

THERAPEUTIC MENTORING SERVICES

Teaching Skills to
Navigate in the World

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Therapeutic Mentoring – the Basics

- Structured, one-to-one, strength-based support services for the purpose of addressing daily living, social, and communication needs
- Provided in any setting where the youth lives and in other community settings, such as school, child care centers, respite settings and other settings appropriate for the youth's needs, functioning and culture

Therapeutic Mentoring Services – First Things First

- Youth must be receiving Outpatient services, In-Home Therapy or ICC
- Youth's clinical condition requires the service to improve age-appropriate functioning or to ameliorate deficits in youth's functioning

Therapeutic Mentoring – When?

- Youth whose clinical condition and ability to manage stressors and feelings enable them to use supports and learn new skills for improved functioning in the community
- Youth do not require significant or intensive behavior interventions or management in order to receive this service

What Does the Therapeutic Mentor Do? (One-to-one)

- Teach alternative strategies
- Provide anticipatory guidance
- Role plays
- Behavior rehearsals
- Teach, enhance and practice conflict resolution skills, problem-solving skills, and social skills in “everyday” social situations

What Else Does the Therapeutic Mentor Do?

- Supervise youth's practices of new and enhanced skills and engage the youth in discussions about effective strategies for handling "everyday" social situations
- Help ensure the youth's success in navigating various social contexts; give feedback; coach and support use of effective strategies

Therapeutic Mentoring Services – What It's NOT

- It is **NOT** observation or management during sport/physical activity, school, after-school activities, or recreation.
- It is **NOT** a teacher's aide.
- It is **NOT** for parental respite.
- The Therapeutic Mentor does **NOT** directly provide social, educational, artistic, athletic, recreational or vocational services.
- It is **NOT** a stand-alone service; it is part of the treatment plan developed by the youth's clinical hub service (OP, IHT, ICC).

Care Coordination

3 Clinical Hubs

Intensive Care Coordination (Wraparound)

- Clinical Assessment inc. CANS
- SED determination for eligibility
- Medical Necessity determination
- Care coordination

In-Home Therapy

- Clinical Assessment inc. CANS
- Medical necessity determination
- Care coordination available

Outpatient Therapy

- Clinical Assessment inc. CANS
- Medical necessity determination
- Care coordination available

CARE COORDINATION

Note: All services require medical necessity criteria and are not solely determined by parent/caregiver choice.

Families give consent and decide on the most appropriate initial service *independently or in consultation with helping professions such as:*

- primary care
- mental health clinicians
- schools
- caseworkers
- community orgs
- faith leaders
- others.

Intensive Care Coordination (Hub)

The youth requires most intensive care coordination to coordinate services from multiple providers or state agencies, special education, etc., in order to more uniformly address the youth's serious emotional disturbance and improve the youth's overall level of functioning in the community. This service coordinates clinical treatment and does not directly provide clinical treatment.

In-Home Therapy (Hub)

The youth requires less intensive Care Coordination. Most intensive, clinical, home-based intervention is needed to enhance family's problem-solving, limit-setting, and risk and safety management and/or to develop more effective patterns of household/family interaction and strengthen the family's ability to sustain the youth in the home setting or to prevent the need for out-of-home behavioral health treatment services.

Outpatient Therapy (Hub)

The youth may require care coordination and direct clinical intervention to address symptomatology/diagnosis interfering with the youth's ability to function, or the youth has a chronic affective illness, schizophrenia, or a refractory behavioral disorder, which by history, has required hospitalization.

Emergency Services:

Mobile Crisis Intervention

The youth is in a behavioral health crisis demonstrating impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home, and/or in the community, and the youth presents a risk to self or others or has escalating behavior and is in need of clinical intervention to resolve the crisis and enable the youth to remain in the community.

Hub Services: Upon referral, the Hub provider will determine with the family which Hub is most appropriate; whether a Hub-dependent service is medically necessary, and if so, refer to appropriate service.

Hub Dependent Services (accessed through Hub)

Therapeutic Mentoring

The youth requires education, support, coaching, and guidance in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to others to address daily living, social, and communication needs.

In-Home Behavioral Providers

The youth requires a highly specialized Behavior Management Plan and that Monitoring be applied across settings in order to diminish, extinguish, or improve severe and persistent behaviors. Less intensive interventions have not been successful.

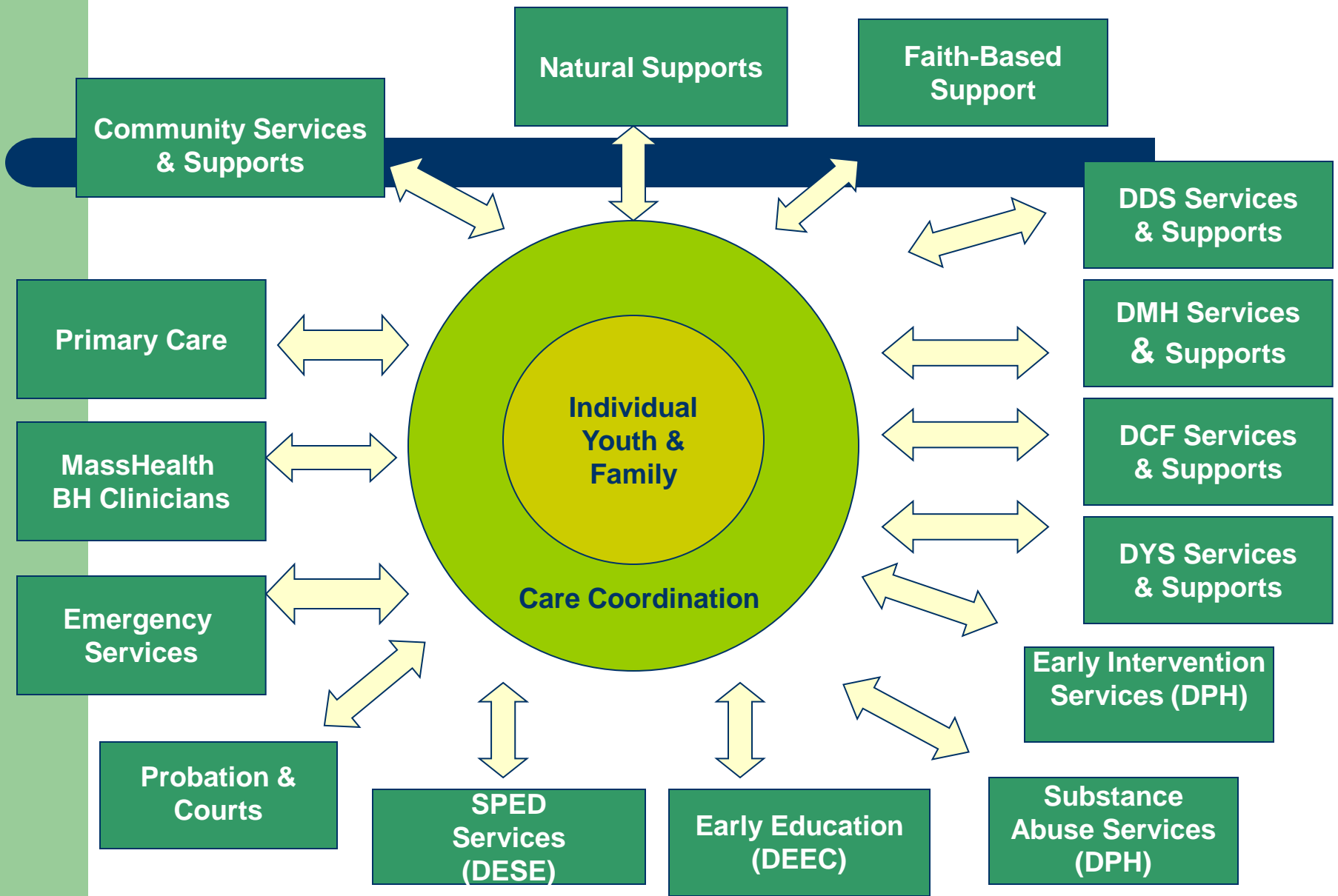
Family Support and Training (Family Partners)

The youth's clinical condition warrants a family partner in order to improve the capacity of the caregiver in resolving the youth's emotional or behavioral needs. The caregiver requires education, support, coaching, and guidance, and outpatient services are not sufficient to meet the parent's/caregiver's needs for coaching, support, and education.

Youth may have 1, 2, or all 3 "hub" services. Care coordination is provided by the most intensive Hub service.

The most intensive service is considered the Hub.

Care Integration



Therapeutic Mentoring: It has an “Assignment”

- Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-home Therapy or in an ICP for youth in ICC, including
 - Address daily living, social and communication needs
 - Help the youth navigate social contexts, learn new skills and make functional progress
 - Support, coach and train age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, relating appropriately to others in recreational and social activities

“Assignment” (cont’d)

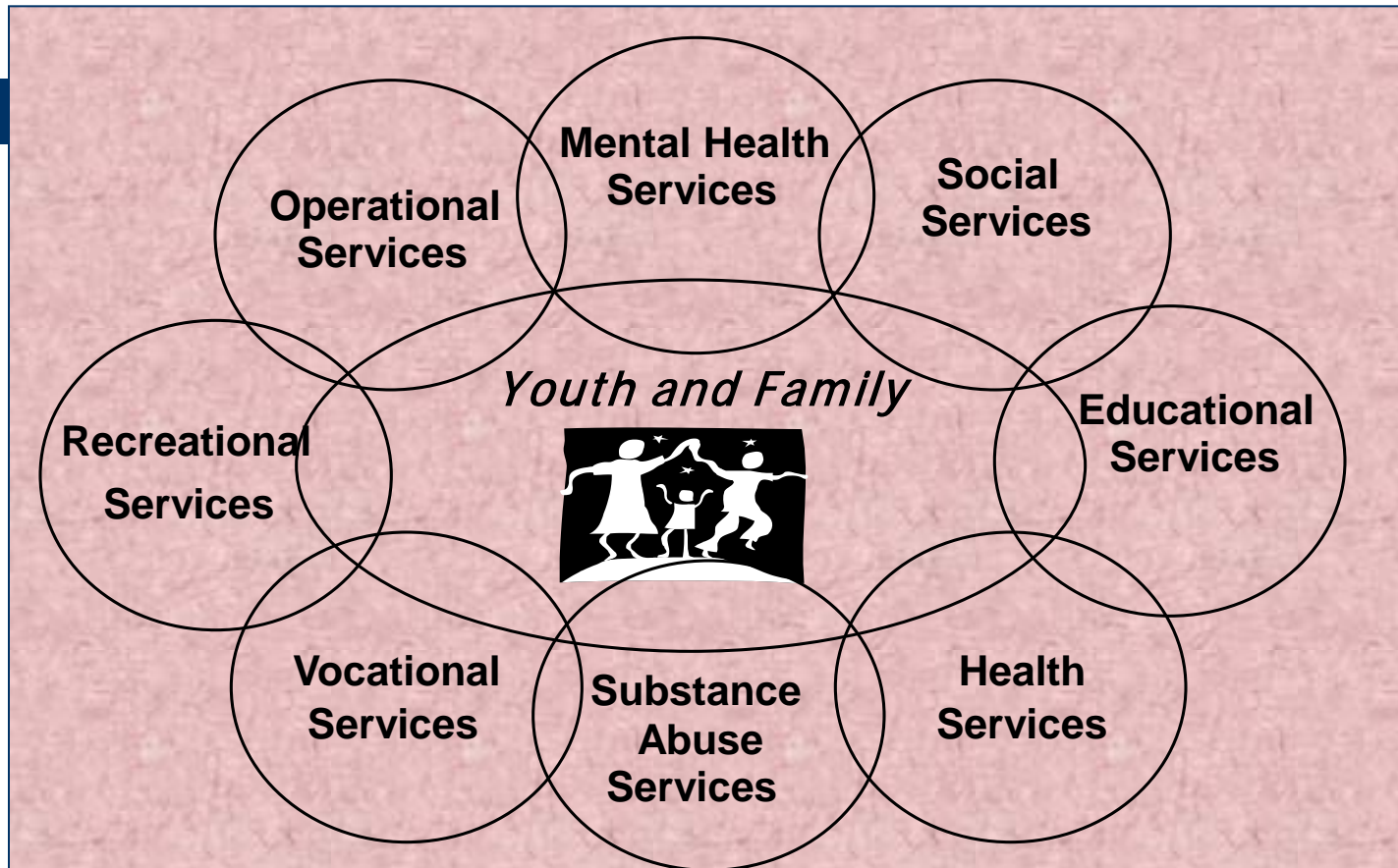
- Teach skills through “structured, one-to-one support services” (across life domains and settings) in order for youth to remain at home, prevent out-of-home placement, or to transition “home”
- Assist youth to communicate his/her needs to the Care Plan Team (CPT)/treatment team; contribute the “voice of the youth” in the youth’s absence

What does the Therapeutic Mentor need in order to start?

- The “picture” of the youth and how s/he “works,” including:
 - Skills and strategies needed to address the daily living, social and communication needs outlined in youth’s plan
 - Youth’s identified strengths and interests (or protective factors)
 - Additional protective factors the youth needs. Which ones would most likely help improve the youth’s functioning and address treatment goals?

The System of Care Model

This diagram represents eight major dimensions of services and supports that may be required to fill the needs of youth and families. Each dimension is assigned a set of functions.



This model does not specify any particular organization to perform any particular function. In a System of Care, the services and supports that are needed can be provided by formal and/or informal, private and/or public organizations working in collaboration with one another.

System of Care

Core Values

- puts the needs of the youth and family first
- promotes the use of community-based resources
- offers services that are culturally competent

Guiding Principles

- offers a wide range of services to meet the needs of youth with special needs & their families
- offers services based on the strengths and needs of individual youth and their families
- offers services that keep youth in their homes, if possible
- involves families as partners in planning and serving youth and their families
- offers services that are coordinated across agencies and organizations
- offers care management services
- offers services responsive to cultural differences & special needs of youth and families
- promotes early identification of and intervention for youth with special needs
- offers smooth transition to adult services
- protects the rights of the youth and promotes advocacy for youth and their families

Traditional vs System of Care

- Deficit-based, problem oriented
- Fragmented, disorganized
- Low level of family involvement
- Professionals as experts
- Cultural ignorant, culturally insensitive
- youth-centered and focused

- Strengths-based, solution focused
- Integrative, collaborative
- Partnering with families
- Parents/caregivers as experts
- Culturally knowledgeable, culturally competent
- Family-centered and focused

Cultural Competence

- The *PROCESS* of coming to Recognize, Understand and Appreciate our own culture, and cultures other than our own
- Stresses an appreciation of the impact of differences such as race, gender, religion, physical ability, sexual orientation, class, age, etc.

Power Matters when it comes to Oppression

- Who has more power?
 - Boss or Worker
 - Doctor or Patient
 - Teacher or student
- What does this have to do with the families we work with?

Core Concepts

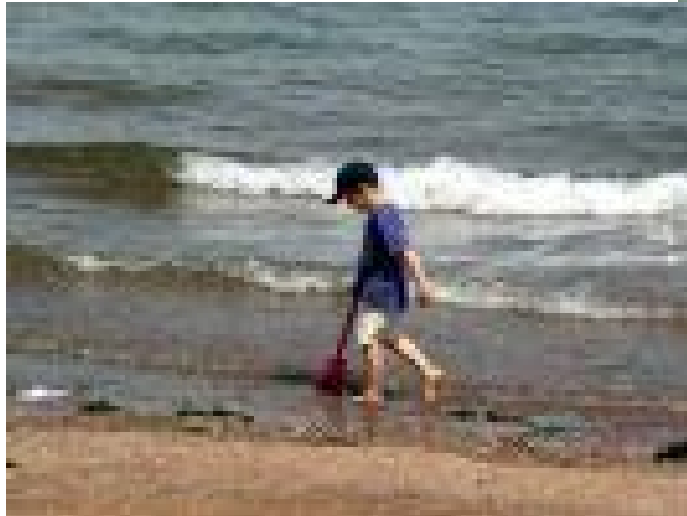
- Systematic oppression
- The “Isms” – racism, sexism, ageism, classism
- Unearned privilege
- “Target” and “Non-Target”
- Pain and loss in both experiences
- Prejudice and oppressive behaviors are learned and can be unlearned
- Non-blaming approach

Target and Non-Target Groups

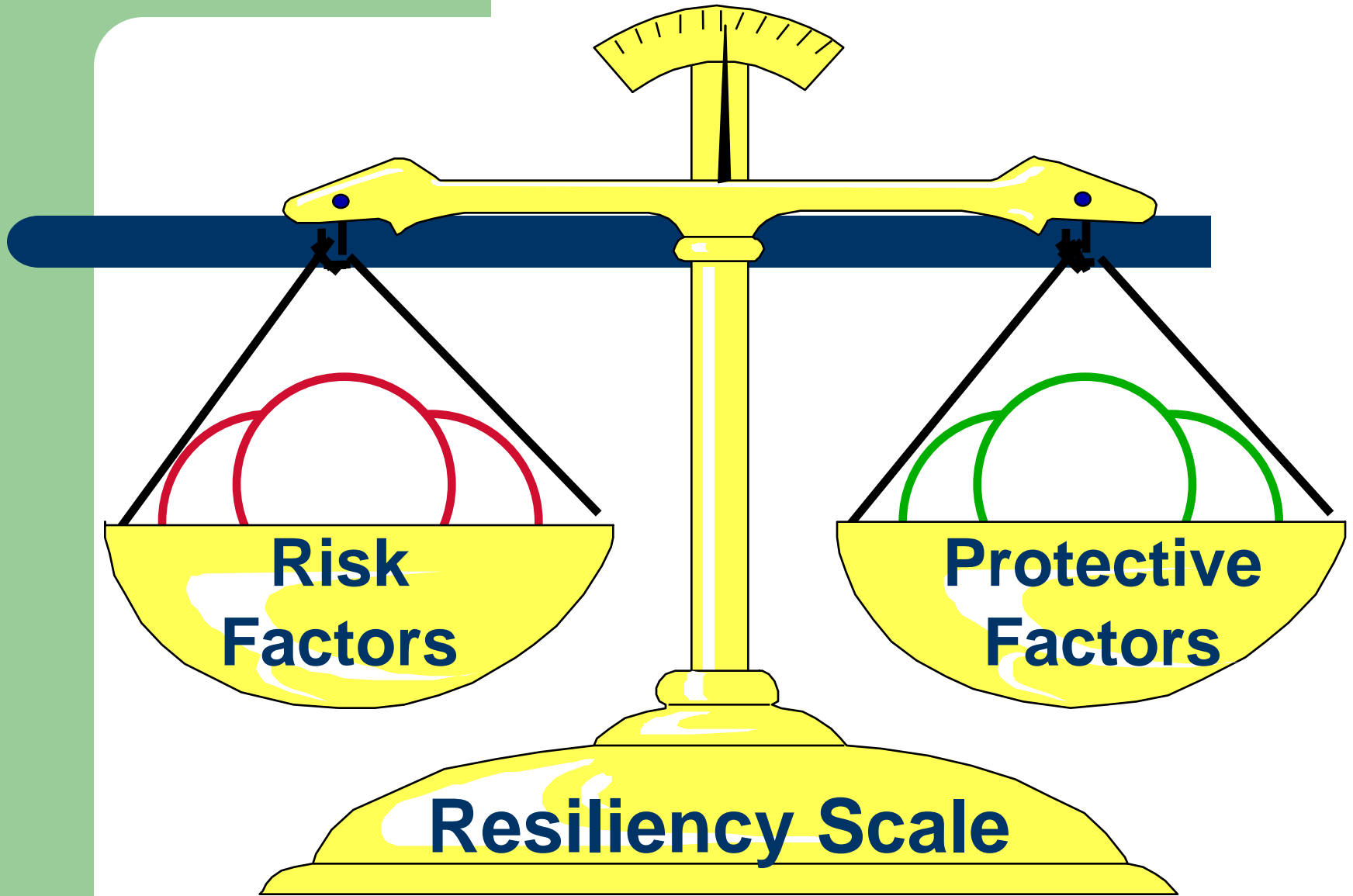
Types of Oppression Target Grps Non-Target Grps

Racism	People of Color	Whites
Class Oppression	Poor/working class	Middle/owning class
Sexism	Women	Men
Religious Oppression	Jews, Catholics, Muslims	Christians, Protestants
Ageism	Elders – 40+	Young people
LGBT	LGBT and questioning	Heterosexuals
Militarism	Vietnam Veterans	WWII, Korean, Gulf War Veterans
Adultism	Children	Middle-aged people
Immigrant Status	Immigrant	US born
Oppression of the physically different	Physically challenged, disabled, obese	Temporarily able-bodied persons

**Strengths and
Protective
Factors =**



Resiliency



Risks and Protective Factors

Types of Risk Factors

- Early Development Factors/Congenital
- Childhood Disorders
- Parent/youth Problems
- Divided attention
- Parental Disorders
- Family Stress
- Trauma
- Social Drift

Types of Protective Factors

- Temperament & Attachment
- Protective Family Environment
- Caring Relationships
- Social Support Network
- Social Skills
- Competencies
- Protective Outlooks and Perceptions

Qualities of Resilient Families

- Youth lives there
- Rules, routines and rituals
- Discipline with discussion
- Warm parent/youth relationship
- Help for mother available (extended family/connections)
- Regular church involvement
- Working parents
- Educated parent (high school)

Competencies & Skills of Resilient Youth

- Above average IQ
- Good reader
- Good problem-solver
- Good student
- Extracurricular activities
- Good social skills: well-liked, gets along, sense of humor, empathetic

Protective Perceptions and Outlooks

- Internal locus of control
- Perceived competencies
- Perception that parent cares
- Perception of social supports
- Realistic hopes & expectations for the future
- Inner spiritual faith
- Independent-mindedness

Promoting Resiliency

- Increasing the number of protective factors in the life of a high-risk youth is a primary goal of treatment and habilitation efforts
- Relationships are the vehicle for change
- Therapeutic Mentoring is a vehicle for increasing skills and enhancing resiliency

A Relationship With a Purpose and a Goal

“Kids can walk around trouble, if there is some place to walk to, and someone to walk with.”

Tito, ex-gang member

Therapeutic Relationship

vs

Social Relationship

- Structured and goal oriented
- Focus on needs of youth
- Confidentiality mandated
- May or may not choose staff

- Spontaneous
- Focus on mutual benefit
- Confidentiality is by trust only
- Choose your friends

Remember....

- The Therapeutic Mentor carries out “assignments” from the treatment plan or care plan
- The Therapeutic Mentor’s role is to help the youth learn skills to accommodate and function in the world, rather than to focus on getting the “world” to accommodate to the youth (other treatment services have that role)

“Begin with the End in Mind”

- It is NOT a “forever” service
- Acquisition and demonstration of skills needed to function more effectively in the community is the goal
- Transition from reliance on Therapeutic Mentor to use of existing, natural supports in everyday situations
- If behaviors or needs require ongoing or long-term support, other services may be more appropriate (or the goals needs to be re-evaluated and adjusted)

Structure for Teaching Skills

(It's a Parallel Process for Youth and Staff)

Youth

- Directed and Intentional
- Observable Outcomes
- Evaluation and Feedback
- Provide Corrections
- Positive Reinforcers

Staff

- Directed and Intentional
- Observable Outcomes
- Evaluation and Feedback
- Provide Corrections
- Positive Reinforcers

In What Kinds of Settings and Situations?

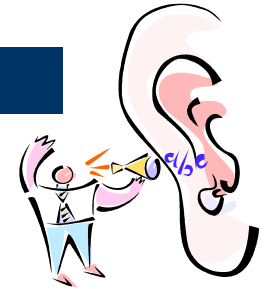
- Social activities
- Recreational and athletic activities
- Artistic or creative activities
- Educational or vocational activities
- Activities of daily living
- In the youth's home and in the community

Teaching Skills

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Things to Remember when Teaching Skills

- ❑ Really listen and seek to understand
- ❑ Be honest
- ❑ Learn to apologize and forgive
- ❑ Show respect for the youth
- ❑ Make and keep promises
- ❑ Have a positive attitude
- ❑ Be kind
- ❑ Advocate
- ❑ Seek to understand the youth's world
- ❑ Be consistent
- ❑ Keep your cool
- ❑ Use humor
- ❑ Maintain empathy
- ❑ Develop concrete goals



Elements of Respectful Teaching

- Give your full attention
- Identify teachable moments
- Act as a good model
- Treat people with respect
- Use appropriate body language
- Talk about the activity
- Confirm that learning is taking place

Components of Skill-Building

- Establish the Need for the Skill
- Introduce the Skill
- Describe the Behavior Components of the Skill
- Model the Skill
- Use Behavior Rehearsal and Role Plays
- Practice the Skill
- Prompting/ Promoting Independent Use of the Skill
- Continuation

Establish the Need for the Skill and Introduce

- Talk about reasons for learning the skill
- Give examples of benefits for the skill
- Give examples of consequences for not knowing or using the skill

Describe the Behavior Components of the Skill

- Skills are made up of component behaviors
 - “Following Instructions” is a skill;
 - “Looking at the person” giving instructions is a component of that skill
- Define individual steps and components of a skill
- Use behavioral terms that are observable when describing skill components

Model the Skill

- People learn from watching other people; be a good model
- When modeling a skill, refer to its components – name them.
- Look for and create opportunities to model the skill with the youth (teachable moments).
- Another youth, as well as the Therapeutic Mentor, can model skills.

Behavior Rehearsals and Role Plays

- A way to practice a new skill before youth tries to use it on their own
- Role Play process:
 - Assign a specific role to the youth
 - Give guidance and feedback, including corrections
 - Role Play is “complete” when there are no more corrections
 - Use positive reinforcers
 - Discuss youth’s reaction to doing the role play

Practicing the Skill

- Helps youth transfer learning to other settings
- Helps reinforce the skill as they begin using it.
- Lots of creative ways to practice – activities, worksheets, art, diaries, charts, etc.

Prompting

- Look for an appropriate teachable moment
- Use natural prompts
- Allow for time between prompts
- Use only brief vocal prompts
- Vary your tone of voice as appropriate
- Record required prompts

Independent Use of the Skill is the Objective

- We want youth to use the skills on their own
- Using the skills will improve their functioning
- Families and friends become an active part of the process
- Other people can help them learn and use the skills
- Reinforcing skills in “everyday” situations helps youth learn skills

Continuation

- Keep on keeping on....using those skills (what the Therapeutic Mentor can do to help):
 - Summarize the skill components
 - Relate the skill to the youth's treatment goals
 - Praise the youth's use of the skill whenever you see it
 - Note the need/rationale for the skill
 - Acknowledge the challenges and stress the gains
 - Continue to model the skill
 - Remind youth to use the skill when needed
 - Ask the youth to tell you about using the skill since you last met

Negative behavior > Teach positive

- Cursing, vulgar language
- Being loud, boisterous
- Sarcasm, whining, begging
- Ignoring, defying rules/instructions
- Easily drawn off task by disruptive behaviors of others
- Taking without asking
- Hoarding stuff
- Criticizing others, name-calling, teasing
- Avoiding eye contact
- Use words, voice level, and tone of voice appropriate for the setting
- Teach how to and the benefit of following instructions
- Ignore others' (negative) behaviors
- Ask permission to borrow, touch property of others
- Sharing
- Positive statements to others/compliments
- Make good eye contact

Examples of Skills Youth Need and Can be Taught

- **Social Skills**
 - Listening
 - Following instructions
 - Asking for help
 - Cooperating
 - Apologizing/expressing regrets
- **Problem-Solving Skills**
 - Identifying the problem
 - Identifying options
 - Concentrating/Attention
 - Negotiation Skills
 - Evaluating outcomes
- **Daily Living Skills**
 - Time management
 - Use of community resources
 - Job-seeking skills
 - Leisure skills/activities
 - Personal hygiene
- **Conflict Resolution Skills**
 - Identifying differences
 - Respecting differences
 - Disagreement skills
 - Identifying anger triggers

Skills, Skills, Skills.....

- Behavior Management Skills
 - Identifying and expressing feelings
 - Communication skills
 - Empathy skills
 - Handling group pressure
 - Dealing with fear
 - Avoiding trouble
- Self-management Skills
 - Dealing with fear
 - Emotional regulation
 - Stress management
 - Identifying healthy options for dealing with symptoms
 - Positive self-talk
 - Relaxation techniques
 - Expressing emotions positively

Basic Skill: Following Instructions

(+)

- Looks at the person
- Thinks about what is being said
- Acknowledges the request; asks for more information, if needed
- Does the task immediately
- Checks back after completing the task

(-)

- Looks away or rolls eyes
- Ignores instructions
- Delays beginning task
- Does not check back after completing the task

Giving Effective Instructions

3 Essential Elements

- Effective instructions are statements, not questions or suggestions. Unless you really are giving a choice, don't frame it as a question.
- Effective instructions are brief. One or two steps at a time is enough.
- Effective instructions are clear; they state exactly what is expected.

Instructions That Often Don't Work

- Questions
- Buried
- Chain
- Repeated
- Vague
- Distant
- “Let’s”

Using “Lesson Plans” for Teaching Skills

- Must have established Skills Building Curriculum(s) as core resources for lesson plans
- Need to have a regular process for assessing assigned skills and youth’s mastery level of skills
- Need to have a regular process for planning and assigning specific skills individualized for the youth

Developing a Lesson Plan

- What are the youth's goals?
- What skills does the youth need to learn in order to achieve goals?
- What activities/resources are needed to teach the skills?

References

- Interpersonal Social Skills: Instructions for Teaching Social Skills to Consumers (NC Mentor, Raleigh, NC, part of The Mentor Network), Presented by Marci White, MSW, NC Mentor Raleigh, NC
- Portions of this material adapted from the series of Ready-to-Use Social Skills and Activities for Pre-K, Grades 1-3, Grades 4-6, Grades 7-12, and Violence Prevention Skills, edited by Ruth Weltmann Begun