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Improving outcomes for young people with serious mental health conditions

Research & Training Center for
Pathways to Positive Futures

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Abstract

Over the last decade, evidence has mounted showing that young people with serious mental health conditions experience a variety of challenges as they mature into adulthood. On average, their educational, economic and vocational outcomes are distinctly worse than their peers', and they are more likely to experience homelessness, to struggle with substance use, and to be involved with corrections systems. In 2009, researchers at the Regional Research Institute at Portland State University applied for and received a grant from the National Institute for Disability Rehabilitation Research (NIDRR, US Department of Education) and the Center for Mental Health Services (CMHS, US Department of Health and Human Services) to create the Research and Training Center on Pathways to Positive Futures. This Center, known as "Pathways RTC" or, simply, "Pathways," included eight research projects and related training, dissemination and technical assistance activities, all focused on improving outcomes for older adolescents and young adults who experienced serious mental health conditions (SMHCs).

Prior to the State-of-the-Science Conference, Pathways staff joined with young people, family members, researchers and service providers to develop a conceptual model that describes how providers can work productively and effectively with young people who experience SMHCs. This "Pathways model" also builds on evidence drawn from programs and interventions that have demonstrated success in promoting positive

outcomes among emerging adults. The overall aim was to produce a "common elements and common factors"[1] model that would be useful for guiding practice and shaping interventions that are developmentally appropriate, attractive to young people, and effective in achieving recovery-oriented outcomes.

The Pathways model is rooted in theory and research on positive development. In contrast to problem- and deficit focused approaches, positive developmental approaches focus on promoting wellbeing and flourishing. From a positive developmental perspective, promoting wellbeing and flourishing is particularly important for people who are struggling or at risk, and interventions are most likely to be successful when they support young people as they learn to guide their own lives toward outcomes they find personally meaningful. Though this process, young people are motivated to further their own positive development as they build skills and knowledge, expand their capabilities, and gain competence in their chosen roles in family, community, and society.

The State-of-the-Science Conference, held on May 20 and 21, 2013 in Portland, Oregon, brought together expert stakeholders to address key topics and questions related to the Pathways model and its implications for practice and policy. The conference was limited to 50 attendees so that participants could work actively in a series of tightly facilitated small and large group sessions. Participants included researchers, practitioners, administrators, young people, families, and policy makers. More than a quarter of the attendees were young people with direct personal experience receiving services for serious mental health conditions.

This proceedings monograph summarizes the events of the conference, which began with a review of the Pathways to Positive Futures model. The first working session focused on identifying specific practice elements that providers use to help young people to activate changes they desire in their lives. During the second working session, participants discussed working with young people with diverse social identities, and the extent to which the Pathways model accurately described—or failed to describe—how providers could productively interact with them to promote positive development. The third session focused on strategies aimed at helping young people expand and mobilize their social support networks in service of positive developmental goals. During the fourth working session, participants identified the kinds of organizational and systems supports needed to fully implement a positive youth development approach, and called out barriers to full implementation. Finally, during the second day, participants were joined by conference attendees from the Emerging Adult Initiative's national meeting, and the combined group participated in a small-group discussion focused on hard questions for service providers and policy makers that had surfaced during the previous day's working sessions. The proceedings conclude with reflections on key themes from the conference, challenges and questions raised, and implications for an action agenda for practice, policy, and research.

Pathways to Positive Futures

In 2009, researchers at the Regional Research Institute at Portland State University applied for and received a grant from the National Institute for Disability Rehabilitation Research (NIDRR, US Department of Education) and the Center for Mental Health Services (CMHS, US Department of Health and Human Services) to create the Research and Training Center for Pathways to Positive Futures. This Center, known as "Pathways RTC" or, simply, "Pathways," included eight research projects and related training, dissemination and technical assistance activities, all focused on improving outcomes for older adolescents and young adults who experienced serious mental health conditions (SMHCs).

As part of the grant application, the researchers at Portland State were required to describe the "overall approach" that would guide Pathways' research and related activities. Based on a review of the existing literature—particularly the research literature describing intervention approaches that had been demonstrated to be successful with this population of "emerging adults"—the researchers started to zero in on an overall approach that was consistent with shared elements that appeared most frequently as key ingredients in empirically-supported interventions for the population. Young people and family members collaborated on the development of the proposal, and they also believed that these shared elements were central to achieving results. This set of shared ingredients became the basis for the first iteration of a theory that

described how to work effectively with emerging adults with SMHCs.

The shared elements that appeared in empirically supported programs, and that were endorsed by young people and families, clearly reflected an overall focus on positive development. Positive development was also a key theme in our researchers' prior work, and so it was quite natural positive development became a key feature of the Pathways "overall approach."

Theories of positive development stress the idea that the best way to promote thriving is to provide people with opportunities to guide their own lives toward goals and outcomes they find personally meaningful. In turn, this motivates them to further promote their own positive development as they build skills and knowledge, expand their capabilities, and gain competence in their chosen roles in family, community and society.

According to a positive development perspective, promoting thriving is particularly important for people who are struggling or at risk. For providers who work young people with SMHCs, this means maintaining a central focus on supporting young people to work toward goals and outcomes they find personally compelling. Young people are encouraged and supported as they take steps toward building the future that they aspire to, and providers do not operate under the assumption that working on important and meaningful goals should wait until the young people are symptom-free or abstinent or housed or medication compliant. The idea is that young people's motivation to seek out wellness strategies, to address substance use issues, to develop skills and further their education, and to build healthy relationships is progressively strengthened as they experience competence and learn more about what they want for their own futures. This is the set of ideas that is referenced in the Center's name and the description of our overall approach: Pathways to Positive Futures.

In the four years since the original description of the Pathways approach was written up, new information has informed the creation of several successive iterations of the Pathways to Positive Futures "model." The research literature has expanded, providing more information on interventions that are effective with emerging adults. Additionally, as evidence-based practices in human services have proliferated, and as both their strengths and shortcomings have become better understood, researchers and practitioners in different specialty areas have intensified their exploration of "common factors and common elements."[1,2] Research on common factors and common elements holds great promise as a method for capitalizing on the fact that despite having different names, evidence-based, empirically-supported and promising practices designed for a particular population tend to have many features in common. This has given rise to the possibility of effective practice that builds on these commonalities through a better understanding of exactly what the shared features are, and how the various practice elements can be intentionally and flexibly employed by providers in response to the specific strengths, needs and life context of the particular person with whom they are working. Used in conjunction with process and outcome monitoring, this approach has the potential to be structured without being rigid, and to provide the kind of "flexibility within fidelity,"[3] that allows for individualization without sacrificing rigorousness. The Pathways model is closely aligned with this kind of common factors and common elements approach.

Further development of the Pathways model has also been deeply influenced by what we have learned as we carry out the activities we proposed in the grant. Among Pathways' eight research projects are three randomized controlled trials of interventions to improve outcomes for young people with SMHCs. For each of these research studies, Pathways staff—including young adult

mentors who have themselves experienced SMHCs—have been the intervention providers, working directly with young people and learning from that experience. Project staff have also developed fidelity and quality assurance tools, including tools that involve intensive review of video recordings of staff working with young people. Other projects have looked at aspects of positive development among diverse populations, or have examined what kinds of organization and policy are needed to implement programs and interventions that promote positive development. As a group, we have thus been continually engaged in thinking in specific and concrete ways about what providers do to activate change and promote positive outcomes, and about what organizations and systems need to do to make this work possible.

Towards the end of the third year of the grant, we began planning for our State-of-the-Science Conference, which was to take place the following year. We decided to focus on strengthening and refining the Pathways model, with the goal of providing practical, useful guidance to providers working with young people with SMHCs. In the year leading up to the conference, we carried out a series of activities with this goal in mind. First, we updated the model based on a literature review, combined with what we were learning from our own work. This version of the Pathways model was then circulated to a set of nationally recognized experts who specialized in developmental theory and/or research on interventions or programs for emerging adults with SMHCs. We also conducted a series of interviews with providers, young people who had received services from mental health and related programs, family members, and administrators connected with well-regarded programs serving emerging adults with SMHCs.

When we had completed all of this work, we produced yet another version of the Pathways to Positive Futures model. This version incorporated the feedback we had received as well as information gleaned from the interviews. In the next pages, we provide an overview of the model. This overview was sent out before the State-of-the-Science Conference to all attendees so that they could be prepared to participate actively throughout the conference.

The Pathways to Positive Futures Model: Overview

Over the last few years, researchers at the Pathways Research and Training Center have been collaborating with stakeholders in an effort to better define a positive development (PD) approach for working with "emerging adults" (older adolescents and young adults between the ages of about 17 and 25, or even up to 30) who have serious mental health conditions and related needs. The approach is heavily based on theories of human development, particularly theories of positive development and development during emerging adulthood,[4,5,6,7,8,9,10,11,12,13] in addition to ecological-systems theory and self-determination theory.[14,15,16] Because of its emphasis on positive development during the period of emerging adulthood, we refer to this work as the Pathways to Positive Futures model.

In reviewing published research, reports, and information from interviews with people who have first-hand experience with programs that are effective in improving outcomes for emerging adults with serious mental health conditions, we came to the conclusion that many (though not all) of the approaches that are being used share a number of common features.[17] Others have come to similar conclusions in examining empirically-supported or "best" practices for working with emerging adults from vulnerable populations more generally.[18,19,20] In our current work, our goal has been to identify these shared features, and to use them to build a model that represents what goes on when programs successfully use a positive developmental

approach to improve outcomes for young people with serious mental health conditions.

In the next pages, we provide a basic description of the Pathways model. The model conceptualizes what providers do when they are using a PD approach in their work, and explains why this is expected to lead to desired outcomes. A diagram of this model is presented in the figure on the next page. The description begins with the right side of the figure and then moves toward the left side. So, we begin by describing the positive developmental outcomes, key developmental capacities and positive identity and end with a discussion of what providers do, how providers work, and finally, process outcomes. It is important to note that when we say "providers," we mean anyone working through a formal program or intervention, including peer support providers.

OUTCOMES: What are programs trying to achieve?

Positive Developmental Outcomes

In general, the programs or interventions we learned about have the long-term goal of increasing young people's skills and assets in one or more of four general areas. The first area is skills and knowledge for adult roles. This is a broad category that includes not only educational/vocational skills, but also general life skills like managing money or cooking. The second area is skills and strategies for managing challenges that are specific to an individual young person who participates in the program or intervention. These include, but are certainly not limited to, challenges that stem from having a serious mental health condition. Other common challenges include those stemming from traumatic experiences and those related to managing family relationships. The third area is ability to meet basic needs, including housing, health, nutrition and safety.

Finally, the programs generally aim to increase the positive and supportive connections that young people have. These include connections to individuals or groups of people (partners, families, friends, community) as well as to formal organizations and institutions (e.g., workplace, college/university, faith organization, advocacy organization, team, or club). Of course, these are outcomes we would like to see for all young people, and this is why the approach is a "positive development" approach: the focus is on achieving developmentally appropriate skills and building assets, regardless of the specific challenges that an individual experiences.

Key Developmental Capacities

Built into our model is the assumption that a key task of emerging adulthood is for a young person to learn how to be the "driver" in her own life. In other words, the programs aim to help the young person increase her own capacity to take steps toward achieving positive developmental outcomes and personal goals. The approach is focused on partnering with the young person as she obtains the tools and experience she needs to drive development toward whatever it is that she finds motivating or compelling.

It is important to note that when we say the young person becomes the "driver" of development, we do not mean that a successfully developing young adult must become completely independent of other people or that he must reject the relationships or values he grew up with. On the contrary, the family, community and cultural contexts of childhood and adolescence are profoundly formative of emerging adult identity, and some young people transition into adult roles that continue to be firmly embedded in these contexts. Even in these circumstances, however, becoming an adult means that the young person becomes committed to these contexts and values, enacting family, community and/or cultural roles from an internal

motivation. Of course, many young people in contemporary US culture do not proceed in an unwavering manner toward the adult roles defined by the contexts of their early lives. The period of emerging adulthood is thus typically a time when young people try out and sort through connections and contexts, eventually settling into the kinds of commitments that characterize a more mature and stable identity.

This key capacity—becoming the driver of one's own positive development—has four important parts. First, emerging adults need to develop the capacity to find out what is intrinsically motivating for them. In other words, they learn to find their motivation and direction within themselves, rather than from the outside. Again, this does not mean that a young person has to reject motivations he has absorbed during childhood and adolescence from his family, his culture, or other sources. Moving toward adulthood, however, means he comes to "own" the motivation. Gaining this capacity can be hard for young people who have been through child-serving systems. Many of them lack practice in connecting to their internal motivation, because system staff often demand that children and youth be obedient and to comply with what providers tell them to do. As young people grow up in systems, they may therefore learn to become passive. Alternatively, they may reject the authority of providers by refusing to comply. While refusing to comply may not be passive, it is still mainly reactive: in other words, it may be more about reacting to what other people want than about doing something related to the young person's own values, goals and/or interests.

The second part of becoming the driver of one's own positive development is gaining the capacity to be proactive—to take steps toward achieving goals that are personally meaningful. Of course, during emerging adulthood, goals often change; but young people still need the ability to take proactive steps to accomplish the activities and short-term goals that eventually come together to build toward long-term goals and life direction. Developing the capacity to be proactive means learning skills and strategies related to figuring out what to work toward, knowing how to balance short-term and long-term goals, deciding how to take steps toward a goal, gathering information, accessing resources, anticipating barriers, and so on.

The third part of becoming the driver of one's own positive development is acquiring the capacity to engage with supportive life contexts. This means that young people are able to seek out, build on, work with and/or get support from people and entities (groups of people, organizations, institutions) in ways that help them attain positive developmental outcomes and personal goals. This involves learning a variety of relationship skills and strategies, including positive communication, negotiation, and reconciling the different values and expectations that are part of different contexts.

The fourth part of becoming the driver of one's own positive development is building the capacity to manage and learn from uncertainty, setbacks and shifts in perspective. Sometimes, young people are faced with important life choices without clear information about consequences. Work now, school later? This job or that one? Stay or move? Keep this relationship? Abandon something secure and known for something new? At other times, when young people pursue their goals, things do not always turn out as planned. Sometimes they experience failure. They may even achieve goals they have set, and then find that the end result is not actually as positive or rewarding as they had anticipated. Because these things are likely to happen, it is important for young people to be able to maintain motivation to keep being proactive despite changing goals and setbacks, and despite not knowing with any

degree of certainty how things will turn out. Additionally, as emerging adults work through these kinds of difficult situations, they gain insight and self-knowledge that helps them learn how to "drive" in the ways that work best for them as individuals. Part of that is learning about specific challenges that recur for them. One young person may have difficulty reading text, another has trouble concentrating, another experiences anxiety that prevents him from getting to his job, another finds herself losing interest quickly and continually changing her goals. Taking a proactive stance toward these challenges may well involve taking steps to learn specific skills and strategies to manage them. These skills and strategies may be gained from friends and mentors, through mental health treatment, through non-traditional treatments, through learning from cultural guides, or through wellness and self care; or a young person may simply develop them on his own.

Positive Identity

As emerging adults take charge of their own development, and through the processes of defining and moving toward positive developmental outcomes, they gradually develop the stable values and commitments that characterize mature adult identity, or sense of self. This ongoing process is depicted by the circular arrows in the figure. Typically, during emerging adulthood, young people take steps to explore different careers and relationships, or to connect to different groups of people or different institutions. As the period of emerging adulthood unfolds, however, young people begin to settle into jobs, relationships and connections; and they become more committed to the values that are part of or consistent with those different contexts. A successfully developing young person thus drives her development in directions that increasingly reflect and reinforce these values and commitments. Key sources for these values and commitments are the cultural, spiritual, and social groups that the young person is a member of or connected to, as well as the intellectual ideas that have won her allegiance, and that support her coalescing identity and vision of herself as an adult.

Common Elements: What Providers Do Using a PD Approach

For many young people, the circular process of learning to drive development and achieving outcomes moves ahead, with only the "natural" support that is available from family, friends and others. A positive or "virtuous cycle" develops, in which increases in the key capacities drive increases in positive outcomes, and vice versa (again, the circular arrows in the figure); and a sense of self-efficacy and positive identity emerges.

For some young people with serious mental health conditions (SMHCs), however, the virtuous cycle is not robust. In fact, the process can begin to operate like a vicious cycle with young people having difficulties taking positive steps in their lives and experiencing demoralization and lack of confidence as a result. In turn, this reduces their determination to keep trying.

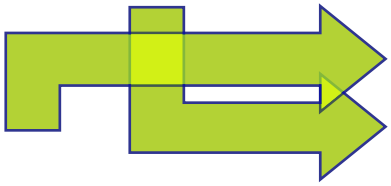
The difficulty in taking proactive, positive steps can stem from a number of circumstances that are more common among young people with SMHCs than among their peers. For example, as noted above, young people who have spent a lot of time in service systems—like many young people with SMHCs—may have experienced a lot of pressure to be compliant. This means that they may not have much of a sense of what they themselves find intrinsically motivating, and they may lack skills for being proactive. Young people who have experienced trauma—again, like many young people with SMHCs—may have difficulty

Figure 1.

Promoting Positive Development among Emerging Adults with Serious Mental Health Conditions

Common elements: What providers do: Use a structured process that provides opportunities for young people to practice "driving" development. Throughout this process, providers act as coaches who

- Use, repeat and reinforce key skills, procedures and tools
- Draw on and share knowledge about resources, contexts and the developmental process



Common factors: How providers work: Providers work in a practice mode that

- Conveys respect and appreciation for the young person and their culture(s)
- Is driven by perspectives and priorities of the young person
- Is transparent but also "motivational" toward
  - » Strengths/competence
  - » Connection to people, contexts and culture
  - » Positive developmental outcomes
  - » Discovery and activity

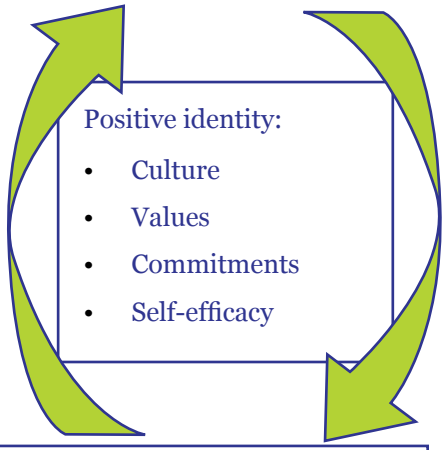
Process outcomes: Key short term indicators that the intervention is going forward as it should

Young person

- Feels provider is genuine, supportive, trustworthy; and has relevant competence and knowledge
- Engages in proactive steps that feel meaningful and motivating
- Can point to steps taken, activities underway and skills being learned

Young people experience Positive developmental outcomes:

- Skills for adults roles
- Skills and strategies for managing specific challenges (including MH-related challenges)
- Ability to meet basic needs
- Positive connections to people, community, society



Young people build Key developmental capacities that increase their ability to drive their own positive development

- Connecting to intrinsic motivation
- Being proactive: select goals, take steps, solve problems, assess progress
- Engaging with supportive life contexts
- Managing uncertainty, setback, and shifts in perspective

forming positive relationships, which are needed in order to engage positively with life contexts.

Young people who are involved in systems such as foster care or juvenile justice, young people who need to access mental health and other services, young people from impoverished backgrounds, and young people with low levels of social support or of social capital (the benefits of strong social networks), often have less in the way of resources or a safety net, and so the vicious cycle can take on momentum because these young people lack health care, housing, food, access to education, and so on. Furthermore many young people with SMHCs face several of these challenges. Under the Pathways model, a central goal of programs and interventions for emerging adults with SMHCs is to help get the virtuous cycle working in a robust manner, and to use the momentum of the cycle as a means for them to learn about the specific challenges they face and how to manage them productively.

The Structured Process

Programs using a PD approach usually aim to engage young people in a structured process that allows them to practice driving their own development: connecting with their own motivation, taking proactive steps, engaging with positive life contexts, and dealing with setbacks, uncertainty, and change. Throughout this structured process, the provider teaches and models—and the young person learns and practices—the use of key skills, tools, and procedures/processes that are helpful in taking steps toward positive developmental outcomes. The provider coaches the young person, often explicitly labeling the steps of the process and the skills and tools, and helping her learn when is an appropriate time to use which steps/skills/tools. By making this information explicit, the provider helps the young person learn what skills or strategies work best in which type of situation. Thus the young person is not only practicing the process of taking steps toward personally meaningful goals, but is also learning about the process in a structured way, while being coached in how to apply what is being learned in other contexts beyond the immediate one.

In order to be effective in this coaching role, the provider must have several key types of knowledge that he can share with the young person. First, the provider needs knowledge about the resources that are available to support the young person's plan, and how to access these resources. Thus if the program includes a focus on employment or education, the provider needs knowledge about things like jobs programs, training, financial aid, interest inventories and so on. Providers' effectiveness is enhanced when they also have knowledge about important contexts of the young person's life. Of course, every young person is unique; however, knowledge about the values, expectations and other realities of contexts that are generally important to young people—neighborhood, peer group and family culture, schools and colleges, employers, etc.—provides a vital foundation for building specific understanding about what is important to a particular emerging adult. Finally, the provider needs to have—and share appropriately—relevant knowledge about what it is like to navigate emerging adulthood, the nature of development during that life stage, and how the intervention or project reflects and intersects with that.

Typical Elements of the Structured Process

As far as specific steps go, the program or intervention often begins with a pre-engagement process that focuses on building trust with the young people and on demonstrating the principles of the program in action by "walking the talk." As trust is gained, the focus typically shifts to a form of person-centered planning, in which the young person works with the provider to create a plan.

The young person takes the primary role in conceiving and carrying out the planned activities. The provider, who can be thought of as a coach or facilitator, supports this process with collaboration and consultation, using knowledge about the young person's life contexts; community resource and social support/social capital development; and support strategies to help the young person create and carry out activities with a good chance of being successful. In some cases, the young person (and the coach or facilitator) works with a larger team to develop and implement the whole plan, or specific portions of the plan. The intervention may encourage the young person to focus primarily on a single or small number of life domains (e.g., career or education), or the intervention may be more comprehensive and have a broader focus, with young people considering a variety of life domains and prioritizing one or more for attention.

A key shared element in these interventions is a focus on strengths, competence, and accomplishment. This often begins with an exploration of the young person's past experience, with the coach drawing out and highlighting personal strengths and assets that the young person may or may not have identified previously. Often, this includes a specific focus on behavior or incidents that providers and systems tend to see as problematic, and discovering in these past experiences genuine examples of the young person's positive efforts to cope, to grow, or to care for others. The exploration also includes attention to other areas of competence and accomplishment, with care taken that the strengths that are highlighted are ones that the young person recognizes as genuine. As the plan is developed and carried out, the focus on competence and strengths is continued, with the coach continually modeling how to recognize, mobilize and build competence and confidence. For example, activities for the plan are often selected because of explicit connection to strengths that have been identified, or because the activities will help to develop competencies that the young person values.

Another key shared element across interventions and programs is the continual emphasis on helping the young person develop and/or mobilize resources and support available through his or her life contexts. In a manner similar to that used for personal strengths, the coach often begins early in the intervention to explore the young person's past and current situations, including both his or her own personal story, as well as the larger story of the young person's family, community, culture and heritage. Throughout, attention is paid to drawing out and highlighting the various forms of social capital and support that are available or potentially available to the young person from a very wide variety of individuals, groups, organizations and institutions. This inventory of available support is then continually referenced and updated throughout the planning process, and activities that are developed for the plan are designed explicitly to draw on, create, build or strengthen positive connections.

Common Factors: How Providers Work Using a PD Approach

It is clear that simply undertaking a series of steps and creating a plan is not sufficient to produce outcomes. Program descriptions stress the importance of principles or other guidelines that are intended to guide interactions between providers and young people regardless of which specific activity might be underway. In other words, providers are supposed to interact consistently with young people in specific ways, using a practice mode that promotes the key capacities and "feeds" the virtuous cycle of positive development.

For example, it is clearly possible to go through

the steps of strengths exploration in a manner that, rather than leaving the young person with an increased sense of competence and self-efficacy, instead causes the young person to feel more acutely a lack of competence, and leaves him feeling demoralized. It is also quite possible for a provider to undertake an exploration of a young person's connections and contexts in a way that leaves the young person feeling less connected and supported.

But even if the provider can perform a strengths exploration or a social support mapping competently, that is not sufficient to make the intervention strengths based or connections focused. Attention to building and reinforcing confidence and competence, and attention to building and capitalizing on connections to contexts, are ongoing, and appear in ways both large and obvious, and (often) small and subtle. Similarly, an intervention is not driven by the young person's perspectives just because the provider asks a lot of questions.

The principles and practices of PD programs and interventions suggest several core principles underlying this practice mode. First, the provider must be able to convey genuine respect for the young person and appreciation for him/her as a unique individual. This includes respect for the young person's experience, values and culture, and an open-minded appreciation of what motivates and inspires him.

The first principle is closely related to the second, which says that the entire process is to be driven by the perspectives and priorities of the young person. This means that the provider needs to have considerable skill in drawing out what is meaningful and motivating to the young person, helping him or her to clarify perceptions and priorities, and to identify feelings of conflict, ambivalence or ambiguity. Doing this requires patience, skill and self-awareness, so that the provider can elicit and clarify without (intentionally or unintentionally) trying to replace the young person's ideas, values or perceptions with the provider's own.

A Motivational Approach

Third, the provider needs to be able to take what we refer to as a "motivational" approach. What we mean by this is that the provider is able to allow the young adult's perspectives and priorities to drive the process while also guiding and channeling the process by selectively drawing out, working with, and reinforcing certain things the young person says and does. The provider is thus mildly but intentionally biased, motivational or directive—at all times alert and attuned to opportunities to make specific kinds of reflections or summaries or connections between things the young person has said.

Our use of "motivational" in this context is derived from its usage in a counseling approach called Motivational Interviewing.[21] Motivational Interviewing (MI) is a method that works to facilitate and engage a client's intrinsic motivation in order to promote behavior change (e.g., problem drinking behavior). While MI is considered a client-centered counseling style, it is more directive than traditional client-centered approaches because the therapist is intentionally biased toward promoting behavior change, and leads the client through a process of considering change and exploring and resolving ambivalence about making change.

Our use of "motivational" in the Pathways model preserves this central idea of the provider as being simultaneously client-driven and directive. However, we apply this idea more broadly, since providers are not just directive about supporting behavior change (i.e., helping young people become more proactive), but also about helping young people understand themselves and their contexts in ways that help engage and sustain the virtuous cycle of positive development outlined earlier. For example, the Pathways model

describes providers as being "motivational" toward the appreciation of strengths and competence. This means that the provider is intentional in working with the young person to draw out authentic talk about his or her strengths or skills, to facilitate opportunities to develop and use these strengths, and to explore and resolve ambivalence related to having, developing and/or using strengths.

Striving to be both person-driven and intentionally biased may appear as a contradiction; however the point is to use the young person's own perspective as the basis for "bias." The provider is at pains not to be—or even give the appearance of being—manipulative. To avoid manipulating or coercing, it is important for the provider to be conscious and transparent about exactly what he/she is being biased toward, and to be able to communicate this clearly to the young person during the early stages of the intervention (e.g., by explaining transparently the point of the program or intervention, the outcomes, how it will unfold, the role of the provider in supporting development and change, etc.). This sets the stage for the provider to be transparent about "motivational" comments or reflections made later on, by explicitly reminding the young person of how a particular aspect of the work fits within the parameters of the intervention

The Pathways model describes providers as being motivational or "biased" toward the appreciation and development of strengths and competence. So, for example, rather than telling a young person about all the important strengths he has, a provider works to elicit authentic talk from the young person about accomplishments, successes or assets that he/she finds personally meaningful. Or a provider may offer a reframing of something a young person has described as a failure, saying that it could be understood as a learning experience or even a success in some way—however, this would be offered rather than declared, and described in a way that links to commitments or values or other incidents that the young person has an authentic belief in, based on what the provider has learned about the young person previously.

A key aspect of the focus on strengths and competence is the provider's work to ensure that the young person has genuine experiences of competence—and expanding competence—during the course of the intervention. For example, this often comes up when the young person is taking action steps as part of planned activities. The provider needs to develop a clear understanding of the relevant skills or competencies that the young person already has, and to help the young person prepare to have a successful experience by using existing competence and/or by expanding on existing competence. So, if a young person is planning to visit a community college to talk to an admissions officer, the provider may work with the young person to anticipate what the encounter may be like and to plan accordingly, perhaps by developing questions for the admissions officer, preparing answers to anticipated questions from the admissions officer, planning what to wear, what to bring along, how to record information, and so on. After the visit has taken place, the provider debriefs the young person to help her understand not just the information she has received, but also what she has learned about how to get information in a somewhat formal encounter. Ideally, the visit will have resulted in the young person feeling a sense of accomplishment and new competence. This can be true even when certain aspects of the visit do not go so well, since handling problems is also an important area of competence. In short, a central purpose behind this focus on strengths and competence is to help the young person understand himself as someone who can do things that are intrinsically meaningful or that help in achieving meaningful goals. A provider or coach working with the Pathways model is thus motivational in helping the young person have and recognize these successes.

The provider is also biased and motivational toward acknowledging, building and bolstering the young person's connections to positive contexts, including individual people, groups, organizations and institutions whose values and impact are consistent with promoting the developmental outcomes. The provider is continually alert to the young person's mentions of contexts that could support her positive development. Being "biased" in this way is also how the provider selectively promotes positive developmental outcomes more generally. Without claiming moral superiority—or even a greater knowledge about how the world, or the young person's contexts, work—the provider works with the young person to explore how actions, activities and connections reflect or diverge from the young person's own interests, values and commitments, as well as the values and interests of the key contexts to which the young person is most deeply connected.

Some programs themselves become important life contexts for young people, and thus a developmental spur for cultivating identity and values. Providers in culture-specific programs seem to be the most intentional in this regard, and use a motivational approach to focus directly on identity formation through reflection on cultural values and practices. The program itself serves as an important life context, and young people in the program commit to that context and, by extension, to the values it promotes. In some cases, programs that include a peer support element also work overtly to build values and identity around social activism and social justice issues.

Finally, a provider using a Pathways approach is attuned to and draws out what excites the young person, holds her interest, motivates her, brings joy, arouses curiosity, or brings a sense of well-being. This enables the provider to activate "discovery," the process of expanding opportunities to find intrinsically motivating "hooks" that can not only contribute to the young person's well-being, but also possibly lead to future strengths and competence. As a part of the discovery process, the provider uses his understanding of the young person's current level of comfort with what is familiar, and supports the young person in exploring something new, taking on some element of risk—for example by going to a new place or meeting or talking to a new person—that enables her to expand her horizons and explore possibilities.

Another facet of discovery is that the provider is biased toward activity. At certain times, particularly when the young person is stuck, the provider may need to be biased or "motivational" toward activity—doing something rather than nothing. Getting unstuck by doing something is an important proactive strategy as well as an opportunity for discovery.

Our own experience has reinforced that working in this "motivational" mode requires a focused intentionality. Openings to explore strengths, competencies, connections or "motivational hooks" (things the young person finds exciting, intriguing, interesting, fun) can be subtle and fleeting, and working to "enlarge" a subtle opening can require a nimble and skilled response from the provider/coach.

Process Outcomes

It should be possible to assess whether or not the "what" and the "how" of the intervention are coming together well as the provider's work with the young person unfolds. According to our model, early success of the approach can be recognized when several things happen. First, the young person feels that the provider is genuine, trustworthy and respectful, and helps the young person to clarify her own thoughts and ideas without trying to replace those thoughts, ideas and perceptions with the provider's own. The young person should also feel confident that the

provider is competent and has knowledge—in other words, that the provider is not just a nice, empathetic person, but that he has the capability to help the young person make positive progress toward valued goals and outcomes.

Additionally, as the intervention or program unfolds, the young person should be able to point to specific ways that she has been engaged in taking proactive steps that are personally meaningful and motivating, and that demonstrate her ability to make or build on connections to positive contexts. Finally, the young person should be able to describe how working with the provider has helped him learn skills, techniques, or procedures that are useful outside of the intervention as well as within it.

Agenda and Opening Plenary

The goal of the State-of-the-Science Conference, held on May 20 and 21, 2013 in Portland, Oregon, was to bring together expert stakeholders to address key topics and questions related to the Pathways model and its implications for practice and policy. The conference was limited to 50 attendees so that participants could work actively in a series of tightly facilitated small and large group sessions. Participants included researchers; practitioners and administrators from well-regarded programs; young people; families; and policy makers. More than a quarter of the attendees were young people with direct personal experience receiving services for a serious mental health condition. A list of attendees is provided in Appendix A, and the conference agenda is provided in Appendix B. Details about the topics, questions and procedures for each conference session is provided in the corresponding section of these proceedings.

The conference began with a plenary session that focused on providers' role in helping young people "activate change" in their lives. The premise explored in the plenary was that providers activate change by using specific "bits and pieces" of practice (small procedures, specific steps or skills, a series of questions, etc.) to infuse the practice mode into the activities of an intervention. (This is represented in the diagram on page 13 by the flowing together of the arrows from the "what" and the "how" boxes on the left.) In other words, these bits or pieces of practice are fully consistent with the practice mode (e.g., by helping a young

person recognize or use strengths, or by assisting the young person in exploring his or her own perspective) while also helping the young person accomplish tasks related to the intervention and/or learn or practice skills for doing so.

An example of a practice "piece" provided in the plenary was a skill called "making decisions." This was a short procedure that coaches reported having taught to intervention participants. The procedure is intended to help young people stop to think about decisions rather than simply reacting, and to consider what will be best for them not just in the present, but also in the future. The procedure is consistent with the practice mode because it is a way of helping young people clarify their own perspectives. It is also a skill that is useful in helping young people learn about how make decisions that will help them move toward personally meaningful goals.

The "making decisions" procedure has three steps. First, brainstorm at least three options for what to do. This prevents the decision from becoming only a black and white choice between two options. Three or four options are preferred because considering a larger number could take too much time. It is important to include any "taboo" options as well. So, for example, if the choice is regarding what to do when you don't have stable housing and a scary guy says you can stay at his house, one of the options is to stay at his house. After the options have been identified, the coach helps the young person think about pros and cons for each one. The pros and cons should consider both what will happen in the short run as well as in the future. Based on this information, the young person makes a decision.

An example of an even smaller practice "bit" was also identified in the plenary. This was culled from an interview with a provider who stressed the importance of discovery in his work as a coach with young adults. Throughout his interview he mentioned numerous ways that he encouraged young people to find out about things, to try something new and to take risks. He described how he was always alert for when a young person might mention something they were interested in or curious about, and his response would be, "Let's find out more," whether by searching the internet, finding someone knowledgeable to talk with, or going for a visit to a new location. In pursuing these discovery-oriented activities, the coach found opportunities to teach skills; for example, how to send an email and make a follow-up phone call to get an appointment with a financial aid officer at a community college; how to prepare for the appointment by making a list of questions and deciding how to record information, etc.

After the plenary session, the remainder of the conference was spent with participants separating into small groups for focused activities and discussions, and then reassembling as a larger group to share key points. For each small group discussion or activity, attendees were asked to fill out a worksheet. Blank worksheets for each small group session are included in Appendix C. Each small group was facilitated by a Pathways staff member, assisted by a note taker who was either a graduate student or a Pathways staff member. The facilitators were given guides with very specific directions about what would be discussed during the session, and what would be reported out to the larger group. One or two Pathways staff members were assigned as note takers during the sessions in which the small groups reported out to the large groups. The sections of these Proceedings that report on the conference discussions are based on the worksheets (completed by participants) and on notes of key points raised in the small and large groups.

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.

Session 2:

Working with Young People with Diverse Social Identities

Description of the Activity

The second session started with a brief large-group discussion of the term social identity. Social identity refers to membership in groups that are defined by such socially-designated characteristics as race, ethnicity, sexual identity, class, religious affiliation, or age. Participants broke up into six pre-assigned discussion groups for an examination of the ways in which the Pathways model might—or might not—work for young people belonging to diverse social identity groups. Each discussion group included at least two young people, service providers, and staff members who acted as facilitators and as recorders.

In each group the facilitator distributed a worksheet to participants, and after making sure that everyone understood and was comfortable with the term social identity, asked them to reflect on their experiences with one or two social identity groups. One group member was designated to report out key points from the group after the breakout session finished. During the first ten minutes of the session, members wrote their responses to questions on the worksheet, and then reconvened to discuss their answers to each of four questions. Finally some key points were selected for the report out session. Notes were taken both at the individual breakout discussions and at the plenary report out session. Finally, recorders collected the worksheets from breakout session participants.

Question 1: *What are one or two social identity groups that you have contact with on a regular basis?*

Participants indicated that they worked with young people from social identity groups based on widely-recognized characteristics such as race/ethnicity, sexual identity, and religion. They also discussed groups of young people whose social identity was bound up in their involvement with service systems or their particular life circumstances. Finally, several groups discussed the reality of intersectionality in the lives of these young people, who frequently had intersecting membership in two or more social identity groups, each entailing challenges that become compounded.

Race/ethnicity, sexual identity, and religion. As participants shared their worksheet responses, they frequently reported that they worked with young people from diverse racial/ethnic groups. Groups that were mentioned repeatedly included: Latino, African American, Native American or indigenous people (including mention of specific tribal affiliations), and more generally, young people of color. Participants also had contact with diverse youth who identified as lesbian, gay, transgender, queer, questioning, intersex, or two-spirit. Some group members also had experience working with young people who practiced Islam or were affiliated with the Latter Day Saints (LDS) faith.

Service system involvement or life circumstances. Diverse social identity also was ascribed to young people whose lives have been affected by involvement with service systems or support groups: foster care or other child welfare services; disability services; mental health services; substance abuse treatment or support; or the juvenile or adult justice system. Life circumstances also resulted in young people being members of disadvantaged social identity groups: veterans of military service; refugee populations; undocumented immigrants; teen parents; young people who experienced poverty and homelessness; and gang members.

Intersectionality. Although participants were willing to discuss their work with specific social identity groups, some also pointed out that complexity may be hidden. A young person reminded members of his group that people are often put into social identity groups based on first impressions, but because of the nature of our society, there is no way around that. Individuals are often affected by more than one social identity group (a Latina teen parent needing mental health services), and this intersectionality makes it challenging to identify the most salient social identity group(s) for an individual. Participants pointed out that service providers also need to be open to young people's evolving social identities over time. Finally, several participants noted that some social identity groups were the target of marked stigmatization, either social stigma, through which they were targeted for discrimination based on group membership, or legal stigma, in which being involved with the legal system resulted in barriers to accessing services.

Question 2: *What intentional strategies would be effective with members of the specific social identity groups you are familiar with?*

Participants were generally comfortable with the practice strategies set out in the Pathways model, and revealed the ways in which approaches discussed in the model worked in their experience. Specific approaches discussed by the providers can be organized thematically according to the elements of the Pathways model: (a) provider draws on, and shares knowledge about resources; (b) provider conveys respect and appreciation for the young person; (c) provider shares knowledge about what it is like to navigate emerging adulthood; (d) youth practice driving their own

development; and (e) provider has knowledge about important contexts of the young person's life.

Provider draws on, and shares knowledge about resources. A youth advocate discussed the importance of really creating opportunities for young people, especially in the current economic climate, and providing these opportunities with true and genuine support. Success in the basics promotes building momentum in the right direction. For example, when a young person accesses accurate information about obtaining an ID and driver's license, and actually accomplishes this, it can be the first step toward securing employment. The Better Futures model of service for young people who are in foster care developed by Pathways RTC staff was discussed. The program employs a cohort model with a summer program, periodic workshops, and individual support for participating young people given by a mentor who has been successful as a young adult, after living in foster care. Better Futures provides resources for the young people to be successful, and to move into young adulthood by engaging in higher education.

Provider conveys respect and appreciation for the young person. Some participants focused on the individual characteristics of each person as constituting their identity. They are "unique, regardless of the label of diversity." They focused on the importance of taking each person individually, and "humbly inquiring as to who they are and what their needs are without using blanket labels that define them (African American, LGBTQ). Let our youth educate us about who they are." Providers should also foster a sense of pride and positive identity in the young people.

For young people with diverse sexual identities, and for homeless youth, the intentional strategy to be truly present and to create a non-judgmental environment not requiring change, is crucial in the experience of one service provider. She also stated that peer support is vital for intentional strategies to succeed, so that members of these groups have contact with supportive people who have been in their situation, and know what they are going through. Young people who have a sexual identity that is divergent from that which is accepted in their community may have difficulty finding respect. Living in communities with local cultures built around religious values that do not accept LGBTQ youth can be very difficult for these young people, particularly when their own families do not support them and even disown them.

Young people may be helped by having a provider who shares some elements of their social identity. When emerging adults are part of a culture that is not shared by many, they may have few people that understand their mental health issues, and no provider that comes from their cultural group. For example, one participant shared examples of her work with Somali refugee populations who come from a culture that does not acknowledge mental health issues. It may be critical to find an ally from the elders or leaders of the community who is open to change or to the development of special supports. This will also require cultural responsiveness on the part of the provider who will need to reach out and learn about the culture and its values, beliefs, and customs, and begin by seeking common ground that can help to establish trust.

One participant talked about working with young adults with criminal backgrounds, and meeting them where they are. "If you are a step behind them, they think you don't care, and if you are a step ahead, they think you are pushing them too hard." Always, it is important to be strength-focused, and ask them what they are good at, what others think they are good at doing, and start from there.

Provider shares knowledge about what it is like to navigate emerging adulthood. Several participants talked about the importance

of near peers who can share lessons about moving into adulthood. A program director spoke about peer coaches who are further along in their development than the youth (with common experiences of foster care, disability services, cultural backgrounds, and/or sexual identity). Through strategic sharing of experiences, they can promote resilience. A service provider also pointed out that transparency is crucial for these relationships to work, including openness about systems' use of labels which the young person can accept or disregard. One service provider collaborates with a single mother with well-developed life skills who discusses "hot topics" with youth transitioning out of foster care. She also engages in experiential sessions with youth people, such as locating employment opportunities and completing job applications as part of her work using "in vivo" teaching. A youth advocate recommended that strategic disclosure of their own experience by service providers can teach youth the benefits and drawbacks of disclosure and lead to a new level of understanding.

Youth practice driving their own development. Service providers and youth agreed that for this to happen, the provider cannot lead the process. An experienced service provider suggested that it is important to check in with one's supervisor/team/colleagues to ensure that the young person is indeed leading the process. A youth advocate discussed the importance of youth being in charge of decisions regarding their lives, especially youth of color and youth in care. They need to get their power back! Several participants noted the necessity of building safety around the process of letting youth guide their own path to development.

Provider has knowledge about important contexts of the young person's life. For some African American youth, there is a greater need to pursue intentional strategies for engagement with circles of support. Engagement might require showing a humble and curious interest in their background. This also means involving support networks which might not be their "faves"—like schools or system staff.

When young people have had traumatic experiences, either prior to, or in care, comprehensive trauma-informed services may be crucial. These services can assist young people to rebuild trust, to learn self-calming skills, for example through engagement in relaxation exercises, and to build a path toward their own development when their safety and wellness have been established.

Service providers can also make sure that they engage with the community, not just with the individuals from the community who are being served. Generally, for Native Americans, "join with" is a theme. Service providers need to establish a community-based effort, so that those being served grow together within their community and receive the informal supports that are available. A participant discussed the ways in which learning the native language of one's own tribe can serve as a protective factor for Native youth. Additionally Native Americans have been greatly affected by historical trauma, which needs to be acknowledged as culturally-appropriate services are planned and provided.

Question 3: *What intentional strategies or pieces of an intervention would not work with the specific social identity groups you are familiar with?*

Three aspects of the Pathways model did not work for specific social identity groups in the experience of participants. They involved the model's focus on assuming adult roles being used with specific cultural communities; developing empowerment when young people were involved in highly structured and constraining systems; and mobilizing supports from life contexts when the young person's social networks were not well developed or their communities were under-resourced.

Focus on adult roles may be inappropriate. Members of racial/ethnic groups that have a greater emphasis on collective responsibilities may push back on the principles of the Pathways model that focus on young adults needing assistance to transition to adult life. A social worker revealed that from her work with the Native American Youth Association programs, many young people have had adult responsibilities at a young age, and they may struggle with the conflict between independence that this model implies and the inter-dependence that is central to Native American communities.

Youth empowerment may be problematic given system involvement. When justice systems or foster care systems are involved, processes become "sticky." Functioning as a "top down" system, the justice system can limit the choices available to young people. A program director discussed the difficulties of doing empowerment work within justice system constraints: Young people with experience in the justice system may not consider those without that experience to be peers, so finding peer advocates can be problematic. Finally, the provider needs to discuss consequences of system involvement with young people, and the youth need to weigh decisions in the context of the goals already set for them within the justice system.

When youth are served in mental health systems, they may develop their identity as embedded in the system. They can set goals in one system and not be able to accomplish those goals when they are moved to another part of the system, which occurs sometimes due to rules or controlling environments.

Service organizations that emphasize hierarchical positions push Native youth away and are not effective, according to several providers who work with these young people. Because of small numbers of Native youth in some communities, they may "fly under the radar," and go unnoticed.

Mobilizing support available through life contexts can be difficult. Some participants pointed out that young people's social networks may be fragmented or not present at all. For example, LGBTQ young people may have been rejected by their families, and may have to rebuild their social networks. Young people from LDS communities may not go on missions due to their mental illness, feel excluded from their communities, and have to find new social connections. Young people who are struggling with substance abuse issues may also have difficulty rebuilding their social networks. Providers may have to assist young people with development of their confidence so that they can rebuild social networks, and may suggest that they join with groups such as Alcoholics Anonymous that provide social support.

For young people living in rural contexts, opportunities may be limited. Many of them will be in communities with limited employment and widespread poverty. A participant noted, "Geography is essential."

Question 4: *Are there any other strategies or pieces of an intervention that you think would work well with a particular social identity group?*

Both in small group meetings and in the general report out sessions, participants shared specific strategies that they had used successfully. Three examples involved using culturally-specific strategies, and an additional two examples pertained to work with system-involved young people.

Culturally-specific strategies. A peer support executive director offered some reflections on ways to overcome distrust of formal services on the part of young members of immigrant communities. As part of the activities of Youth MOVE Oregon, a leadership development curriculum was adapted for Spanish-speaking young people. Youth MOVE tried to offer this program three times, and it failed due to Latino youth's

fear of engaging in formal services, and the fear of potential participants that they would be reported. Instead, Youth MOVE Oregon hired staff from the Latino community who offered the "de-branded" curriculum, with no formal connection with Youth MOVE. Later, when trust was established with young Latino community members, it was possible to slowly integrate the program with the Youth MOVE organization.

A youth advocate talked about the importance of providing an environment that is in the comfort zone of African American young men, who are very shaped by the time they get into programs (being "hard," trained to fight). Those who work with these young men should recognize the fear they have of losing their cultural connections, and of experiencing violence if they choose to leave gangs. Eventually, they may need exposure to life outside their own neighborhoods, to set their personal goals higher than the goals of those in their current environments. "If you grow up in certain environments and see people struggle the whole time, you set your goals low."

Culture must be understood in order to deliver services effectively. For example, when delivering services to Somali young women, a provider reported that she had to be aware that women are not expected to make decisions independently without the approval of men. When working with Somali young women, she would need to wait for a time when there were no men present to have the young person talk about what she needed and wanted, and what goals she chose for herself.

Strategies for system-involved young people. For young mothers who already have had years of involvement with systems, programs that provide informal supports may be more attractive and more helpful than formal systems. One program director spoke of successes through a drop-in center that is connected to a retail store, and that includes child care run by a peer support specialist working for a community non-profit.

For young people of color who have justice involvement, there needs to be cultural training that engages them with their home communities in a positive way. Providers need to counteract the negative identity of offender, and of being part of the inmate culture.

Other Themes from the Discussion

Outside of discussions of the Pathways model, three additional themes emerged during this session. Participants frequently mentioned the oppression that was present in the lives of young people with marginalized social identities. They also discussed the need for specific approaches to work with young people who have been diagnosed with certain conditions such as autism or other developmental disabilities, or psychosis. Finally, they discussed the importance of getting beyond silos, and coordinating services across systems to support young people with intersecting social identities.

Oppression may be a key aspect of the young people's experience. This may take the form of structural barriers to opportunities. Participants indicated the importance of always keeping the social context of discrimination and racism in mind as we work with young people; these structural factors create barriers to service and produce economic disadvantage. Providers need to look at their own biases and teach young people about discrimination. They need to develop the skills to deal with bias as it occurs. Several participants commented on the oppression experienced by those who are labeled as having a disability, and the age oppression experienced by young people.

Specialized services. It was acknowledged that working with young people with developmental disabilities as well as mental health concerns may require specialized approaches. It is important for providers to avoid assumptions about people who have been diagnosed as having a disorder

on the autism spectrum; and to be adaptable and avoid normative assumptions. Strengths-based conversations may work well with youth affected by autism and other developmental disabilities, whereas peer groups might not be as helpful as for young people without dual diagnoses. Emerging adults with a psychosis diagnosis may be best served by strength-based work, which recognizes the heterogeneity within this group of young people. Some don't identify with the diagnosis, and may not wish to be involved in peer leadership groups. Others are not at a point in their lives where group work will be effective. A participant suggested that community-based work seems to work well when the provider helps young people to meet their personal needs.

Coordination of services. Young people with overlapping identities need to be served by organizations that have dismantled silos and built collaborative initiatives to serve them. Perhaps this is best done by knowing how systems can work together, and having knowledge of specific individuals that can be called on by the young people for help.

Reflections

Although there was strong support for the components of the model as effective when working with diverse youth, work must be based on in-depth knowledge of the young person as an individual. Participants were clear that for emerging adults, social identity is fluid, and service providers must be open to changes in young people's self-definition which can affect their goals and the types of supports that might be helpful.

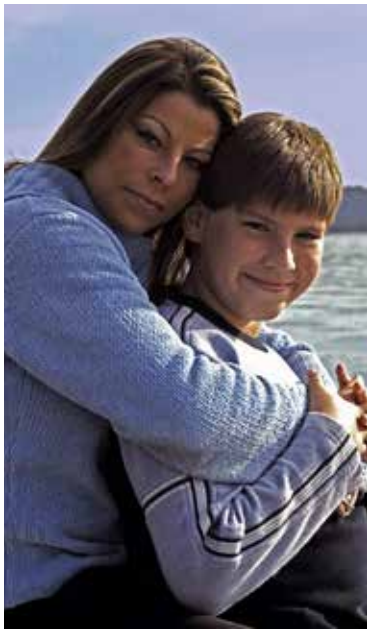
The complexity of the contexts that surround young people with mental health difficulties may provide challenges for those who work to foster positive development and empowerment.

- Some of the complexities are bound up in social identities with which the young person is associated, and the acceptance or support they find in their communities for members of these social identity groups. Our conversations about racial/ethnic identity groups gave evidence for the importance of culturally-appropriate services, and having service providers and peer support specialists who are members of these social groups.
- Resources for young people who identify as LGBTQQI2-S vary dramatically between communities, as does their access to family and peer support. The presence of service providers who have walked in their path and flourished can be crucial for positive youth development.
- The topic of traumatic experiences that may have shaped the lives of young people was brought up repeatedly. These experiences may be associated with the historical, intergenerational trauma experienced by cultural groups such as African Americans and Native Americans, or with individual experiences such as combat or gang violence that are associated with social identities of veteran or gang member. For young people who have life paths shaped by trauma, participants were clear about the need to provide safe, secure environments where healing and growth could take place.
- Finally, there was a clear message about the difficulties that surround developing services for young people with multiple system involvement. Service providers clearly need to do the hard work of integrating services that pertain to the different systems involved in the emerging adult's life.

Practice models we develop most certainly must take into account the complexities of the social identities of young people and their contexts that have been unearthed through these conversations. Training for service providers needs to focus on the skills necessary to truly understand how young people see themselves, and on

knowledge of the social factors that impact their health and well-being. The training might help providers to become aware of their own biases, and to work to get beyond them. Training needs to address the oppression that young people may face due to their social identities, and the structural barriers that limit their access to resources. In the final analysis, the path of young people to optimal development is shaped by their social contexts and the inclusion or exclusion they experience in their families, social networks, and communities.

Session 3:
Instrumental Social Support



Description of the Activity

Participants were assigned to one of six groups. Each group included an assigned facilitator plus at least two young adults. The remaining participants were assigned to the tables more or less randomly.

This activity was conducted in a "speed dating" format. The session facilitator distributed a worksheet with three questions addressing instrumental social support to each participant. Each participant paired off with another in their group to answer the first question. After ten minutes, participants found a different partner to answer the second question within a ten-minute time frame and yet another partner to answer the third question. During each question asking period, participants filled out a section of the session worksheet. No other notes were taken to document the process.

Question 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, 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.*

- Most people responded that they were helped by a family member (n=14) or friend (n=14). Teacher/employer was mentioned by 6 participants and 8 said that some "other" type of person who helped them. Examples included foster parent, sponsor, and IL (independent living) worker.
- Regarding the type of help sought, most were looking for support in getting a job (n=15) or more education (n=14). Five people sought help looking for a place to live and 7 others sought help for other reasons such as obtaining money, finding strengths, and gaining sobriety.
- Responses indicated that most of these support people offered to help (n=22), whereas 12 respondents stated that they asked for the help themselves. Only 3 had someone ask for them, and three others mentioned some other way of getting the support.
- On a scale of 1-10 regarding how significant of an impact this support had on the person, the average rating was 9.1. Therefore, this support had significant impact on the participants.

Question 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, 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.*

- The person most often identified to provide instrumental support was a family member (9 immediate members, 2 extended), followed by a teacher/employer (n = 4). Friends (n=3), friends of friends (n=3) and family friends (n=2) were also mentioned. However, many participants (n=14) stated that a person in a different category helped them; these people varied, but included mentors, community members, and service providers.
- The most common type of instrumental support received was job related, more specifically getting a job (n=15); 5 people also reported receiving help getting more education and two people received support finding a place to live. However, many (n=16) sought support for a category they defined within the "other" option; these supports included getting involved in a hobby (e.g., horseback riding, wrestling, theater), (re)connecting with family members, and accessing services.
- Overall, these support experiences were seen as positive with 21 participants stating the experience was "really positive" and another 12 seeing it as "somewhat positive." Two people stated the experience was neutral, and one person each stated that the experience was "somewhat negative" or "really negative."
- Although we asked about specific activities that were used to facilitate this support, few were identified (Take Charge for the Future,[32,33] eco mapping[34]). People mentioned "networking" and talking.

Question 3: *Providers often work with young people to connect them with people they don't already know but who can help them get a job, find a place to live, 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.*

- There were varied responses as to whom the

person was connected with. The most common response was an older peer or mentor (n=8), followed by a service provider (n=5). However, members of academe, employers, youth groups, and friends of friends were among some of the other parties with whom connections were formed by participants.

- The support received was most likely addressing either employment (n=12) or education (n = 11). Two people stated they received support in finding a place to live. A substantial number of people stated that they received other types of instrumental support (n = 13) such as mental health treatment (3), or getting more involved in leadership, advocacy, or youth programs (4).
- The majority (n=26) of participants stated that the overall impact of connecting to this person was "really positive" with another 9 stating that the impact was "somewhat positive." One participant stated that there was no impact.
- When asked how often participants thought this happened, most participants (n=17) stated they believed it happened "sometimes"; 10 stated they felt it happened "a lot" and 9 believed it happened "not that often"; one stated this happened rarely.

Reflections

- For the most part, it appears that people seek support in finding a job or getting an education.
- They get support from family members, friends—even in the category of people they don't know, mentors and peers were mentioned, along with advisers and mental health professionals and staff of organizations; people that they may have already known. So, reaching out to complete strangers does not seem to happen that often in this sample.
- Overall, these connections are positive. The more remote ones perhaps don't happen enough. Can something more be done about this?
- These connections are often about expanding horizons (especially among those who chose the "something new/other" category)—getting involved in the community, connecting to other adults, or getting inner strength and growth.
- Very few tools were mentioned to help with a process like this. They either don't exist or people are not aware of them.

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.

Session 5:
Tackling the Hard Questions

Description of the Session

This session took place on day two of the conference, after a second plenary session. Staff from Pathways RTC had met at the end of the first day of the conference to identify tough issues or challenges that were emerging from the discussions. There were a total of about 120 participants for this session, because attendees from the conference for the Emerging Adult Initiative (formerly the Healthy Transitions Initiative) were invited to attend the session.

Participants were assigned one of twelve discussion tables by month of birth. Each table included an assigned facilitator. The session facilitator distributed a handout with questions to each participant. Participants at each table were asked to complete the first section of the worksheet, which focused on the topic of working with families. The tables could then choose one or more of the three remaining topics to work on for the remainder of the session. The facilitators took notes.

Session 5a:
Working with Families

Description of the Activity

A major premise of the Pathways model is that young people need to become responsible for driving their own lives, yet for many young people with serious

mental health challenges, their families often remain an important source of support. 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, and even whether the family should be involved in treatment or decision making.

Participants were asked to take up to 10 minutes to fill out their worksheets. Following this, the facilitator led the group in discussing the questions and responses regarding families, and in picking themes to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Themes from the Responses and Discussion

Question 1: *In your experience, what are the two most common challenges that make it hard for families to provide support for young adults and/or for young adults to receive it?*

Discussion focused on several themes related to difficulties in family relationships, communication, and decision making as emerging adults assert their desires for self-determination and independence while parents struggle to be supportive. Major themes are described with examples below.

Balancing age-appropriate independence with family involvement. Participants made reference to the need for developmentally appropriate expectations for emerging adults to become more independent and "find themselves," while families experience challenges around finding an appropriate level of involvement. Many families struggle in trying to find a balance between being supportive enough and not pushing too hard so that the young person has some independence. Family members may deal with different emotions during this phase of life, with emerging adults desiring to separate and be engaged in the individuation process and parents experiencing a sense of loss and stages of grief. One participant noted that this can lead to conflict and exacerbate the emerging adult's symptoms.

Families not understanding mental health difficulties. Parents who do not understand their emerging adult's mental health condition may have unrealistic expectations about their capacity to transition successfully into adulthood. If families do not understand mental health issues, they are more likely to have difficulty coping with behaviors. Participants reported that in their experience, some of the difficulties in relationships between emerging adults and their families are related to their lack of accurate information about emerging adult development and mental health. Stigma applied to mental health diagnoses may be linked with family members not understanding, and not even trying to understand, a mental health condition and instead believing that the emerging adult is behaving maliciously, with unfortunate consequences for family relationships.

Parents' lack of preparedness to respond to their emerging adult. Participants reported that in their experience, emerging adults want to break away from the family and the family members are afraid and do not know how to handle this. Many parents want their emerging adult children to be independent, but they have been involved in their child's earlier struggles and are afraid to look forward, which may result in over-protectiveness. Additionally, parents may not see the benefits of emerging adults making mistakes and learning from them, so they try to make decisions for them. Also, they may not

agree with choices the young person is making, and therefore take steps to protect them from adverse outcomes. One participant commented that parents may think that they know best. Although they may have good intentions, they are not always right. Families may try to push young people into decisions that they do not want. When parents try to direct or control the emerging adult who is attempting to be independent (which may occur in the guise of protectiveness), conflict can arise.

Families withdrawing from their emerging adult. Some family members may believe that when a young person reaches 18, s/he automatically become an adult who is supposed to be responsible for making her/his own decisions and therefore they are ready to withdraw from involvement in their emerging adult's life. In some situations, families are reported to have withdrawn from their adult child's life after a long history of mental health difficulties. These parents may be burned out from dealing with the emerging adult's issues and negative behaviors and want her/him to establish control over her/his own life. This may lead the emerging adult to think that her/his family does not care about her/him.

Communication problems. Participants described difficulties related to communication problems such as communication styles that result in parents not really hearing the emerging adult when s/he talks about hopes and dreams. A group participant commented that many parents want to be involved in their emerging adults' lives but they don't know how to ask and young people want involvement from their families but don't know how to ask. As a result, parents may lack the skills to respond to their emerging adult's needs in an age-appropriate way. A parent will not understand where an emerging adult is "coming from," become frustrated, and give up. Another type of communication problem is associated with parents telling emerging adults what to do, rather than providing choices that will result in self-discovery. Family authority dynamics may make it difficult for emerging adults and parents to have successful relationships at this stage of life, particularly if there have been prior unpleasant experiences and in the presence of a mental health challenge that the parent perceives as behavioral. In these situations, resistance and a lack of healthy empowerment can develop into a combative relationship.

Differences in opinion/expectations about goals related to independence/interdependence, cultural issues. Different cultures may favor supporting emerging adults differently. There are also cohort differences and parents may not realize that what was applicable in their generation is not relevant in the current environment. This may be compounded by unrealistic expectations in the current situation, for example related to limited access to jobs.

Impact of other life stressors on parents' capacity to be involved. Participants reported that many parents become burned out in trying to support their emerging adult because of other stressors in their lives such as poverty, unemployment, parental health or substance abuse problems, and the needs of other children in the family. The challenges of meeting the family's basic needs may be so absorbing that parents are exhausted and there is no energy or time left to focus on the needs of the emerging adult.

History of conflict and/or abuse may make family involvement inadvisable. Family conflict may be related to a history of intergenerational trauma, parental mental health challenges and/or substance abuse and/or ongoing family violence. There is also conflict within some families in response to a young person's disclosure of aspects of identity related to sexual or gender orientation. All of these issues can make young people reluctant to engage with family members.

Young people may define family differently. Where there has been conflict within their family of origin, emerging adults may not want their family involved. Instead, they may identify with and prefer involvement with their "family of choice"—for example, their peers or "street" family.

Additional challenges for emerging adults leaving the child welfare system. Youth aging out of the foster care system may lack guidance about how to re-establish healthy bonds with their birth families. These young people may have attachment difficulties leading to an avoidant or compulsively self-reliant stance, believing that accepting help or relying on others is a sign of failure.

Family involvement is not well-supported by service providers. One participant noted that young people may be in denial that they have a mental health diagnosis or embarrassed by it and would rather talk to a service provider without family involvement. Service providers are less likely to encourage family involvement if they are concerned about the privacy requirement of the Health Insurance and Portability and Accountability Act (HIPAA) and they may prefer to avoid the added complexity of involving families in services after the emerging adult achieves the age of independent decision making. Instead they may see direct services as the primary means of addressing the emerging adult's needs. Service providers may also experience discomfort when parents don't listen to young people, when parents express feeling judged, or lash out.

Question 2: *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?*

Responses to this question clustered around several themes:

Engaging emerging adults in decisions about family involvement. To build positive support between emerging adults and their families, participants recommended encouraging young people to involve family members even in a limited capacity and inviting the young people to identify what they need from family. Participants emphasized the need for services providers to listen, validate perspectives, maintain connections, demonstrate respect, and be open. Specifically, they suggested asking the emerging adult who they want as their "go to" person for appointments, to provide support when they feel they need it, and to participate in discussions related to their diagnoses. Group members also recommended that service providers offer reassurance to young people that having a disorder does not make them less loved—It is not their fault—and to ensure that the family is committed to helping the young person and providing support as they prefer. Where there is ambivalence or resistance either on the part of the emerging adult or family members, participants recommended the use of Motivational Interviewing strategies to explore and move past the resistance.

Promoting young people's leadership in planning. Participants described the advantages of having emerging adults directing team meetings and soliciting input and suggestions from their families. Some participants recommended the use of wraparound team-based planning developed with younger youth and with the emerging adult leading the team.

Building positive support from families in a timely way. Participants noted the importance of retaining and maintaining family support early, while youth are still receiving children's services, and building in the expectations that this will continue, though the parameters of such support will likely need to be renegotiated.

Pre-planning before transitions can be particularly useful in anticipating challenges and sharing expectations. Discussion focused on encouraging family involvement in the youth's plan and planning strategically, with specific tasks identified for families. In all work with families as well as young people, participants recommended building on strengths. One recommended strategy is for the young person to identify her/his strengths while parents listen, then parents identify their own strengths, then they identify strengths in each other. This approach can help families and young people to reduce conflict by admiring qualities in each other.

Enhancing communication between emerging adults and families. Discussion participants emphasized the benefits of improving communication skills between emerging adults and families through showing interest, facilitative listening, validation of perspectives, and reframing concerns as caring. These approaches can be instrumental in supporting the emerging adult and family to identify a common vision and shared goals and to begin the process of planning strategically. Where there has been tension and/or conflict between family members, these participants recommended preparatory work prior to meeting together. This can be followed by modeling and teaching collaboration, collaborative problem solving, compromise, and negotiation strategies through the use of techniques such as those described in Fisher and Ury's classic book, "Getting to Yes."[36] Group members also described the benefits of emerging adults teaching their families how best to support them.

Educational approaches with families. To address relationship difficulties related to families' lack of accurate information about emerging adult development and mental health, participants recommended educational strategies. For example, they recommended providing education about brain development, developmental stages, and mental illness with a goal of de-stigmatizing mental health difficulties. Specific curricula for educating families about mental health and emerging adult were suggested, such as Navigating the Transition Years developed by Emerging Adult Initiative staff in Maryland for family members, and an evidence-based curriculum from the Family Acceptance Project California to build understanding between families and their LGBTQ youth.[37,38] Additionally, participants suggested making available training on specific topics such as guardianship.

Skills training for families. Families' needs for communication skills and skills to respond to their emerging adults' needs in age-appropriate ways can be addressed through skill development, including SCORA (conflict resolution) methods, mediation, in-vivo teaching, prevention planning, and rationales drawn from Rusty Clark and associates' Transition to Independence Process model,[30] role playing with youth, intentional conversations, non-violent communication, strategies from the Positive Behavioral and Intervention Supports (PBIS) model,[39] and Family Team Meetings.[31] Multi-family psychoeducation groups arranged as part of the Early Assessment and Support Alliance (EASA) approach[40] can help families with structured problem-solving. Other skill development strategies mentioned by participants were RENEW teams[22,23] and Transition Ready (a futures planning curriculum for emerging adults, families, and providers). Group members noted that these strategies can enable families to manage strain and context-related challenges, which they can then model for their emerging adults. Service providers may find it helpful to share their own tools and skills with families to help provide consistency for the young person. Training for crisis management may also be provided to families.

Support for families. Participants emphasized the importance of separate peer support

organizations and groups for both emerging adults and family members to develop their resiliency. They felt that family-to-family support can be particularly helpful to families to accept their new role as a parent of an adult and to understand their emerging adult's perspective. Connections with National Alliance for Mental Illness (NAMI) groups and educational presentations were recommended as helpful for families. Exploring and respecting family preferences regarding support led to suggestions to connect some families with natural sources of support and referring others for separate family counseling was recommended. Another suggestion was to seek emerging adults' agreement for some families to have continuous positive interaction with a third party communicating progress on a regular basis. In these efforts it is helpful to distinguish the different types of supportive roles that are best fulfilled by service providers and families. Parent partners and community-based social workers were also recommended as helpful support providers for some families.

Support for emerging adults. Emerging adults can also benefit from peer-to-peer support and education to gain a better understanding of parents' perspectives and to consider ways that families can be supportive to them. Peer support providers and other service providers may be able to foster a young person's ability to rely on help from others and to provide assistance to others. For emerging adults as well as families, connections with NAMI groups and educational presentations were recommended as helpful. Connections with successful peers can help to foster independence and self-reliance.

A quote from a young adult discussion participant illustrates her experience with a service provider helping her to look at her situation in a different way and re-think the types of support she needed:

- "I know for myself, when I was in my teens, I refused services at first because I didn't think I needed them, although when I was approached in a gentle caring way, it was pointed out to me that my life could be a lot better and it opened my eyes to how unstable my life truly was."

Themes not directly related to the topic of this session:

- Supporting youth voice, advocacy, and involvement in policy change
- Availability of attractive programs that meet young adults where they are at; keep motivation; "relentless" but not pushy engagement strategies
- Ideally, health coverage will be made available to encourage all parties to engage in Family Team meetings.
- Advantages of supported housing programs that provide basic needs, resources, and support services centered on employment, education, and health/mental health.

Reflections

Conference participants identified many challenges related to engaging and maintaining family support for emerging adults with mental health conditions and some useful, developmentally appropriate strategies. 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. Additionally, there is little research to demonstrate the effects of family involvement and support with young people with mental health conditions. Yet, in participants' experiences, many families want to be involved in their emerging adults' lives and are willing to be supportive, if given opportunities, and many young people perceive their families as caring and supportive. But 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. To increase the potential benefits of family involvement and support to emerging adults, there is a need for further research to address the following questions:

- What are the types of support emerging adults prefer from families, and that families are capable of providing? How do support needs vary among emerging adults from diverse cultures and how can they best be met?
- What educational strategies are most effective in preparing families to support their emerging adult children?
- What are the effects of family-to-family support in preparing families to better support their emerging adults to successfully transition to adulthood?
- What types of support are most helpful to emerging adults with mental health conditions who have strong reasons for not involving their families in their lives or whose families are not available?

Session 5b: Making Peer Support Mainstream

Description of the Activity

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. This activity focused on what it would take to make young adult peer support widely available. Participants in five of the 12 breakout groups chose to discuss this topic during Session 4.

Participants were asked to take a few minutes to fill out their worksheets. Following this, the facilitator led the group in discussing the questions and responses, and in picking themes to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Themes from the Responses and Discussion

Future of the peer support workforce. Breakout group members supported the growth of the peer support workforce. Of the 35 participants who completed their worksheets on peer support for this breakout session, 25 indicated that they expected there would be a large workforce of peer supporters in the future, and were in favor of this development. Some stated that peer support might look very different than adult peer support, perhaps being delivered through peer-operated centers for young people, and focused on developmentally appropriate skill-building. Currently, day centers with older adult peer support providers do not fit well with the youth culture. They saw the peer supporters providing leadership for systems change, and helping young people make connections to services they needed. Several acknowledged that a substantial workforce depended on the availability of sustainable funding. Funding will need to cover salaries, youth-friendly facilities, and training of peer supporters. Peer supporters require developmentally appropriate training for leadership activities and peer-to-peer support activities. A few group members also

noted that it was important to acknowledge the contributions of informal peer supports as well, especially when there are funding barriers.

Barriers to making peer support more widely available. Securing stable and sustainable funding was widely acknowledged as a major obstacle to growth of the workforce. Policy changes may be necessary to overcome barriers to billing for these services; particularly noted was the difficulty of billing for some of the activities, such as relationship building, that are necessary for peer support to succeed.

Participants also discussed the obstacles to full acceptance of peer support within the medical/Medicaid model, especially with auditing and accountability requirements. A few people were concerned about the reluctance/resistance of professionals to have peer supporters take a key role, and mentioned stigma as a factor working against their acceptance. Participants also mentioned the difficulty of developing an authentic model of peer support in systems that are oriented toward professionals with graduate degrees and managed care.

Another issue that was mentioned by multiple participants involved preparing young people for these roles; some may not have had the formal education that makes training more accessible. A few indicated that a standard curriculum should be developed, which helps to clarify the balance between the peer and professional roles. Ensuring safety and confidentiality in the peer support process should be a high priority. Training programs for peer support roles need to be shaped to acknowledge both educational and developmental characteristics of the young people, and may require writing clear job descriptions, skill-building, extensive practice, and coaching.

Finally, a few participants noted that there is potential for high turnover in this workforce. Some may view this role as a resume-builder that provides valuable experience, and intend their tenure to be limited. In the end, they will age out of this role, and so a pool containing people with the potential to take on the work must be developed.

Short-term steps that can overcome barriers. Participants offered several suggestions for steps to be taken in the short-term that can help overcome the barriers that were identified:

- Funding barriers may be overcome by examining and adopting currently successful models where peer support services are funded, and advocating for policy change. One example was offered by participants from the State of Maine, where Maine Youth MOVE has a contract to deliver a training curriculum that will result in certification, and funding is provided for certified peer support providers through MaineCare. Several participants mentioned the importance of changing policies at the state level to insure Medicaid funding for peer support services.
- Developing fidelity measures for peer support models, constructing outcome measures for peer support services, and conducting efficacy studies may be essential for solidifying sustainable funding.
- Training curricula that have been developed and delivered may be used as models. Youth MOVE has a leadership development and peer support curriculum. Wisconsin has completed training for a cohort of young adult peer supporters. North Carolina Families United has developed a curriculum for those staffing the RENEW program that includes roles for peer supporters.
- Authenticity of peer support can be ensured by really connecting with young adults and making sure that they are engaged in defining

peer support and developing peer support models, programs, and research.

Session 5c: Building Relationships

Description of the Activity

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. Three groups chose to focus on this topic during session 4.

Participants were asked to take a few minutes to fill out their worksheets. Following this, the facilitator led the group in discussing the questions and responses, and in picking themes to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Question 1: *In your own experience, do you think there is pressure for providers to try to force a relationship to happen too quickly?*

Many of the respondents felt that there is pressure to build the relationship, but noted that the relationship-building efforts need to be authentic. Other participants noted that providers have limited time and/or paperwork requirements that can also derail relationship building.

Some participants felt that it was important for providers to have specific skills or knowledge such as: cultural competency, trauma informed care, motivational interviewing, and trust building. However, one participant shared that they felt that their relationship(s) with providers have not felt rushed.

- "No, the providers that I have worked with have never tried to force a relationship too quickly"

Question 2: *Are there things a provider can do to speed up the growth of the relationship?*

Many of the participants discussed the importance of providers being genuine in their approach and really listening to the client and what is important to them. Here are other things participants suggested:

- "Be open, keep showing up"
- "Be genuine, supportive & understanding right away"
- "Become more of a friend than an adult"
- "Understand the youth's perspective: what is important to the young person (maybe not treatment goals)"
- "Show genuine interest in how the person spends their time & engaging at that level; real listening"
- "Be invested, take interest in their hobbies, life, choices"
- "Listen carefully, show sincere interest, talk about interest, tell life story"
- "Be real. Don't worry as much about billing as having a genuine connection with young people"
- "Frequent check-ins, meet with youth outside

the office—focus on strengths, hobbies, successes; ask youth what they want"

Question 3: *Are there policy or funding changes that would address this challenge?*

Some participants suggested outcome-based funding or allowing more engagement time prior to beginning treatment services. Other suggestions included:

- "Tiered rates allowing for engagement periods; inclusion of outreach/pre-engagement as part of the service package"
- "Funding would have to estimate time for foundation of relationship to happen"
- "Allowing/encouraging engagement prior to accepting productive treatment"
- "Allow flexibility in funding reporting requirements (i.e. allow to bill for taking youth to activities that youth chooses)"

Reflections

- Many respondents felt that providers are pressured to build relationships quickly. This appears to be in response to billing hours and paperwork requirements.
- It was also noted that relationship building should feel natural and genuine and not rushed.
- Many respondents shared that listening and understanding what is important to the youth is crucial in relationship building.
- Many respondents also discussed the importance of providers being skilled in motivational interviewing, trauma informed care, strength-based approaches, cultural competency, etc.

Session 5d: Compliance-Oriented Systems

There are significant tensions between the principles of empowerment, youth autonomy, and positive youth development and the goals and approaches of compliance-oriented systems within which many vulnerable young people in the transition years are served. This activity focused on whether or not a Pathways-like, positive development (PD) approach, or even key elements of such an approach, can be implemented in what are typically compliance-oriented systems or settings, such as juvenile justice/corrections, residential treatment centers, or psychiatric hospitals.

Only a few groups chose to focus on whether and how the elements of the model could be implemented successfully in compliance-oriented systems. Participants were given a few minutes to fill out their worksheets. After that, the facilitator led the group in discussing the questions and responses regarding compliance-oriented systems, and in picking items to report out to the larger group. Facilitators took notes on major points of discussion in their groups and collected the written responses to the questions at the end of the session. The summary that follows is a synthesis of the written responses to the questions and the discussion notes.

Question 1: *Can a positive development (PD) model or elements of the model be implemented successfully in compliance-oriented systems?*

Conference participants expressed a wide range of viewpoints on the feasibility of implementing PD principles in these systems. Many cautions

and concerns were described and ideas about potential implementation in specific settings were mentioned. Participants noted that the PD and compliance-oriented models are extremely different, and working with organizations that are compliance driven is often not consistent with person centered planning values. Specifically, fitting the Pathways model, or a similar PD model, within juvenile/adult justice systems was seen as problematic because detainees under the rules of detention have no ability to use their advocacy skills, cannot ask for medications, and cannot be provided access to dependable supports that are part of regular mental health treatment. Though there may be some variation by state and juvenile justice philosophy, in general, strengths based aspects would be tough to introduce in corrections settings.

Participants offered a number of ideas about potential PD implementation in specific compliance-oriented settings. They thought that:

- "Pieces of the model could be implemented but with already existing guidelines and structure it would be hard to implement fully."
- "While many of those situations are too structured and don't allow youth driven programming, changes in how staff interact with young people within those constraints could make a huge difference to youth outcomes."
- "The model could be used in residential care where staff may be more receptive to positive interactions and access to regular supportive treatment is easier to obtain."
- "The model could work if it is possible to get around funding/billing expectations."
- "The model could work in residential treatment or psychiatric hospitals if plans were negotiated."

Question 2: *What parts of the model might translate best?*

Participants proposed ideas about elements of the model that could be adopted or adapted to fit with compliance-oriented systems, as well as system and program changes that would be needed. Examples included:

- Using strengths-based assessments; shared decision making; and person-centered planning.
- Introducing outside supports.
- Increasing trusting relationships.
- Getting program staff and participants involved in the community to increase workforce possibilities.
- Having staff be intentional about having genuine conversations with young people and meeting them where they are.
- Helping young people recognize their strengths and imagine other possibilities even in the context of limited placement situations.
- Creating space for self-advocacy on the part of youth.
- Using strengths-based supports.
- Implementing training in justice facilities around mental health issues and access to medications and consistent supports.
- Creating youth advising boards and reducing hierarchies to promote youth centered planning.
- Using peer mentors.
- Participants also discussed what would need to happen in compliance-driven systems to be able to implement principles or elements of the model:
- There would need to be major changes in the system, including new leadership to provide

support from the top.

- It would be important to address attitudes as well as creating technical "fixes."
- There would need to be a culture change—which could be addressed through training, supervision holding staff accountable, and performance evaluation.
- Incentives for change could be helpful, as well as disincentives for inaction.
- Mental health courts could be helpful; also education of police and courts.
- The negative stigma regarding mental illness needs to be addressed.
- The guardianship process is poorly understood by parents and youth because of a general lack of access to information. This could be addressed by educating parents and youth.
- It might help to pool resources across systems.
- Evaluating training and best practices in quality of implementation would show what is possible.
- Finally, one participant reported that she had heard about a program in Wisconsin that is blending PPS and Juvenile Justice.

In summary, conference participants expressed a wide range of viewpoints on the possibilities of integrating PD principles and model elements into compliance-oriented systems. While some participants were skeptical about possible integration, especially in juvenile justice, others were sufficiently convinced of the potential benefits of a PD approach such that they could imagine integration of many of the values and elements into more structured and compliance-oriented systems and they offered a variety of concrete suggestions about how to do this. Participants suggested that, given the costs and poor outcomes of most compliance-oriented systems, these ideas are well worth considering and could be tested for feasibility through implementation and evaluation of some small-scale pilot projects.

Reflections

Discussions of compliance-oriented systems focused on the feasibility of integrating elements of a Pathways-like PD model in these settings, rather than what changes would be needed to the model for use in these systems. Implications of the discussion seem to direct attention to the need for research into the outcomes of interventions guided by the PD model in regular community settings and the potential benefits in terms of more positive outcomes in compliance-driven settings. This could be followed by implementation and evaluation of some small-scale pilot projects in compliance-oriented settings for youth.

Final Comments

We 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.[41,42,43,44,45] 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,"[3] 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.[46,47,2,48] 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.[49,50,51] 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.[1,52,53]

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—enaging 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.

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Appendix A:
Attendees and Reviewers

Experts Who Reviewed the Model in its Early Version

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Appendix B:
Agenda

Monday, May 20th

7:30 - 8:30	Breakfast
8:30 - 9:30	Welcome, Introduction to the Day, and Background
9:30 - 10:15	Breakout Session #1: *Activating change*
10:15 - 10:30	Break
10:30 - 11:15	Report Out and Get Assignment for Next Small Group
11:15 - 12:00	Breakout Session #2: *Working with young adults with different social identities*
12:00 - 12:30	Lunch
12:30 - 1:15	Report Out and Introduce Speed Date Activity
1:15 - 1:45	"Speed Dating" Activity: *Building social support/capital*
1:45 - 2:15	Report Out and Introduce Next Breakout Session
2:15 - 3:00	Breakout Session #3: *Organizational support*, *Workforce development*, & *Peer support*
3:00 - 3:15	Break
3:15 - 4:00	Report Out and Review Challenges as Identified in the "Parking Lot"
4:00 - 4:30	Plan for Day 2

Tuesday, May 21st

7:45 - 8:45	Breakfast
8:45 - 9:15	Welcome and Introduction to the Day
9:15 - 10:15	Plenary Session: *A positive development/ empowerment approach to improving outcomes among emerging adults with serious mental health conditions*
10:15 - 10:30	Break
10:30 - 11:30	Breakout Session: *Tackling the hard questions*
11:30 - 12:00	Report Out and Closing
12:00	Lunch and Segue to HTI Meeting

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*

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 1st, 2nd, & 3rd, 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

   _____

   _____

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*

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.

   _____

   _____

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*

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?

   _____

   _____

   _____

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

   _____

   _____

   _____

3. Which practice element(s) or principle(s) do you think should be emphasized the most in training? Rank up to 3 *(label 1st, 2nd, & 3rd, 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?

_____

_____

_____

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 ☐ 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.

_____

_____

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 <u>people they already know</u> 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 <u>someone they already knew</u> 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.

_____

_____

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

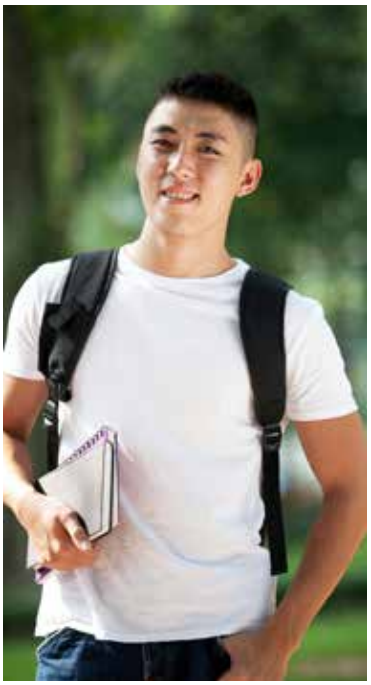
In general, do you think it happens very often that providers are able to help young people connect to new people who provide this kind of support?

☐ A lot ☐ sometimes ☐ Not that often ☐ Rarely or never

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

Appendix D:

Scientific Addendum: Theoretical, Empirical and Methodological Background for the Pathways Model



For close to five years, investigators and other staff at the Research and Training Center for Pathways to Positive Futures (Pathways RTC) have been engaged in efforts focused on creating and validating a general description of a practice model for using a positive developmental approach to working effectively with emerging adults with serious mental health conditions (SMHCs). The model incorporates what has been learned about effective practice, not only from formal research studies, but also from the experience of stakeholders who are highly knowledgeable about what it takes to work successfully with this population. One of the final steps in the process of defining this model—referred to here as the "Pathways model"—was the convening of expert stakeholders at the State of the Science Conference, which was held by Pathways RTC in May of 2013 in Portland, Oregon. The stakeholders who participated in the conference included young people who had experienced SMHCs, family members, researchers and service providers and administrators. The Proceedings from the State of the Science Conference (Walker, Gowen, & Jivanjee, 2013) describe in detail the Pathways model, the feedback that was provided during the Conference, and the process for gathering that feedback.

This addendum to the previously-published State of the Science Conference Proceedings expands on the original Proceedings by providing more detail about

the empirical and theoretical literatures that form the basis for the model. It also provides more detail on the method by which the model was developed and validated. This addendum begins by describing the rationale for creating a general model that is built around elements and principles that are widely shared across existing empirically-supported approaches. This is followed by background on the process that was used to develop and validate the model. Next, this document provides an overview of the Pathways model, with special attention paid to how the model incorporates empirical and theoretical literature on positive development and development during emerging adulthood. Other aspects of the model are covered only briefly, since these were described in detail in Part 1 of the Proceedings. The document ends with a discussion of the implications for mental health services and systems, assuming that the goal is to make interventions and programs that are consistent with the Pathways model more widely available.

Rationale for the Model

In 2008, researchers at Pathways RTC undertook a review of reports in the peer-reviewed literature describing interventions that had been successful in improving outcomes for emerging adults with SMHCs (Walker & Gowen, 2011). The review pointed out a series of shared core features across the different interventions that were described in the literature (Geenen, Powers, Hogansen, & Pittman, 2007; Karpur, Clark, Caproni, & Sterner, 2005; Slesnick, Kang, Bonomi, & Prestopnik, 2008; Styron et al., 2006; Unruh, Waintrup, & Canter, 2010; Walker, Geenen, Thorne, & Powers, 2009). In the years since the original review, Pathways researchers have continued to track reports of programs and interventions that are specifically designed for emerging adults with SMHCs, or that have been adapted from interventions or programs originally developed for children or adults (e.g., Gilmer, Ojeda, Fawley-King, Larson, & Garcia, 2012; Haber, Karpur, Deschênes, & Clark, 2008; Hagner, Malloy, Mazzone, & Cormier, 2008; Powers et al., 2012). In addition to this small but growing literature documenting program and intervention research, another empirically-informed literature has appeared. This literature is focused on using existing evidence, often in combination with expert consensus-building activities, to produce guidelines and recommendations regarding key features that should be included in programs designed to improve outcomes for emerging adults with SMHCs and related needs (Blau et al., 2010; Cobb, Lipscomb, Wolgemuth, & Schulte, 2013; e.g., Fraker & Rangarajan, 2009; Herz, Lee, & Lutz, 2013; Koball et al., 2011; Luecking & Luecking, 2013; Marsenich, 2005; National Collaborative on Workforce and Disability, 2013; Podmostko, 2007).

A review of this expanded literature reinforced the original observation regarding the striking degree of consensus about components of practice that were included in the interventions/programs and recommended in the guidelines/reviews. These shared components include

- taking a comprehensive approach that is individualized to meet the unique needs of each young person, and that incorporates not just mental health services, but also services focused on education/employment, housing, transportation etc.;
- using a person-centered planning process to develop this individualized response;
- providing services in a manner that is strengths based and recovery oriented; and
- maximizing the young person's input into planning and decision making and/or promoting their empowerment or self-determination.

In addition to these components, which were

virtually universally shared across the interventions, other components appeared frequently, including a focus on developing life skills, building positive relationships and/or social capital, increasing leadership skills and self-advocacy skills, and providing services in a culturally competent manner.

The existence of these shared components points to a strong level of consensus regarding the characteristics of an empirically-informed approach to improving outcomes for emerging adults with SMHCs. What the existing literature does not provide, however, is a description of a) *how* these rather abstract practice principles are implemented in the interactions and activities that providers implement with young people, and b) *why* it is that working with young people in this manner should produce positive outcomes. The review of the literature thus sparked the strand of work that culminated in the State of the Science Conference.

Steps in the Development of the Pathways Model

The first iteration of the full Pathways model was based on a review of existing research evidence, as well as the research-derived recommendations and guidelines described above. The resulting model was written up and circulated internally, to Pathways staff. After feedback from staff was incorporated, the revised theory was circulated to a set of 15 nationally recognized experts outside of Pathways RTC. These included specialists whose work focused on development during emerging adulthood, as well researchers who had created and tested interventions. Additionally, feedback was sought from providers and administrators in programs that implemented empirically-supported interventions for emerging adults with SMHCs. Finally, feedback was also sought from young people and family members who were active at a national level in efforts to improve services and systems for emerging adults with SMHCs.

At the same time as the expert review was underway, Pathways RTC staff members were conducting a qualitative research project, for which data was gathered using semi-structured interviews with young people and providers (Walker & Flower, under review). The major goals of this strand of activity were a) to understand from a concrete and applied perspective what the principles actually mean in practice and b) to gather specific examples of activities, procedures or types of interactions that expert practitioners use to realize these principles in their work with young people.

The overall intention behind this work was to combine this specific and concrete information gained from the provider interviews with the more abstract and theoretical principles from the empirical literature to yield a practice model that describes both common "factors"—i.e., the features of interpersonal relationship and communication that are associated with positive outcomes regardless of the specific treatment model being used—and the common "elements"—i.e., the specific, discrete, defined activities or procedures that comprise an intervention (Barth et al., 2011). Cutting-edge work in both adult and children's mental health has been exploring how to use a common factors and elements perspective to capitalize maximally on what has been learned in the development of evidence-based treatments (Barth et al., 2011; Bruns et al., 2014; Chorpita & Daleiden, 2009; Duncan, Miller, Wampold, & Hubble, 2010; Garland, Bickman, & Chorpita, 2010).

Administrators in agencies implementing empirically-supported programs were invited to identify their most accomplished practitioners, who were then interviewed for the project. The interviews focused on eliciting participants' reflections on the practice principles and elements that had been extracted from the literature. Particular emphasis was placed on eliciting specific practice

examples that illustrated what providers did to realize the principles in their work with young people. During analysis of the interview material, emphasis was placed on understanding on how these examples articulated with the premises of the model (Braun & Clarke, 2006), as well as understanding participants' own theories regarding how these practice elements contributed to desired outcomes.

The theory was then revised yet again, incorporating and responding to the expert feedback and the information gained through analysis of the interview material. A description of this version of the theory was circulated to participants who had been invited to attend Pathways RTC's state-of-the-science conference, held in May, 2013. The conference was attended by representatives of various stakeholder groups, including researchers, practitioners and administrators. More than a quarter of the attendees were systems-experienced young adults who had received treatment for SMHCs and related needs. Parents and other family members were also well represented. Over the course of the one-and-a-half day conference, attendees participated in a series of structured small- and large-group work sessions focused on specific aspects of, or questions arising from, the then-current version of the Pathways model. Attendees were generally in agreement with the basic tenets of the model, and offered numerous examples and ideas regarding implications, in areas including workforce, organizational support, state and local policy, and family support. Attendees' feedback was recorded in the Conference Proceedings (Walker et al., 2013) and incorporated into the version of the model outlined here and described in more detail elsewhere (Walker, under review).

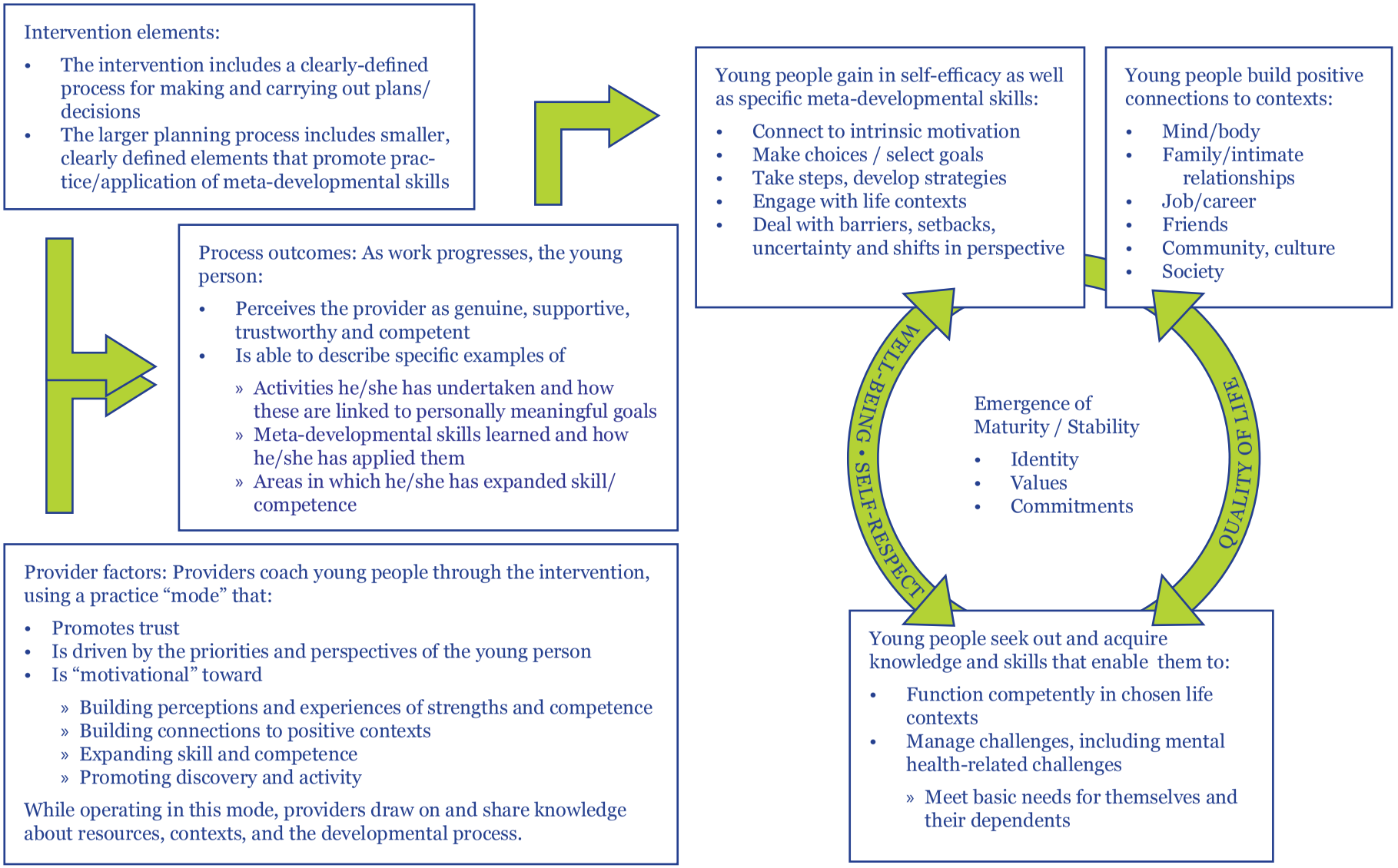
Development During Emerging Adulthood and the Pathways Model

In the Pathways model, *intervention elements* (specific steps, activities and procedures) and *provider factors* (a practice "mode" characterized by specific types of provider-client interaction) come together to promote positive development for emerging adults. Figure 1 depicts this process. The left-hand side describes key intervention elements (top box) and provider factors (bottom box), while the right-hand side depicts the cycle that drives positive development during emerging adulthood. The right-hand side of the figure has been updated for this addendum to the conference proceedings, to reflect the more detailed discussion of the positive developmental cycle provided herein. The left-hand side remains basically unchanged. Details on those sections of the model/diagram are provided in the original Proceedings. The sections below begin with a description of the positive developmental cycle of emerging adulthood, and then go on to describe how interventions characterized by certain common elements and factors promote development by stimulating the positive developmental cycle.

The Postive Developmental Cycle of Emerging Adulthood. Contemporary theories that describe positive development during the later teens and twenties (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Gestsdottir & Lerner, 2008; Hawkins, Letcher, Sanson, Smart, & Toumbourou, 2009; Kia-Keating, Dowdy, Morgan, & Noam, 2011; Lerner, Brentano, Dowling, & Anderson, 2002; Lerner, Freund, Stefanis, & Habermas, 2001) tend to draw on two sets of broader psychosocial developmental theories and concepts. The first of these describe human development through a focus on "ecological systems" (i.e., the various social contexts of people's lives, including family and peers, as well as community and other groups and organizations), social networks and social capital (Amerikaner, 1981; Bronfenbrenner & Morris, 1998; Bronfenbrenner, 1980; Hawkins et al., 2009). Development is stimulated through an individual's connections to these different life contexts. Over the course of emerging adulthood, young people gradually commit to a specific set of life contexts—including

Figure 1.

The Pathways Model



family/intimate relationships, educational/vocational contexts, and community and broader social contexts—and thus to the values and role expectations that prevail in those contexts.

The second set of theories focuses on emerging adults' growing ability to drive their own development and acquiring the skills that are needed to do so. The skills for directing one's own development are referred to here as "meta-developmental" skills, because they are the skills for developing development. Key meta-developmental skills include selecting goals that are motivating and personally meaningful; making plans, creating strategies and taking action steps toward the goals; engaging with life contexts that are supportive of goals; and adjusting goals and plans over time as needed (Deci & Ryan, 2002; Salmela-Aro, 2010; Schmid, Phelps, & Lerner, 2011; Snyder, Rand, & Sigmon, 2002). Skills for driving development also include those related to handling the thoughts and feelings generated by success and failure, and those related to managing uncertainties and shifts of perspective that naturally arise in the course of making and carrying out plans. Over time, young people who successfully deploy meta-developmental skills gain confidence in their ability to make progress towards personally meaningful goals. In turn, this leads to increases in the self-efficacy (and the closely related constructs of self-determination, empowerment and hope), which is associated with positive outcomes for emerging adults (Deci & Ryan, 2002; Gullan, Power, & Leff, 2013; Lerner et al., 2002; Schmid et al., 2011; Snyder et al., 2002)

In the Pathways model, these two sets of theories come together to provide the basis for describing a "virtuous cycle" of positive development during emerging adulthood. (This is represented on the right-hand side of figure 1.) Young people gain the skills they need to drive their development in the directions they find personally meaningful and motivating. They apply these skills toward seeking out and engaging with relationships and contexts. In turn, this motivates them to learn about and acquire the skills and knowledge they need in order to function competently in these contexts. As they practice the planning that is part of connecting to contexts and acquiring knowledge and skills, their meta-developmental skills and perceptions of self-efficacy grow, and so on. Through this process, they learn progressively about which contexts and connections fit with their evolving goals and aspirations for the future. Young people's commitment to chosen contexts (and the values represented in those contexts) grows over time. Values, commitments and successful functioning in chosen roles serve to support and stabilize identity as young people grow into mature adulthood. Assuming roles in valued contexts and accomplishing age-related milestones contribute to perceptions of self-respect, well-being and quality of life (Amerikaner, 1981; Baltes & Baltes, 1990; Deci & Ryan, 2002; Gestsdottir & Lerner, 2008).

For many young people, the positive developmental cycle moves ahead with only the "natural" support that is available from family, friends and others. For some young people with serious mental health conditions, however, the virtuous cycle is not robust. In fact, the process can begin to operate like a vicious cycle with young people having difficulties taking positive steps in their lives and experiencing demoralization and lack of confidence as a result.

Outcomes from Positive Developmental Intervention. According to a positive development perspective, promoting thriving is particularly important for people who are struggling or at risk, and the focus of intervention is to enhance or restore the developmental processes that have been compromised by high levels of risk and challenge (Ho, Andreasen, Flaum, Nopoulos, & Miller, 2000; Kia-Keating et al., 2011; Lerner et al., 2002; Li & Julian, 2012; Masten et al., 2004). Positive developmental interventions for emerging adults with SMHCs should thus be expected to demonstrate that they are building the types of outcomes listed in the three boxes depicted around the outside of the cycle in figure 1: gaining

self-efficacy and meta-developmental skills; building positive connections to life contexts; and seeking out and acquiring knowledge and skills. (These can be considered intermediate outcomes, with outcomes inside the circle's perimeter emerging over the longer run. Improvement in longer-term outcomes may be expected for interventions that continue over longer periods of time.) With regard to the two latter types of outcomes (connections to contexts and acquisition of skills) it is essential to note that improvements in these areas occur as a result of the young person's exercise of the meta-developmental skills. Thus, positive developmental interventions should be able to demonstrate that young people are indeed using meta-developmental skills and developing perceptions of self-efficacy. In addition to this core outcome, positive developmental interventions and programs can demonstrate success when young people make gains in one or more of the outcome areas listed in the other two boxes.

Intervention/Program Elements. As noted previously, the work that was done to develop and validate the Pathways model uncovered a common set of shared elements across the empirically-supported programs and guidelines. Interventions and programs consistent with the Pathways model are centered around the use of a clearly defined and structured process—typically a person-centered planning process—for making decisions and carrying out activities based on those decisions. The goal of this process is not just to make decisions and execute plans, however, but also to explicitly teach and coach the young person in the use of specific steps, processes and procedures that are consistent with the meta-developmental skills, and that are core elements that make up the planning process. A more detailed description of these kinds of elements, as well as a number of examples, is provided in Part 1 of these Proceedings (specifically, pages 12-15 from the "Model Overview," and the section on "Activating Change" beginning on page 22).

Provider Factors. Both the empirical literature and the provider interviews conducted prior to the State-of-the-Science Conference stressed the importance of practice principles that are intended to guide interactions between providers and young people regardless of which specific intervention element might be underway. In other words, providers are supposed to interact consistently with young people in specific ways, using a practice "mode" that promotes the growth of young people's self-efficacy and meta-developmental skills, and "feeds" the virtuous cycle of positive development. A more detailed description of these factors is provided in Part 1 of these Proceedings (specifically, pages 15-18 from the "Model Overview" section).

Process Outcomes. Figure 1 depicts the way in which intervention elements and provider factors are seen as coming together to add positive momentum to the cycle of positive development. The box labeled "process outcomes" suggests some indicators that could be used to assess whether or not this is happening. These indicators are described in more detail on pages 18-19 of Part 1 of the Proceedings.

Conclusion and Implications for Mental Health Services

Despite the high level of consensus expressed in the empirical literature—and shared by Conference participants and other reviewers of earlier versions of the Pathways model—the vision expressed in the Pathways model is very different from current practice as usual. This observation leads to several implications, assuming that this type of practice model should be more widely implemented. First, there will be a need for workforce training that gives providers knowledge about and skill in working within a positive developmental framework that promotes young people's self-determination and supports their acquisition of meta-developmental skills, while also "motivating" certain types of perspectives,

activities and changes. Additionally, providers need knowledge about development in emerging adulthood, as well as specific knowledge about the contexts of young people's lives and how to help them forge connections to those contexts. Of particular importance are providers' skills in helping young people connect to contexts in which they can access supports (e.g., housing services, mental health specialty services) and gain skills (e.g., education or employment-related skills) that, in turn, allow them to maintain safety/wellness and function competently in other contexts such as family/intimate relationships and job/career.

Another set of implications has to do with organizing systems to provide this kind of comprehensive and integrated approach. Providers and administrators who have implemented comprehensive approaches consistently note that procuring sustainable funding for an intervention that cuts across service system boundaries is an ongoing challenge. Additionally, system fragmentation and a bewildering and complex assortment of eligibility criteria also militate against successful implementation of interventions that are designed to help young people meet needs and reach goals across a variety of domains—including housing, education, employment, mental health, community integration, physical health, emotional/behavioral health, and family and relationships. System reform is a complex endeavor, and work in this area would benefit from tools to support this process, from examples of and models for systems-change efforts to assessments and measures that can provide feedback on what has been achieved and what needs to be addressed in order for systems to become hospitable environments for positive developmental interventions to support emerging adults with SMHCs.

The model also has implications for the design of and access to specialty behavioral or mental health services. Emerging adults are the most unlikely age group to seek mental health treatment (Kessler, Demler, & Frank, 2005; Pottick, Bilder, & Vander Stoep, 2008). Young people who participated in the validation of the Pathways model stressed that their peers generally have a low level of trust in mental health providers, are reluctant to self-label or be labeled with a mental health diagnosis, and are unlikely to see traditional mental health and psychiatric services as being at the core of their efforts to maintain mental health/wellness. The Pathways model suggests that behavioral or mental health services become relevant to young people primarily once they have already been engaged in person-centered planning, and have begun to see mental health services as potentially helpful in overcoming barriers that come up as they work on achieving personally meaningful goals. Approached on these terms, behavioral and mental health service providers would focus their work with emerging adults on the need(s) identified by the young person. Existing programs that integrate behavioral and mental health services in this manner often have mental health specialty providers on site, and allow young people to drop in when and if they feel comfortable, to discuss how services could be helpful and perhaps to make a plan for more structured treatment. During treatment itself, providers work with young people using a positive developmental approach that incorporates the elements and factors outlined in the Pathways model.

While these implications call out a wide range of challenges and barriers, there is a growing number of programs and interventions that are consistent with the overall approach described here, that are demonstrating capacity to improve outcomes, that are motivating systems change at the local and state level, and that are finding sustainable funding to support their work.

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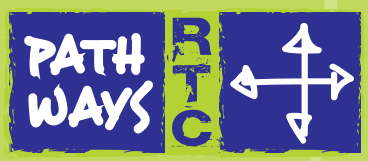

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