

Session 1:

Activating Change



Description of the Activity

This session followed up on the idea of “activating change” introduced in the overview of the Pathways to Positive Futures model (distributed to attendees beforehand) and further described in the conference’s opening plenary session. The goal of the session was to have participants identify specific, intentional strategies that they thought were particularly effective in activating change.

Participants were assigned to one of six discussion tables for the session. Each table was “staffed” by a designated facilitator and a note taker from Pathways RTC. Seven additional conference participants (at least two of whom were young adults) were assigned more or less randomly to each table.

At the beginning of the session, the facilitator distributed a worksheet to each participant. Participants were given ten minutes to complete the worksheet on their own. At the end of this time, the group selected a member who would report out highlights from the table’s discussion to the larger group. The facilitator then invited each participant in turn to describe the strategies noted on the participant’s worksheet. Following that the group discussed the strategies—with the facilitator providing discussion questions if needed—and selected two strategies and up to three points from the discussion to be reported out. The facilitator or note taker recorded these points on the facilitator’s

guide sheet. The facilitator guide sheet and all the participants' worksheets were collected at the end of the session. The whole group then reconvened. Each table reported out, and Pathways staff facilitated a large-group discussion.

Questions. The worksheet asked participants to describe a specific strategy they used to activate change:

Usually, a client and practitioner have a limited amount of time together to “activate change” and make things happen. What do providers do to work most effectively/efficiently together with a young person to make things happen? Please think about an intentional strategy (e.g., a bit of practice or piece of intervention) that you use/experienced/know about. This strategy should:

- be effective in activating change
- be part of the work together that comes after the engagement or “getting to know you “ period
- be a process with some specific steps to it (so, more than, “I listen carefully”—what do you listen for? How do you use this to activate change?)

Participants were also asked what the strategy was called, how (or whether) it fit with the elements of the Pathways model described in the plenary, how many times the strategy was typically used with a given young person, and when during the intervention it was used.

Themes from the Responses and Discussion

In general, the strategies identified by participants were consistent with steps of a person-centered planning process and/or principles that reflect aspects of the practice mode described in the Pathways model. Participants most frequently identified their strategies as reflecting two aspects of the practice mode: puts the young person in

the lead and “motivates” (guides without manipulating) the young person toward appreciation, development or use of strengths or competencies. A third aspect of the practice mode, conveys respect and appreciation, was also fairly frequently chosen.

The strategies that participants identified less often reflected three other aspects of the practice mode: motivates toward connections to people, contexts or culture; motivates toward positive developmental outcomes (e.g., gaining education, skills, strategies for managing MH and other challenges, meeting basic needs); and motivates toward discovery and activity. Finally, participants identified only a very small number of strategies that they thought reflected the remaining two aspects of the practice mode: models and teaches skills; and provides information about resources and the intervention.

Only about half of the strategies identified by participants were specific (versus general reiterations of a principle or element of the practice mode, e.g., “involving youth and youth voice in all aspects of work and change”; “meeting youth where they are at”; “non-judgmental”). Of the practice strategies that were specific, about half were described as being part of the engagement phase. Most commonly, these were strategies/tools for strengths assessment or for the identification of interpersonal/social support. Participants who used structured and/or evidence-informed interventions (e.g., RENEW,^{22,23} Career Visions,²⁴ My Life/Better Futures,^{25,26} wraparound,^{27,28,29,30} the Transitions to Independence Process [TIP],³¹ Finding Our Way) appeared to be more likely to identify specific strategies for activating change.

In describing why their strategies were effective, participants frequently referenced terms reflecting empowerment and self-determination, e.g., “guides a learning process that is youth-driven”; “it empowers them to see that they know more than they realize”; “the youth...become incredibly

independent, motivated and confident”; “it puts emphasis on the young person’s goals”; “allows and encourages youth voice.”

Strategies linked to “discovery” were disproportionately chosen by groups to report out (i.e., they were not often listed on the worksheets, but were reported out from several groups). When participants described strategies that were linked to “discovery,” they frequently used the word “risk” as the frame. “Risk” was connected to trying things that were new or uncomfortable, pushing boundaries, and acknowledging that some type of effort might result in failure and learning from that failure.

In the small and large group discussions, the theme of engagement was central, with participants stressing that young adults are harder than other populations to engage in treatment. The nature of the relationship between a provider and a young person, and how this related to engagement, was also a strong theme the discussions. Young people and providers drew implicit and explicit contrasts between stereotypical providers and the kind of providers that were successful in working with young adults. Young people stressed the need for providers to be “someone who’s not just there to collect a pay check.” Providers mirrored this to some extent: “[you need to be] giving as much of yourself as you’re asking.”

Participants also stressed that engagement can’t be rushed, and that building the foundation for a working relationship can take a long time:

- “Rapport needs to be started first and does not start with reading charts.”
- “They will be resistant to change until the youth feels safe.”
- “They don’t care how much you know until you show them you care. That helps with trust and rapport.”
- “Go out and participate in a common hobby between youth and providers to break down

the wall between people. That helps develop trust.”

In both the small and large group discussions, another theme that emerged clearly was the importance and value of a peer group for young people. Participants placed great importance on the opportunity for peers to gather in an environment that promoted positive interaction and support. This was highly valued by young people in particular as a key way of facilitating engagement. Additionally, the young people stressed that participation in leadership and advocacy with peers was not just important in and of itself, but also offered a unique and very valuable form of social support and connection to a positive peer group. Other examples of positive and supportive peer groups offered by participants included peer-run drop in centers or youth houses, drop in centers staffed by peer support specialists, and youth leadership classes that extended over more than half a year, creating a cohort of young people with advocacy skills. Finally, participants from a Native culture-specific program stressed the importance of the positive community created through the school and community center based on Native American core values. Examples of participants’ ideas about these topics follow:

- “This can be an organized group, or a semi-formal group. Having multiple people who aren’t there as a provider person can actually provide important perspective.”
- “Establish youth boards, have the youth take the lead and pose the question ‘If I could live in a better community, what would I change?’ [Participation with other youth]... builds engagement with other youth and with community members and organizations, and with the program.”
- “Create meaningful ways of being involved in something bigger that matches the youth’s abilities and strengths... such as state youth council...”

- “[At the school/program]... there are major core values... these are core values for Native American youth. Everyone reminds each other how to keep core values in check... New students are made to feel welcome. The experience is similar for all students here.”

Beyond peer groups, one-on-one interactions with peer support providers were also considered valuable:

- “Peer support helps keep you engaged because it’s inspiring to see people further along in recovery than you.”
- “There’s admiration for peer mentors for where they are at [in recovery]. There’s no such thing as ‘after engagement’ with that.”

Reflections

Despite the effort to have participants focus on and describe specific strategies for activating change or realizing practice principles, they were more focused on general principles or admonitions both in their responses to the worksheets and during the small and large group discussion. This is consistent with what emerged from the interviews with providers that were undertaken in preparation for the conference and to inform the development of the Pathways model. Other themes from this session also paralleled what emerged from the pre-conference interviews with providers, specifically 1) that providers working with more structured interventions seemed to

have a wider repertoire of cognitively available strategies; and 2) that most of the strategies that providers identified came from the engagement phase of treatment, and focused on eliciting information about strengths and sources of social support.

Engagement, and particularly the difficulty of engaging young adults in treatment, was also an ongoing theme, and this may explain why providers had more explicit strategies that were connected to engagement than to other phases of treatment. Young people in particular stressed that it might take a long time to build sufficient trust to even get started on treatment. This is obviously a challenge when providers carry high case loads and feel pressure to achieve rapid results.

Participants, particularly young adults, continually stressed the importance of providing peer support and mentoring. And while one-on-one peer support was advocated, the idea of providing support via positive peer groups received much more attention. Young people and practitioners alike saw the presence of peers in a program as key to engaging other young people in treatment. Strategies that build peer support—both through developing positive and supportive peer groups and through developing one-on-one peer support—seem particularly worth exploring given that all participants cited engagement as a major challenge.