

# Final Comments

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**W**e conclude here with some reflections on key themes and topics from the conference. The sections below draw out challenges and questions raised by participants, as well as solutions, strategies and resources they offered. Implications for practice, policy, and research are also included.

## Practice and the Pathways Model

During the conference itself and throughout the feedback-gathering process that led up to it, participants were highly supportive of Pathways' work to describe a positive developmental (PD) model for working productively and effectively with young people who experience serious mental health conditions. Moreover, there was a high level of support for the specific propositions included in the model, as well as for the broader idea that a general PD approach to working with this population can be accurately characterized by common elements (i.e., practice "pieces," "bits," techniques, procedures, and so on) and common factors (i.e., a practice mode that is based in a set of specific principles).

Of course, any given intervention comprises both shared elements and unique elements, and different interventions may focus primarily on promoting a subset of developmental capacities, outcomes or aspects of positive identity. Nevertheless, a model that accurately captures common elements and factors can be useful for several reasons. Perhaps the most important reason is that such a model can help us become more efficient

as we work to create and implement interventions and programs. For example, at Pathways, we have developed a reliable tool for assessing the extent to which the various aspects of the practice mode are present when a practitioner is interacting with a young person—either one-on-one or in a group/team setting. We have been able to use the same tool to assess practice quality across different interventions, including interventions developed by Pathways and interventions in use outside of our Center. The observation tool can be customized to include a check on the practice elements that are built into a particular intervention. This customization usually quite easy to make, and the result is an observation tool that can be used to assess practice fidelity, and to provide specific, reliable feedback to practitioners about their practice.

Another way the model may be useful is connected to the role that theory plays in program and intervention implementation. Research has led to the conclusion that a clearly articulated theoretical model is an essential component of successful implementation.<sup>41,42,43,44,45</sup> When such a model is clearly communicated to practitioners, it facilitates their understanding of why they are engaging in specific types of activities and interactions, and how these activities and interactions drive outcomes. This clarity of understanding may be particularly important within interventions that are intended to be individualized and flexible, since it provides guidance to practitioners regarding what program elements to use when or how these elements need to be adapted to the specific needs or circumstances of a particular young person. A clearly articulated theory thus helps practitioners achieve “flexibility within fidelity,”<sup>3</sup> and may therefore be a particularly important to the successful implementation of the kinds of individualized, complex, multi-component approaches that have been designed to improve outcomes for young people with serious mental health conditions.

The Pathways model may also be helpful in promoting productive sharing of practice elements across discreet intervention models. During the conference, participants expressed pleasure at learning from their peers about specific practice elements—“pieces,” “bits,” procedures and so on—that they could integrate into their own interventions. This seems particularly useful given that many practitioners, particularly those who were not trained in a manualized intervention, seem to have a fairly limited repertoire of specific practice elements or strategies. (See the discussion of Session 1 in these Proceedings.)

Seeing practice through the lens of the Pathways model may also help practitioners direct their focus to aspects of practice that may be underdeveloped. For example, participants were able to describe a wide variety of practice elements that could be deployed during the engagement phases of an intervention, whereas elements connected to other phases were much less frequently described. Similarly, participants’ repertoires seemed relatively sparse in practice elements connected to particular aspects of the practice mode, including *motivates toward discovery and activity and models and teaches skills*.

Strengthening providers’ repertoires of practice elements, and encouraging more frequent usage of these elements may be a route to more effective interventions. Recent research on interventions in children’s mental health has been instructive on this count. This research has focused on trying to understand why manualized, evidence-based interventions tend to produce marked improvements, while treatment as usual (which frequently employs many of the same practice elements as the evidence-based interventions) overall produces average effect sizes close to zero. These researchers have argued that treatment as usual’s lack of impact may be traced to *less frequent* use of effective practice elements, as well as an over-reliance on a limited subset of

practice elements and the under-use of other elements.<sup>46,47,2,48</sup> To the extent that use of the Pathways models helps providers understand the ways in which their practice is dense or sparse in terms of practice elements, it may help providers increase the impact of their work with young people.

## Peer Support

References to the importance of peer support recurred throughout the conference. Participants, particularly those with prior or current service system involvement, were adamant that professional peer support be a necessary component in the service array, and they were optimistic that the integration of peer support into interventions would speed engagement and improve outcomes. Participants also pointed out that creating peer support positions translates into employment opportunities for young people who may have difficulties finding or keeping a more “mainstream” job. Furthermore, providing peer support allows young people to put to good use what they have learned through their mental health and systems experience, thereby making an asset out of what may formerly only have been perceived as stigmatizing. Participants noted that this could provide a significant boost to peer support providers’ own recovery processes.

However, even within the programs represented at the conference, this kind of peer support was available only to a limited extent or not at all. Participants noted a variety of challenges and barriers that limited efforts to expand availability. Most commonly referenced were challenges related to funding the positions. Other commonly cited challenges concerned training/coaching, certification and quality assurance related to the role. These challenges are compounded because the role is relatively new and the specific duties and responsibilities associated with the role are often not very well defined. Young people and

older adults alike pointed to the need for clearer definition of the role and its associated activities, and a clearer explication of how the activities contribute to promoting positive outcomes. In turn, this would contribute to more effective training, coaching and supervision; aid in the development of certification processes that are better aligned with the important functions of the role; and allow for fidelity monitoring and quality assurance.

Participants were able to share strategies to address some of these challenges. Several programs were in the process of developing training or adapting existing training (most typically training for adult peer support providers) for the role. Participants also shared information about sources of funding—including Medicaid—that had been tapped to support the positions, as well as the pros and cons associated with using different sources of funding. Overall, however, participants felt that there was still substantial work to be done as far as developing more specificity about how to actually carry out the role (or, possibly, a variety of more specific roles that could generally be described as peer support), as well as a clearer understanding of how peer support uniquely contributed to outcomes. With this increased specificity would come more focused training approaches, as well as the ability to monitor fidelity and practice quality. Ultimately, this work would also lay the foundation for research on the effectiveness of peer support. Participants believed that such research would be important for legitimizing the work and expanding the workforce of peer support providers.

Participants also pointed to another set of challenges that young adult peer support providers faced within the organizations that employed them. These challenges were seen as stemming from other professionals’ lack of respect for the role and/or lack of understanding of its value. As noted above, participants thought that research

showing effectiveness would be helpful in legitimizing the role. Standardized training and the consistent use of fidelity assessment and other quality assurance tools may also be helpful in ensuring that peer support work is held to a high standard. Additionally, participants saw the value in creating a set of policy standards or guidelines for organizations that hire peer support specialists. These guidelines would require, for example, certain types of professional development and other organizational support. Youth MOVE National is currently at work on standards that may serve this purpose.

## Positive Peer Groups

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. 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.

Participants noted that an important step for making positive peer groups more widely available was sharing information and resources about existing strategies. Examples included youth leadership curricula and information about how successful drop-in centers operated. Participants recognized that if these approaches are to become more widely implemented, they need to be able to document their impact. At least

two of the drop-in centers that were represented had procedures and tools in place to record what types of services and supports that young people received, and to document progress toward goals the young people had chosen. While these are important features to track, this sort of data does not get at the possible impact of the positive peer group per se. Assessments of social support and integration, empowerment or hopefulness could be considered as means of documenting this type of impact. Additionally, providers saw peer groups as a way to gradually engage young people in more intensive services. Where this is a goal, it may be useful to develop more intentional strategies for connecting young people who are “dropping in” to more intensive services, and to create ways of keeping track of success in this type of engagement.

## Engagement

The difficulty of engaging young adults in treatment was also an ongoing theme, and this may explain why providers were able to identify a greater number of practice strategies that were connected to engagement than to other phases of treatment. Young people in particular stressed that it can take a long time to establish the trust that is necessary for taking even the first steps of treatment. Taking this sort of time to ensure youth engagement can be a challenge when providers carry high case loads and feel pressure to achieve rapid results. Young people in particular felt that it was important for interventions to allow for an extended engagement period, if needed. Participants felt that sticking with a PD approach would be more engaging to young people than other approaches.

The use of peer support—both one-on-one and group based—was the most commonly offered strategy for streamlining the engagement process. (Barriers and possible solutions connected to increasing the use of peer support are discussed in

the preceding sections of this report.) Given that improved engagement is the most frequently cited benefit from the use of peer support, it seems that examining this connection should be a prioritized topic for peer support research. Participants thought it could be relatively straightforward to design research that compared service uptake and persistence between young people receiving an intervention and those receiving the same intervention enhanced with peer support.

Both providers and young people noted that successful engagement and retention may require that organizations define provider roles in ways that diverge from the norm for human services, and that are not constrained by usual “boundaries.” Young people and providers drew implicit and explicit contrasts between stereotypical providers and the kind of providers that are successful in working with young adults. Young people stressed the need for providers to act like “someone who’s not just there to collect a pay check,” while providers noted that “[you need to be] giving as much of yourself as you’re asking.” Re-defining the provider role requires not just clarifications of new expectations, but also a revision of organizational policies around how and when to communicate or interact (e.g., the use of texting or Facebook, or arranging meetings or outings in the community and/or outside of normal work hours).

## Mobilizing Social Support

Helping a young person learn how to mobilize social support was described as a key element of many of the interventions represented at the conference. Working through social networks was seen to be particularly important as a means of finding and capitalizing on employment and educational opportunities. However, using or developing social support to this end was acknowledged during the pre-conference stakeholder interviews and by conference participants as

something that was hard to do successfully. Participants pointed out that this can be particularly challenging when young people’s social networks are not well developed or their communities are under-resourced. Furthermore, the conference session that focused on mobilizing instrumental social support turned up very few specific strategies focused on exactly how providers could go about mobilizing interpersonal networks to provide instrumental support.

In the light of these challenges, it seems that intervention developers and practitioners may want to think strategically about how to expand the repertoire of intentional strategies that providers can use with young people as a means of capitalizing on interpersonal connections. For example, one general strategy, described below, that was noted by representatives of two different programs—but that seemed relatively unknown to most other participants—had apparent promise for helping young people extend and capitalize on “weak” social ties. Weak ties are to people who are acquaintances (as opposed to friends or family), and weak ties may be particularly helpful to people seeking jobs or educational opportunities.<sup>49,50,51</sup> Additionally, this particular strategy intentionally cultivated or activated weak ties to people who were established professionals, and who thus were likely linked to social networks that were different from and more resource-rich than those of the young people in the intervention.

The general thrust of the strategy was for the young person and the provider to identify a person successfully employed in the type of job that the young person was interested in pursuing. Then, by working through extended weak-tie networks or even by cold calling local businesses or professional organizations, the young person (with the providers support and guidance) would arrange an interview with the professional—a chance for the young person to find out about the



profession, required education, job conditions, and so on. Interestingly, there was no presumption on the part of the provider or the young adult that this interview would necessarily lead to a social “tie” of any sort, or that the professional being interviewed would give information that would lead to employment or educational opportunities. Instead, the primary purposes of the interview were, first, for the young person to practice all the micro activities that are required to set up and undertake a semi-formal meeting with a respected person who has important information to offer; and second, to learn about what it really takes to work in a specific type of job. However, the providers who used this strategy reported that it actually resulted in an additional bonus, by producing “leads” about jobs or education. In fact, in some cases the professional and the young person ended up developing a relationship that was considerably more than a “weak” tie, and that offered various types of instrumental support.

If mobilizing instrumental social support is indeed a key route to intervention impact, developing a wider variety of strategies for this purpose is only a first step. Knowing more about how often which types of strategies are used is important, as is learning about what happens as a result of employing the strategy. Without research into these topics, it will be difficult to know whether the hypothesized importance of mobilizing social support is a real phenomenon, and whether attention to this aspect of intervention is worthwhile.

## Organizational and System Support, and Workforce Development

Aspects of organizational support and workforce development related to peer support roles and engagement have been discussed in previous sections. Beyond these, a key theme from the conference was the need to retrain the existing workforce to carry out their jobs in ways that reflected a positive developmental perspective.

Many participants pointed out that it was difficult even within their own organizations—which were already committed to using a positive developmental approach—to secure buy-in from staff members who were skeptical of or unused to this type of practice. Participants pointed out that engaging skeptical staff in practice change effort required not just training, but also ongoing assessment of practice against criteria that reflect the PD approach.

In general, providers and young people agreed that the training and quality assurance methods currently in use were likely not sufficient to promote practice change on the scale that they envisioned. In the first part of this conclusion, we explored how the Pathways model may be useful in the development of training approaches and quality assessments that can be used to support professional development. In the shorter run, it may be feasible for organizations to monitor process outcomes—which can be done using quick and simple assessments at frequent intervals—using existing, well-researched tools or adapting them—and providing feedback to practitioners as part of ongoing supervision.<sup>1,52,53</sup>

Among organizations that are implementing PD approaches for serving young people, existing training appears to have some significant gaps. In prior sections of this conclusion, we discussed a number of these; however, we have not yet touched on additional gaps identified during the conference. Participants did not feel that current training provides sufficient information about developmental processes that typically occur during the transition to adulthood, and how developmental processes are affected by mental health issues. This challenge is related to a broader challenge, namely that many providers do not recognize emerging adulthood as a distinct life stage, and are not convinced that practitioners who work with these young people need skills and training that is different both from those needed

to work with children and those need to work with older adults. Remedying this situation will likely require the further extension of already-expanding efforts to bring broader awareness to a variety of stakeholder groups regarding the unique needs of emerging adults with serious mental health conditions.

In addition to training, changes to overall organizational culture and policy were also seen as important. Participants noted that achieving culture change was difficult, and would typically require intentional reshaping of organizational infrastructure. This would include the revision of policies and mission/vision, so that they are consistent with PD; and a commitment to youth/young adult input into decisions at the organizational level.

## Social Identity Groups

Participants discussed their work with young people from diverse social identity groups—i.e., groups that are defined by such socially-designated characteristics as race, ethnicity, sexual identity, class, religious affiliation, or age. They indicated that they worked with young people from social identity groups based on widely-recognized characteristics such as race/ethnicity, sexual identity, and religion. Participants also worked with groups of young people whose social identity was bound up in their involvement with service systems (foster care, disabilities services, mental health or substance abuse treatment, or the justice system) or their particular life circumstances (veterans, refugees, undocumented immigrants, teen parents, those who experienced poverty or homelessness, gang involvement). Finally, some discussed the reality of intersectionality in the lives of these young people, who frequently had membership in two or more social identity groups, each entailing challenges that can become compounded.

Participants noted that the PD model works particularly well for young people with marginalized social identities because it emphasizes the centrality of providers conveying respect for young people, and appreciating their uniqueness regardless of diversity labels. For some youth, having a provider who shares elements of their social identity may be very helpful. For young people who are involved in compliance-oriented systems (e.g., corrections), working to bolster empowerment is a particularly challenging aspect of the PD model. Finally, for young people with diverse social identities, it was seen as crucial that providers have knowledge about important contexts of the young person's life, including traumatic life experiences, and possible culturally-specific supports. A young person's family is a key part of his or her culture, and for some young people, family members are much highly involved in making decisions about the lives of their emerging adults. When this brings tension between the young person and the family, providers may need skills for assisting young people as they navigate the tension between family goals and expectations and their own aspirations. In some cases, it may also be beneficial for service providers to positive relationships with community leaders, and/or to have the ability to consult with or refer to service providers from the youth's culture. Clearly research is needed to identify PD practice strategies that are particularly effective with diverse young people.

## Supporting and Engaging Families

Conference participants identified many challenges related to engaging and maintaining family support for emerging adults with mental health conditions. They also described a variety of useful strategies for family support, from strategies to enhance productive communication between young people and families around the level of family participation, to curricula for family

support that can be used even when the young person does not want to be engaged with his or her family. Participants noted that, where there is ambivalence, distrust, or resistance—either on the part of the emerging adult or the family member—engaging families may take time that busy service providers may not feel able to invest. Despite the potential benefits from family support, existing policy and legal frameworks and funding mechanisms are designed to focus specifically on the “patient” and discourage (or are interpreted to discourage) service providers from promoting family involvement and support. Nevertheless, many of the participants had worked with programs that had found ways to deal with these challenges, and managed to serve families as well as emerging adults.

One barrier to successful family engagement identified by participants was the family experience of “burn out” due to lack of respite from caring for the young person over time. Participants noted that family engagement needs to be monitored over time and discussed early and often, both with family members and the young person. Better attention needs to be paid to the well-being of family members as they negotiate

the stress of caring for a young person with serious mental health challenges. Additionally, participants stressed that while the young person is still legally under family care, more efforts are needed to identify how best to ensure a healthy and supportive transition that paves the way for continuing family support even after the young person becomes a legal adult.

## Conclusion

The State-of-the-Science Conference provided an exciting opportunity for all of us to learn about the ways in which a positive developmental practice model can guide and enrich our work with young people with serious mental health conditions. Participants at the Conference, including young people and their families, were adamant that a positive developmental approach at the practice level must be complemented by a similar approach at organizational and system levels. It is our hope that these proceedings prove useful to those in the community who are interested in promoting and implementing this kind of approach to supporting emerging adults with serious mental health conditions.