Session 4:
Supporting the Approach

Description of the Session

For this session, participants could choose between three different breakout topics. These topics were related to the broader question regarding the kinds of organizational and system supports that are needed to support interventions and programs based on a Pathways-type positive development (PD) approach. The three topics were organizational support, peer support and workforce development. Each group was led by two facilitators, assisted by two note-takers. Participants completed worksheets specific to their topic.

Session 4a:
Organizational Support

Description of the Activity

This group, consisting of fifteen participants, focused on the agency supports, barriers, and needed changes that either promote or inhibit the implementation of a Pathways-like approach and the ability to effectively work with young adults with mental health challenges. The group was led by two facilitators and summaries were completed by one note-taker.

All participants introduced themselves and the

facilitators briefly outlined the content of the breakout sessions and distributed worksheets, which included five questions. After the participants filled out the worksheets, the facilitators led a discussion of participants' responses and ideas regarding what agencies have in place, and what is needed in order for organizations to provide an environment so that service providers can work effectively with young adults using a positive development, Pathways-like approach. The group prepared a brief report that was presented to the larger group.

Question 1: *Does this (participant's current) agency/program use a Positive Development/Empowerment practice model?*

- Yes, fully implemented including fidelity and quality assessment

- Pretty fully implemented but we're not systematically assessing quality

- Partially implemented

- Just getting started

- Would have to make significant changes to even get started

All but one participant responded to this question. Three stated they were "fully implemented;" five stated they were "pretty fully implemented;" three stated they were "partially implemented;" and, three stated they "would have to make significant changes" to get started.

Question 2: *List two things about the agency or program that are supportive of this type of PD approach to practice.*

Five themes addressing this issue were evident in the worksheets: Youth centered approaches, staff training, holistic approaches to care, supportive policies, and adequate resources (both financial

and community based). Group discussion focused on how organizational policies that support youth development and youth-centered approaches need to be in place in order to implement the Pathways/PD approach. Policies that encourage young adult involvement in decisions about programs were emphasized. Organizational structures that support training and supervision consistent with a Pathways-like model were considered important. Organizational structures, supervision and training were particularly needed for peer support workers.

From the worksheets, it seems that some participants felt that their organizations had many, or at least some, of these aspects in place. While not mentioned in the discussion, several participants stated that they had good resources—either financial and/or community-based, that helped them implement a Pathways/PD model.

Question 3: *List two things about the agency or program that are barriers or potential barriers to using this approach to practice.*

Three main barriers to successfully implementing a Pathways-like PD model at the organizational level were: Staffing, infrastructure, and adequate and consistent funding. Issues related to staffing focused on high rates of turnover, as well as high case loads. In the discussion, participants mentioned that staff buy-in to a more youth-centered approach was also necessary; adequate training on the benefits of this philosophy was presented as a solution. Infrastructure barriers included not having a common framework and/or vision to guide youth-centered treatment practices, and having an organizational milieu that was too "top down." The central importance of effective peer support services was a major topic. Inadequate infrastructure and organizational polices to support peer service providers were seen as barriers

to the hiring and effective deployment of these workers.

Question 4: *What is the most important thing the agency or program would need to do to begin using or increase the quality of PD practice?*

Three main changes were identified in the worksheets: Staffing, infrastructure, and outcome assessment. The first two changes identified reflect the agency and program barriers mentioned by participants. Participants discussed the need for continuing workforce development and training in areas such as young adult development, maintaining the young adult as decision maker, and development of social capital and practice approaches consistent with the Pathways/PD model. Training needs to be complemented by supervision that is consistent with the model.

Continuing workforce development and supervision for peer support workers was also emphasized. Participants stressed that organizational leadership must support the practice model and set the culture within the organization, and that a commitment to values like those of the Pathways model should be included in the organization's mission and/or vision statement. Consistent reference to and support of the model is essential.

Participants thought it would be helpful if funders requested that agencies work in a manner consistent with the Pathways/PD model. To do this, they could put requirements for practices consistent with the model in contracts and RFPs.

Finally, participants noted the importance of consistent assessment of outcomes to show effectiveness. They suggested that emphasis should be placed on measuring impacts on positive development; increased education, employment, and community engagement.

Question 5: *Think about the broader system of care (other services and supports) available to young adults involved in this agency or program. What changes might need to be made in that system of care to promote or support the PD model?*

Two themes emerged in response to this question. First, participants emphasized the need for outreach to both formal and informal community supports/assets. Those who practice within a PD framework could serve to disseminate this model to others in the community. Continued efforts to connect with informal supports in the community were identified as essential. Second, participants stressed that it is very important to advocate for peer support services across the formal service system, i.e., in child welfare, juvenile justice and other systems, not just mental health.

Reflections

- Human resource development issues in general were consistently discussed. This included both the need for staff training in youth development and PD practices as well as related supervision. Staff challenges related to high turnover and low pay were mentioned.

- Expanded and more effective peer-delivered services were perceived as critical. This would require an increase in training and supervision resources as well as a change in attitude about-peer delivered services on the part of some funders and high level administration.

- Organizational infrastructure would need reshaping in some agencies. This includes revision of policies and mission/vision, so that they are consistent with PD and a commitment to youth-centered practices and youth input in decisions at the organizational level.

Session 4b: Workforce Development

Description of the Activity

Five participants including service providers, a researcher and a young adult chose the breakout session "workforce development." This group focused on tools, trainings, and qualifications that could be useful for service providers to successfully implement the practice elements of the Pathways/PD model and to effectively work with young adults with mental health challenges.

All participants introduced themselves and the facilitators briefly outlined the content of the breakout sessions. The facilitators distributed the worksheets which included three questions.

Four of the five participants filled out the worksheets. Afterwards the facilitators provided an opportunity for participants to discuss their responses and ideas regarding supports and trainings for service providers to work effectively with young adults with mental health challenges. The group prepared a brief report that was presented to the larger group.

Question 1: *On a scale from 1-10, how feasible do you think it would be for practitioners to implement at least some of these strategies (see below for the list) without any formal training and/or manual to guide them?*

- *Model and teach skills*
- *Provide information about resources and the intervention*
- *Convey respect and appreciation*
- *Put the young person in the lead*
- *"Motivates" (guides without manipulating) the young person toward appreciation, development or use of strengths, competencies*
- *Motivates toward connections to people, contexts, culture*
- *Motivates toward positive developmental outcomes (e.g., gaining education, skills, strategies for managing MH and other challenges, meeting basic needs)*
- *Motivates toward discovery and activity*
- *Other principle not listed (if so, what is the principle?)*

Three participants answered this question with the scale ranging from one "not at all" to ten "very possible." Two of them rated the feasibility to implement at least some of the strategies a five and one of them rated it a ten.

Question 2: *List 2-3 supports you feel practitioners need to confidently and effectively implement the practice elements when working with young people with mental health challenges. Name one thing that you believe is needed in order for practitioners to confidently and effectively implement the practice elements when working with young people with mental health challenges.*

Two main themes developed in the discussion around this question: Navigating systems and navigating the one-on-one encounter with the young person.

Navigating systems. Service providers working with young people with mental health conditions need to know how to bridge system

gaps. They need to know about resources in the community, the mandates and funding streams of different systems, and how to access services in these different systems. For plans to be implemented successfully service providers need to know where to find housing or employment or how to connect young people with the necessary supports.

Navigating the one-on-one encounter. Participants also talked about specific skills service providers need to have to work successfully with young adults. Service providers need to accept young adults as equal partners in the decision-making process and need to elicit discussions of their goals and plans. It is OK to not know everything but instead work with the young person to find the needed information and resources. Service providers should enable young people to find and use their own voices and be ready to support them if they actually speak their minds. In team meetings participants are often not prepared when young people use their own voices but members turn silent and plans that might be developed are never put into practice.

Question 3: *What tools/trainings/ supports are useful for people who work with young adults with mental health challenges?*

Most participants mentioned Motivational Interviewing as a useful tool when working with young people with mental health challenges. Participants also reported that service providers need more training in shared decision-making, and TIP (Transition to Independence Process) training and SODAS (situation, options, disadvantages, advantages, and steps) were thought to be useful tools in that regard. Further discussion around shared decision-making concluded that service providers need to know that young adults need to make their own decisions and not have service providers deciding for them.

Another major group discussion revolved around engagement strategies. One young participant, for example, introduced the term "wall-breaking" which illustrates that young adults might block (i.e., put up a "wall") and not readily engage with service providers. He offered several strategies on how to break the wall when engaging young adults. He thought that it is helpful to connect through common interests or hobbies or doing something the young person really enjoys. He emphasized that this process of getting through to the young adult might take a while and that service providers should try different strategies and not give up if one approach did not work right away. One service provider shared that in her/his organization providers use the first 90 days for relationship building without focusing on documentation. Young people then tend to share their stories and dreams more readily when trust is established first. In general, participants agreed that engagement and relationship building is crucial and that there is not one right way that works with everybody. They also mentioned that tools for relationship building have to take into account deadlines for paperwork and limited funding for the engagement phase.

Self-care and reflexivity were also mentioned as important tools and supports for service providers. Service providers should be aware of their own experiences and discomforts around certain issues. Reflexivity can help to create this awareness and openness towards diversity and difference. One participant mentioned that she created a Wrap (Wraparound) plan for herself and that service providers should go through the things themselves that they expect from young adults. Self-care is an important tool to nurture service providers in this difficult process.

Question 4: *Which practice element(s) or principle(s) do you think should be emphasized the most in training? Which training tools do you believe are most*

useful: Training, bringing in expertise/ TA, online resources, or manuals?

- Conveying respect and appreciation and putting the young person in the lead were the two principles that were mentioned most in the group discussion and the participants' worksheets.

- Participants also thought that motivating towards positive developmental outcomes and motivating toward appreciation, development, or use of strengths and competencies are important practice elements which should be emphasized in training.

- In line with the general discussion to put young people in the lead, participants also emphasized the importance of using youth friendly evaluation tools. Participants had positive experiences with using participatory evaluation processes such as photovoice,[35] or interviewing instead of using Likert scales. One participant mentioned the use of Wordles (word clusters) that can help visualize young adults' strengths and challenges.

Reflections

- This group discussion illustrated that service providers might be aware of principles such as youth empowerment but they might nonetheless lack the skills to put these principles into practice. Training therefore should focus on providing practical and hands-on skills.

- The importance of relationship building also became apparent. The best intervention might fail if trust is not established at the beginning. Service providers experience a lot of pressures, deadlines, and funding limitations not always allowing them the appropriate and necessary time to build supportive relationships. It is also important in this regard that personality can be crucial for successful relationship building.

- Putting young adults in the driver's seat should also be considered when developing evaluation tools which should be appropriate for their use with young adults.

Session 4c: Peer Support

Description of the Activity

This was the third topic option for Session 4. Ten participants chose this topic. The session focused on providing peer support and how the role of the peer support provider should be defined and structured. Participants also discussed the extent to which a positive developmental approach like that described in the Pathways model would apply to the work of peer support providers.

Question 1: *Does the Positive Development model fit for peer support work? (In other words, do peer support workers use the same general types of principles and practices to activate change in their work? Is activating change even the goal?) If not, what are the main one or two ways it doesn't fit?*

Many of the participants felt that building the relationship with the youth was most important in peer support, so "activating change" is not the main focus of the work at the onset but might come later after the relationship is built. Participants remarked:

- "First thing should be finding something that they (youth) like doing and go do it with them. It might take a long time before they open up and share [a] story, that's okay. The long-term goal is for them to be independent."

- "Peer support people don't need to really do anything, just listen, and be there."

- "Peer support specialists could be more credible with youth than other providers."

- "I do not know if promoting change always needs to happen in peer support. It is sometimes just making a connection; having mutual conversations. It is sometimes just getting through the moment that young person is in."

Youth Move Oregon uses a tool based on the 40 Developmental Assets3,5 to guide their work with youth. This is a structure that they use to "activate change" and measure their success in working with the youth.

- "[Using the tool based on the 40 Developmental Assets] Assess when they come in and then later. Ex, do you have three or more adults in your life who aren't your parents?"

- "We have youth who are coming to the center and we are training them on how to naturally support each other. They might not understand how they are getting skills, but they are."

Question 2: *Is it important for the work that peer support specialists do to be structured? If not, how do peer support workers know what they should be doing?*

Participants felt that peer support work should be loosely structured.

- "Less structure with general guidelines of what to do, but "rules" can get in the way."

- "I feel it should not be too structured. If it is, it begins to take away from the vision. Supervisors should be trained in and understand the tasks of peer supports."

Some participants have gone through peer support training such as intentional peer support, trauma-informed care, self-disclosure and when to share with youth, and non-violent communication. One participant was interested in learning more about boundary setting.

Question 3: *List up to three key things that need to happen to ensure that peer support work is most effective.*

The general themes that emerged were: Training or coaching around how to handle difficult issues that can come up when working with youth; fidelity measures; peer structure that is intentional but informal.

Other Themes from the Discussion

- Medicaid billing is challenging for peer support work. There is a lot of paperwork that can become overwhelming.

- Social/political activism can be an important piece of the work that peer support specialists do.

- It's important to do fun activities and build community as part of the peer support work. One successful model is the drop-in center where youth can get support if they need it or just hang out with other youth in a safe environment.

- Some participants felt that substance abuse recovery and mental health challenges are different and the support for these issues should be separate. However, one participant noted that some people with substance abuse and mental health issues might not want to look at different parts of their identity.

- Some of the participants noted that peer support providers should have the same expectations as other providers (e.g.: "act professionally", "be role models").

  » "Balance between professionalism and the realness that is what makes peer support effective."

Reflections

- Overall, it seems that relationship building is key in peer support work.

- It might take the youth a long time to feel comfortable enough to open up to and trust the peer support specialist. Therefore, a lot of the work might be engagement work. However, those hours might not be "billable" if peer support work falls under Medicaid.

- In general, it seems as though participants felt that the structures/curriculum that peer support specialists follow should be loose and not too rigid.

- However, there also seemed to be some interest in fidelity and how to measure the effectiveness of peer support specialists' work with youth.

- One person mentioned the importance of the youth/peer support specialist match, and how it is important to reassign if there's not a good fit between the youth and the peer support specialist. However, if an organization only has 1-2 peer support specialists then finding a good fit for some youth might be difficult.