

# Appendix C:

## Session Worksheets

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1. Activating Change (Breakout Session 1)
2. Working with Young Adults with Different Social Identities (Breakout Session 2)
3. Organizational Support (Breakout Session 3A)
4. Peer Support (Breakout Session 3B)
5. Workforce Development (Breakout Session 3C)
6. Some Hard Questions (Breakout Session 4)
7. “Speed Dating” Worksheet

## Breakout Session #1: Activating Change

Your name (so we can get back to you for more detail later if needed): \_\_\_\_\_

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?)

1. What do you call this strategy? \_\_\_\_\_

2. Brief description: \_\_\_\_\_  
\_\_\_\_\_

3. When is it used? \_\_\_\_\_  
\_\_\_\_\_

4. How many times does it *most typically* happen in the course of your work together?

just once

a couple times

multiple times

5. Which practice element(s) or principle(s) is it most connected to?

Rank up to 3 (label 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup>, if you choose more than one):

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?)

Notes (if you have time) on why you think this strategy is effective or anything else you want us to know:

## Breakout Session #2: Working with young adults with different social identities

**Your name** (so we can get back to you for more detail later if needed): \_\_\_\_\_

In this discussion we are using the term “social identity” to refer to groups that are defined by race and ethnicity, sexual identity, class (poverty and homelessness), religious affiliation etc.

1. Take a moment to identify one or two social identity groups that you have contact with on a regular basis. Write the name of these groups here

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2. Reflect on the intentional strategies or pieces of an intervention that have been discussed today. Identify an example that you think would be effective with specific social identity groups you are familiar with. (If you have more than one strategy, you can use the back of the paper.)

**Strategy:** Social identity group you are thinking of \_\_\_\_\_ and why would this strategy be effective?

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3. Think about the intentional strategies or pieces of an intervention that have been discussed today. Are there any of these strategies that wouldn't work with the social identity groups you are familiar with? (For additional examples, use the back if you want.)

**Strategy:** Social identity group you are thinking of \_\_\_\_\_ and why this wouldn't work or be appropriate?

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4. Are there other intentional strategies or parts of interventions that you have used or are aware of that you think would work well with a particular social identity group?

Social identity group you are thinking of \_\_\_\_\_ and what is the strategy?

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### Breakout Session #3: Organizational Support

Your name (so we can get back to you for more detail later if needed): \_\_\_\_\_

Please think about an agency or program that works directly with young adults with mental health conditions. Pick one that you know a lot about.

Does this agency/program use a Positive Development/Empowerment practice model, at least to some extent?

- 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 some significant changes to even get started

1. List two things about the agency or program that are supportive of this type of PD/E approach to practice.

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2. List two things about the agency or program that are barriers or potential barriers to using this approach to practice.

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3. What is the most important thing the agency or program would need to do to begin using or increase the quality of PD/E practice?

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4. 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/E model.

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## Breakout Session 3: Peer Support

**Your name** (so we can get back to you for more detail later if needed): \_\_\_\_\_

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?

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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?

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

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## Breakout Session #3: Workforce Development

Your name (so we can get back to you for more detail later if needed): \_\_\_\_\_

What is Your Opinion?

On a scale from 1-10, how feasible do you think it would be for practitioners to implement at least some of strategies (see below for the list) without any formal training and/or manual to guide them? (Please circle the number that best reflects your opinion).

Not at all

Very possible

1      2      3      4      5      6      7      8      9      10

1. List 2-3 supports you feel practitioners need to confidently and effectively implement the practice elements below when working with young people with mental health challenges?

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2. What tools/trainings/supports are useful for people who work with young adults with mental health challenges?

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3. Which practice element(s) or principle(s) do you think should be emphasized the most in training? Rank up to 3 (label 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup>, if you choose more than one):

- 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?)

Notes (if you have time) on why you think this strategy is effective or anything else you want us to know:

## Breakout Session #4: Some Hard Questions

### Topic 1: Working with families

A major premise of the PD/E model is that young people need to become responsible for driving their own lives. At the same time, family is often a very important—sometimes the *most* important—source of support for young people with serious mental health conditions. Challenges can arise when young people and families have different perspectives about whether the young person needs help, the goals the young person should be pursuing, other choices he/she makes, and even whether the family should be involved in any treatment or decision making.

In your own experience, what are the one or two most common challenges that make it hard for families to provide support for young adults and/or for young adults to receive it?

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Do you know of any strategies, tools or approaches that seem to be helpful in overcoming these kinds of challenges, so as to build and/or maintain positive support between young people and their families?

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### Topic 2: Making peer support mainstream

Young people who have been in systems see enormous potential in peer support as a way to address shortcomings in the current service system, and envision a future system where a sizeable proportion of the workforce is composed of peers offering various forms of support. Currently, however, peer support is only rarely available.

Do you think the vision of a large workforce of peer supporters is something that may happen in the future?

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Aside from the need to develop clearer ideas about peer support competencies and practice model(s), what do you think are the most significant barriers—perhaps at the organizational or systems levels—to making peer support more widely available?

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What do you think are the most productive short-term steps that can be prioritized as a way to address one or more of these challenges.

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### Topic 3: Building relationship

Both providers and young people comment that building initial trust in a relationship can take a lot of time—sometimes weeks or even months of “pre-engagement” that may consist primarily of hanging out or recreational activities. Yet limits on funding mean there is usually also a limit on the amount of time a provider can spend with a young person and/or what sorts of activities can be billed.

In your own experience, do you think there is pressure for providers to try to force a relationship to happen too quickly?

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Are there things a provider can do to speed up the growth of the relationship?

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Are there policy or funding changes that would address this challenge?

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### Topic 4: PD/E and compliance-oriented systems

Can a PD/E model, or even key elements of a PD/E model, be implemented in what are typically compliance-oriented systems or settings, such as juvenile justice/corrections , residential treatment, psychiatric hospital, etc.?

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What parts of the model might translate best to these kinds of settings? What key changes might have to take place in these kinds of settings to make PD/E fit?

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# "Speed Dating" Worksheet

Your name (so we can get back to you for more detail later if needed): \_\_\_\_\_

## TOPIC 1:

One form of social support is "instrumental"—people you know who give you or link you to things you need. Please think about your life between the ages of 16 and 26 or so, and a time when someone you knew helped you get a job, find a place to live, helped you learn or do something new, or explore a new direction in your life. Many people have lots of examples, so if you have several, pick one that had an especially important impact.

Who provided this support? Was it:

- an immediate family member     a close friend     member of extended family     not-so-close friend  
 friend of a family member     friend of a friend     teacher or employer     other: \_\_\_\_\_

The support received was with:

- getting a job     finding a place to live     getting more education  
 learning or doing something new (what?): \_\_\_\_\_     other: \_\_\_\_\_

How did this person know you needed help?:

- you asked the person yourself     the person offered to help on his/her own  
 someone else asked them to help you     Other \_\_\_\_\_

Please describe briefly what happened.

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On a scale from 0-10, how much of an impact did this have on your life?

None Really Significant  
0    1    2    3    4    5    6    7    8    9    10

This overall impact was:

- really positive     somewhat positive     neutral/no impact     somewhat negative     really negative

## TOPIC 2:

Providers often work with young people to identify people they already know who can help them get a job, find a place to live, help them learn or do something new, etc. Provide an example that you know about in detail when a provider intentionally helped a young person connect with someone they already knew to get instrumental social support of the kind we just talked about.

Who provided this support? Was it:

- an immediate family member     a close friend     member of extended family     not-so-close friend  
 friend of a family member     friend of a friend     teacher or employer     other: \_\_\_\_\_

The support received was with:

- getting a job                       finding a place to live     getting more education  
 learning or doing something new (what?): \_\_\_\_\_  other: \_\_\_\_\_

Did the provider use a specific activity, form, tool or process of some sort to help identify who could provide the support? If so, what was used? If not, how did the provider learn about this person and the support they might provide? \_\_\_\_\_

The overall impact of connecting to this person was:

- really positive     somewhat positive     neutral/no impact     somewhat negative     really negative

In general, do you think it happens very often that providers help young people access and use their existing social support networks?

- A lot                       sometimes                       Not that often                       Rarely or never

### TOPIC 3:

Providers often work with young people to connect with people they don't already know but who can help them get a job, find a place to live, help them learn or do something new, etc. Provide an example that you know about in detail when a provider intentionally helped a young person connect with someone new to get social support of the kind we just talked about.

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Who was the person being connected with \_\_\_\_\_

The support received was with:

- getting a job                       finding a place to live     getting more education  
 learning or doing something new (what?): \_\_\_\_\_  other: \_\_\_\_\_

Did the provider use specific activity, form, tool or process of some sort to identify who could provide this help? If so, what was used? If not, how did they know about this person and the support they might provide? \_\_\_\_\_

The overall impact of connecting to this person was:

- really positive     somewhat positive     neutral/no impact     somewhat negative     really negative

In general, do you think it happens very often that providers are able to help young people connect to new people who provide this kind of support?

- A lot                       sometimes                       Not that often                       Rarely or never

Please feel free to list any observations or comments based on this exercise: