



# **YOUNG ADULT PEER MENTORING PRACTICE PROFILE**



# ACKNOWLEDGMENTS

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Shannon Ahern, Wayside Youth and Family Support Network  
Amelia Almeida, Child and Family Services  
Alicia Anzaldi, The Home for Little Wanderers  
Tyler Botelho, Child and Family Services  
Josephine Cardona, Child and Family Services  
Julia Cardoso, Massachusetts Department of Mental Health  
Alison Carroll, Tufts Health Plan  
Helene Cesani, Gandara Center  
Mercedes Chapman, The Home for Little Wanderers  
Olivia Chiacchia, Wayside Youth and Family Support Network  
Ken Coleman, Community Healthlink  
Crystal Coletti, Wayside Youth and Family Support Network

Samantha Colletta, Brien Center  
Carrie Crews, Brien Center  
Mary-Jo Crowley, Clinical & Support Options  
Joel Danforth, Massachusetts Department of Mental Health  
Marina Davidson, Riverside Community Care  
Freddy Dejesus, Gandara Center  
Kirstin Delano, Wayside Youth and Family Support Network  
Jonathan Delman, University of Massachusetts Medical School  
Kayla Donerty, Children's Friend and Family Services  
Jackie Elias, Justice Resource Institute  
Christine Funari, Massachusetts Department of Mental Health  
Abigail Gascoyne, BAMSI  
Diane Grillo, Massachusetts Behavioral Health Partnership  
Jennifer Hallisey, MassHealth  
Emmanuel Hernandez, Children's Friend and Family Services  
Heidi Holland, Massachusetts Department of Mental Health  
Laura Horton, BAMSI  
Anthony Irsfeld, Community Healthlink  
Kathryn Janiuk, Massachusetts Department of Mental Health  
Eduardo Joaquin, Children's Friend and Family Services  
Geraldyn Johnson, Clinical & Support Options  
Naiyelly Kersey, The Home for Little Wanderers  
Wildred Rachel Krenis, Children's Friend and Family Services  
Josh Lucente, Wayside Youth and Family Support Network  
Melissa Lajoie, Community Healthlink  
Stephanie Lallier-Casal, Children's Friend and Family Services

Emily laprade, LUK, Inc.  
Winnie Lopez, Gandara Center  
Jennifer Malek, Child and Family Services  
Glenda Medina, Children's Friend and Family Services  
Danelsi Mejia, The Home for Little Wanderers  
Mary Mercier, Family Continuity Programs  
Helena Miles, Clinical & Support Options  
Satya Montgomery, Lahey Health Behavioral Services  
Della Newell, Wayside Youth and Family Support Network  
Carisa Pajak, Beacon Health Options  
Gustavo Payano, Massachusetts Department of Mental Health  
Samantha Poutas, Riverside Community Care  
Kristina Randall, BAMSI  
Nancy Rhoads, The Edinburg Center  
Meghan Robitaille, Justice Resource Institute  
Kristine Rodriguez, Gandara Center  
Melissa Rowan-Decker, Clinical & Support Options  
Carly Sebastian, Massachusetts Department of Mental Health  
Regina Serverius, NFI Massachusetts  
Jessica Simmons, LUK, Inc.  
Jonelle Sullivan, Beacon Health Options  
Annaliese Thomas, Mentor Network  
Carmelo Torres, Gandara Center  
Francis Tragodara, The Home for Little Wanderers  
Daniel Vazquez, Wayside Youth and Family Support Network  
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Dani Walsh, PPAL/YouthMOVE Massachusetts  
Sandi Walters, Clinical & Support Options  
Sherol Watson, The Home for Little Wanderers

Rebecca West, Bay State Community Services  
Aliana Wilkey, Justice Resource Institute  
Kara Zimmerman, Youth Villages

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# EXECUTIVE SUMMARY

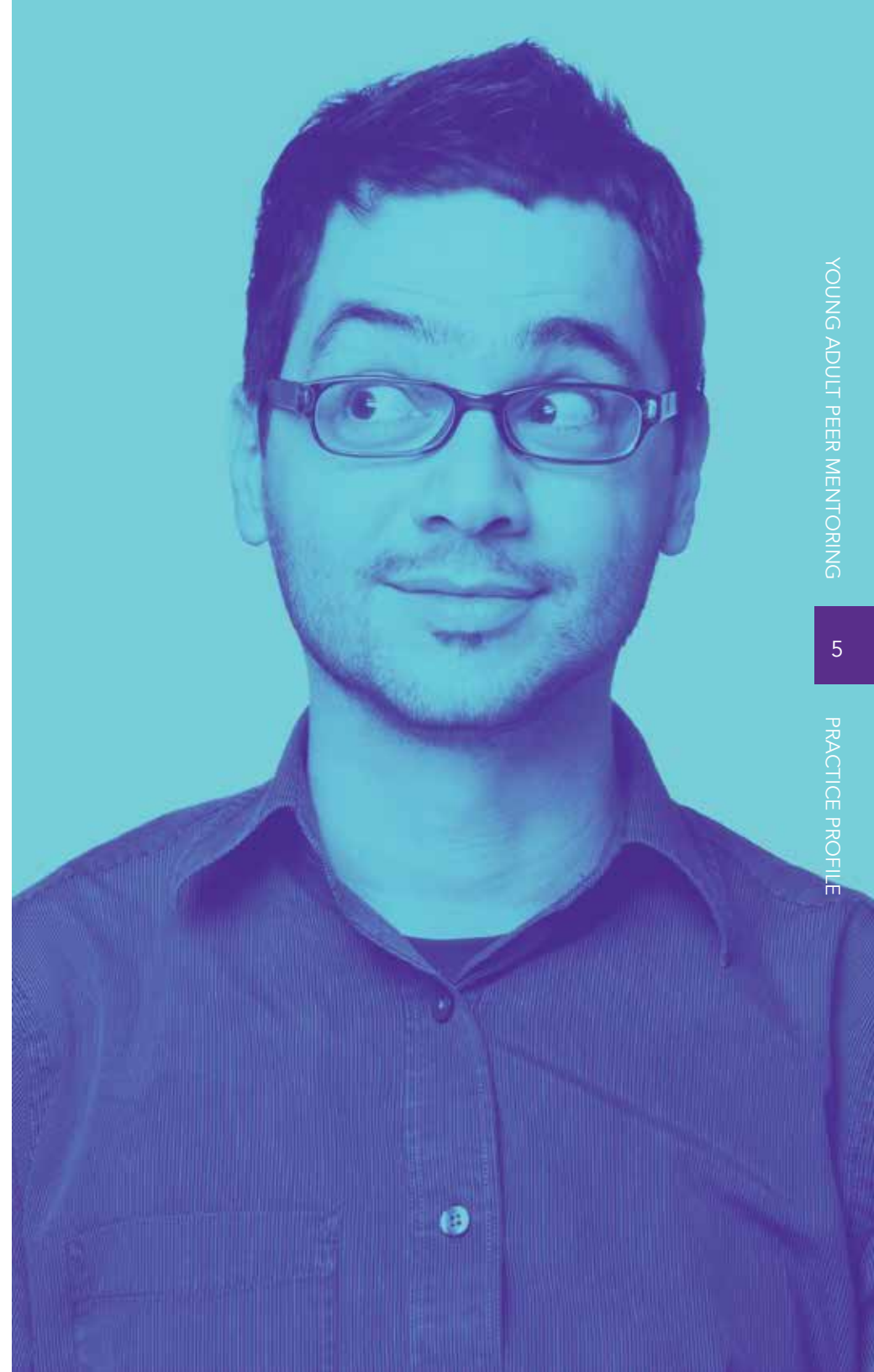
**Y**oung Adult Peer Mentoring is a specialty expertise based on sharing one's lived experience of mental health challenges with purpose and intent to inspire hope and motivation in another young adult (YA) who is struggling with similar concerns. Young Adult Peer Mentors (YAPM), use their lived experience as an active ingredient in a therapeutic process.<sup>1</sup>

Young Adult Peer Mentoring in Massachusetts is not a stand-alone service but, rather, a specialty expertise embedded in other service categories, such as Therapeutic Mentoring (TM)<sup>2</sup>, the Caring Together Continuum, and Intensive Residential Treatment Programs. Young Adult Peer Mentoring can make traditional behavioral health services more accessible and appealing to young adults as they manage their transition to adulthood and the underlying mental health conditions that complicate progress toward independence.

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<sup>1</sup> Throughout this document the term Young Adult Peer Mentors (YAPM) will be used to refer to the individuals that deliver Young Adult Peer Mentoring. The term young adult(s) or YA will be used to refer to the individual(s) who are receiving Young Adult Peer Mentoring.

<sup>2</sup> The specialty expertise of Young Adult Peer Mentoring within CBHI TM is appropriate when a young adult is recommended by a CBHI "hub" service AND the youth receiving services is at least 14 years old and less than 21 AND the young adult and/or the family (for youth under 18) agrees AND peer support, in addition to typical TM work, would be valuable in at least one of the following ways: engaging the young adult in services, reducing isolation, or helping the young adult find their voice in goal setting, navigating systems and building supports for their goals, and/or developing hope for a healthy future.





Young Adult Peer Mentoring adds the dimension of lived experience – “I have walked in shoes like yours” — to enhance authenticity and peer acceptance that is especially validating for transition-age young adults. By sharing lived experience with purpose and intent, YAPMs show, through their own examples that recovery is within reach.

YAPM “lived experience” is defined as:

***The personal experience of living with and overcoming a mental health/substance abuse/traumatic life concern which has caused problems in one or more areas of life. A person with lived experience will also have had valuable experience in navigating or using community resources, therapeutic services, or other supports to overcome the challenges.***

“Purpose and intent” describes the YAPM’s thinking prior to sharing lived experience. Who benefits from the YAPM sharing this experience? Is the YAPM’s experience relevant to the young adult’s challenges? Is the young

adult ready to hear about this experience, or might it be harmful? Is this something that the YAPM is comfortable with colleagues and others hearing?

Lived experience is the thread that runs through all elements of the Young Adult Peer Mentoring practice. Best practice requires that the YAPM be close enough in age and experience to be credible and relatable to young adults; that they are trained in using self-awareness, hopefulness, and interpersonal skills; and that they have sufficient stability to model resiliency and self-care.

The Practice Profile identifies the basic functions, or Core Elements, of Young Adult Peer Mentoring. There are six (6) Core Elements described in the Practice Profile. Each Core Element begins with an overall definition. After the definition of each Core Element, a table details how to put the element into practice. Each table consists of rows that describe the specific component practices that make up that element. The rows in each table are separated into columns, which are labeled Ideal Practice, Developmental Practice, and Insufficient Practice. The Ideal Practice column shows the level of expertise that we aspire to achieve consistently in Young Adult Peer Mentoring. The Developmental column describes stages that naturally occur when practitioners are learning a new area of practice. Finally, the Insufficient column lists actions that are unacceptable. They may be harmful, do not meet basic standards for YAPM, or should not occur.

Although the Core Elements are described separately, they overlap and often occur at the same time. The six Core Elements of Young Adult Peer Mentoring and abbreviated definitions of each follow:



## PRACTICING CULTURAL RESPONSIVENESS

Practicing cultural responsiveness is: 1) the ongoing process of learning how the values, beliefs, attitudes and traditions that grow from racial, ethnic, linguistic, religious, sexual orientation, gender identity, socio-economic status, disability status, or other affiliate groups contribute to our own and other people's culture; 2) learning about personal circumstances that influence people's thinking, behaviors, and roles; 3) being mindful of power and privilege differences; and 4) using this knowledge to work effectively with young adults.

Using lived experience with purpose and intent while practicing cultural responsiveness also means sharing aspects of the YAPM's experience without assumptions about how it is the same or different from that of other young adults; exploring ways in which experiences in the mental health/child welfare system and/or other traumatic situations influence attitudes and behaviors; demonstrating an understanding of "youth" culture based on young adult exposure to contemporary conditions, technology, social media, expressive language, and other cultural markers that are significantly different from the previous generation; and mutual exploration to identify developing cultural values and meaning throughout the transition to adulthood.



## BUILDING RELATIONSHIPS & COLLABORATION

Building relationships and collaboration requires making connections and maintaining trust with young adults and their family members, providers, other adult allies, and young adult peer groups through respectful curiosity about strengths, needs, and goals. Listening for understanding, validating experiences, communicating clearly, considering the perspectives of others, managing conflicts honestly, and treating all colleagues fairly contributes to healthy relationships.

Using lived experience with purpose and intent to build relationships and collaboration means sharing the YAPM's own lived experience with purpose and intent to encourage young adults' unique gifts; acknowledge the possibility of mutuality ("when I help you, I help myself"); listen from a peer perspective to young adult challenges, hopes, and goals; foster communication between young adults, family members, and allies; and support young adults to communicate effectively.



## SUPPORTING YOUNG ADULT VISION AND GOALS

Supporting young adult vision and goals is the art of collaborating with young adults and their care teams to encourage a vision for the future based on young adults' aspirations promote goals that align with the vision, create a plan to reach the goals, and end services with a purposeful transition that encourages independent sustainability. Supporting young adult goals requires choosing effective approaches and celebrating incremental steps toward positive growth, even when setbacks interrupt the flow of progress.

Using lived experience with purpose and intent to support young adult vision and goals means working with the care team to ensure that the young adult's vision guides decisions; focusing on aspirational life goals, such as education, employment, healthy relationships, and independence; supporting young adults in building the skills and structure that they need; and preparing a purposeful transition to greater independence.



## ROLE MODELING

Role modeling is demonstrating, through actions, words, and demeanor, the types of behavior that will contribute to young adults' success and personal growth, including a range of skills in communication and strong, confident, reliable behavior that supports young adults' progress toward independence, wellness, emotional regulation, successful problem-solving, self-advocacy, healthy interpersonal interactions, and meaningful community life.

Using lived experience with purpose and intent to function as a positive role model means that the YAPM actively models when and how to share lived experience effectively and safely, helps young adults to recognize the impact of their behaviors, respects without judging the risks inherent in self-discovery and uses lived experience as evidence that a process of overcoming challenges is real and possible.





## PROMOTING SELF-CARE

Promoting self-care involves demonstrating resiliency and self-advocacy and providing empathic encouragement to safeguard the overall emotional and physical health of both the YAPM and young adults.

Using lived experience with purpose and intent to promote self-care means modeling overall healthy habits in daily life; encouraging engagement in safe, healthy activities that reduce stress; demonstrating self-awareness of triggers and coping skills; supporting young adults in knowing their rights to education, employment, housing and other fundamental needs; and sharing resources and strategies for self-care that have been helpful to the YAPM.



## DEMONSTRATING SAFE, ETHICAL, & PROFESSIONAL BEHAVIOR

Demonstrating safe, professional, and ethical behavior requires that YAPMs adhere to practices that promote integrity, dignity, and emotional health while working with young adults. For YAPMs, demonstrating professional, ethical behavior centers on good communication, accountability, and learning opportunities. It also includes rigorous attention to professional boundaries and the rights and self-determination of others.

Using lived experience with purpose and intent to demonstrate professional behavior includes taking precautions to guard young adult and YAPM safety in potentially risky situations, homes, neighborhoods, and groups; seeking opportunities for professional learning; keeping realistic work commitments; fully considering the purpose and intent of all self-disclosure with young adults; respecting confidentiality at all times; and always disclosing any prior relationship with a referred young adult; ensuring that peer support relationships are transparent and not confused with other possible relationships, such as friendship or romantic interest.

# INTRODUCTION TO PRACTICE PROFILE

## YOUNG ADULT PEER MENTORING PRINCIPLES

Young Adult Peer Mentoring is a specialty expertise based on sharing one's lived experience of mental health challenges with purpose and intent to inspire hope and motivation in another young adult who is struggling with similar concerns. Young Adult Peer Mentoring, in keeping with the national peer support movement, is based in the belief that mutuality—that is, life experience that is shared in a two-way exchange—can contribute to overcoming behavioral health challenges for a young adult while at the same time reinforcing the recovery of the Young Adult Peer Mentor (YAPM). All practices in this profile are based in using lived experience as an active part of a therapeutic process to enhance engagement, motivation, and persistence.

Young Adult Peer Mentoring in Massachusetts is not a stand-alone service but rather a specialty expertise embedded in other service categories, such as Therapeutic Mentoring (TM), a Children's Behavioral Health Initiative (CBHI) service\*, the Caring Together Continuum programs, and a variety of Department of Mental Health (DMH) services for young adults. YAPM can make services more accessible and appealing to young adults as they manage their transition to adulthood and the underlying mental health conditions that complicate progress toward independence. While the contexts differ, the particular expertise is constant.

### BECAUSE CBHI TM SUPPORTS THE

most immediate and sustainable expansion of Young Adult Peer Mentoring, this practice profile concentrates on using the specialty expertise within TM. Young Adult Peer Mentoring aligns with the vision and values of CBHI, which, in turn, reflect the principles of High Fidelity Wraparound as described by the National Wraparound Initiative. As a specialty within TM, Young Adult Peer Mentoring aspires to the highest professional standards, including collaboration with other professional and natural supports to assist young adults in securing effective care, responsiveness to youth and family expertise, and commitment to approaches that honor the strengths inherent in young adults. Ideal YAPM practice is attuned to both the wider cultural context of young adults and the individual beliefs and values that distinguish each individual from all others.

### NOTES:

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## PURPOSE OF YOUNG ADULT PEER MENTORING

Young Adult Peer Mentoring adds the dimension of mutuality to the work with young adults. Lived experience —“I have walked in shoes like yours”— enhances authenticity and peer acceptance that is especially validating for transition-age young adults. By sharing lived experience with purpose and intent, YAPM show, through their own examples, that recovery is within reach.

YAPM “lived experience” is defined as: The personal experience of living with and overcoming a mental health/substance abuse/traumatic life concern which has caused problems in one or more areas of life. A person with lived experience will also have had valuable experience in navigating or using community resources, therapeutic services, or other supports to overcome the challenges.

“Purpose and intent” describes the YAPM’s thinking prior to sharing lived experience. Useful questions to consider are: Who benefits from the YAPM sharing this experience? Is the YAPM’s experience relevant to the young adult’s challenges? Is the young adult ready to hear about this experience, or might it be harmful? Is this something that the YAPM is comfortable with colleagues and others hearing?

Lived experience is the thread that runs through all elements of the Young Adult Peer Mentoring practice. The practice requires that YAPM be close enough in age and experience to be credible and “relatable” to young adults. Best practice also involves using self-awareness, hopefulness, and interpersonal skills; sharing helpful resources and supports; and having sufficient stability to model resiliency and recovery while also demonstrating self-care.

### TM IS A STRUCTURED, STRENGTH-

based, collaborative, one-to-one, therapeutic relationship between a TM practitioner and a youth, age 0-21, with the purpose of supporting changes that promote health and wellness where the youth lives, learns, works, and plays. Therapeutic Mentoring is guided by a team approach to care. The Therapeutic Mentor supports specific goals, developed with the care team, through actions such as practicing social skills, connecting to community resources, learning new skills for age-appropriate independence, and adapting healthy coping skills to different environments. Successful mentoring helps youth gain developmental, behavioral, relational, and emotional competencies that are the basis for success in family, school, and community life.

### NOTES:

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## THE SPECIALTY EXPERTISE OF YAPM

within CBHI TM is appropriate when a young adult is recommended by a CBHI “hub” service *AND* the youth receiving services is at least 14 years old and less than 21 *AND* the young adult and/or the family (for youth under 18) agrees *AND* peer support in addition to typical TM work would be valuable in at least one of the following ways: engaging the young adult in services, reducing isolation, helping the young adult to find their voice in goal setting, navigating systems and building supports for their goals, and/or developing hope for a healthy future.

While best practice suggests beginning YAPM service in early teen years, this profile stresses the transition years between age 17 and the 21st birthday (the end of CBHI eligibility) as this age group may experience the most acute needs with the fewest resources responsive to their specific stage of life. This includes fewer formal supports available to them in the years between child and adult services, and, in some cases, limited family support. At the same time, transition-age young adults face the awesome challenges of moving to independence.

### NOTES:

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## GUIDE TO USING THE PRACTICE PROFILE

While this profile is developed for the context of Therapeutic Mentoring, the specialty expertise will help to develop peer support in other environments. Basic practices of Young Adult Peer Mentoring will remain consistent even when context changes. A useful analogy is Motivational Interviewing, a particular approach and expertise which can be applied in a variety of settings.

The Practice Profile identifies the basic functions, or Core Elements, of Young Adult Peer Mentoring. There are six (6) Core Elements described in this Practice Profile. Each Core Element begins with an overall definition. Although the Core Elements are described separately, they overlap and often occur at the same time.

After the definition of each Core Element, a table details how to put the element into practice. Each table consists of rows that describe the specific component practices that make up that element. The components are organized into rows and numbered for clarity, however, the rows are not meant to suggest a chronological order of practice. Practices in each table often do, and should, occur simultaneously. They almost never do, or should, happen only once.

At the start of each table, we suggest reviewing the Practice Profile as a whole in order to see the relationships between elements.

The rows in each table are separated into columns, which are labelled Ideal Practice, Developmental Practice, and Insufficient Practice. The Ideal Practice column shows the level of expertise that we aspire to achieve consistently in Young Adult Peer Mentoring. The Developmental column describes stages that naturally occur when practitioners are learning a new area of practice. Finally, the Insufficient column lists actions that are unacceptable. They may be harmful, do not meet basic standards for YAPM, or should not occur.





*The language around developing a vision aligns with the Wraparound practice of strengths-based, youth-driven teamwork but does not suggest a change in TM standards.*

## CORE ELEMENTS OF YOUNG ADULT PEER MENTORING

1. Practicing Cultural Responsiveness
2. Building Relationships and Collaboration
3. Supporting Young Adult Vision and Goals
4. Role Modeling
5. Promoting Self-Care
6. Demonstrating Safe, Professional, and Ethical Behavior





# PRACTICING CULTURAL RESPONSIVENESS

Practicing cultural responsiveness is: 1) the ongoing process of learning how the values, beliefs, attitudes and traditions that grow from racial, ethnic, linguistic, religious, sexual orientation, gender identity, socio-economic status, disability status, or other affiliate groups contribute to our own and other people's culture; 2) learning about personal circumstances, conditions, and experiences that influence our own and other people's thinking, behaviors, and roles in their communities; 3) being mindful of the power and privilege differences and similarities between individuals and among groups of people; and 4) using this knowledge to work effectively with all people.

In the context of Young Adult Peer Mentoring, using lived experience with purpose and intent to practice cultural responsiveness also means:

- » Sharing aspects of the YAPM's own lived experience without assumptions about how it is the same or different from the experience of other young adults;
- » Specifically acknowledging and discussing how the challenges that young adults have faced may be similar or different from those of the YAPM;
- » Exploring ways in which different experiences in the mental health/child welfare system and/or other traumatic situations influence the world view, attitudes, and behaviors of young adults;
- » Discovering differences in views of mental health in the cultures of young adults' family members and other significant figures in their lives and working to bridge gaps in understanding;
- » Demonstrating an understanding of "youth" culture based on young adult exposure to contemporary conditions, technology, social media, expressive language, and other cultural markers that are significantly different from the previous generation; and
- » Mutual exploration between YAPMs and YAs to identify developing cultural values and meaning as they (both YAPM and other young adults) transition to adulthood.

## CULTURAL SELF-ASSESSMENT AS PART OF PEER MENTORING

### IDEAL PRACTICE

Takes an inventory of and gains understanding of YAPM's own values, beliefs, and attitudes to prepare for work with each YA.

Takes responsibility for getting rid of assumptions and committing to ongoing learning about similarities and differences among YAs, as described in definition.

Before working with each YA, carefully considers similarities and differences in lived experience of mental health challenges, to prepare for possible self-disclosure about cultural issues with purpose and intent.

While working with YAs, acknowledges any privilege that may come from role as YAPM and/or race, class, or other categories.

### DEVELOPMENTAL PRACTICE

- \* Takes an initial inventory of values but does not follow up over time.
- \* Considers cultural groups (e.g., race, religion, etc.) but not individual culture (values, beliefs, attitudes).

- \* Avoids articulating their own prejudices and judgments (even when aware).
- \* Partial or inconsistent attempts to learn.

- \* Focuses on similarities only or with inconsistent or minimal discovery of differences of lived experience.
- \* Discloses about themselves without considering how to handle the possible reactions of YA.

Avoids discussing privilege.

### INSUFFICIENT PRACTICE

Makes no effort at self-awareness.

- \* Accepts their own prejudices without effort to understand the basis of those prejudices or those of or others.
- \* Relies only on their own experience of culture without exploring or understanding others.

Discloses about themselves without considering purpose and intent.

Denies any difference in privilege.

# OVERCOMING PRACTICAL BARRIERS

## IDEAL PRACTICE

Invites each YA to share their identities (e.g., race, ethnicity, religion, sexual orientation, etc.).

Asks about YA's (and family's) preferred language for communication and makes best efforts to accommodate language needs and prevent communication barriers.

Asks about, models (names own preference), and uses preferred gender pronouns for each YA.

Identifies and acts on any practical concerns about meeting times and locations that relate to culture (for example, holy days, family privacy boundaries, childcare needs, public exposure, etc.).

Works with the YA to determine the best ways to communicate via new media and uses the YA's preferred media as much as possible.

## DEVELOPMENTAL PRACTICE

- \* Asks YA to share but does not create space for sharing.
- \* Asks about culture without exploring deeper aspects of culture categories; neglects to explore YA's individual relationship to culture (values, beliefs, attitudes).
- \* Only has conversations that are comfortable; avoids difficult subjects.

- \* Assumes preferred language for communication but accepts a change if brought up by the YA.
- \* Asks about language but does not act to overcome barriers (if any).

Neglects to ask about gender pronouns but accepts requests if brought up by the YA.

- \* Asks about culture but does not follow through on resolving cultural barriers.
- \* Uses flexible meeting times and places but is not proactive about cultural considerations.

Uses YAPM's preferred communication without making sure that it works for YA.

## INSUFFICIENT PRACTICE

- \* Ignores YA's identities.
- \* Assumes they know YA's identity.
- \* Makes derogatory/offensive judgments about culture groups.

Makes no effort to communicate in YA's preferred language.

Deliberately refuses to use preferred gender pronouns identified by the YA, if they do not match the YAPM's choice.

Makes no accommodations on meeting times or places.

- \* Makes no effort to communicate.
- \* Ignores preferred media with no discussion.

## YOUNG ADULT CULTURE DISCOVERY

### IDEAL PRACTICE

Invites discussion and explores, over time, with the YA their unique values, beliefs, attitudes, assumptions, life experiences, and family environment.

Invites discussion, over time, about values and beliefs that are influenced by cultural identity/family environment.

With YAs who are young parents, explores cultural contexts for parenting roles and identity as young parents.

Specifically explores their perspective as young adults and how their age influences cultural norms (e.g., use of technology, acceptance of differences, peer groups etc.).

Explores risks and strengths that come from their culture.

### DEVELOPMENTAL PRACTICE

- \* Asks about values and beliefs but does not follow up or explore further.
- \* Engages in insufficient or superficial exploration.

- \* Asks about values and beliefs without relating them to culture and environment.
- \* Discusses these issues at the start but not over time.

- \* Asks about parenting issues without relating them to culture and environment.
- \* Discusses these issues at the start but not over time.

Identifies and understands young adult perspectives but does not explore family/cultural context or differences.

Asks about culture without exploring risks and strengths related to culture.

### INSUFFICIENT PRACTICE

- \* Does not acknowledge or discuss individual culture.
- \* Disrespects the YA's unique values, beliefs, attitudes.
- \* Disrespects family environment/culture.

Does not acknowledge impact of family environment/culture on the YA.

- \* Does not consider the impact of parenting.
- \* Makes negative judgments about young parents.

Ignores the impact of the YA's view of culture (e.g., family conflict).

- \* Ignores risks that the YA describes as part of culture.
- \* Does not consider (or disrespects) strengths that come from culture.

## YOUNG ADULT CULTURE DISCOVERY

### IDEAL PRACTICE

Shares self-disclosure with purpose and intent regarding issues of age, culture, life challenges, and self-discovery.

### DEVELOPMENTAL PRACTICE

Discloses about themselves without considering how to handle possible reactions of the YA.

### INSUFFICIENT PRACTICE

Discloses about themselves without considering purpose and intent.

## COMMUNITY CULTURE DISCOVERY

Develops awareness of the culture of the YA's neighborhood/community environment (e.g., available resources, economic conditions, level of harmony or tension, etc.) and impact on the YA's culture and wellbeing.

- \* Is partially or superficially aware of the neighborhood/community.
- \* Understands resources, tensions, etc. in the community but does not explore impact on the YA's wellbeing.

- \* Ignores community environment.
- \* Brings biases into the community environment.
- \* Makes no effort to learn about resources or other aspects of the neighborhood.

Explores the impact on YAs of immigration-related separations (if any) from community or family and/or other relevant displacements (homeless shelter, foster home placement).

- \* Is aware of separations and displacements due to immigration but not comfortable exploring.
- \* Unable to connect immigration-related separations with their own experience of displacements (if any).

Makes no effort to learn about immigration separations, displacements, or other stresses.

Shares self-disclosure (as appropriate) with purpose and intent regarding their experience of different living situations.

Discloses about themselves without considering how to handle possible reactions of the YA.

Discloses about themselves without considering purpose and intent.

## CULTURAL DIFFERENCES AMONG FAMILY MEMBERS AND ALLIES

### IDEAL PRACTICE

Opens discussion of differences and similarities in culture as related to family members, other adult allies, and roles of each; pays attention to issues that may come up as a result of differences in role definition.

Shares self-disclosure (as appropriate) with purpose and intent regarding family differences in culture and how the differences affect lived experience.

### DEVELOPMENTAL PRACTICE

- \* Considers cultural differences and similarities only superficially.
- \* Discusses only with some family or allies (or only with youth).
- \* Asks questions but does not use responses to guide work.

Discloses about themselves without considering how to handle possible reactions of the YA.

### INSUFFICIENT PRACTICE

- \* Makes assumptions based on stereotypes.
- \* Considers only negative implications of cultural differences or similarities.

Discloses about themselves without considering purpose and intent.

## STRENGTHS IN CONTEXT OF CULTURE

Engages in ongoing discussion about strengths that result from their overall cultural identity as well as youth culture (e.g., music, dance and other forms of self-expression, slang and new uses of words, technology as primary communication, trends in clothing, and emerging shared beliefs).

Engages in ongoing discussion about strengths that come from their experience of mental health challenges.

- \* Discusses strengths at the start only.
- \* Superficial discussion only without applying to the work.

- \* Discusses strengths and mental health in general ways not individualized to each YA.
- \* Explores strengths but not resources that can build on strengths.

- \* Does not acknowledge strengths.
- \* Focuses only on negative aspects of cultural identity.

Does not acknowledge that strengths can come from the experience of mental health challenges.



## STRENGTHS IN CONTEXT OF CULTURE

### IDEAL PRACTICE

Helps YAs to recognize and “discover” strengths in their cultural background and shares potential strengths even when YAs cannot identify strengths.

Shares self-disclosure (as appropriate) with purpose and intent regarding strengths that have come from lived experience.

### DEVELOPMENTAL PRACTICE

Asks about strengths that come from culture but does not explore further to “discover” strengths.

Discloses about themselves without considering how to handle possible reactions of the YA.

### INSUFFICIENT PRACTICE

Does not consider strengths.

Discloses about themselves without considering purpose and intent.

## BELIEFS ABOUT TREATMENT

Explores beliefs and attitudes regarding physical health, mental health, substance use, medication, diagnoses, and other therapies.

Specifically validates each YA’s experience of the mental health, child welfare, and other systems and how this has shaped beliefs and attitudes.

- \* Asks about some, but not all, treatment experiences.
- \* Struggles to openly address some beliefs and/or cultures.
- \* Listens for stigma or other negative responses to treatment without listening fully to possible positives.

- \* Validates experiences some, but not all, of the time.
- \* Validates experiences but does not connect to culture (beliefs, attitudes).

- \* Uses their own lived experience of negatives with too much detail about what went wrong.
- \* Expresses bias and absolutes about what can or cannot help.

Dismisses the YA’s experience.

## BELIEFS ABOUT TREATMENT

### IDEAL PRACTICE

Uses self-disclosure (as appropriate) with purpose and intent to discuss beliefs and values about treatment options.

### DEVELOPMENTAL PRACTICE

- \* Discloses about themselves without considering how to handle possible reactions of the YA.
- \* Focuses too much on their own experience of treatment to state what will or will not help, without considering the YA's circumstances.

### INSUFFICIENT PRACTICE

- \* Discloses about themselves without considering purpose and intent.
- \* Overshares personal negative experience with treatment.

## ADDRESSING CULTURAL MISUNDERSTANDINGS

Invites and supports YAs to address cultural misunderstandings with providers.

Struggles to know when or how to address cultural misunderstandings.

- \* Avoids discussion of cultural misunderstandings.
- \* Takes sides behind the scenes in addressing misunderstandings.

Addresses directly and respectfully (in tone of voice and words) with others when observing actions that appear insensitive to YA's culture or lived experience.

- \* Tries to handle anger or other difficult emotions directly but sometimes engages in negative talk.
- \* Struggles to handle cultural insensitivity in team meetings.

- \* Ignores and/or agrees with cultural insensitivity.
- \* Uses sarcasm, name-calling, or other rude negative reactions to insensitivity.
- \* Reprimands others.

Models effective advocacy around cultural differences.

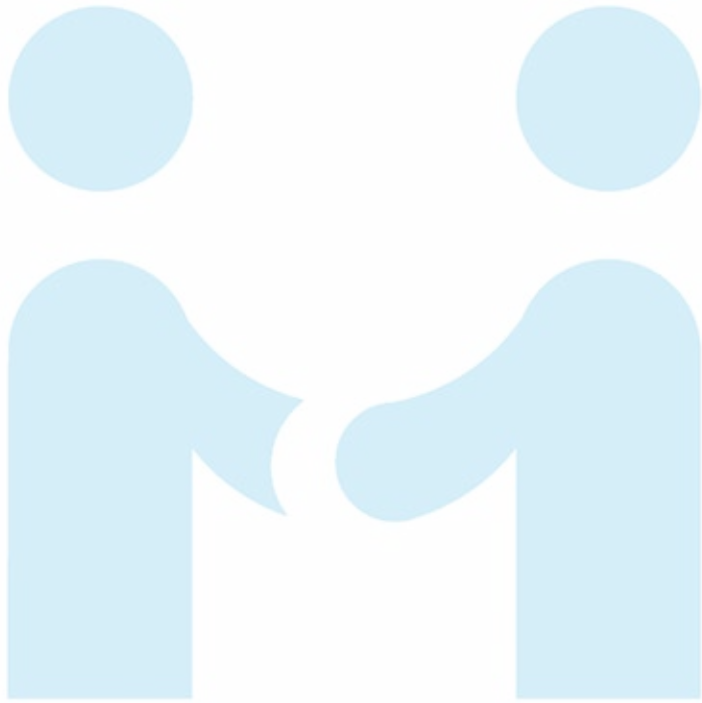
Advocates some, but not all, of the time for cultural openness around differences.

Does not advocate for themselves or recommends "letting it go" when others are demeaning about culture.

Promptly acknowledges and corrects peer YAPM's actions that suggest cultural bias or misunderstanding.

- \* Still learning to address/admit mistakes without defensiveness.
- \* Acknowledges mistakes but does not effectively correct them.

"Freaks out" when challenged or corrected.



# 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 confidentiality, 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

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.

Reminds YA (and designated caregiver, as needed) in advance about the day, time, and place 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.

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.

### DEVELOPMENTAL PRACTICE

- \* Tries to make contact but does not persist.
- \* Delays contact without sufficient reason.

- \* Leaves voicemail or text without confirming that the intended recipient got it.
- \* Contacts YA or caregiver but not both.

- \* 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.

- \* Presents information without checking to make sure the YA understands.
- \* Provides some, but not all, important information about service.

### INSUFFICIENT PRACTICE

- \* Does not make an effort to contact.
- \* Waits weeks for contact.
- \* Contacts YA but not designated caregiver, or the reverse.
- \* Proceeds without consent.

Does not attempt to remind YA or caregiver of meetings.

- \* Makes assumptions about what is good for YA.
- \* Ignores evidence of actual interactions with YA.
- \* Does not consider using lived experience.

- \* Assumes agreement.
- \* Assumes someone else will provide orientation.

## FIRST CONTACTS

### IDEAL PRACTICE

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.

### DEVELOPMENTAL PRACTICE

- \* Presents information without checking to make sure the YA understands.
- \* Provides some, but not all, important information about service.

### INSUFFICIENT PRACTICE

- \* Assumes agreement.
- \* Assumes someone else will provide orientation.

## 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

Explains medical necessity (or other requirements for participation), confidentiality of information, mandated reporting, voluntary participation, and other requirements in a way YA understands.

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).

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.

### DEVELOPMENTAL PRACTICE

- \* Presents information without checking to make sure YA understands.
- \* Presents written information without discussion.

Asks about the YA's expectations at the start but does not encourage ongoing discussion.

Discusses only the ways that a YAPM helps a YA.

### INSUFFICIENT PRACTICE

- \* Explains with excessive clinical jargon or other insensitive language that causes YA to disengage.
- \* Assumes YA has prior understanding of Young Adult Peer Mentoring.

- \* Tells the YA the definition of the service without discussion.
- \* Assumes “one size fits all” in working with YAs.

Assumes that benefit is only to the YA.



## UNDERSTANDING THE YOUNG ADULT'S FAMILY SITUATION AT THE START

### IDEAL 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?

Listens carefully and repeats back to YA to ensure shared understanding of family and other supports; revisits this discussion as they work together.

Asks about YA hopes for the future/vision for the future and discusses any changes to that vision with care team.

Asks about past experiences (positive and negative) of services and what they hope might be the same or different about Young Adult Peer Mentoring.

### DEVELOPMENTAL PRACTICE

- \* 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.

- \* Listens but does not check back for understanding.
- \* Asks about support at the start but does not consider changes along the way.

- \* 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.

- \* 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.

### INSUFFICIENT PRACTICE

- \* 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.

Does not ask YA about support.

- \* Tells YA what would be best/what they "should" be doing.
- \* No mention of hopes for the future.

Assumes positive and/or negative experiences.

## UNDERSTANDING YOUNG ADULT'S HOPES FOR THE FUTURE

### IDEAL 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.

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.

### DEVELOPMENTAL PRACTICE

Shares parts of YAPM's story that aren't relevant or aren't helpful.

- \* Does not link goals to care team.
- \* Accepts care team goals without YA input.

### INSUFFICIENT PRACTICE

Makes it "all about the YAPM" by sharing without purpose and intent, sharing for YAPM's benefit only, and/or "one-upping" the YA.

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.

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.

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.

- \* Gives YA some, but not all, necessary contact information.
- \* Gives numbers to call without explaining hours, purpose, etc.

Is too casual about response times and/or coverage when away from office.

- \* Communicates inconsistently about meeting plans.
- \* Sets a plan and neglects to check in about possible changes

Does not provide contact information or provides incorrect information.

- \* Ignores contacts.
- \* Fails to notify YA of absences.

- \* 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

Establishes a clear plan with purpose and intent to provide any necessary transportation 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.

### DEVELOPMENTAL PRACTICE

- \* Offers rides inconsistently and/or without purpose.
- \* Encourages YA to rely on YAPM transportation without considering independent options.

- \* Uses communication methods that are convenient for YAPM without checking if those methods work for YA.
- \* Is inconsistent about communication.

### INSUFFICIENT PRACTICE

Does not consider transportation options or assistance.

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.

Explores with YAs their interests, talents, abilities, and new skills that might help YAs to reach their goals.

Plans with YA about for specific activities and/or practical help that will assist with reaching their goals.

- \* 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.

Asks about strengths (interests and skills) without exploring (when YA struggles to identify them).

- \* Plans some, but not all, things with YA.
- \* Plans without enough attention to YA goals.
- \* Does not reconcile YA preferences with care team recommendations.

- \* Assumes all is fine without asking.
- \* Dismisses or does not take concerns seriously.

Does not ask about strengths that might help.

- \* Plans everything for YA.
- \* Uses only referral information for activities.

## KEEPING THE RELATIONSHIP HEALTHY

### IDEAL PRACTICE

Plans activities ahead of time to match YA preferences, strengths and needs.

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.

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.

### DEVELOPMENTAL PRACTICE

- \* Plans ahead but does not adapt to the present situation as needed.
- \* Pushes too hard to do activities, even when YA can't.

- \* 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.

- \* 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.

### INSUFFICIENT PRACTICE

- \* Insists on YAPM's plan without adjusting for YA preferences.
- \* Judges YA for not being able to do a planned activity.

- \* Focuses on YAPM needs for validation.
- \* Does not check in.
- \* Ignores feedback.
- \* Expresses anger or hurt over feedback.

- \* 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

Discusses with YAs how their experience of mental health challenges could be used to build strengths and resiliency.

### DEVELOPMENTAL PRACTICE

- \* 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.

### INSUFFICIENT PRACTICE

- \* Judges YA's strengths.
- \* Tries to "one-up" YA strengths.

## SHARING INFORMATION FROM OTHERS

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

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.).

Helps YA to prepare ahead for content shared at different kinds of meetings, such as school, Department of Children and Families, medical appointments, etc.

Discusses, with YA ahead of time, what kinds of sensitive information might be brought up at a care team meeting.

Practices a variety of strategies (verbal responses, taking space, sensory items) for handling potentially uncomfortable situations in care team meetings

### DEVELOPMENTAL PRACTICE

- \* 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.

- \* 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.

Defines or guesses what might be sensitive without discussing with YA.

- \* Knows strategies but does not practice them with YA.
- \* Offers some but not all options for handling discomfort.

### INSUFFICIENT PRACTICE

- \* Schedules only for provider convenience.
- \* Makes no effort to ensure that providers are always including YA.
- \* Makes no effort to overcome practical barriers.

- \* Does not attend meetings even when asked by YA.
- \* Does not prepare in advance of meetings.

Springs sensitive information on YA at meeting.

No preparation or assistance.

# TEAM MEETINGS

## IDEAL PRACTICE

Practices ways to agree and disagree effectively; shares lived experience, as relevant, about handling sensitive conversations.

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.

Requests that meeting facilitator recaps important points at the end to make sure that everyone has a shared understanding.

Debriefs after meetings to elicit YA thoughts about what went well and what needs improvement.

## DEVELOPMENTAL PRACTICE

- \* Sympathizes with YA but does not prepare for effective disagreements.
- \* Does not consider offering lived experience of similar situations.

- \* 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.

- \* 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.

Checks in superficially without exploring for YA input.

## INSUFFICIENT PRACTICE

- \* Contributes to divisive or negative conversation during disagreements.
- \* Offers only negative lived experience (things that did not work).

- \* Does not attend meetings.
- \* Does not prepare ahead of meeting.
- \* Supports provider views without YA voice.

Does not recap important points made by anyone.

- \* 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.





# SUPPORTING YOUNG ADULT VISIONS & GOALS

Supporting young adult vision and goals is the art of collaborating with young adults and their care teams to encourage a vision for the future based on young adults' aspirations, promote goals that align with the vision, create a plan to reach the goals, and end services in a purposeful transition that encourages independent sustainability. Supporting young adult goals requires choosing effective approaches with the young adult, defining progress, and celebrating incremental steps toward their preferred future. Each step builds confidence that positive growth is occurring, even when setbacks interrupt the flow of progress.

Using lived experience with purpose and intent to support young adult vision and goals means:

- » Working with the care team to ensure that the young adult's vision guides decisions and is integrated with other goals;
- » Focusing on aspirational life goals, such as education, employment, healthy relationships, and independence without allowing mental health challenges to decide what is attainable;
- » Supporting young adults in building the skills and structure they need to achieve both short-term and longer-term goals;
- » Working with YAs to overcome the behavioral health challenges that affect the transition to adulthood;
- » Acknowledging that growth is not linear and that the setbacks that will happen are part of the learning curve; and
- » Preparing a purposeful transition to greater independence.

## ENCOURAGING A VISION FOR THE FUTURE

### IDEAL PRACTICE

In early meetings and periodically, revisits YA's vision for the future and current goals developed with care team to make sure they still fit the YA.

Specifically explores with YA their needs, goals, and priorities for young adulthood--specifically for turning 18 years old and beyond, using empathy and YAPM lived experience (when appropriate) to inspire hope and think positively about the future.

Supports YA in communicating and advocating for any changes/differences in vision and goals to care team.

### DEVELOPMENTAL PRACTICE

- \* Revisits YA vision and goals without bridging to family goals, appropriate to YA's age.
- \* Discusses once but without revisiting over time.
- \* Discusses with YA but neglects to share with team.

- \* Focuses on YA goals that are not related to prioritized needs.
- \* Explores needs and goals in general but not specifically for age 18 and beyond.
- \* Shares lived experience without clear purpose and intent.
- \* Shares only challenges or only strengths without balance.

Communicates and/or advocates for YA without supporting YA to communicate for themselves.

### INSUFFICIENT PRACTICE

- \* Does not consider vision.
- \* Checks in on goals insufficiently.
- \* Allows vision to change daily.
- \* Downsizes vision.
- \* Creates vision and goals for YA.

- \* Does not explore YA needs, goals, and priorities in relation to turning 18.
- \* Shares lived experience without considering effect on YA.
- \* Transfers YAPM goals for independence onto YA.
- \* Shares unrelated lived experience.

- \* Does not communicate with team.
- \* Does not provide support for changes.

## CHOOSING ACTIONS (USING LIVED EXPERIENCE)

### IDEAL PRACTICE

Based on YA vision and needs identified in the care team, explores with YA (and caregivers, as applicable) the types of support and activities that might be helpful.

Asks for examples of supportive intentions and/or activities that YA finds not helpful.

Prioritizes goals and activities with YA, caregivers, and care team to ensure that too many simultaneous goals do not overwhelm YA.

Shares YAPM lived experience (as appropriate) of what has helped in the past, what has not been helpful, and how YAPM was able to achieve and/or change goals.

### DEVELOPMENTAL PRACTICE

- \* Communicates about supports and activities but without clear understanding of how they contribute to intervention.
- \* Overlooks natural supports in planning activities.
- \* Offers only what YA is accustomed to without offering opportunities to gain skills from new experiences.

Asks for input but does not adapt to improve.

- \* Prioritizes goals without connecting to “big picture” or overall vision.
- \* Suggests activities without clear purpose.
- \* Struggles to balance too many or too few goals and activities.

Shares lived experience that doesn’t relate to YA’s situation.

### INSUFFICIENT PRACTICE

Provides no opportunities for YA or caregiver input.

Assumes preferences without asking.

Overwhelms or discourages YA with too many goals without seeking input from YA or team.

- \* Shares only negative experience.
- \* Makes the story “all about” YAPM.

## HONORING ASPIRATIONS AND DEVELOPING CARE TEAM SUPPORT FOR INCREASING YOUTH VOICE

### IDEAL PRACTICE

Practices with YA effective and safe ways to share aspirations, goals, preferences, and needed supports in a care team or other service setting as YA progress changes (for example, completing high school, searching for employment, applying to college, making new friends, experiencing changes in behavioral health challenges, etc.).

### DEVELOPMENTAL PRACTICE

- \* Sometimes supports YA voice, but inconsistently.
- \* Misses some opportunities to change intervention in response to YA development or progress.
- \* Supports changes with YA but is inconsistent in helping YA voice preferences in meetings.
- \* “Does for” rather than supporting YA voice.
- \* Tells YA to speak up without sufficient preparation.

### INSUFFICIENT PRACTICE

- \* Goes along with care team without seeking YA input.
- \* Continues with initial plan without considering changes in YA development.
- \* Makes no effort to help YA speak for themselves.
- \* Tells YA to speak up but does not support YA in care team setting.

Practices with YA effective ways to validate caregiver hopes and concerns while also sharing decision-making.

- \* Aligns with YA without validating caregiver hopes and concerns.
- \* Struggles to acknowledge and/or balance YA and caregiver views.

- \* Defers to caregiver without question.
- \* Takes sides with YA against caregiver(s) without efforts to see all viewpoints.

Shares lived experience of gaining greater voice in decision making (what strategies worked, what didn't), as appropriate.

Expects YA to share decision making as YAPM did, without considering differences in experience.

- \* Shares lived experience without connection to YA's situation.
- \* Shares lived experience for YAPM benefit.

## WORKING AT THE YA'S PACE

### IDEAL PRACTICE

Brings to each meeting a plan for the work to be done (discussion points and/or activities and how each support YA's vision).

Discusses and plans with YA to help YA understand how they will know when activities and skills learned show sufficient progress toward goals; keeps track of progress according to plan; reviews regularly to make sure progress measures are still meaningful for YA goals.

Coaches YA to concretely track their own progress via journal or other mechanism.

Explores with YA how they learn best and uses YA's preferred learning methods (listening, reading, doing/interacting, watching, etc.).

### DEVELOPMENTAL PRACTICE

- \* Makes plans only with YA or only with care team but not both.
- \* Adheres rigidly to plan without considering YA's immediate needs.
- \* Changes plan without input from others and/or too often.

- \* Does not track progress in adequately specific, small steps.
- \* Does not review progress measures over time to ensure continued relevance.
- \* Tracks progress with too much emphasis on recent impressions but not enough concrete measures (from both YAPM and YA perspective) to compare with impressions.
- \* Tracks progress without YA input.
- \* Does not understand the connection between activities/skills and goals; not sure why they are tracking.

- \* Explores learning styles at first but does not check in regularly to see if approach is still working.
- \* Limits learning methods to what is comfortable for YAPM or what is recommended by others (not YA).

### INSUFFICIENT PRACTICE

- \* Makes no plan for meetings.
- \* Does not discuss plans with others.

- \* Has no plan to track progress.
- \* Overwhelms YA with too much data or measurement of progress.
- \* Uses no concrete measures.
- \* Reviews but makes no changes based on progress review.
- \* Makes no effort to coach YA in tracking their own progress.

- \* Does not consider other ways of learning and/or refuses to try new methods.
- \* Assumes YA learns the same way that YAPM does.

## WORKING AT THE YA'S PACE

### IDEAL PRACTICE

Gives YA specific tasks to practice skills between meetings.

Discusses with YA at each meeting their responses to tasks, exploring successes, barriers, and any needed changes to activities and/or measures for success.

Throughout service, responds with YA and care team to transitions of all kinds and adjusts approach to respond to changes in home, school, family life, community, etc.

### DEVELOPMENTAL PRACTICE

- \* Gives skill-building tasks inconsistently.
- \* Gives skill-building tasks but without sufficient explanation of how they relate to skills or goals.

- \* Discusses at some but not all meetings.
- \* Discusses successes and barriers but does ask about changes.
- \* Discusses changes but makes no plan to follow through and make changes.

- \* Discusses transitions with YA or care team but not both.
- \* Discusses transitions too late to allow for a full range of options in adjustments or to prepare sufficiently.

### INSUFFICIENT PRACTICE

- \* Does not assign tasks.
- \* Assigns skill-building tasks to practice without providing demonstration.

- \* Does not discuss tasks with YA.
- \* Does not communicate about YA input with care team.

- \* Does not attend transitions.
- \* Discusses transitions without making adjustments.

## TREATING DETOURS AS LEARNING OPPORTUNITIES

During and after detours in progress, discusses with YA what worked and what didn't work and what both YA and YAPM can learn from the experience.

- \* Discusses detours (or "setbacks") but not what YA and YAPM learned from them.
- \* Frames detours as mistakes/problems rather than learning opportunities.
- \* Attributes detours to YA without considering other causes.

- \* Makes judgments about setbacks.
- \* Does not explore what worked and what didn't.
- \* Gets defensive about making changes.
- \* Blames others for detours/setbacks.

## TREATING DETOURS AS LEARNING OPPORTUNITIES

### IDEAL PRACTICE

Throughout service, provides opportunities for YA to experience success and increasing confidence by trying new skills again after detours in progress.

Shares YAPM lived experience (as appropriate) of learning to expect detours and setbacks and ways to encourage recovery from detours.

Assists YA in connecting with resources that can support new skills and reduce detours.

Supports YA in treating detours as learning opportunities when discussing in care team meetings, other provider meetings, and in general.

### DEVELOPMENTAL PRACTICE

- \* Provides opportunities but without positive feedback about success.
- \* Limits opportunities based on YAPM's fears about past setbacks.

- \* Shares lived experience of detours as a normal part of growth.
- \* Shares and validates setbacks but without offering experience of ways to recover, or focusing too much on recovery without validating growth.

- \* Connects YA to skill-building resources inconsistently.
- \* Takes on too much of the helping role without sharing responsibility with other resources.

- \* Discusses detours as learning experiences with YA but does not support YA consistently with others.
- \* Does not maintain hopeful stance when setbacks occur.
- \* Sees detours/setbacks as need for more services.

### INSUFFICIENT PRACTICE

- \* Provides no opportunities to try again after detours/setbacks.
- \* Gives up on YA after setbacks.

Shares too much or too little YAPM lived experience or shares experience that is irrelevant to the situation.

Does not prepare YA to use skills independently.

Regards setbacks as failures when communicating with others.

## KNOWING WHEN AND HOW TO EXIT

### IDEAL PRACTICE

Throughout service, uses measures of progress to support or clarify impressions of progress on increasing strengths and decreasing problems.

Regularly discusses indicators of readiness to exit service with YA, family, and collaterals (as needed) to understand different perceptions.

Openly discusses with YA any reluctance to end service, validates feelings, and uses lived experience (as appropriate) to model how to relinquish service in positive ways.

### DEVELOPMENTAL PRACTICE

Gets stuck on small measures without considering the whole picture.

- \* Discusses indicators with some but not all parties.
- \* Follows the initial plan without addressing possible changes.
- \* Discusses exit once but not regularly

- \* Discusses only positive aspects of ending without acknowledging potential losses.
- \* Validates YA loss without any acknowledgment of mutuality.

### INSUFFICIENT PRACTICE

Ignores ways to measure progress.

- \* Assumes YA understands concepts of "readiness" and "length of service."
- \* Does not discuss ending until the end.

- \* Lets YAPM negative experiences get in the way of productive discussion.
- \* Does not have discussion.

## PLANNING TO SUSTAIN

With care team, helps to identify, as early as appropriate, the natural supports, community resources, and/or less intensive clinical services likely to sustain healthy gains.

- \* Starts identifying ongoing supports too early or too late.
- \* Takes on too much without including/relying on care team.
- \* Considers only formal services and not other resources, or the reverse.

- \* Does not consider supports to sustain gains.
- \* Does not communicate with care team.



## PLANNING TO SUSTAIN

### IDEAL PRACTICE

Considers, with YA and care team, the value of continuing peer support with a different clinical team (e.g., outpatient as hub, peer mentoring via adult DMH services, etc.).

Facilitates appropriate connections to both formal and community resources, as agreed by care team, prior to ending YAPM.

Anticipates challenges after service ends and collaborates with YA and care team to develop plans to address potential risks.

Offers a face-to-face “warm hand-off” transition meeting with YA and any new providers.

When mentoring ends in unplanned manner (due to insurance interruptions, youth removal from home, firing of the YAPM, etc.), makes diligent efforts (as appropriate) to contact YA for resolution prior to closing services and joins care team members to learn from and resolve the experience.

### DEVELOPMENTAL PRACTICE

- \* Underestimates or overestimates the need for 1:1 peer mentoring.
- \* Considers only with YA or only with team but not with both.

Demonstrates inconsistent communication and/or follow-through in facilitating connections.

- \* Worries excessively about hypothetical situations.
- \* Understands challenges but makes insufficient preparation to help YA overcome them.
- \* Plans with YA or care team but does not integrate plans.

Insists on attending transition meeting even when YA is reluctant.

- \* Tries to contact but gives up too easily.
- \* Takes abrupt endings personally without sufficient balance in understanding.
- \* Attempts to close amiably but makes minimal attempts to understand what (if anything) could have prevented an abrupt ending.
- \* Consults with care team about ending but does not follow up with YA.

### INSUFFICIENT PRACTICE

Does not consider other sources for peer mentoring.

- \* Assumes someone else will do the tasks for connecting YA to follow-on services.
- \* Makes connections for YA without their participation.

- \* Assumes that all is well and there will be no challenges.
- \* Assumes that YA will not sustain progress; makes no recognition of strengths.

- \* Pushes into transition as the authority on the YA.
- \* Does not consider a transition meeting.

- \* Tries to contact YA against YA and/or care team preferences.
- \* Speaks or acts resentfully about ending.



# ROLE MODELING

Role modeling is demonstrating, through actions, words, and manner, the types of behavior that will contribute to young adults' success and personal growth. Modeling a range of skills in communication contributes to establishing a young adult voice. Modeling strong, confident, reliable behavior demonstrates the YAPM's capacity to support young adults' progress toward independence, wellness, emotional regulation, successful problem-solving, self-advocacy, healthy interpersonal interactions, and meaningful community life.

Using lived experience with purpose and intent to function as a positive role model means that the YAPM:

- » Uses authentic "relatable" lived experience that establishes connections as a role model in the transition to independence;
- » Actively models when and how to share lived experience effectively and safely;
- » Helps young adults to recognize the impact of their behaviors;
- » Respects the dignity of taking risks as part of self-discovery;
- » Thoughtfully shares YAPM's experience of both setbacks and progress that resulted from their actions;
- » Demonstrates efficacy in decision-making and interactions with others;
- » Uses YAPM's lived experience as evidence that a process of overcoming challenges is real and possible.

## DEMONSTRATING RELIABILITY

### IDEAL PRACTICE

Always contacts YA (and designated caregiver as appropriate) in a timely way when plans change and responds with flexibility for rescheduling.

Shows up on time and prepared to work; responds promptly (within 24 hours) to phone, text, and email messages.

Listens carefully to YA, asks clarifying questions, and reflects back for understanding with effective listening techniques ("active listening").

Focuses full attention (e.g., no texting or checking phone) during meetings.

### DEVELOPMENTAL PRACTICE

- \* Is unclear about who to contact.
- \* Contacts one party but not others.
- \* Leaves messages or texts without confirming that YA received them.
- \* Contacts YA/others but without sufficient explanation and/or flexibility for changes.

- \* Sometimes neglects to call ahead if late.
- \* Calls ahead, but runs late more often than not.
- \* Prepares ahead only sometimes, or prepares insufficiently.
- \* Sometimes neglects replies or replies late.

- \* Uses active listening techniques inconsistently.
- \* Interrupts.
- \* Interprets without checking for accuracy.
- \* Sometimes passes on inaccurate interpretations.

- \* Sometimes takes calls or texts which could wait (non-emergency).
- \* Neglects to tell YA about urgent messages that might need to be taken.
- \* Somewhat proactive about minimizing distractions but not fully consistent with focus.

### INSUFFICIENT PRACTICE

- \* Does not attend scheduled meetings and does not notify YA and/or team members in advance.
- \* Is inflexible about rescheduling.
- \* Blames others for changes.

- \* Often arrives late with no notice to YA.
- \* Does minimal or no preparation for meetings.
- \* Expresses a negative attitude toward work.
- \* Ignores messages with no explanation.

- \* Demonstrates no active listening skills.
- \* Shuts down and/or does not pay attention.
- \* Regularly reports inaccurate information to care team.

- \* Distracted most of the time.
- \* Has side conversations with others when YA is present.
- \* Shows minimal interest, is not engaged.

## DEMONSTRATING RELIABILITY

### IDEAL PRACTICE

Consistently keeps commitments to YA regarding meetings, other communications with YA, communication with other team members, and other job-related tasks.

### DEVELOPMENTAL PRACTICE

- \* Inconsistent about keeping commitments.
- \* Demonstrates insufficient followthrough for effective communications.

### INSUFFICIENT PRACTICE

- \* Misses most commitments.
- \* Does not communicate and/or does not communicate with the right people.
- \* Communicates without permission to release information.

## COMMUNICATING HONESTLY AND STRATEGICALLY

Shares relevant YAPM lived experience in a positive, summarized way in an appropriate context to demonstrate hope for the future.

- \* Shares relevant experience but with too many details.
- \* Shares without fully thinking through who will benefit (YA or YAPM).
- \* Shares without fully considering YA readiness to hear about specific experience.

- \* Shares primarily for own benefit.
- \* Shares without any consideration of relevance, appropriateness, boundaries, and/or risks.
- \* Does not share any lived experience.

Discusses with YA ways to share lived experience without "oversharing" or putting anyone at risk.

- \* Shares lived experience without helping YA to develop boundaries around their sharing.
- \* Encourages sharing without sufficient consideration of what is/is not safe to share.

- \* Overshares own experience.
- \* Encourages too much sharing and/or none at all.
- \* Denies any risk in sharing.

Shares YAPM lived experience to illustrate how YAPM actions in the past resulted in both positive and negative (as appropriate) consequences.

- \* Shares lived experience without processing with YA.
- \* Shares only positive or only negative experiences, but not both.

- \* Gives too many details on negative consequences.
- \* Shares irrelevant experience.

## COMMUNICATING HONESTLY AND STRATEGICALLY

### IDEAL PRACTICE

Discusses with YA how taking some chances can be productive and how other actions can be too risky, and helps YA to weigh costs and benefits of actions.

Shares YAPM lived experience of helpful resources: natural and professional supports that contributed to YAPM's positive outcomes.

Listens to and validates concerns from YA about parents or family members without joining in any negativity.

Listens to and validates concerns from YA about providers, school personnel, DCF or others without joining in negativity.

### DEVELOPMENTAL PRACTICE

- \* Shares lived experience in ways that are too general to demonstrate helpful chances versus dangerous risks.
- \* Shares lived experiences superficially, without exploring alternatives and/or how to weigh costs and benefits.

- \* Identifies supports but without discussion of how to use them.
- \* Identifies supports without considering access barriers.

- \* Listens to YA but does not validate.
- \* Listens without attempting to problem-solve.

- \* Listens to YA but does not validate.
- \* Listens without attempting to problem-solve.
- \* Tries to address concerns for YA instead of helping them speak up.
- \* Does not offer option of changing provider.

### INSUFFICIENT PRACTICE

- \* Glorifies risk taking.
- \* Judges the choices that YA makes.
- \* Decides if a YA choice is positive or negative without letting YA figure it out.

- \* Emphasizes supports that were negative.
- \* Does not help YA identify potential supports.
- \* Discredits service providers.
- \* Exaggerates a lack of need for supports, succeeding entirely without help.

- \* Joins in negativity.
- \* Tries to "one up" YA's story.
- \* Takes sides against parents/family members.

- \* Joins in negativity.
- \* Tries to "one up" the YA's story.
- \* Takes sides against providers or others.
- \* Assumes YAPM can fix the situation without YA involvement.

## COMMUNICATING HONESTLY AND STRATEGICALLY

### IDEAL PRACTICE

Demonstrates and practices strategies for honoring YA voice and choice and working collaboratively, even when YAPM may personally disagree with YA or others.

Demonstrates and practices helpful strategies for voicing disagreements with family, providers, care team, and others.

Demonstrates and practices speaking up in team meetings to ensure that YA has share in decision making.

### DEVELOPMENTAL PRACTICE

- \* Tries to convince YA to move to YAPM direction.
- \* Does not acknowledge areas of disagreement.
- \* Inconsistently models appropriate conversations.
- \* Defends others or takes sides unintentionally.

- \* Uses helpful strategies inconsistently.
- \* Tells YA to use strategies but does not model strategies.
- \* Makes plans with YA to discuss disagreements but then speaks for the YA during disagreements.

- \* Plans with YA to share goals and preferences but then speaks for the YA.
- \* Neglects to actively make space at care team meetings for the YA to speak.
- \* Suggests but doesn't practice speaking up.

### INSUFFICIENT PRACTICE

- \* Insists on their own position without supporting YA.
- \* Tells YA what they should do.
- \* Chastises YA for making "the wrong" decision.
- \* Uses lived experience to suggest handling disagreement inappropriately.

- \* Does not discuss or demonstrate helpful strategies.
- \* Deliberately offends others during disagreements.

- \* Provides no support for YA to participate in decision making.
- \* Dismisses or sabotages YA's voice when talking with team members.

## WALKING THE WALK

### IDEAL PRACTICE

Shares YAPM lived experience, as appropriate, to engage in open conversation about skills to foster independence and transition to adulthood.

Discusses and practices healthy options regarding personal wellness during work-related activities with YA, sharing lived experience as applicable.

Opens non-judgmental conversations (when relevant and appropriate) about healthy and legal choices and consequences regarding drugs and alcohol; practices healthy choices during work-related activities with YA, sharing lived experience as applicable.

### DEVELOPMENTAL PRACTICE

- \* Identifies needed skills with insufficient YA input.
- \* Assists in finding resources but shows limited follow through to make connections or demonstrate how to use resources.

- \* Discusses wellness superficially without identifying self-care options.
- \* Suggests wellness strategies without following through to practice wellness strategies with YA, as needed.
- \* Discusses wellness options without accounting for the specific age of the YA.

- \* Avoids discussion of substance use.
- \* Only offers a "just say no" approach.
- \* Discusses drug and alcohol use superficially without identifying healthy choices/responsible use/education about risks.
- \* Suggests healthy strategies without following through to practice healthy strategies with the YA, as needed.
- \* Discusses substance use choices without accounting for the specific age of the YA.

### INSUFFICIENT PRACTICE

- \* Assumes what skills are needed.
- \* Finds resources for the YA, not together.

- \* Makes unhealthy choices during work with YA and/or describes or boasts about unhealthy choices.
- \* Speaks with YA about wellness choices in judgmental manner.

- \* Uses illicit drugs or alcohol during work with YA and/or describes or boasts about unhealthy substance use choices.
- \* Speaks with YA about substance use in a judgmental manner.
- \* Discusses substance use with YA when instructed not to do so.
- \* Discusses substance use with YA without informing care team of concerns.

## WALKING THE WALK

### IDEAL PRACTICE

Discusses (when relevant and appropriate) and practices responsible money management during work-related activities with YA, sharing lived experience as applicable.

### DEVELOPMENTAL PRACTICE

- \* Avoids discussion of money issues.
- \* Discusses money management superficially without identifying responsible choices related to employment, budgeting, prioritizing, and spending.
- \* Suggests responsible strategies without following through to practice with YA, as needed.
- \* Discusses responsible strategies without addressing barriers.
- \* Discusses money issues without accounting for the specific age of the YA.

### INSUFFICIENT PRACTICE

- \* Spends money irresponsibly during work with YA and/or describes or boasts about irresponsible choices.
- \* Speaks with YA about money issues in a judgmental manner.
- \* Cancels meetings due to insufficient funds for travel.

Discusses (when relevant and appropriate) and practices effective educational achievement and life balance strategies during work-related activities with YA, sharing lived experience as applicable.

- \* Avoids discussion of education.
- \* Discusses education superficially without identifying effective choices related to goals, planning, financial aid, study habits, life balance, and future plans.
- \* Suggests strategies without following through to practice with YA, as needed.
- \* Discusses strategies for further education without addressing barriers.
- \* Discusses education issues without gearing to the age of YA.

- \* Disparages value of education during work with YA and/or describes or boasts about unhelpful education choices.
- \* Speaks with YA about their education choices in a judgmental manner.
- \* Ignores barriers to educational achievement.
- \* Shuts down hopes/sets low expectations.
- \* Assumes one educational goal fits all.



# WALKING THE WALK

## IDEAL PRACTICE

Discusses (when relevant and appropriate) using educational supports with YA, sharing lived experience as applicable.

Opens non-judgmental conversations (when relevant and appropriate) about healthy relationship choices, such as mutual respect and shared responsibilities; practices healthy choices during work-related activities with YA, sharing lived experience as applicable.

## DEVELOPMENTAL PRACTICE

- \* Discusses education supports superficially without knowing resources or independent educational plan (IEP) rights. Suggests strategies without following through to demonstrate with YA, as needed.
- \* Discusses supports without addressing barriers to using supports.
- \* Discusses education issues without accounting for the specific age of the YA.

- \* Avoids discussion of relationships.
- \* Discusses relationships superficially without identifying healthy choices.
- \* Suggests healthy strategies without following through to practice healthy strategies with YA, as needed.
- \* Struggles to balance “being real” with maintaining sufficient boundaries.
- \* Discusses relationship choices without accounting for the specific age of the YA.

## INSUFFICIENT PRACTICE

- \* Disparages education supports.
- \* Speaks with YA about using supports in a judgmental manner.
- \* Assumes YA has no need for supports or that the school has already offered them.

- \* Acts as friend rather than YAPM during work with YA; oversteps boundaries.
- \* Describes or boasts about unhealthy relationship choices.
- \* Speaks with YA about relationship choices or issues in a judgmental manner.
- \* Discusses possible domestic violence without informing care team of concerns.

## WALKING THE WALK

### IDEAL PRACTICE

Takes responsibility for owning YAPM mistakes in work-related situations with YA and demonstrates accountability, sharing lived experience as applicable.

### DEVELOPMENTAL PRACTICE

- \* Avoids discussion of mistakes.
- \* Discusses YAPM mistakes superficially without owning or taking steps to correct.
- \* Suggests ways to be accountable for mistakes without following through to practice healthy strategies with YA, as needed.
- \* Discusses taking responsibility for mistakes without accounting for the specific age of the YA.

### INSUFFICIENT PRACTICE

- \* Blames others for YAPM mistakes.
- \* Describes or boasts about getting away with mistakes.
- \* Speaks with YA about YA mistakes in a judgmental manner.
- \* Covers up mistakes made by YA in order to ingratiate with YA or take sides.

Demonstrates positive self-regard in work-related situations with YA and shares lived experience as applicable.

- \* Avoids discussion of self-regard or discusses superficially.
- \* Suggests what self-regard looks like without following through to practice healthy strategies with YA, as needed.

- \* Talks negatively or hopelessly about themselves, apologizes excessively, or otherwise demonstrates low self-esteem in interactions with YA.
- \* Boasts about themselves.
- \* Speaks with YA about YA self-esteem issues in a judgmental manner.



# PROMOTING SELF-CARE

Promoting self-care involves demonstrating resiliency and self-advocacy and providing empathic encouragement to safeguard the overall emotional and physical health of both the YAPM and young adults.

Using lived experience with purpose and intent to promote self-care means:

- » Modeling and encouraging overall healthy habits in daily life that have been helpful to the YAPM;
- » Encouraging young adult engagement in safe, healthy activities that reduce stress and build positive social connections;
- » Modeling, through their actions, the ways that YAPM manage both the potential and the actual challenges that accompany their behavioral health conditions;
- » Demonstrating the self-awareness to understand and manage triggers that may arise for themselves;
- » Supporting young adults in managing triggering situations in healthy ways;
- » Supporting young adults in knowing their rights and/or requesting accommodations in education, employment, housing and other life situations;
- » Advocating to increase understanding of behavioral health conditions; and
- » Sharing resources and strategies for self-care that have been helpful to the YAPM.

## ENCOURAGING HEALTHY HABITS WITH YOUNG ADULTS

### IDEAL PRACTICE

During interactions with YA, YAPM practices, shares, and promotes (as relevant) healthy daily habits, such as good nutrition, regular exercise, sufficient sleep, etc.

### DEVELOPMENTAL PRACTICE

- \* Under-shares YAPM lived experience of healthy habits.
- \* Recognizes areas of need but does not act.
- \* Gives mixed messages about healthy habits.
- \* Does not address healthy habits or discusses them at the start without revisiting.
- \* Makes suggestions that are not always aligned with YA goals.
- \* Pushes YAPM's ideas of healthy living on YA.

### INSUFFICIENT PRACTICE

- \* Overshares or does not share lived experience.
- \* Encourages unhealthy habits.
- \* Mocks healthy habits.
- \* Engages in unhealthy habits with YA.
- \* Pushes YA to be "perfect."
- \* Forces YAPM ideas on YA with negative judgments of YA.

Practices, shares, and promotes (as relevant) engagement in healthy hobbies, social activities, purposeful community connections, and other interests.

- \* Does not recognize opportunities for developing healthy interests.
- \* Describes healthy interests without assisting YA in getting involved.
- \* Suggests or pressures YA without accounting for YA preferences.
- \* Discusses healthy interests at the start but does not revisit.

- \* Mocks or discourages engagement in hobbies or other interests.
- \* Forces YAPM ideas on YA with negative judgments of YA.

# ENCOURAGING HEALTHY HABITS WITH YOUNG ADULTS

## IDEAL PRACTICE

During interactions with YA, practices and promotes (as relevant) healthy relationships in social, family, romantic, and intimate contexts.

Practices and promotes (as relevant) effective use of medical care, preventative health care, medication, and other therapies.

Practices and promotes a responsible harm-reduction approach to substances including tobacco, alcohol, illegal drugs, and prescription medications.

## DEVELOPMENTAL PRACTICE

- \* Addresses some but not all types of relationships.
- \* Gets caught up in taking sides against family, friends, or romantic interests.
- \* Sometimes comes across as judgmental or too directive.

- \* Does not discuss medical care and/or physical health, or discusses only at the start without revisiting.
- \* Oversteps in offering medical advice (even with disclaimer).
- \* Recognizes concerns without offering options for care/support.
- \* Learns of concerns but does not share them with care team.

- \* Does not discuss substance use, or discusses only at the start without revisiting.
- \* Recognizes concerns about substance use without addressing or offering options for care/support.
- \* Learns of substance use or abuse concerns but does not share them with care team.
- \* Does not recognize signs of potential abuse.

## INSUFFICIENT PRACTICE

- \* Engages in an inappropriate relationship with YA.
- \* Overshares about YAPM unhealthy relationships.
- \* Blames/shames YA for relationship difficulties.
- \* Imposes YAPM values (religious or other) on YA's situation.

- \* Offers medical advice without disclaimer.
- \* Suggests inappropriate use of medical treatment and/or overshares about YAPM misuse.
- \* Uses medication against medical advice with YA.
- \* Makes judgments against certain therapies or medical advice.

- \* Suggests inappropriate use of substances and/or overshares about YAPM misuse.
- \* Condone illegal use of substances.
- \* Uses tobacco and other substances with YA.
- \* Behaves judgmentally about substance use; imposes own values about "wrong" behavior.

## ENCOURAGING HEALTHY HABITS WITH YOUNG ADULTS

### IDEAL PRACTICE

Encourages and supports YAs to recognize and celebrate their small successes in a systematic way; whenever possible, records data to show change.

Practices and models with YA how to accept guidance and recover from mistakes without self-shaming or other damage to self-esteem.

Frames and validates YA behavior (including missteps and challenges) in the context of typical developmental stages rather than seeing all behavior as pathology.

### DEVELOPMENTAL PRACTICE

- \* Struggles to balance successes and ongoing challenges; focuses too much on one or the other.
- \* Expects steps too big for YA to accomplish.
- \* Praises YA in general but not about specific achievements.
- \* Does not record data as evidence to support impressions.

- \* Offers false praise or pretends YA makes no mistakes.
- \* Demonstrates defensiveness or deflection of responsibility for YAPM's own mistakes.
- \* Focuses too much mistakes and not enough on recovering from mistakes.

- \* Does not understand typical developmental stages for adolescents and young adults.
- \* Accepts an overly clinical approach without advocating for other possibilities.

### INSUFFICIENT PRACTICE

Does not acknowledge successes.

- \* Shames YA for mistakes.
- \* Focuses only on perceived failures.

"Pathologizes" behavior that may be typical for YA's developmental stage.

## ENCOURAGING HEALTHY HABITS WITH YOUNG ADULTS

### IDEAL PRACTICE

Supports YAs to resist overpromising their time, energy, or resources to others making demands on them, sharing lived experience as appropriate.

### DEVELOPMENTAL PRACTICE

- \* Inconsistently models commitment to work vs. engaging in overwork or not saying no to extra/unrealistic commitments.
- \* Makes contact available at all times without preserving time off.
- \* Struggles to help YA balance self-care, behavioral health treatment, and other responsibilities.
- \* Encourages YA to always strive to be more; misunderstands or undervalues “you are enough” concept.
- \* Sees “overwork” without appropriate cultural context.

### INSUFFICIENT PRACTICE

- \* Makes no effort to encourage self-care or time off.
- \* Assumes or judges YA motives and/or actions.
- \* Double-books appointments with YA.

## MANAGING STRESSFUL SITUATIONS

Encourages and models using coping skills (such as deep breathing, fidget toys, doodling, etc.) for emotional regulation.

- \* Inconsistent about offering coping strategies.
- \* Offers only what is seen as standard or what works for YAPM without including YA's individual preferences.
- \* Suggests coping strategies that may not be beneficial, despite good intentions.

- \* Does not consider strategies for reducing stress.
- \* Mocks coping tools.
- \* Promotes unhealthy coping methods.

## MANAGING STRESSFUL SITUATIONS

### IDEAL PRACTICE

Provides and promotes opportunities for YA to decompress during work sessions and/or team meetings (take breaks, drink water, etc.).

Makes sure that physical space for meeting YA is sufficiently private to make them comfortable; checks in with YA about any new spaces.

Provides and promotes opportunities to debrief any stressful meetings and/or interactions promptly and with encouragement to speak openly about both successes and concerns.

### DEVELOPMENTAL PRACTICE

- \* Discusses ways for YA to decompress but doesn't initiate or promote doing so in meetings.
- \* Offers opportunities for decompressing inconsistently.
- \* Discusses decompressing sporadically or without revisiting.
- \* Is overly solicitous about the need to take breaks.

- \* Picks meeting places without consulting YA.
- \* Does not check in with YA about comfort level.

- \* Rushes to debrief even if YA is not ready.
- \* Neglects to revisit debriefing if YA is not ready at first invitation.
- \* Shares YAPM reflections without room for YA to give perspective.

### INSUFFICIENT PRACTICE

- \* Does not consider YA need to decompress in meetings.
- \* Insists on participation even when YA is struggling.

- \* Meets in areas where confidentiality is compromised.
- \* Insists on places convenient for YAPM without regard for YA.
- \* Assumes home is comfortable for YA without checking in.

- \* Does not offer to debrief.
- \* Pushes debrief when YA says no.
- \* Demands agreement or "rubber stamp" of YAPM view.
- \* Closes off/ dismisses YA perspective.



## MANAGING STRESSFUL SITUATIONS

### IDEAL PRACTICE

For team meetings and/or other group activities for work, offers to accompany YAs and considers options for having other supports or allies also attend.

### DEVELOPMENTAL PRACTICE

- \* Sends YA to meetings without support.
- \* Does not plan ahead for content, attendees, etc.
- \* Insists on accompanying YA even when YA wants to manage without YAPM.
- \* Attends with YA without considering role of each.
- \* Does not explore other possible supports.

### INSUFFICIENT PRACTICE

- \* Does not include YA in meetings.
- \* Assumes who YA wants to attend without asking.
- \* Does not plan or prepare for meetings nor consider YA views.
- \* Undermines YA at meetings.

## KNOWING RIGHTS, RESOURCES, AND RESPONSIBILITIES

Supports YAs who are seeking employment in learning and understanding their rights under Federal and state laws that prohibit discrimination in employment (e.g., Americans with Disabilities Act).

- \* Tells YA about discrimination in employment but does not assist with follow-through.
- \* Explores rights and resources for YA without showing them how to do this for themselves.
- \* Presses YA to disclose mental health issues when YA is reluctant.

- \* Provides no support with basic rights.
- \* Makes no effort to encourage YA to exercise rights, or actively discourages disclosure of disability issues.
- \* Discloses about YA without consent.

Supports already-employed YA in learning and understanding their workplace rights (e.g., reasonable accommodations) and how to use paid time off, including personal, vacation, and sick days, for self-care.

- \* Tells YA about workplace rights but does not assist with follow-through.
- \* Individualizes accommodation requests inconsistently.
- \* Explores rights and resources for YA without showing them how to do this for themselves.

- \* Provides no support with employment rights.
- \* Makes no effort to encourage YA to exercise rights.
- \* Overemphasizes demanding rights without discussing responsibilities of employment.
- \* Pushes for rights without knowing YA's job situation specifics (e.g., no sick time available).
- \* Overshares YAPM negative work experiences.

## KNOWING RIGHTS, RESOURCES, AND RESPONSIBILITIES

### IDEAL PRACTICE

Supports YA who are applying to or already engaged in educational program (college or other) in learning about and finding resources for YAs with behavioral health challenges to enhance success (such as study aids, untimed tests, and career counseling); attends to cultural stereotypes which may overlay expectations.

### DEVELOPMENTAL PRACTICE

- \* Tells YA about rights for students with disabilities but does not assist with follow-through.
- \* Does not explore options other than college.
- \* Explores rights and resources for YA without showing them how to do this for themselves.

### INSUFFICIENT PRACTICE

- \* Dismisses educational goals.
- \* Provides no support with student rights.
- \* Makes no effort to encourage YA to exercise rights or actively discourages disclosure of disability issues.
- \* Overshares YAPM negative education experiences.

Supports YA in learning about and using rights and responsibilities in community situations (such as, landlords, police, mental health services, food and housing benefits, etc.); differentiates based on minor or adult status.

- \* Tells YA about rights in housing and other community situations but does not assist with follow-through.
- \* Offers only rights but no discussion of responsibilities.
- \* Over-generalizes in situations where issues are different depending on age.
- \* Explores rights and responsibilities for YA without showing them how to do this for themselves.

- \* Provides no support with housing or other community rights and responsibilities.
- \* Makes no effort to encourage YA to exercise rights, or actively discourages disclosure of disability issues.
- \* Encourages YA to misuse rights to avoid responsibility.
- \* Overshares negative experience.

Supports YA in learning about rights and using resources of state agencies, insurance, hospitals, health centers, and other supports; attends to cultural stereotypes which may overlay assumptions.

- \* Tells YA about rights and resources but does not assist with follow-through.
- \* Explores rights and resources for YA without showing them how to do this for themselves.

- \* Provides no support with state-agency and related rights and resources.
- \* Makes no effort to encourage YA to exercise rights or actively discourages disclosure of disability issues.
- \* Echoes in misperceptions or prejudice against state agencies, hospitals etc.

## KNOWING RIGHTS, RESOURCES, AND RESPONSIBILITIES

### IDEAL PRACTICE

Supports YA (as needed) in learning about and understanding roles, responsibilities, and resources for young parents.

### DEVELOPMENTAL PRACTICE

- \* Tells YA about rights, resources, and responsibilities for parents but does not assist with follow-through.
- \* Explores rights and resources for YA without showing them how to do this for themselves.

### INSUFFICIENT PRACTICE

- \* Provides no support with parental rights and responsibilities.
- \* Makes no effort to encourage YA to use resources or develop capacity as parents.
- \* Does not consider the challenges of young parenting.
- \* Makes judgments or assumptions about young parents.

## WORKING TO INCREASE AWARENESS AND UNDERSTANDING OF BEHAVIORAL HEALTH CHALLENGES

Works with YA to advocate specifically for understanding YA's behavioral health needs to increase YA success at school, work, and other living situations (as relevant to goals).

- \* Does not recognize negative external perceptions that may be impacting YA.
- \* Encourages YA to advocate without providing support and/or without going with them.
- \* Does not fully explore whether advocacy fits YA's goals.
- \* Advocates for YA goals without engaging YA in practicing doing this for themselves.

- \* Encourages YA to use behavioral health conditions as excuse for lack of effort.
- \* Dismisses behavioral health conditions as not a problem.
- \* Prevents YA from doing any advocacy to improve their situation.

## WORKING TO INCREASE AWARENESS AND UNDERSTANDING OF BEHAVIORAL HEALTH CHALLENGES

### IDEAL PRACTICE

Works with YA to advocate specifically for understanding YA's behavioral health needs to increase YA success at school, work, and other living situations (as relevant to goals).

### DEVELOPMENTAL PRACTICE

- \* Does not recognize negative external perceptions that may be impacting YA.
- \* Encourages YA to advocate without providing support and/or without going with them.
- \* Does not fully explore whether advocacy fits YA's goals.
- \* Advocates for YA goals without engaging YA in practicing doing this for themselves.

### INSUFFICIENT PRACTICE

- \* Encourages YA to use behavioral health conditions as excuse for lack of effort.
- \* Dismisses behavioral health conditions as not a problem.
- \* Prevents YA from doing any advocacy to improve their situation.

Practices with YA how to tell their story safely and effectively in a variety of appropriate situations (seeking assistance, speaking out publicly, etc.), as relevant.

- \* Avoids providing feedback about possible areas for improvement.
- \* Focuses on YAPM goals for sharing YA's story, not what YA feels ready to share.
- \* Overlooks potential risks in YA sharing their story.

- \* Pressures YA to share when not ready or in situations that may be unsafe.
- \* Assumes YA's motives for sharing.
- \* Gets in the way of YA sharing in positive ways.
- \* Exaggerates lived experience of either positive or negative results of sharing.

# WORKING TO INCREASE AWARENESS AND UNDERSTANDING OF BEHAVIORAL HEALTH CHALLENGES

## IDEAL PRACTICE

Supports YA in general advocacy efforts to increase awareness and understanding and/or otherwise improve conditions for YA with behavioral health challenges.

Discusses with YAs the idea of giving back as a self-care strategy, helping them to understand that helping others can be mutually beneficial.

## DEVELOPMENTAL PRACTICE

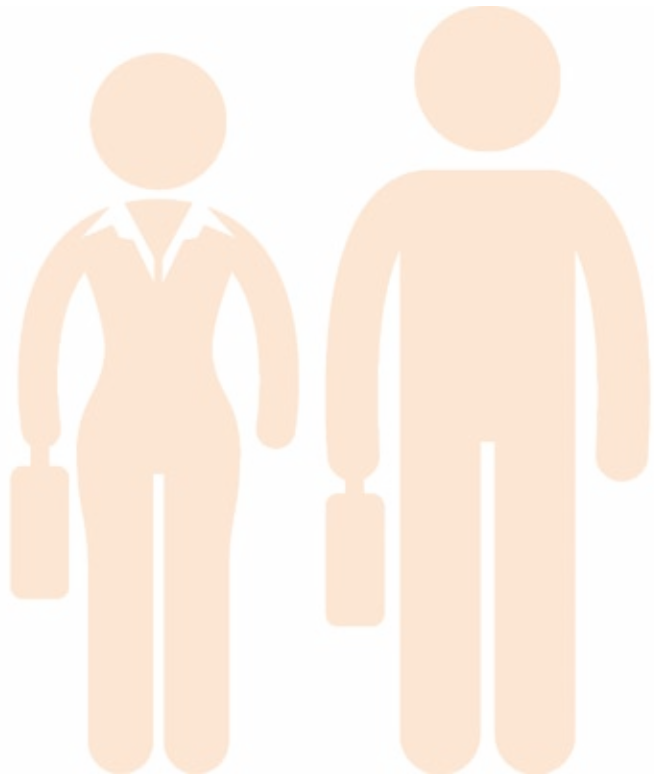
- \* Misses opportunities for advocacy about behavioral health issues in general (e.g., rallies, campaigns for better understanding, etc.).
- \* Engages YA in advocacy but without enough preparation or support.

- \* Discusses giving back theoretically but does not assist with follow-through in finding beneficial opportunities.
- \* Explores volunteer opportunities for YA without showing them how to do this for themselves.

## INSUFFICIENT PRACTICE

- \* Blocks all advocacy.
- \* Pushes public advocacy when YA is unwilling.
- \* Uses YA experience for YAPM or organization agenda, not for YA benefit.
- \* Dismisses YA voice as unimportant.

- \* Does not discuss potential benefits to the YA of helping others.
- \* Discourages or ridicules volunteer work.
- \* Dismisses the capacity of YA to make a difference.



## DEMONSTRATING SAFE, PROFESSIONAL, & ETHICAL BEHAVIOR

Demonstrating Safe, Professional, and Ethical Behavior requires that Young Adult Peer Mentors adhere to practices that promote integrity and dignity while working with young adults. Safe practices include caring for physical and emotional health and safety for both YAPM and young adults. Demonstrating professional behavior centers around communication, accountability, and learning opportunities. Rigorous attention to professional boundaries and the rights and self-determination of others show ethical behavior.

Best practices for using lived experience as professional YAPMs include:

- » Contributing to and abiding by young adults' risk prevention and safety plans, and promptly communicating about emerging concerns, as part of a team;
- » Taking precautions to guard young adults and YAPM safety in potentially risky situations, homes, neighborhoods, and groups;
- » Attending to concerns about personal safety, including emotional health;
- » Seeking opportunities for professional learning;
- » Keeping realistic work commitments;
- » Fully considering the purpose and intent of all self-disclosure with YAs;
- » Balancing the expectations for teamwork with the laws regarding confidentiality at all times (when to share, when not to share);
- » Always disclosing any prior relationship with a referred young adult;
- » Resisting opportunities to "take sides" or engage in negative characterizations of others; and
- » Ensuring that peer support relationships are transparent and not confused with other possible relationships, such as friendship or romantic interest.

## SAFETY PRECAUTIONS

### IDEAL PRACTICE

Learns content of and how to implement any current risk and safety plan for responding to YA's behavioral health concerns, including triggers to unsafe behavior, prevention and coping strategies used effectively by YA, and the range of available supports.

Communicates with YA, supervisor, and care team (as relevant) all concerns about risks of any kind that may affect YA.

### DEVELOPMENTAL PRACTICE

- \* Learns risk/safety plan content but not implementation.
- \* Neglects to recommend or use plan when YA is in crisis.
- \* Neglects to get contact information for supports as prevention or in crisis.
- \* Jumps to crisis services before trying intermediate steps with helpers identified in safety plan.
- \* Does not keep up to date with changes in safety plan over time.

- \* Communicates about YA without engaging YA in recognizing risks and sharing information.
- \* Communicates with supervisor but not care team or care team but not supervisor.
- \* Discusses concerns once but without continuing discussion.
- \* Makes judgment calls without involving others.
- \* Communicates late or without any urgency, even when warranted.

### INSUFFICIENT PRACTICE

- \* Never asks about or uses safety plan.
- \* Does not discuss or negatively judges triggers or coping skills.
- \* Encourages triggering behaviors.

- \* Does not communicate concerns to anyone.
- \* Communicates concerns to others without telling YA.
- \* Dismisses or ignores safety concerns.
- \* Adds to safety concerns by exerting undue influence (threats, unwarranted promises, etc.) over YA.

## SAFETY PRECAUTIONS

### IDEAL PRACTICE

Recommends and models common-sense precautions to increase YA's ability to recognize and avoid risks to personal safety at home, in neighborhood, and in group settings.

Ends session if YA is under influence of alcohol or impaired by any substance, whether or not it is prescribed.

Immediately seeks consultation when in doubt about safety concerns of any kind.

### DEVELOPMENTAL PRACTICE

- \* Recommends precautions but does not model them (acts in a "do as I say not as I do" way).
- \* Makes partial or superficial effort to get to know YAs neighborhood or environment.
- \* Recommends/models precautions that are not culturally or developmentally appropriate to YA.

- \* Acknowledges YA is under the influence but continues the session.
- \* Does not recognize signs of drug/alcohol use.
- \* Ends session without saying why and/or without following up later with YA.

- \* Seeks consultation with supervisor but not immediately.
- \* Relies overly on supervisor to understand what is risky.

### INSUFFICIENT PRACTICE

- \* Discloses past risky behavior without connecting the story to how dangerous it was.
- \* Shares past risks as boasts.
- \* Makes no safety recommendations.
- \* Engages in risky behaviors in front of or with YA.
- \* Shames YA about past or present risky behavior.

- \* Allows YA to use substances in session.
- \* Uses substances with the YA.
- \* Conducts sessions with YA while YAPM is under the influence of a substance.
- \* Fails to report YA substance use to team.

- \* Does not report incident to supervisor.
- \* Makes judgments without any consultation.



## PROFESSIONAL DEVELOPMENT

### IDEAL PRACTICE

Keeps current with emerging knowledge relevant to young adult behavioral health and openly shares this knowledge with YA and others, as needed.

Seeks opportunities to learn from mistakes or gaps in knowledge pertaining to behavioral health conditions, treatment options, community resources, peer support, and other relevant topics.

Admits to YA when YAPM doesn't know something and seeks resources for accurate information.

Organizes routines and schedules to maximize accountability in meeting with YAs.

### DEVELOPMENTAL PRACTICE

- \* Shares information without fact-checking or sourcing.
- \* Keeps current but without sharing.

- \* Gets defensive about mistakes or gaps instead of recognizing opportunities.
- \* Gathers general information but not information individualized for each YA.

- \* Acknowledges gaps in knowledge but without follow-through to find out.
- \* Finds resources for YA instead of with them.

- \* Acknowledges and communicates about unexpected changes in schedule.
- \* Plans meetings inconsistently with YA.

### INSUFFICIENT PRACTICE

- \* Ignores current or new information.
- \* Shares opinions without basis.
- \* Deliberately shares inaccurate information.

- \* Hides errors or gaps in knowledge.
- \* Refuses constructive feedback.

- \* Gives incorrect information deliberately.
- \* Pretends to know when unaware.

- \* Has no schedule nor routine, or frequently engages in careless scheduling (e.g., double booking).
- \* Misses scheduled meetings unnecessarily and/or without communication.

## SELF-DISCLOSURE

### IDEAL PRACTICE

Applies lived experience to a range of situations in which it can be helpful to YA and describes relevant lived experience in ways that are developmentally appropriate to YA while protecting the emotional well-being of both YA and YAPM.

Shares stories of resiliency, with purpose and intent, with focus on hope and recovery.

Always considers who benefits from disclosure and ensures that disclosures are primarily for the benefit of the YA.

Acknowledges and celebrates “mutuality” of benefits of working as a YAPM, as appropriate.

### DEVELOPMENTAL PRACTICE

- \* Uses lived experience that is beneficial for the YA but triggering to the YAPM.
- \* Under-shares lived experience.
- \* Shares unrelated experience.

Shares resiliency stories without adapting to the individual YA and/or current situation.

- \* Unclear of purpose of self-disclosure.
- \* Under-shares even when sharing would benefit YA.

- \* Acknowledges mutuality superficially.
- \* Conveys no sense of celebration about mutuality.
- \* Uses clinical jargon that distances YAPM from YA and the mutual-benefit idea.

### INSUFFICIENT PRACTICE

- \* Shares inappropriate lived experience.
- \* Talks about lived experience in a way that triggers the YA.
- \* Uses lived experience that discourages the YA.
- \* Shares lived experience that is developmentally inappropriate for the YA.
- \* Overshares with too much detail.

- \* Shares stories that don't validate YA and don't offer hope.
- \* Shares in ways that are belittling, shaming, “one-upping,” judging, or invalidating.

- \* Discloses for YAPM benefit.
- \* Shares for the sake of sharing.
- \* Shares without considering effect on YA.

- \* Treats the YA like they are a child, not a contributor.
- \* Actively steps away from mutuality, acts superior or patronizing.
- \* Overplays mutuality to seem like a friend rather than a professional and team member.

# CONFIDENTIALITY

## IDEAL PRACTICE

As noted in all elements and required by TM programs and law, respects the privacy and confidentiality of personal health-related information about the YA they support.

Meets individually with YA to preserve privacy, unless there is clear purpose and specific permission from supervisor (and caregiver, as relevant) allowing more than one enrolled YA in a meeting.

Understands and prepares for the possibility that sharing YAPM lived experience with one person has the potential to result in unintentional sharing with many others (for example, YA may tell parent).

## DEVELOPMENTAL PRACTICE

- \* Discusses confidentiality with YA but without clarity about when and why information must be shared.
- \* Occasionally slips up and discusses health information in places where it can be overheard.
- \* Struggles with confidentiality in public (e.g., running into someone YAPM or YA knows).

Joins helpful group activities with YA without a plan for how to keep the YAPM role confidential.

- \* Discloses lived experience without plan for how to address questions from others who may hear the information second-hand.
- \* Overshares or glorifies lived experience in ways that leave YAPM vulnerable.

## INSUFFICIENT PRACTICE

- \* Carelessly discloses information to family or others known to YA.
- \* Ignores HIPAA requirements for spoken, written, and/or electronic information.

- \* Shows no regard for confidentiality.
- \* Meets with multiple YAs at the same time with no acceptable reason (e.g., to fit YAPM schedule or convenience).

Shows no understanding of how YAPM's story may travel and/or be misrepresented.

## RELATIONSHIPS

### IDEAL PRACTICE

Advocates for the best interests of YA in any disputes between YA and care team, YA and family members, or YA and other supports, and works to promote compromise and understanding.

Never enters into dual relationships or commitments (such as multiple, different roles in same family) that conflict with the interests of the YA.

Never engages in sexual/intimate activities with any YA that YAPM is currently working with, has worked with in a professional role (per program restrictions), or who is under legal age of majority.

### DEVELOPMENTAL PRACTICE

- \* Advocates for YA 100% of the time without considering other perspectives.
- \* Works for compromise without fully understanding all perspectives.
- \* Argues instead of listening.
- \* From time to time, gets drawn into taking sides in some disagreements.

- \* Struggles to balance YA and caregiver relationships.
- \* Communicates with supervisor about assignments that may overlap (e.g., two YAs in the same extended family).

- \* Struggles to understand dynamics in certain situations (e.g., unsure if YA is flirting or if discussion becomes too personal).
- \* Conveys negative responses rather than neutral deflection.
- \* Tries to manage uncomfortably intimate situations without consulting supervisor.

### INSUFFICIENT PRACTICE

- \* Always takes sides with the care team (or family) against the YA.
- \* Reacts based on YAPM biases.
- \* Promotes personal agenda or interests.

Fails to disclose to supervisor and/or to YA about possible conflicting roles.

Engages in sexual or intimate activities with any YA in violation of program restrictions.

## RELATIONSHIPS

### IDEAL PRACTICE

Never engages in business, extends or receives loans, or accepts gifts of significant value (within cultural context) from YA.

States to YA at the start (and periodically as needed) and demonstrates in all interactions that YAPM is a professional role and not a friend relationship.

### DEVELOPMENTAL PRACTICE

- \* Struggles to understand what is and isn't okay in certain situations.
- \* Conveys negative responses rather than neutral deflection.
- \* Tries to manage situations without consulting supervisor.

- \* States limits of YAPM relationship at start but gradually drifts into a friend role.
- \* Communicates informally via social media outside of professional relationship without clarity about program policies.

### INSUFFICIENT PRACTICE

- \* Borrows, lends, or gives money or other valuables.
- \* Accepts or gives extravagant gifts.

- \* Has no discussion of professional role or boundaries.
- \* Seeks out YA on social media.
- \* Fails to disclose prior relationship with a YA at the time of assignment.

# APPENDIX: LITERATURE REVIEW

## PRACTICING CULTURAL RESPONSIVENESS

"A female who graduated from high school during the study described liking her peer mentor because 'she didn't look at me differently. She didn't look at me differently... she didn't put on a phony act'." (Klodnick et al., 2015, pp. 231)

"Peer support was not about fixing things. Great value was placed in the power of being seen and heard. Peer supporters encouraged each other to be witnesses of past and present stories, and to validate, not judge, a person's experience. No one was the expert, and no one person defined another's reality." (MacNeil & Mead, 2003, pp.8)

"Peer support is a simultaneous movement towards autonomy and community building. It is not based in deficits model thinking. It is a model that encourages diversity rather than homogeneity, and recognizes individual strengths." (Mead et al., 2001, pp. 8)

## BUILDING RELATIONSHIPS

"Out of this shared dynamic a sense of trust is built and the crisis can emerge as an opportunity to create new meaning around the experience while offering people mutually respectful relationships. As trust builds in the relationships and people feel valued, new ways of thinking and doing become possible." (MacNeil & Mead, 2003, pp.4)

"Peers began to redefine who they had become, how they had become, the nature of helping relationships, and what they would need to do to heal." (MacNeil & Mead, 2003, pp.7)

"The support received in a peer relationship gave people a sense of security and, 'a sense of belonging somewhere.' It was a relationship where people were allowed to have the time they needed to talk with one and other." (MacNeil & Mead, 2003, pp.8)

### **What characteristics make a good peer mentor?**

"Respondents emphasized the following: being 'strong,' 'positive,' and 'trustworthy;' having similar life experiences and a capacity to empathize; and having 'overcome' personal struggles." (Klodnick et al., 2015, pp. 231)

"A participant with work experience but who was unemployed during the study described a good mentor as 'someone who was one of us and when they get older, they can talk about their life, how they get through it and show us how to do it.'" (Klodnick et al., 2015, pp. 231)

"Receipts of advice, feeling related to and understood, and having the opportunity to 'talk' to and 'bond' with someone with similar life experiences were valued aspects of the peer mentoring relationship that emerged from the open ended questions." (Klodnick et al., 2015, pp. 231)

"Collaboration, or working together to develop a skill or capacity was present not only in how peer mentors helped to navigate work and school but also in the support and advice provided across a number of important

emerging adulthood transition domains, including relationships, resources, and housing.” (Klodnick et al., 2015, pp. 233)

“For young people who are distrusting of services providers and who experience stigma due to not feeling understood by family, friends, or professionals, connecting with a peer mentor may offer a kind of relational or interpersonal respite during this transitional time.” (Klodnick et al., 2015, pp. 233)

“Peer support provides an opportunity for validation and bonding over similar challenging life experiences. A unique feature of the PP [Peer Providers]-client relationship is its reciprocity, through which both parties benefit emotionally by sharing experiences and creating meaning from that dialogue.” (Delman & Klodnick, 2016, pp.2)

“Since working with young adults through mentoring, I now see that many feel the same way I did while going through this period in my life. I feel that because I share similar experiences with my peers we are able to connect on a much deeper, more personal level than, say a psychiatrist or therapist who has not had the lived experience of a mental illness.” (Portland State University, 2009, pp.31)

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnosis criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are ‘like’ them, they feel a connection.” (Mead et al., 2001, pp.6)

“This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to ‘be’ with each other without the constraints of traditional (expert/patient) relationships. Further, as trust in the relationship builds, both people are able to respectfully challenge each other when they find themselves in conflict. This allows members of the peer community to try out new behaviors with one another and move

beyond previously held self-concepts built on disability and diagnosis.” (Mead et al, 2001, pp.7)

## SUPPORTING YOUNG ADULT VISION AND GOALS

“Peer support offered people an opportunity to increase their knowledge and resources. Peers shared all kinds of information, talents, and expertise. Peers valued each other’s expertise and recognized how the instructive dimension of peer support is reciprocal. They were both teachers and learners in any given day. If someone came up with an idea they were encouraged to develop it. When conflict or tension surface, it was defined as a learning opportunity.” (MacNeil & Mead, 2003, pp.10)

“Benefits cited included increased self-awareness and responsibility, job search and interview support, and assistance in connecting with vocational team.” (Klodnick et al., 2015, pp. 230)

“Peer mentors were cited as providing advice and concrete suggestions regarding vocational goals, as well as helping participants gain insight into the job search process while thinking about the future.” (Klodnick et al., 2015, pp. 230)

“Some participants cited their peer mentor as helpful with scheduling and managing commitments. Two participants cited learning from their peer mentor about the hiring process, how to dress during the interview, and how ‘to be patient’.” (Klodnick et al., 2015, pp. 230)

“Participants also reported how their peer mentors provided guidance in navigation of romantic and peer relationships, exploring future housing options, and finding community resources.” (Klodnick et al., 2015, pp. 230)

“Peer providers have been found to strengthen clinical ream performance by advocating for the inclusion of the client preferences in treatment planning. Inclusion of peer providers in community mental health treatment

teams is associated with clients' decreased symptoms, reduced psychiatric hospitalizations, and increased hope and empowerment." (Delman & Klodnick, 2016, pp.2)

"Young adult Peer Providers especially valued opportunities to learn skills, meet other peer workers, and experience a sense of validation and comradeship. As one young adult PP noted: 'You learn ways of motivating someone, it's strength based; you notice people using their natural skills'." (Delman & Klodnick, 2016, pp.8)

"As noted, mentoring relationships may also facilitate identity development. Illustratively, mentors may help shift youths' conceptions of both their current and future identities." (Dubois et al., 2011, pp.62)

"More generally, relationships with mentors may open doors to activities, resources, and educational or occupations opportunities on which youth can draw to construct their sense of identity." (Dubois et al., 2011, pp.60)

"Specifically, consistent engagement in peer support increased stability in work, education and training, which will allow for a sense of empowerment. Furthermore, participants reported gaining control of their symptoms/problems by researching their illness independently, and, consequently becoming more involved in their treatment, thereby moving away from the traditional role of 'mental patient'." (Repper & Carter, 2011, pp. 369)

"Peer support is an inclusive model that creates room for all people to fully experience 'being who they are,' growing up in the directions of their choice and, in the process of being supported in these goals, begin to help restructure larger systems. (Mead et al., pg 8)

## ROLE MODELING

"One employed 17-year-old described that his peer mentor 'gave me a new perspective on how to look at my life from people that have been where I am now'." (MacNeil & Mead, 2003, pp.8)

"Within this authentic and trusting relationship, peer providers strategically share their lived experience with clients to exemplify the possibility of recovery, inspire hope, and share 'lessons learned.'" (Delman & Klodnick, 2016, pp.2)

"As one young adult PP noted: 'I never knew I could turn negative things in my life into a career that can give hope to others.' Young adult PPs felt they were able to offer an empathetic ear as well as practical advice on navigating the health care system and life in general." (Delman & Klodnick, 2016, pp.5)

"Since I have already gone through a similar situation, as a peer mentor I can show other young adults that mental illness does not have to control their lives. More importantly I show that an individual can recover from a mental illness and be a productive part of society." (Portland State University, 2009, pp.30)

"By modeling, caring and providing support, for example, mentors can challenge negative views that youth may hold of themselves and demonstrate that positive relationships with adults are possible." (Dubois et al., 2011, pp.62)

"Likewise by serving as a sounding board and providing a model of effective adult communication, mentors may help youth to better understand, express, and regulate their emotions." (Dubois et al., 2011, pp.62)

"The model further assumes that positive social-emotional experiences with mentors can generalize, enabling youth to interact with other more effectively. In support of this prediction, mentoring relationships have been linked to significant improvements in youths' perceptions of their relationships with parents, as well as with peers and other adults." (Dubois et al. 2011, pp.62)

"Mead et al. (2001) assert that engagement in a PSR allows participants to create relationships and practice a new identity (rather than that of mental



patient) in a safe and supportive environment. This is supported by Yanos, Primavera, and Knight (2001) in a cross-sectional study where individuals involved in consumer-run services had improved social functioning compared to individuals involved in traditional mental health services. One explanation for such a change is that when engaging in peer support, consumers are exposed to differing perspectives and successful role models who may share problem-solving and coping skills thereby improve social functioning." (Repper & Carter, 2011, pp.396)

## PROMOTING SELF-CARE

"Successful young adult PPs also engaged their workplace resilience by focusing on their personal wellness. Young adult PPs tended to have supportive people in their informal network, including friends, romantic partners, and family." (Delman & Klodnick, 2016, pp.8)

"Peer support has been proposed as a way to promote recovery for anyone who has experienced mental ill health, irrespective of diagnosis. For example, it may promote self-efficacy and hope through sharing experimental knowledge through modeling recovery and coping strategies." (Lloyd-Evans et. al, 2014, pp.2)

## BEHAVING SAFELY, PROFESSIONALLY, AND ETHICALLY

"In the absence of the strict and permanent boundaries that enclose a person's contact with professionals, the more permeable and personal conduct or peer relating created a need for peers to stay alert to what they said and who they said it to as they worked to honor each other's experiences. Peers had to be clear with themselves and each other about that they could and could not do and why that was so." (MacNeil & Mead, 2003, pp.12)

"There were sophisticated limits this community confronted. Peers were learning about their 'professional' responsibilities as a peer supporter and

discovering their personal limits upholding these." (MacNeil & Mead, 2003, pp.13)

"As each person was able to push their capacity for learning while at the same time defining their own limits, the peer community built trust and allowed itself to evolve." (MacNeil & Mead, 2003, pp.13)

"At the same time, young adult PPs must learn to balance respect for clients' privacy with their duty to inform when a client displays evidence of danger to oneself or to others." (Delman & Klodnick, 2016, pp.2)

"Effective young adult PP supervision also included providing initial job training, access to on-going trainings, on-the-job coaching, which required an understanding of young adult PP job duties and how they were operationalized on a day-to-day basis." (Delman & Klodnick, 2016, pp.6)

"Mentors are encouraged to be open about their illness and recovery experiences, to the point that they are comfortable....Disclosure about their personal stories, however is generally limited to when the young adult is interested in the information and when it will benefit the young adult, rather than for the mentors to get their own support." (Portland State University, 2009, pp.29)

"These practices included recruiting mentors with backgrounds in helping roles or professions, clearly communicating expectations for how often mentors should be in contact with youth, supporting and involving parents, allowing community settings to be utilized for mentoring, providing ongoing training for mentors, and systematically monitoring the implementation of the program." (Dubois et al., 2011, pp.60)

"Ochocka et. al (2006) found that participants involved in peer support were less likely to identify stigma as an obstacle for getting work and were more likely to have employment. This makes sense as peers embody the possibility of acceptance and success, so that they can challenge the barriers created by self-stigmatization: anticipation of discrimination." (Repper & Carter, 2011, pp.397)

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