BUILDING RELATIONSHIPS & COLLABORATION

Building relationships and collaboration with others requires making connections and maintaining trust with young adults and their family members, providers, other adult allies, and young adult peer group through respectful curiosity about strengths, needs, and goals. Healthy relationships require we listen for understanding, validate young adults' experiences, communicate in clear and positive ways, share information with respect for confidentially, openly consider the perspectives of others, manage conflicts honestly, and treat all colleagues fairly. Relationships include members of the young adult's care team that is the context for Peer Mentoring.

In the context of Young Adult Peer Mentoring, building relationships and collaboration means sharing the YAPM's own lived experience with purpose and intent to:

» Acknowledge and encourage young adults' unique gifts, including the resiliency that comes from experiencing mental health challenges;

» Acknowledge the possibility of mutuality ("when I help you, I help myself");

» Listen, from a peer perspective, to young adults' challenges, hopes, and goals;

» Foster communication between young adults, family members, providers, and allies to gain understanding of different perspectives;

» Consider all actions, including the end of the YAPM relationship, in the context of young adults' growing independence;

» Support young adults to frame and communicate about differences in direct, effective ways.

FIRST CONTACTS

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Contacts the young adult (or designated caregiver) as soon as possible according to program protocol and obtains consent from YA and/or family as needed.	* Tries to make contact but does not persist. * Delays contact without sufficient reason.	* Does not make an effort to contact. * Waits weeks for contact. * Contacts YA but not designated caregiver, or the reverse. * Proceeds without consent.
Reminds YA (and designated caregiver, as needed) in advance about the day, time, and place of meetings.	* Leaves voicemail or text without confirming that the intended recipient got it. * Contacts YA or caregiver but not both.	Does not attempt to remind YA or caregiver of meetings.
Shares YAPM lived experience and understanding of YA's situation to figure out how much to cover in the first meeting, how casual to be, and whether to disclose any lived experience. Continues to assess throughout early-stage interactions.	* Creates a shaky balance between sharing their own experience and getting to know the YA. * Uses only YAPM lived experience or only YA's background but not both to make a connection. * Sets boundaries but does not listen to what YA wants during the first meeting.	* Makes assumptions about what is good for YA. * Ignores evidence of actual interactions with YA. * Does not consider using lived experience.
As soon as realistic, discusses pros and cons of Young Adult Peer Mentoring; provides basic orientation to the provider agency, rights, and expectations; and obtains consent to engage.	* Presents information without checking to make sure the YA understands. * Provides some, but not all, important information about service.	* Assumes agreement. * Assumes someone else will provide orientation.

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EXPLAINING THE SERVICE

Explains from the start that YAPM is part of a team and share information with that team.	Does not clearly explain YAPM's connection to the team.	* Does not mention the team. * Suggests or says that YAPM keeps secrets from the team.
As soon as realistic, explains Young Adult Peer Mentoring and discusses, with YA, the importance of lived experience and what YAPM can and can't do as a YAPM.	* Talks about some aspects of YAPM lived experience without explaining the full purpose of the service. * Discusses this with YA but not with caregiver and/or other members of care team. * Waits for YA to ask about lived experience, rather than offering it.	* Does not mention lived experience or denies lived experience. * Does not mention what YAPM can and can't do.
Describes how YAPM fits into the larger service delivery system (TM, the CBHI "hub," the Continuum, etc.) and how it is similar or different from other services they may have received or heard about.	* Describes only partially and/or omits explanations that YAPM unsure about. * Discusses either similarities or differences but not both. * Does not clearly explain how the YAPM fits with other services YA has.	* Does not find out about other services YA accesses. * Provides incorrect information instead of finding out correct information.

EXPLAINING THE SERVICE

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Explains medical necessity (or other requirements for participation), confidentiality of information, mandated reporting, voluntary participation, and other requirements in a way YA understands.	* Presents information without checking to make sure YA understands. * Presents written information without discussion.	* Explains with excessive clinical jargon or other insensitive language that causes YA to disengage. * Assumes YA has prior understanding of Young Adult Peer Mentoring.
Asks the YA what work they want to do with YAPM, what might be helpful, and what they hope to get from the service (asks at the start and ongoing).	Asks about the YA's expectations at the start but does not encourage ongoing discussion.	* Tells the YA the definition of the service without discussion. * Assumes "one size fits all" in working with YAs.
Discusses the idea of mutuality – that is, a YAPM helps a YA which, in turn, helps the YAPM to grow and be secure in "comeback" experience.	Discusses only the ways that a YAPM helps a YA.	Assumes that benefit is only to the YA.

UNDERSTANDING THE YOUNG ADULT'S FAMILY SITUATION AT THE START

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Asks YA: Who do they consider family? What family members or other allies, if any, do they want included in communication about the YAPM service? Are they already included on the YA's care team? Do they want to include them? Who will bring them to the attention of the care team?	* Asks about family members and allies but does not follow up with discussion of their possible role on the care team. * Asks about family members but does not sufficiently differentiate between "technical family" and who is actually involved and/or supportive. * Identifies new allies but does not communicate to care team.	* Makes assumptions about YA's family. * Does not learn about possible legal restrictions, including any on some family members. * Does not consider allies or family.
Listens carefully and repeats back to YA to ensure shared understanding of family and other supports; revisits this discussion as they work together.	* Listens but does not check back for understanding. * Asks about support at the start but does not consider changes along the way.	Does not ask YA about support.
Asks about YA hopes for the future/vision for the future and discusses any changes to that vision with care team.	* Focuses only on present instead of future hopes. * Asks too much or constantly without letting YA take the lead. * Accepts changes to care team vision without exploration.	* Tells YA what would be best/what they "should" be doing. * No mention of hopes for the future.
Asks about past experiences (positive and negative) of services and what they hope might be the same or different about Young Adult Peer Mentoring.	* Asks too superficially or about some, but not all, past services and supports. * Does not ask about how Young Adult Peer Mentoring might be different.	Assumes positive and/or negative experiences.

UNDERSTANDING YOUNG ADULT'S HOPES FOR THE FUTURE

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Shares YAPM lived experience (as appropriate) of hopes for the future--what has helped, what has gotten in the way, what is still to be accomplished.	Shares parts of YAPM's story that aren't relevant or aren't helpful.	Makes it "all about the YAPM" by sharing without purpose and intent, sharing for YAPM's benefit only, and/or "one-upping" the YA.
Discusses how their work together can help YA achieve their hopes for the future and how the work is connected to the goals from their care team.	* Does not link goals to care team. * Accepts care team goals without YA input.	Assigns goals without input from care team or YA.

PRACTICAL CONCERNS FOR STAYING IN TOUCH

Provides contact information (office location, answering service) for regular and emergency situations, with clear explanation of which to call for which situation.	* Gives YA some, but not all, necessary contact information. * Gives numbers to call without explaining hours, purpose, etc.	Does not provide contact information or provides incorrect information.
Responds promptly to all contacts by YA (or family members) throughout the service; explains in advance any planned time off from work and who to get in touch with.	Is too casual about response times and/or coverage when away from office.	* Ignores contacts. * Fails to notify YA of absences.
Talks with YA about where and how often to meet and any transportation or safety issues; checks in from time to time about possible changes.	* Communicates inconsistently about meeting plans. * Sets a plan and neglects to check in about possible changes	* Makes no plan for meetings. * Chooses locations without considering safety or comfort for YA. * Assumes YA can get to meeting locations.

PRACTICAL CONCERNS FOR STAYING IN TOUCH

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Establishes a clear plan with purpose and intent to provide any necessary transportation assistance.	* Offers rides inconsistently and/or without purpose. * Encourages YA to rely on YAPM transportation without considering independent options.	Does not consider transportation options or assistance.
Checks with YA on the best way to get in touch about things that come up between meetings and makes sure to check from time to time about any change in contact information for YA.	* Uses communication methods that are convenient for YAPM without checking if those methods work for YA. * Is inconsistent about communication.	Makes no effort to communicate between meetings.

KEEPING THE RELATIONSHIP HEALTHY

All during the service, asks for YA's ideas, thoughts, and concerns about how things are going.	* Asks for ideas but does not take time to fully explore. * Does not make changes as a result of feedback. * Gets defensive when YA asks for changes. * Does not connect YA's feedback with goals.	* Assumes all is fine without asking. * Dismisses or does not take concerns seriously.
Explores with YAs their interests, talents, abilities, and new skills that might help YAs to reach their goals.	Asks about strengths (interests and skills) without exploring (when YA struggles to identify them).	Does not ask about strengths that might help.
Plans with YA about for specific activities and/or practical help that will assist with reaching their goals.	* Plans some, but not all, things with YA. * Plans without enough attention to YA goals. * Does not reconcile YA preferences with care team recommendations.	* Plans everything for YA. * Uses only referral information for activities.

KEEPING THE RELATIONSHIP HEALTHY

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Plans activities ahead of time to match YA preferences, strengths and needs.	* Plans ahead but does not adapt to the present situation as needed. * Pushes too hard to do activities, even when YA can't.	* Insists on YAPM's plan without adjusting for YA preferences. * Judges YA for not being able to do a planned activity.
Checks in with YA at the beginning and end of each session for their thoughts about progress, setbacks, and changes (asks what is working and what could be better) without getting annoyed or defensive.	* Checks in before or after sessions, but not both. * Discusses setbacks or needed changes superficially. * Misses opportunities to improve by expressing defensiveness or trying to justify themselves.	* Focuses on YAPM needs for validation. * Does not check in. * Ignores feedback. * Expresses anger or hurt over feedback.
Gradually gets to know how YAPM's lived experience might be relevant to YA; checks with YA before sharing, without assuming sharing is acceptable; considers sharing personal stories at different times for the benefit of the YA; considers discussion of mutuality.	* Shares YAPM's whole story at the start of the relationship without getting to know YA first. * Considers sharing only at start of relationship, but does not consider again. * Shares too much or too little to be helpful even when there is a clear purpose. * Shares lived experience without checking with YA. * Shares difficulties without sufficient focus on their comeback story. * No acknowledgement of benefits to YAPM.	* Does not consider purpose and intent. * Shares to benefit YAPM. * Does not share any of their lived experience. * Burdens YA with too much personal information or too much attention to YAPM's story.

KEEPING THE RELATIONSHIP HEALTHY

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Discusses with YAs how their experience of mental health challenges could be used to build strengths and resiliency.	* Questions YA's strengths or ability to develop strengths. * Does not connect YAPM comeback story to strengths or resiliency. * Gets caught up in clinical jargon about mental health.	* Judges YA's strengths. * Tries to "one-up" YA strengths.

SHARING INFORMATION FROM OTHERS

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Describes the purpose of sharing relevant information (with written consent of YA, if 18 or over) back and forth with other people on the YA's care team.	Explains to YA what is relevant without any input from YA.	* Shares without written permission. * Does not disclose to YA that YAPM will need to communicate with care team.
Always tells YA about information being shared between YAPM and care team.	Sometimes, but not always, tells YA ahead of time about communications with care team.	Lets YA believe there are secrets from care team and then shares that information anyway.
Includes YA in regular updates to the care team.	* Inconsistent in including YA in updates. * Participates in separate communications with providers without including YA's voice.	Does not provide updates to care team.
Reinforces care team members in understanding YAPM role, purpose, and value.	* Does not explain YAPM role when unclear. * Takes on too much explanation without getting support from supervisor or other team members.	* Does not speak at meetings. * Expresses anger or defensiveness when others do not know the YAPM role.

TEAM MEETINGS

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Helps arrange meetings, if needed, with other stakeholders around YA's schedule and requests to reschedule if YA can't attend; assists YA with logistics for meetings (transportation, supplies for taking notes, etc.).	* Arranges meetings around YA's schedule inconsistently. * Waits for providers to suggest including YA. * Goes along with "hub" provider schedule even when not convenient for YA. * Joins meetings without YA and does not object. * Sets times around YA schedule without attending to other barriers.	* Schedules only for provider convenience. * Makes no effort to ensure that providers are always including YA. * Makes no effort to overcome practical barriers.
Helps YA to prepare ahead for content shared at different kinds of meetings, such as school, Department of Children and Families, medical appointments, etc.	* Explains different types of meetings too generally without relating to the specific YA. * Does not prepare with YA about questions to ask for more information.	* Does not attend meetings even when asked by YA. * Does not prepare in advance of meetings.
Discusses, with YA ahead of time, what kinds of sensitive information might be brought up at a care team meeting.	Defines or guesses what might be sensitive without discussing with YA.	Springs sensitive information on YA at meeting.
Practices a variety of strategies (verbal responses, taking space, sensory items) for handling potentially uncomfortable situations in care team meetings	* Knows strategies but does not practice them with YA. * Offers some but not all options for handling discomfort.	No preparation or assistance.

TEAM MEETINGS

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
Practices ways to agree and disagree effectively; shares lived experience, as relevant, about handling sensitive conversations.	* Sympathizes with YA but does not prepare for effective disagreements. * Does not consider offering lived experience of similar situations.	* Contributes to divisive or negative conversation during disagreements. * Offers only negative lived experience (things that did not work).
Makes sure that in meetings, YA has time and encouragement to fully participate in the care team and that YA understands jargon, topics, and recommendations.	* Pauses for understanding sometimes but not consistently. * Allows providers to dominate meeting. * Speaks for YA rather than supporting YA's voice. * Waits until the end to check for understanding.	* Does not attend meetings. * Does not prepare ahead of meeting. * Supports provider views without YA voice.
Requests that meeting facilitator recaps important points at the end to make sure that everyone has a shared understanding.	* Agrees with team members even when unsure of YA's understanding. * Waits until after meeting to discuss with YA and explain anything that was unclear.	Does not recap important points made by anyone.
Debriefs after meetings to elicit YA thoughts about what went well and what needs improvement.	Checks in superficially without exploring for YA input.	* Assumes all is fine. * Dismisses suggestions for debrief.

TALKING ABOUT ENDING THE YAPM SERVICE

IDEAL PRACTICE	DEVELOPMENTAL PRACTICE	INSUFFICIENT PRACTICE
From the beginning and throughout service, talks with YA about limits of relationship and the end of the service.	* Starts discussion of service ending late and/or discusses only inconsistently. * Gives unclear messages about ending YAPM relationship.	* Does not discuss ending services. * Suggests that relationship will continue after service ends.
Frames the end of services as acknowledgement of growth and progress while validating feelings about the loss of the YAPM relationship.	* Talks about benefits without acknowledging loss at the end. * Overwhelms YA by expressing too much of YAPM sense of loss.	* Does not discuss gains nor losses. * Has no plan to end relationship when service ends.
Discusses with YA how their own gains and other supports will help YA adapt after YAPM relationship ends.	* Discusses supports (providers only) superficially. * Discusses only external supports without including YA's gains in confidence, self-advocacy, etc. as ongoing supports.	Does not discuss YA adapting after service ends.
Acknowledges and validates YA's expressions of loss; shares lived experience of similar gains and losses at end of services, as relevant and useful to YA.	* Acknowledges or validates importance of YAPM relationship superficially. * Shares lived experience even if not relevant.	Provides no helpful validation.