Appendix C: Session Worksheets

- 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

ro	ur name (so we can get back to you for more detail later if needed):
na ce	ually, a client and practitioner have a limited amount of time together to "activate change" and ake things happen. What do providers do to work most effectively/efficiently together with a young roon to make things happen? Please think about an <i>intentional strategy</i> (e.g., a bit of practice or acce 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?
	Brief description:
3.	When is it used?
4.	How many times does it <i>most typically</i> happen in the course of your work together?
5.	Which practice element(s) or principle(s) is it most connected to? Rank up to 3 (label 1 st , 2 nd , & 3 rd , 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

Yo	ur name (so we can get back to you for more detail later if needed):							
	this discussion we are using the term "social identity" to refer to groups that are defined by race and inicity, 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							
2.	Reflect on the intentional strategies or pieces of an intervention that have been discussed today. Identify an example that you think <u>would</u> 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?							
3.	Think about the intentional strategies or pieces of an intervention that have been discussed today. Are there any of these strategies that <u>wouldn't</u> 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?							
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?							

Breakout Session #3: Organizational Support

Yo	ur name (so we can get back to you for more detail later if needed):
	ase think about an agency or program that works directly with young adults with mental health nditions. Pick one that you know a lot about.
	es this agency/program use a Positive Development/Empowerment practice model, at least to some ent?
	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.
2.	List two things about the agency or program that are barriers or potential barriers to using this approach to practice.
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?
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.

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

Breakout Session #3: Workforce Development

YO	ur name (so we can	get back to	you for m	ore detail i	later if nee	ded):				
Wł	nat is Youi	Opinion									
sor		tegies (se	ee below	for the l	ist) withc	out any fo	ormal tra			nplement at I nual to guide	
	Not at a	all							Ve	ry possible	
	1	2	3	4	5	6	7	8	9	10	
1.			you feel p				-			olement the p	oractice
2.	What too	-	•	orts are	useful fo	r people	who wo	rk with yo	oung ad	ults with men	tal
3.			ement(s)		-	=		l be emp	hasized ¹	the most in tr	raining?
	mo pr	odel and t ovide info nvey resp	each skills ormation a ect and ap	s bout resc opreciatio	ources and						
	· · · · · · · · · · · · · · · · · · ·		guides w			ng) the yo	ung perso	on toward	apprecia	ition, developr	nent or
	me	otivates to	oward con oward pos 1H and oth	itive deve	elopmenta	al outcom	es (e.g., g	gaining ed	ucation,	skills, strategie	es for
	mo	otivates to	oward disc ple not lis	covery an	d activity	J	·				

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

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?

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?	

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?

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?

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.
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?
Are there things a provider can do to speed up the growth of the relationship?
Are there policy or funding changes that would address this challenge?
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.?
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?

"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 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.
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 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
TODIC 2.
TOPIC 3:
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.
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: