who has these like OCD kind of things, and is perfectly fine….this guy who has quirks, and he's gotta house and a job and a wife and he can be successful…**that's helped my son's self-esteem, like, 'I can be weird and still be fine.' "**

Seeing youth with PTSD grow and change:

"….I wasn't sure [daughter] would ever be able to live on her own, because she's afraid of being by herself, afraid of noises… but the last couple of years, I've noticed a big change, to where I thought, well, maybe she can go and stay in a dorm."

Parent who started because of mandated services:

"She's more happy, she's more willing to do things. We don't fight, we'll argue, but it's not that fists and "mom, I'm gonna punch you."… I can't pinpoint an exact time, but I do know that [the mentor] is always a positive figure…don't look at it in the dark, look at in the light, and don't look at anything as another door closing…..

Considerations

1. Parents' perceptions of an intervention are nested in the context of their family life, stress, and culture; including past, present, and future.

2. Parents viewed mentoring as beneficial to their children's mental health needs, by their definition, but that wasn't necessarily the original reason they wanted a mentor.

3. Family stress and previous agency relationships came into play at the start of involvement with the mentoring agency and mentor.

4. Parents had one set of goals for mentoring at the start, which, for some, changed and evolved over time.

5. Developing trust with/in the mentor was crucial for parents; for some, that took place right away and for others, it took time.

6. Under the right circumstances, youth with mental health conditions benefited from community -based mentoring.

Study 2 (Dissertation, early stages of analysis):
Mentoring for Youth with Mental Health Challenges: An Exploratory Study of the Parent-Mentor Relationship in Relation to Family Stress

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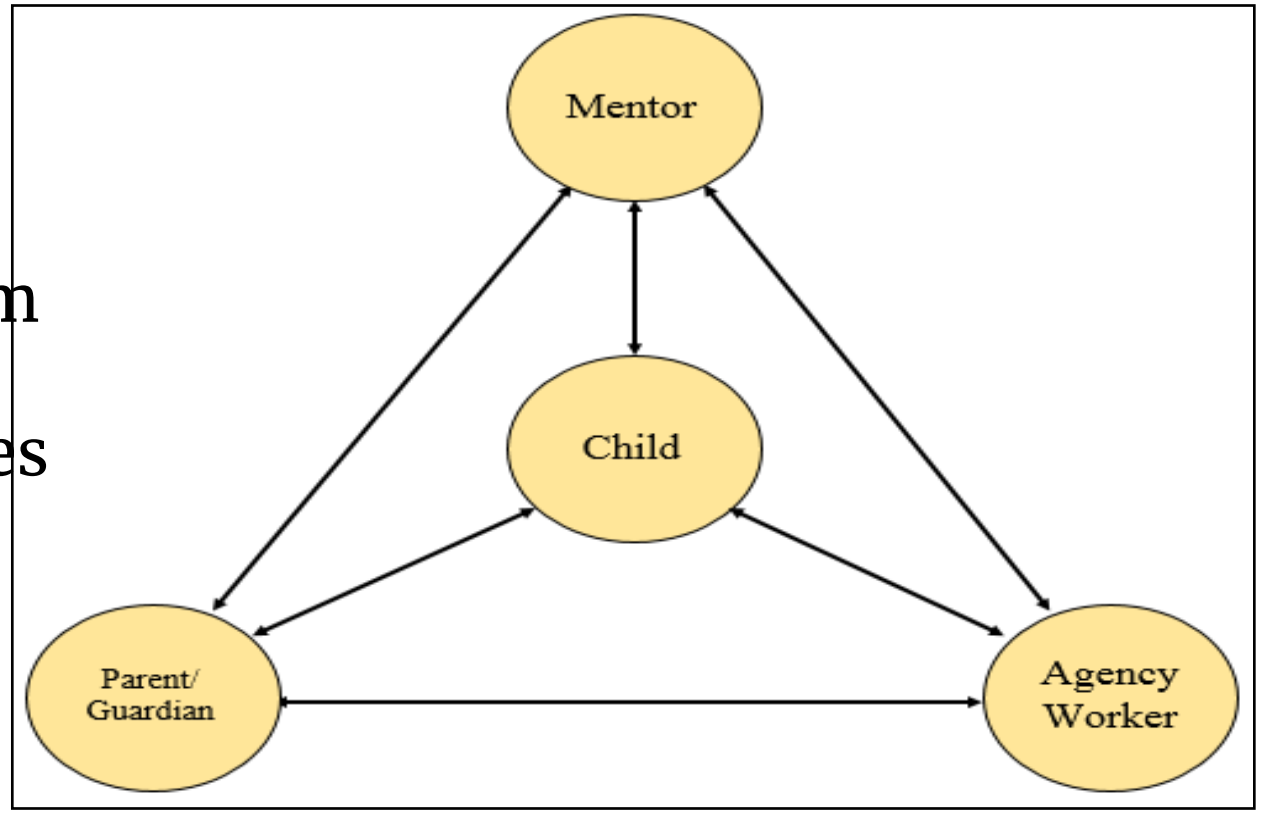
You can see the evolution of my own questions for exploration:

1. How might family stress interface with the quality of the parent-mentor relationship that surrounds the mentor-youth relationship for youth with mental health challenges?
2. How does the quality of the parent-mentor relationship affect premature match endings?
3. How might the concepts of parent caregiver strain and working alliance imported from the mental health field help guide this exploration?

Systemic Model of Youth Mentoring

Agency program and practices



(Keller, 2005)

Relational Context of Parent/Caregiver and Mentor: The Concept of Working Alliance (WA)

Three Dimensions of Working Alliance:

Bond – affective or emotional aspects of relationship

Goals – agreement made on what the intervention is to accomplish

Tasks -- agreements as to what each party is to do in order to accomplish the goals

Meta-analysis (de Greef et al., 2016) found that higher levels of parent-provider alliance in mental health services is associated with stronger engagement in services.

Working Alliance concept has only been applied in one study of the mentor-youth relationship (Larose et al., 2010)

Primary Dataset: STAR Study

A mixed methods longitudinal study examining mentoring relationships over 18-month research period, The Study to Analyze Relationships (STAR) project primarily focused on analyzing factors and relationships related to match closures (Keller & Spencer, 2017), guided by the Systemic Model of Youth Mentoring (Keller, 2005).

Acknowledgement:

Dr. Thomas Keller and Dr. Renee Spencer graciously gave me permission to conduct my secondary analysis dissertation using portions of the dataset from the OJJDP-funded **project "Prediction and Prevention of Premature Closures of Mentoring Relationships: A Prospective Study of Participants, Processes, and Program Practices,"** also known as the STAR Study.

<u>Primary Recruitment and Data Collection in STAR Study:</u>

- 2013 – 2015 356 matches were included in the study
- Participants were recruited from BBBSA: Oregon, California, Colorado, and Arizona

Strengths & Difficulties Questionnaire (SDQ): Description of Full STAR sample N = 358

Used to categorize youth mental health severity ("Abnormal" scores are associated with clinical level mental health need). Filled out by parent/caregiver.

Four scales (Emotional symptoms, Conduct problems, Hyperactive, and Peer Problems)

5 items in each scale (Likert scale of 0 – Not True, 1 – Somewhat True, and 2 – Certainly True)

Scores totaled to create a sum score for each case. Sum scores for each individual scale also calculated.

Sum scores 0-13 = Normal; 14-16 = Borderline; and 17-40 = Clinical.

From Full Sample
(322 cases with complete data)

"Normal"	125 cases	38.8%
"Borderline"	84 cases	26.1 %
"Clinical"	**113 cases**	**35.1 %**

At Baseline: Caregiver Strain Questionnaire (CGSQ-Short)

"How much has the following circumstance or feelings have been problematic in the last 6 months?" (5-point Likert scale from 1-not a problem to 5-very much a problem)

Objective strain:

1. Disruption of family relationships
2. Interruption of personal time
3. Missing work or neglecting other duties
4. Financial strain

Subjective external strain:

5. Feeling embarrassed about the child
6. Feeling worried about the child's future
7. Feeling angry toward child
8. Feeling resentful toward the child

Subjective internal strain:

9. Feeling tired or strained

T

9 Items from the Caregiver Strain Questionnaire on the STAR Baseline Survey

Item	Type of Strain	Areas of Strain
1. Interruption of personal time	Objective Strain (Observable occurrences of strain)	Demands on time
2.Missing work or neglecting duties.	Objective Strain	Demands on time
3.Financial strain	Objective Strain	Financial worries
4.Disruption of family relationships	Objective Strain	Disruption of family life & relationships
5.Feeling embarrassed about child	Subjective (emotional reactions to strain)	Embarrassment
6.Feeling angry toward child	Subjective Externalized	Child-Caregiver Relationship
7.Worried about child's future	Subjective Internalized	Worry and Guilt
8.Feeling resentful toward child	Subjective Externalized	Child-Caregiver Relationship
9.Feeling tired or strained	Subjective Internalized	Fatigue & Strain

Percentage of participants who marked 4 (a lot of a problem) or 5 (very much of a problem) at the start of mentoring

CGSQ Items	Percentage of Sub-Sample N = 18	Percentage of Full Sample N = 358
1. Interruption of Personal Time	38.8 %	13.7
2. Missing work/neglecting duties	27.7	10.0
3. Financial Strain	**50.0**	**27.0**
4.Disruption of family relationships	27.7	12.1
5.Feeling embarrassed about your child	22.0	5.5
6.Feeling angry toward your child	5.0	8.9
7.Worried about your child's future	**44.4**	**27.8**
8.Resentful toward your child	5.0	4.2
9.Feeling tired or strained	**50.0**	**23.6**

Early Interview Findings from 18 Cases Involving Youth With Mental Health Challenges

Parents talked more about a variety of family stressors than what was captured on the Caregiver Strain Questionnaire.

All three dimensions of Working Alliance [bond, goals, tasks] could be found in both the parent and mentor's sharing of their experiences. However, each reflected different levels of importance. For example:

Trust-in and respect-from **(Bond)** the mentor was mentioned as very important to most parents.

I was not able to determine if the development of parent trust and respect of the mentor functioned as a buffer to the challenges of family stress, and specifically the challenges that would impact communications and the activities that comprise **Tasks.** In other words, even if the parent felt trust-in and respect-from the mentor, these relational-strengthening features weren't talked about in terms of improving engagement with the Task aspects of parent-mentor interactions.

Evidence of parent and mentor being out-of-sync regarding **Goals** in many cases.

Respect was important for both mentor and parent, but appears to have different meanings. For parents, it is respect for the life and family stressors they are navigating. For mentors, it's more about appreciation or respect for their time and efforts as a mentor.

Communication and activities that comprise the **Tasks** appear to be more critical as a source for appreciation and respect for the mentor in some cases. When there are planning or scheduling challenges, this appears to cause more difficulty for the mentor in terms of respect, and as a result, seemed to weaken their commitment.

Possibilities for Mentoring Practices: "Locations" for Enhancing Parent-Mentor Alliance?

- At enrollment, open conversation with parents about their perceptions of their child's mental health needs, services they are using or have used. Specific youth needs they see as applicable to mentoring may be useful in setting goals and implementing match support **(Social Work value: Strengths-based)**
- Parents involved in child welfare systems where services are court-ordered may not be certain that their values and authority will be well-received in the beginning and could benefit from additional opportunities over time to identify needs and goals for their child **(Social Work value: Empowerment**)
- Clearer identification of kids with mental health needs in database systems may help to guide training plans for staff and mentors. **(Social Work value: Focus on vulnerable to marginalized groups)**
- The role of agency in supporting families with referrals and resources, particularly those families with more than one child with mental health needs, could assist with family and ultimately increase match stability **(Social Work value: Family-centered services)**
- Training for match support staff on working/talking with families in strength-based ways can improve parent/guardians ability use match support when difficulties arise **(Social Work value: Strength-based)**
- Systematic methods for checking in with parents that assess parent satisfaction and changes in parent/child relationship may enrich parental involvement, confidence, and hope **(Social Work value: Empowerment)**

Practice "locations" where aspects of the Parent-Mentor Working Alliance could be strengthened?

Your ideas, questions, and concerns

Appreciations

To Big Brothers Big Sisters of Portland, Oregon for support to conduct my interview study of parents whose youth with mental health needs were in long mentoring relationships.

To Dr. Tom Keller of Portland State University and Dr. Renee Spencer for their permission to use portions of the STAR Study dataset for my dissertation work. Appreciation for their guidance and direction as experts in the field.

To Mentor Canada for this opportunity to share my work in its preliminary stages of completion.

Finally, to the parents/caregivers who participated in these two studies and shared with a stranger about their lives, their stresses, and hopes and worries for their children, now and for their future.