

Indicator #27: Are you able to continue to have mentoring relationships with students who no longer present serious problems?



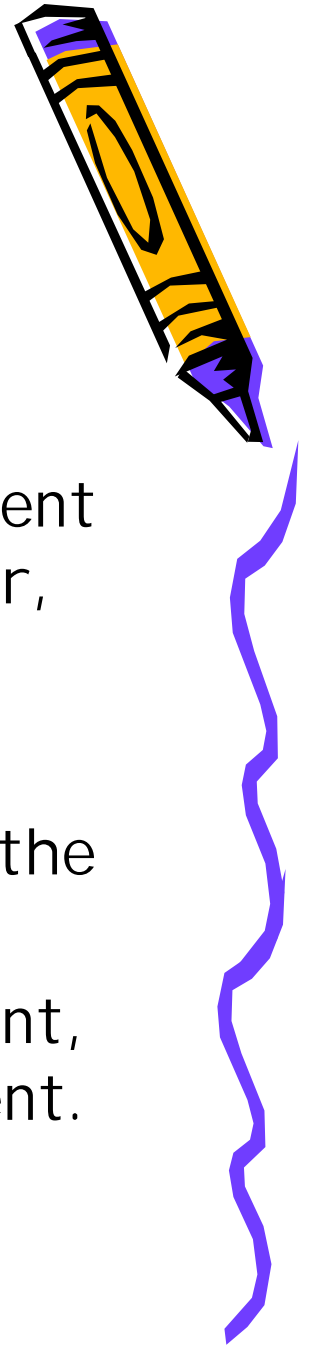
Background

- Positive relationships with adults in the school, family, and in the community are associated with enhanced resiliency in at-risk youth.
- Clinicians can continue to have informal mentoring relationships even after formal therapy relationships have ended.

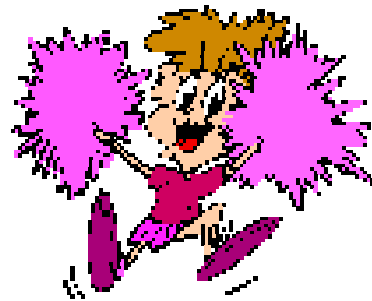


Background

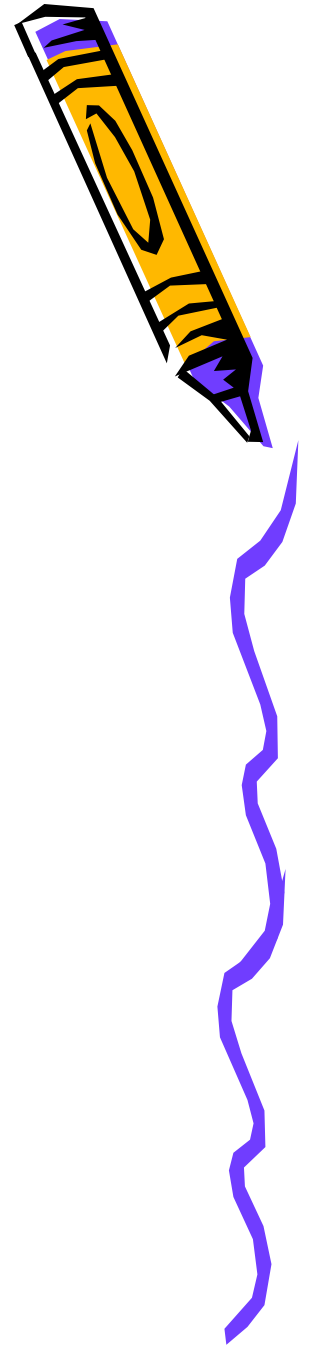
- Mentoring can be defined as a “one-to-one” relationship between a caring adult and a student who needs support to achieve academic, career, social, or personal goals.
- The mentor is a role model to the student and serves as an advisor and positive influence on the student.
- Mentoring requires mutual respect, commitment, and loyalty between the mentor and the student.



Background



Mentors represent a stable positive force in a child's life. In many ways, mentors serve as a cheerleader cheering the child on to build character and competence.



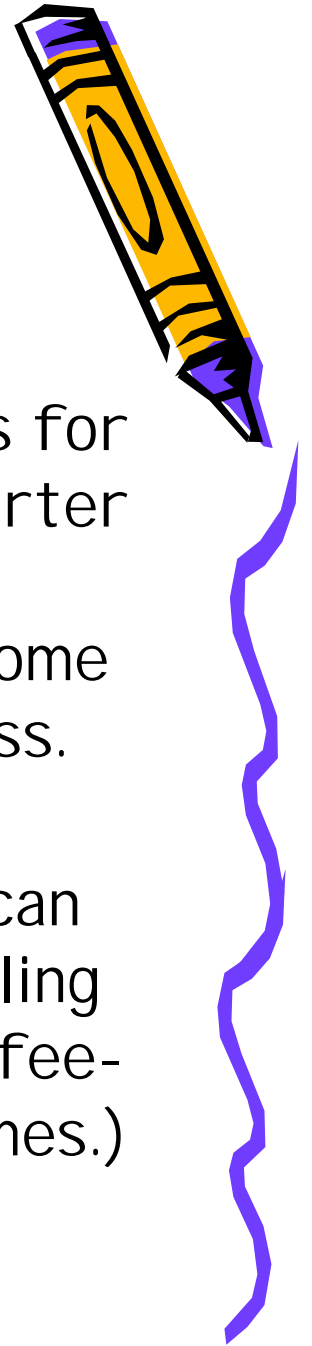
Menu of Suggested Activities

- Become involved in and form a mental health connection to established after-school activities and summer activities. (Many of your former students may be in these groups and will be able to continue to have a connection with you.)
- Create a schedule that allows for brief appointment checkups for clients with less severe problems and also allows for some “open” office hours.
- Connect students with other mentoring resources in the school and community.
- Develop support groups and prevention groups that involve former clients.



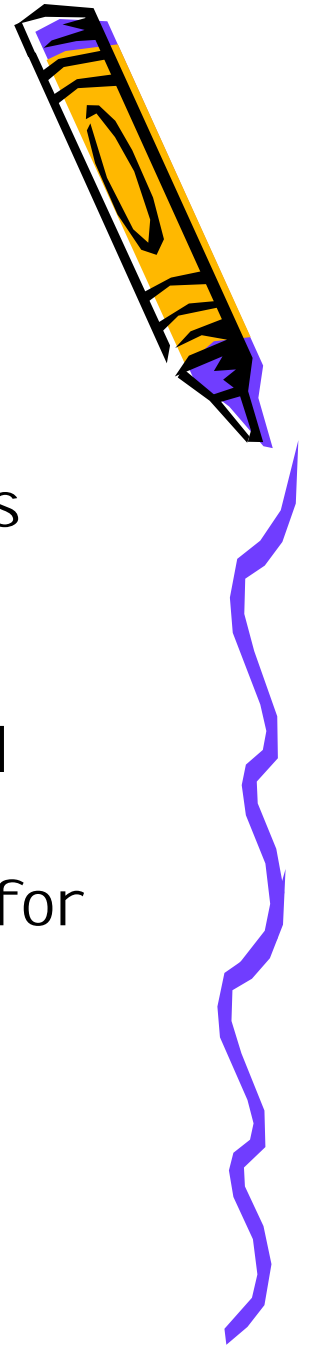
Helpful Hints

- Be organized and set up a schedule that allows for before and after school appointments and shorter appointments. Consider having some ten to fifteen minute appointment slots and having some open office time that former clients can access.
- Do not feel tied to using the full amount of therapy time available for a client. If issues can be covered in less time on a given week, be willing to end the session early. (Make sure that any fee-for-service work reflects accurate session times.)



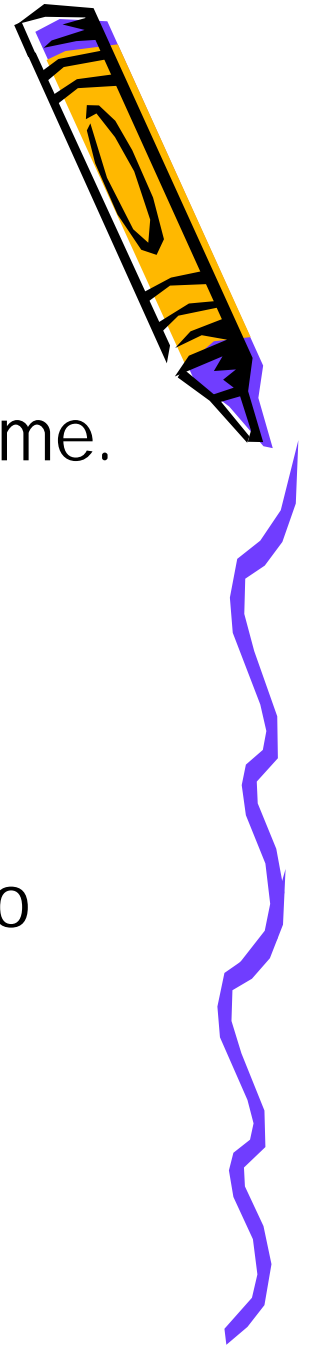
Helpful Hints

- Develop with children and families plans for maintaining contact once the formal therapy is finished. Have multiple options for them to consider.
- Work with students to develop clear goals and trajectories that can be the focus of future mentoring sessions. Having a clear structure for these meetings may help to reduce the time involved and may make the meeting more productive and efficient.



Helpful Hints

- Be creative and flexible in using your time. Take advantage of unexpected opportunities to check in with former students (e.g., no-shows, field trips, testing).
- Have a mailbox available for students to leave messages/updates for you and to request meetings.



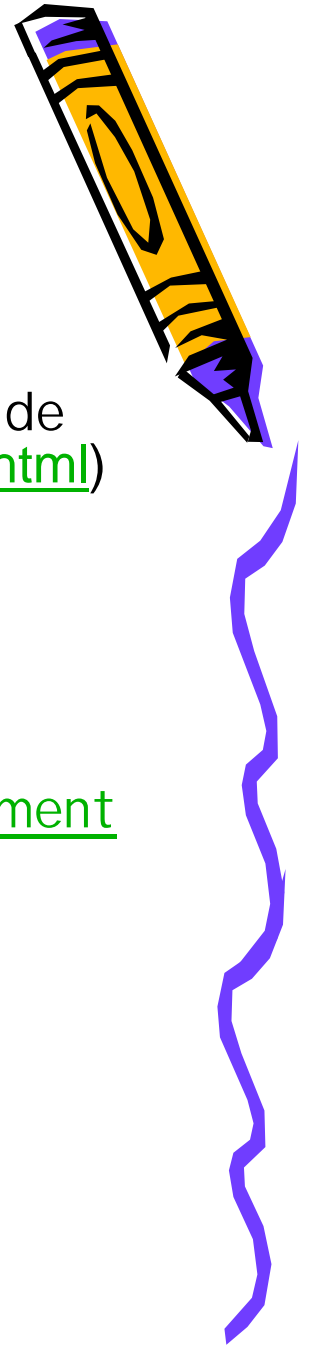
Helpful Hints

- Create support groups and conduct prevention activities that include former clients. Use interactions with the student to monitor progress and determine necessity for individual meetings.
- Obtain necessary consent from parents/guardians for involvement in any formal prevention activities. Obtain consent to continue to monitor student progress after the completion of counseling.



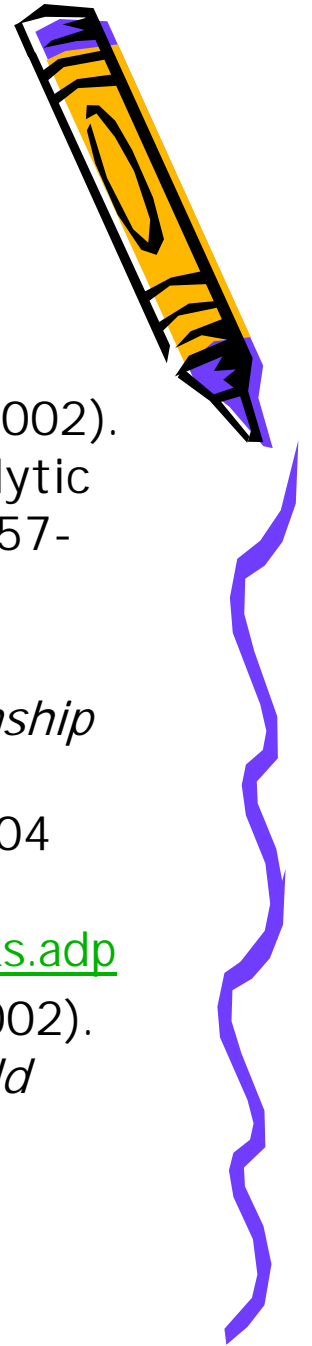
Web Resources

- Creating Safe and Drug-Free Schools Action Guide (<http://www.ed.gov/offices/OSDFS/actguid/mentor.html>)
- The Mentoring Group (<http://www.mentoringgroup.com/>)
- Mentoring USA (<http://www.mentoringusa.org/>; <http://www.mentoringusa.org/index1.htm>)
- National Mentoring Partnership http://www.mentoring.org/resources/research/mentor_works.adp
- The Search Institute (<http://www.search-institute.org/archives/tdm.htm>)
- Community ToolBox, University of Kansas (http://ctb.ku.edu/tools/en/chapter_1022.htm)



Background References

- DuBois, D. L., Holloway, B. E., Valentine, J. C., & Cooper, H. (2002). Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology, 30* (2), 157-196.
- Herrera, C., Sipe, C. L., McClanahan, W. S., Arbretton, A. J., & Pepper, S. K. (2000). *Mentoring school-age children: Relationship development in community-based and school-based programs*. Philadelphia: Public/Private Ventures. Retrieved June 28, 2004 from http://www.mentoring.org/resources/research/mentor_works.adp
- Jekielek, S. M., Moore, K. A., Hair, E. C., & Scarupa, H. J. (2002). Mentoring: A promising strategy for youth development. *Child Trends Research Brief*. Washington D. C.: Child Trends.



Background References

- Kaufman, F., Harrel, G., Milam, C. Woolverton, N. & Miller, J. (1986). The nature, role, and influence of mentors in the lives of gifted adults. *Journal of Counseling and Development, 64*, 576-578.
- McPartland, J.M., & Nettles, S.M. (1991). Using community adults as advocates or mentors for at-risk middle school students: A two-year evaluation of project raise. *American Journal of Education, 568-586*.
- Resnick, M.D., Harris, L.J., & Blum, R.W. (1993). The impact of caring and connectedness on adolescent health and well-being. *Journal of Pediatric Child Health, 29*(Supp.) 3-9.



Background References

- Rhodes, J. E. (1994). Older and wiser: Mentoring relationships in childhood and adolescence. *Journal of Primary Prevention*, 14, 187-196.
- Rhodes, J. & Roffman, J. (2003). Nonparental adults as asset builders in the lives of youth. In R. M. Lerner & P. Benson (Eds). *Development assets and asset-building communities: Implication for research policy, and practice. The Search Institute series on developmentally attentive community and society* (pp195-209). New York: Kluwer Academic/Plenum Publishers.
- Weist, M. D. (1997). Protective factors in childhood and adolescence. In J. Noshpitz (Ed.). *Handbook of Child and Adolescent Psychiatry, Volume 3*, (pp. 27-34). New York: Wiley.

