DEVELOPING A THERAPEUTIC MENTORING PROGRAM FOR ADOLESCENTS AND EMERGING ADULTS

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This dissertation, by Arthur 'Ace' Saltzberg, has
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ABSTRACT

The transition from adolescence to young adulthood is a critical period characterized by significant psychological, social, and developmental changes. The prevalence of mental health issues for teens and young adults has risen significantly over the past decade, yet there is a shortage of licensed professionals to treat the growing number of transitional-aged youth who are struggling. While mentoring programs exist for lower socioeconomic youth, few programs service affluent adolescents and young adults. Grounded in a comprehensive literature review, this program proposal identifies the unique challenges faced by affluent adolescents and young adults and proposes a unique therapeutic mentoring model to aid this specific demographic. This dissertation explores the efficacy of clinical mentoring programs designed specifically for adolescents and young adults to address their mental health needs and facilitate their journey into independent adulthood. The proposed program incorporates evidence-based practices and theoretical frameworks from developmental psychology, clinical psychology, and mentoring literature. It aims to provide structured support, foster resilience, and promote the development of critical life skills. Key elements include personalized mentoring relationships, promoting healthy coping skills, individuation, and continuous assessment to tailor interventions to individual needs. This study contributes to the existing body of knowledge by highlighting the importance of tailored clinical mentoring programs in helping emerging adults launch into self-efficacy. It provides a scalable model that can be adapted for various settings, offering a practical solution to the pervasive gap in mental health care. Through this research, I propose the potential of clinical mentoring as a critical element in empowering young individuals, fostering a smoother transition to adulthood and promoting long-term psychological well-being for the

entire family system. This dissertation is available in open access at AURA,

https://aura.antioch.edu/ and OhioLINK ETD Center, https://etd.ohiolink.edu

Keywords: mentoring, therapeutic mentoring, adolescents, young adults, failure to launch, clinical mentoring, transition-aged youth, emerging adults, mentoring programs, mentoring gap

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Table of Contents

List of Tables

CHAPTER I: INTRODUCTION

Mentoring programs are widely accepted as one of the most longstanding evidence-based prevention and intervention approaches for youth and adolescents. While definitions vary, it is generally agreed upon that a mentor is a nonparental adult that provides guidance, support, and advice, who serves as a role model for a younger mentee through a one-on-one relationship over a given period of time. Mentors help shape and guide younger individuals by sharing their life experiences. There are different types of mentors. Natural or informal mentor relationships form naturally without the assistance of a program (i.e., a family friend, coach, or teacher), whereas formal mentors volunteer or work for mentoring organizations that arrange for a mentor to meet with a mentee on an ongoing basis. Both types of relationships have a similar effect in shaping and influencing the mentees they work with, but formal mentoring relationships have been the subject of more research. Formalized youth mentoring programs will be the focus of this proposal.

Formal mentoring programs have existed for over a century in the United States. There are an estimated 4,500-5,000 agencies providing mentoring in some form or another (Dubois & Karcher, 2005; DuBois et al., 2011). These include at least 500 Big Brothers/Big Sisters of America agencies (BB/BS, 2020), national initiatives like America's Promise, and federal legislation that promotes mentoring with the No Child Left Behind Act of 2001. The United States government allocated $104 million in direct investments and hundreds of millions more through indirect initiatives to support mentoring programs given their effectiveness in supporting youth (Fabbi, 2024). These organizations share the widespread belief that the presence of a caring, nonparental adult (mentor) in the life of a young person promotes healthy growth and

development, but also serve as a protective factor against many of the risks facing today's youth (Karcher et al., 2006).

Just as there are different types of mentors, there are different types of mentoring programs. Formalized mentoring programs can be either community based or site-based. Community based mentoring sessions take place in 'real-world settings', akin to in-vivo exposures, where mentors and mentees are doing activities at parks, the beach, museums, or restaurants. In site-based mentoring each session occurs in a specific location (i.e., at school, in a church, in a juvenile detention center, or at a company). While each type of mentoring program has their own unique benefits, community based mentoring has larger implications for helping a client learn skills in a variety of settings, similar to in-vivo exposure therapies.

Formalized mentoring programs tend to follow one of two theoretical orientations in their approach to mentoring relationships. A developmental orientation emphasizes the building of a close bond between mentor and mentee, aligned with the belief that the relationship or therapeutic alliance, between the two is the curative factor of the mentoring program. In contrast, an instrumental approach focuses on establishing and accomplishing goals as the priority of the mentoring relationship and believes the benefits are achieved when a mentor helps a mentee reach specific goals.

Both orientations have the same intention in mind, to create a close bond between mentor and mentee. They seek to build a dynamic where trust is established and mentees confide in mentors, trust their guidance and turn to mentors for support, yet the way that each orientation arrives at the end goal is different. All mentoring relationships aim to improve the lives and development of mentees by having a caring individual, the mentor, invest time and energy into being a support that mentees can lean on and learn from. Ideally the mentor is someone the

mentee looks up to, who understands their struggle and has lived through similar experiences themselves and is now giving back to the mentee to help make their journey less difficult to navigate. Mentors guide their mentees through whatever issues the latter may face.

Though researchers tend not to agree on what exact features or processes are critical in mentoring relationships having a positive impact on mentees, researchers do agree that mentoring is typically a beneficial and effective strategy for working with youth and adolescents. A positive and enduring mentoring relationship can impact the self-worth, self-esteem, and social competence of youth (Dubois et al., 2002; Rhodes et al., 2006). Conversely, a negative mentoring experience can damage the self-esteem of the mentee and cause trust issues with authority figures to increase. Mentoring efforts are primarily designed as volunteer organizations to serve lower socioeconomic status (SES) youths who have been deemed 'at-risk' for a myriad of reasons. Many studies on these individuals highlight the struggles they face and the obstacles they encounter growing up in impoverished neighborhoods which make it harder for them to achieve success by American societal standards. Yet the limited research done on higher socioeconomic status adolescents sheds light on the fact that there is a seriously overlooked and newly recognized 'at-risk' group of adolescents in America. More affluent youth could also benefit from the type of guidance and support that mentoring programs provide.

Epidemiological research has established higher rates of depression in developed countries than in others (Buss, 2000) and historical data over the last three decades indicate that Americans are twice as rich now but no happier than they used to be (Buss, 2000). In the same timeframe, divorce rates have doubled, teen suicide has tripled, and depression rates have soared, especially among teens and young adults (Diener, 2000; Myers, 2000, p.61; Luthar, 2003). Myers refers to these struggles, the combination of material success and social decline, as the

‘American paradox’, where the more individuals strive towards and achieve extrinsic success such as money or material possessions, the more numerous their problems become and the more their well-being suffers or declines (Myers, 2000; Luthar, 2003).

Luthar’s research on higher socioeconomic adolescents from suburban communities found that affluent adolescents reported higher rates of depression, anxiety, and substance abuse used to self-medicate or escape their realities than in comparison to their more impoverished counterparts (Luthar, 2003). Anxiety among affluent boys and girls are 25-30% higher than their counterparts, where their likelihood to use alcohol is 15% higher for girls and 35% higher for affluent boys (Luthar, 2003; Rampage, 2008). Where the key task of adolescence is to form an identity, which is primarily formed via the peers that adolescents surround themselves with, more affluent adolescents are struggling with their mental health in today’s society. This may be due to increased pressure to succeed academically and in extracurricular activities (Koplewicz, 2009; Luthar & Latendresse, 2005), feeling overwhelmed by their jam-packed schedules, or a sense of isolation due to a lack of parental involvement and disconnection from their peers given that teens primarily interact through electronic devices and social media (Luthar, 2003; Levine, 2006). It is most likely a combination of multiple factors and sources of stressors on upper-class adolescents who feel an enormous pressure to perform at such a young age, from parents, peers, and imposed on themselves.

Adolescents are struggling at higher rates than ever before and need access to need more interventions and support. Among high school students in 2019, 36.7% reported persistently feeling sad or hopeless in the past year, and 18.8% had seriously considered attempting suicide (Bitsko et al., 2022), and in 2021, the Youth Risk Behavior Survey (YRBS) found that 60% of female students experienced persistence sadness and hopelessness and 25% had made a suicide

plan (CDC, 2023). In 2021, 42% of all students reported they felt so sad or hopeless almost every day for at least two weeks that they had stopped engaging in their normal activities, while 29% endorsed that they identified as having 'poor mental health' (CDC, 2023). Nearly 20% of people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder and suicidal behaviors amongst high school students have increased over 40% from 2009-2019 (Agency for Healthcare Research and Quality, 2022). Additionally, 23% of high school students report drinking (27% female, vs 19% male) and 16% of high school students report smoking marijuana in the past 30 days (CDC, 2023). In this same 2021 report, 13% of students reported they had used illicit drugs (cocaine, heroin, methamphetamines, hallucinogens, etc.) and 12% reported they had misused prescription opioids (CDC, 2023). While these numbers are slightly reduced from the 2019 report, students are still self-medicating with substances instead of processing their emotional turmoil at alarming rates.

We are in a mental health crisis where there is a serious shortage of licensed mental health professionals and clinicians (McQuillin et al., 2021). In the United States, 50% of youth struggle with at least one mental health diagnosis and 22% of adolescents are impacted by severe impairments (Merikangas et al., 2010). Only one-third of adolescents struggling with mental health diagnoses receive treatment for mental health disorders (Merikangas et al., 2010), with some studies showing that 70%-80% of children with mental health diagnoses go without care (Agency for Healthcare Research and Quality, 2022). The number of young people who struggle with their mental health only increased during and after the COVID-19 pandemic.

While adolescence was once believed to end at 18, when adulthood began, researcher Jeffrey Arnett has proposed a new stage in the lifespan development referred to as Emerging Adulthood (EA), from ages 18-25. This stage is marked by being caught between adolescence

and young adulthood, where the individual is not still a teenager but has not successfully launched into the autonomy and independence typically associated with adulthood (Arnett, 2000). It is a period marked by confusion, lack of parental supervision, increased freedom, and high-risk behaviors such as drug and alcohol misuse, unprotected sex, etc. (Arnett, 2000). These EA individuals no longer want to be infantilized by their parents, yet lack the skills, resilience, and discipline to achieve any substantial success in a society where the cost of living has risen dramatically over the last few decades. Arnett's theory was supported by technological advances that illuminated the fact that the brain does not finish developing to maturity until the age of 25 or 26, when the frontal lobe finally is fully formed. (Spear, 2000). The lack of a fully formed prefrontal cortex results in increased emotionality, moodiness, impulsivity, and lack of long-term planning or ability to regulate their feelings, making these emerging adults likely to be trapped in a form of arrested adolescent development (Spear, 2000). Adolescents and EA are desperately trying to individuate and launch into autonomy, which makes them less likely to respect and connect with their parents. Where traditional therapy is designed to process feelings, these individuals need more hands-on, life-skill focused guidance to support their endeavors towards autonomy. This is where trained, paraprofessionals and clinical mentors are the ideal individuals to help adolescents and emerging adults develop much-needed skillsets to successfully launch into adulthood.

Mentoring is a highly effective strategy for connecting with and supporting adolescents and emerging adults, as both populations often struggle with many of the same issues given that their brains are physiologically in similar developmental stages (Spear, 2000; Arnett, 2000). Both groups rely on their peers over parents for support, community, connection, and identity formation, yet their peer groups are often struggling with the same issues and do not have the

expertise or experience to effectively help one another successfully navigate this transition into self-efficacy. Mentors serve as a hybrid between peers and parents. Mentors are usually closer in age to the mentee, can thus relate on a different level given their understanding of adolescent culture, yet have recently made the transition that these adolescent and emerging adults are attempting to complete successfully. Mentors are ostensibly more relatable and trustworthy than parents, and can potentially offer more relatable guidance, time, expertise, connections, advice, and model effective decision-making skills, helping mentees of both population groups develop individualized tools to successfully navigate their own transitions into self-sufficiency.

While most mentoring programs are volunteer services designed for lower SES 'at-risk' youth, the innovative program proposal seeks to offer new services to a new population. Leveraging clinical mentors who are training to become therapists or clinical social workers and need hours as part of their licensure requirement, I am proposing a community-based mentoring program aimed to serve the newly identified at-risk population of affluent adolescents and emerging adults. The program leverages a hybrid based developmental and instrumental orientation, to provide these populations with the support and positive modeling they need.

Due to the more casual nature of mentoring, it is not a formal clinical experience. Many of these youths have experienced traditional therapy, where they spend an hour in an office with a therapist and it doesn't translate into changes in their behavior or day-to-day lives. Mentoring involves getting out into the community, spending a few hours each week with a big brother or sister role model engaging in activities that both the mentor and mentee have a shared interest in. The focus of the program is not to talk about feelings or explore hidden traumas, but to engage in activities that are practical and build skills for the mentee. Given the casual nature of the program and that clients are actively engaged in various activities, mentees tend to naturally

become comfortable sharing their feelings with mentors as they spend more time together. Mentoring is more of a two-way relationship, where the mentor shares with the mentee, and vice versa. Mentoring sessions allow clients to learn tools or skills in real time that help them self-regulate their emotions, develop better decision-making skills, and build self-worth, self-esteem, and self-efficacy by accomplishing goals with their mentors.

In this dissertation, I will propose an innovative mentoring program designed to assist middle-to-upper class adolescents and emerging adults in successfully transitioning from childhood to self-sufficient young adults. This at-risk population has been long overlooked and unaddressed by professionals and community volunteers (Levine, 2006). The proposed program could increase connection and provide apprenticeship through mentoring, a historically valued rite of passage through life transition.

CHAPTER II: LITERATURE REVIEW

Origins of Mentoring

The term 'Mentor' first appeared in the renowned Greek poet, Homer's, *The Odyssey*. Mentor is the name of the friend that the protagonist of the story, Odysseus, leaves his son with when he goes to fight the Trojan War (Barondess, 1995). In the epic poem, Mentor serves as a role model and supportive figure to Odysseus's son as he transitions from a child to an independent, intelligent, and responsible young adult (Barondess, 1995). Over the years, the name has evolved to become a term in modern day vernacular used to refer to individuals who are perceived as loyal, wise advisors, teachers, coaches, and/or role-models. Nowadays, while the exact definition varies, most individuals define a mentor as a caring, nonparental adult (Schenk et al., 2021) who spends time fostering the development of a typically younger individual (mentee) through a one-on-one relationship (Tolan et al., 2020). Even researchers struggle to agree on the formal definition of mentoring, given the multitude of variations that exist within the scope of the intervention, but common elements and best practices have been identified through years of scientific research (Dubois & Karcher, 2005; Dubois et al., 2011). For the purposes of this study, a mentor is defined as a caring, nonparental individual who develops an on-going, one-on-one relationship with an adolescent or young adult in need; a mentor encourages, listens, gives advice, advocates, and serves as a role model, sharing information, experience, and wisdom that aids the development of the younger individual (mentee) (Smink, 1990).

Mentoring relationships have existed for thousands of years where an older, wiser individual, the mentor, provides guidance, knowledge, time, and support to the younger mentee's

growth and maturation. One of the earliest mentoring relationships also traces back to ancient Greece, to the dynamic between Socrates and Plato, the former serving as the mentor, while the latter as the mentee (Smink, 1990). In this early mentoring relationship, Socrates provided Plato guidance and challenged his ideas, which in turn, fostered Plato's moral growth and allowed him to develop his own theories (Smink, 1990). Similarly, Freud and Jung shared a mentoring relationship. Freud, nearly 20 years Jung's senior, was much more established as a clinician and author due to his theories on ego development and sexuality, spent years sharing his theories with Jung and "fulfilled the role of a respected father figure" for Jung (McFarland Solomon, 2003). Sharing a father-son-like affinity for one another, Freud viewed Jung as his 'heir apparent', and helped Jung formulate his own interpretations of the individual and group psyche; despite their relationship eventually ending abruptly, Jung is still viewed as Freud's primary disciple (McFarland Solomon, 2003). Both the above cited relationships describe natural or informal mentoring dynamics which form without the assistance of a formalized program matching a mentor with a mentee. A natural mentoring relationship occurs when a nonfamily member (e.g., a teacher or a coach) takes an interest in a younger individual, shares knowledge and provides guidance, support, and encouragement to help the younger person's positive and healthy development over a period of time (Bruce & Bridgeland, 2014).

Professional Mentoring

When most people hear the term 'mentor', they are familiar with the term from the business world, which is akin to the early concept of apprenticeship. In an apprenticeship, an older expert in a given field, would take on a younger novice (apprentice or mentee) and train them in the tricks of the trade, investing time and energy to guide the mentee and help them achieve success in whatever trade expertise the mentor possessed. In Daniel Levinson's *The*

Seasons of a Man's' Life, he discusses the importance of mentors for developing a sense of self in the adult world, particularly in regard to careers, seeing the mentor relationship as complex and developmental, as it supports and facilitates another's goals and dreams (1965). A landmark study on adult development, conducted by G.E. Valliant involving 95 Harvard graduates, found that men who were deemed 'best outcomes' from the study had numerous mentor-like relationships (1977).

Research on planned and natural mentoring in organizations is overwhelmingly positive, where having a mentor is associated with greater job satisfaction, better performance, higher levels of education and faster promotion (Smink, 1990). Formal mentoring programs for adults exist in many fields, from teaching to the corporate world, with companies like Federal Express, AT&T, and Bank of America all implementing mentoring programs; some designed to encourage and assist new hires, while others are geared towards selecting and promoting young executives (Smink, 1990). In the corporate space, 53% of companies surveyed by Billion + Change, report providing mentoring services (Bruce & Bridgeland, 2014). Men and women who were mentored professionally cited increased self-confidence, access to networks previously unavailable to them, and mastery of job-related skills as benefits they received (Smink, 1990).

Regardless of the specific goals or benefits of a mentoring program, all mentoring relationships have one thing in common, namely, a nurturing relationship between mentor and mentee. In these formalized mentoring relationships, the benefits for adults apply not only to their professional growth, but their personal development as well. Mentoring relationships can occur naturally, as they used to in the form of an apprenticeship, or formally, as they do in Fortune 500 companies promoting young executives. The way mentoring programs are helpful

for adults looking to hone their professional skills and self-confidence, they also help youth in a variety of ways.

Youth Mentoring

Having a mentor can be beneficial at any point throughout one's life, but children, adolescents, and young adults in a unique position to benefit from mentoring relationships. Adolescents and EA are young, impulsive, and impressionable, yet must navigate a myriad of obstacles for which they need guidance and support. Youth mentoring is one of most widely utilized and popular methods of promoting success in adolescents and has been proven to reduce risks for substance abuse, failure in school, delinquency, and a wide variety of other issues (Garringer, McQuillin, & McDaniel, 2017). A study by Shah et al., found that "change is more likely to occur [among young people] if someone they can relate to or perceive as a role model relays the message" (2001, p.585). This may be due to the fact that mentors tend to be closer in age, more relatable, and understand their mentees daily experience more than their parents, teachers, or clinicians. Mentors strive to connect with mentees by utilizing their own lived experience to create a sense of shared reality, which allows clients to feel understood, comfortable, and more likely to lean on their mentors for support in achieving their goals (Higgins, 1992; Echterhoff, Higgins, & Levine, 2009). For over a decade, mentoring programs designed to support youth have been implemented in schools, universities, community centers, faith-based institutions, professional organizations, youth-detention centers, courts, privately funded organizations, and even online (Blechman, 1992; Rhodes & Lowe, 2008; Sipe, 2002).

Even though mentoring relationships are widely accepted as positive for youth of all backgrounds and abilities (Bruce & Bridgeland, 2014), most mentoring programs are designed as volunteer organizations to serve 'at-risk' youth, primarily from low socioeconomic status (SES).

Mentoring programs have been proven as an evidence based means of developmental support for youth, primarily for those dealing with socioeconomic disadvantage (DuBois & Keller, 2017). These programs help youth achieve positive outcomes in a multitude of facets of their lives, including social relationships and emotional well-being (DuBois, et al., 2011), minimizing their risk for negative outcomes such as delinquency (Tolan, et al., 2008), better attendance and attitude toward school, minimizing the use of drugs and alcohol, increasing trusting relationships and better communication with parents, as well as an increased chance of continuing on to higher education (MENTOR/National Mentoring Partnership, 2009). When the first mentoring program was created in 1904, it was designed to service lower SES youth who were at risk, yet in today's society, youth in low SES groups represent just one segment of 'at-risk' adolescents.

The largest and oldest formalized youth mentoring program in the country, Big Brothers and Big Sisters of America (BB/BS) was founded in 1904, when a judge by the name of Ernest Coulter in New York City noticed more and more young boys coming through his courtroom and set out to solve the problem by pairing troubled youth with caring adults (BB/BS, n.d.). Today the program has grown, and BB/BS operates in all 50 states and in 12 countries around the world, mentoring 135,786 mentees in 2019 (Mitchell, 2020). The program has grown to help not only youth, but young adults across America and even foreign countries thanks to advancements in the understanding of who can benefit from mentoring and technological advancements, which make virtual mentoring a reality. In 2011, it was estimated that approximately $100 million in federal support and research funds had been allocated to youth mentoring programs in the United States (DuBois et al.) BB/BS remains the largest evidence-based mentoring organization in the country, serving over 2 million youth in just the last decade alone, and has recently expanded services to include mentoring services for young adults (BB/BS, n.d.). The program primarily

uses a community-based model where ‘Bigs’ (mentors) meet with ‘Littles’ (mentees) out in the community, away from school, engaging in various activities (BB/BS, n.d.).

Benefits of Mentoring

According to the BB/BS, after 18 months of spending time with their mentor, mentees reported 46% less likely to begin using illicit drugs, 27% less likely to begin using alcohol, 52% less likely to skip school, 37% less likely to skip a class, and 33% less likely to get into a physical altercation compared to youth not in mentoring programs (BB/BS, n.d.). The results also showed 85% of mentees reported improving, 84% reported improvements in their depressive symptoms, 89% reported improved ability to regulate emotions, 95% reported improved behavior in school, and 91% reported increases in social competence (Mitchell, 2020).

Some studies attribute the benefits mentees experience from mentoring to the duration of the relationship, citing mentoring relationships that last over 9 months, ideally 12 are most beneficial, while others have found that it is the programmatic structured curriculum or activities, while others hypothesize it is the closeness that is developed with a mentor due to similarities in backgrounds, gender, economic status, and lived experience (BB/BS, n.d.). What is agreed upon by all researchers is that not one element specifically can be attributed to the benefits that mentees experience from mentoring programs. Each client’s specific background and unique circumstances may make them more responsive to different elements of a mentoring program and/or the mentoring relationship. Some mentees enjoy building a close bond with a nonparental figure, especially if they are missing a parent or role-model and are not getting enough attention from their family. Others prefer to remain emotionally distant from their mentors and simply want assistance with specific life skills or tasks, such as applying for jobs or access to the

mentor's network and experience (Schenk et al., 2021). For the former client, a developmental approach is ideal, and the latter, an instrumental approach to mentoring would work best.

Dr. Jean Rhodes Director of MENTOR and University of Massachusetts Boston Center for Evidence-Based Mentoring, explains, "Virtually every aspect of human development is fundamentally shaped by interpersonal relationships. So, it stands to reason that when close and caring relationships are placed at the center of a youth intervention, as is the case in mentoring programs, the conditions for healthy development are ripe" (2014). A meta-analysis on the findings across national mentoring organizations found six common favorable program effects. The positive impacts included but were not limited to the presence of a supportive, non-familial adult relationship; perceived scholastic efficacy; decrease in school-related misconduct; peer support; reduction of absenteeism; and decrease in truancy (Wheeler, Keller & DuBois, 2010).

Many youths today need the guidance and connection to a positive role model who can help them make better decisions and feel supported, yet most children, in fact 1 in 3, report not having a naturally occurring role model by the age of 19, which is referred to as the mentor gap (Bruce & Bridgeland, 2014). This mentor gap, coupled the shortage of mental health providers in the United States, makes mentoring a viable solution to help support adolescents and emerging adults. This mentor gap parallels the clinician gap in the United States right now, as "the demand for child mental health services, including those provided by psychologists, counselors, and social workers, exceeds the supply and this trend is expected to continue or worsen unless there are substantial structural changes in how mental health services are provided" (McQuillin et al., 2021). In an attempt to address the growing disparity between teens struggling with mental health and the lack of licensed clinicians to support them, some clinicians and researchers have looked to mentoring as a viable option to bridge this gap. McQuillin et al., (2021) propose a

framework where paraprofessional mentors are trained, supervised, and supported as they deliver therapeutic activities to adolescents who are struggling, under the supervision of licensed clinicians. Decades of studies have shown that with the proper supervision and guidance, paraprofessionals can provide mental health solutions and provide therapeutic interventions to clients as effectively, if not more so, as licensed clinicians. (Durlak, 1979; Hattie et al., 1984; Montgomery et al., 2010).

Mentoring Defined

Given the myriad of variations that exist within mentoring, from type of mentor (peer mentor or cross-generational mentor and volunteer or paid mentors) to the location that mentoring occurs (site based, community based, hybrid, or virtually), to the theoretical approach (developmental or instrumental), and even the nature of the relationship (natural mentoring or formalized mentoring), it is difficult to agree on an exact definition of mentoring. Defining the process of mentoring as an intervention approach has been difficult for researchers and the characteristics that must exist to even be considered mentoring often vary in studies (Tolan et al., 2020).

While the exact definition of mentoring varies, common elements have been identified throughout years of formalized research (Dubois & Karcher, 2005; Dubois et al., 2011; MENTOR, 2009). “Most commonly the central feature is a relationship between a provider (mentor) and a recipient (mentee) for the potential of benefit for the mentee, usually through one-on-one engagement” (Tolan et al., 2020). Other key elements noted across various definitions include: (a) interaction between the mentor and mentee over an extended period of time, (b) mentor possessing more experience, knowledge, than mentee, (c) the mentee has the ability to imitate and benefit from the mentor’s knowledge, skill, ability or experience, (d) absence of

specific role inequality between provider and recipient that exists in many other therapeutic intervention relationships where the adult an authority over the child in need of teaching or specific help and the adult utilizes specific skills to do so (Tolan et al., 2020). These features are what differentiate mentoring from clinician-client relationships including counseling or therapy, from parenting, and informal adult aid, or formal educational relationships (Dubois & Karcher, 2014; Rhodes et al., 2002).

Beyond these basic features and distinctions, there has been very little definition or standardization about the processes and activities actually involved in mentoring sessions. Researchers rarely define or account for what occurs during the hours mentors spend with mentees (Tolan, et al., 2020). In a review of school-based mentoring studies conducted by McQuillin, Lyons, Clayton, and Anderson (2018) they found that treatment constructs are largely under or unspecified, with less than 25% of studies indicating what prescribed practices should be implemented during mentoring sessions. The general conclusion among researchers is that mentoring programs have largely skipped the critical process of identifying a clear theory of impact and related model of how intervention processes contribute to intended outcomes. The field lacks a consensus or understanding that is essential for the sound and uniform implementation of evidence-based practices to be standardized across mentoring programs (Cavell & Elledge, 2014). While organizations like BB/BS & MENTOR have disseminated best practices, suggested trainings and government funding, (i.e., hundreds of millions of dollars to study mentoring programs), it is rare to find studies that account for what actually occurs during mentoring sessions. This lack of insight makes it difficult to scale or account for the positive effects attributed to the time a mentee spends with a mentor, despite there being clear benefits that mentees receive from spending time with mentors.

Mentoring Approaches

Several models of mentoring have come to fruition as a result of an increase in formalized mentoring programs implementing evidence-based practices and incorporating research-backed models into their mentoring programs. One count in 2011 found over 5,000 organizations in the United States offering some form of formalized youth mentoring program (DuBois, et al.). Formalized mentoring programs vary based on the location that mentoring occurs, the orientation or emphasis of mentoring approaches, and the type of mentors utilized. Mentoring programs can be community or site based, the former occurring when mentor and mentees meet out in the community doing activities together, while in the latter model, mentoring sessions take place at a specific site, like a school, church, community center, etc. (Bruce & Bridgeland, 2014).

As mentioned earlier, most programs either take a developmental approach or an instrumental approach. Developmental programs focus on mentor and mentees building trust and emphasizing relational closeness in order to create change and influence growth in the client, while instrumental mentoring programs emphasize the pair completing activities or accomplishing set goals at the onset of their relationship in order to develop a close bond as a result of achieving these goals together (Schenk et al., 2021). Mentors can be either peer mentors, where they are similar in age or share a similar diagnosis, traditional mentors, where the mentor is older than the mentee but still from the same generation, or cross-generational mentors, where the mentor is much older than the mentee, like a retired adult and an adolescent (Bruce & Bridgeland, 2014). While the styles vary in emphasis, they both have the same underlying goal, to foster closeness, build trust, and establish rapport between mentor and mentee so that a bond forms that allows the mentee to feel safe confiding in the mentor and the mentor to have a

positive influence on the mentee that helps them develop skills, self-confidence, and self-sufficiency (Schenk et al., 2021). The dynamic between mentor and mentee is the critical factor in the effectiveness of a mentoring relationship.

Research shows that younger mentees, typically adolescents and younger children, benefit more from developmental mentoring relationships while emerging and young adult mentees, respond better to instrumental mentoring approaches (Schenk et al., 2021). This is most likely due to the difference in lifestyle development between the two groups. While they both may not have fully formed frontal lobes or identities (Spear, 2000) younger clients are still in school, living under their parents' roof and only have to focus on their academic achievement and extracurricular interests, so developing a long-term relationship with a nonparental adult can help positively influence them over a longer period of time (Schenk et al., 2021). Typically, relationships lasting over 12 months have shown to be most beneficial, as they provide adequate time to establish rapport, build trust, model new behaviors, teach skills, and help mentees implement the new coping mechanisms into their resources, which like any meaningful relationship, takes time to foster and develop (BB/BS, 2021). Emerging and young adult mentees may respond to instrumental mentoring more positively because they have more life-skill related tasks: applying to jobs, enrolling in college, finding affordable housing, to developing the skills necessary for achieving self-sufficiency and autonomy (Schenk et al., 2021).

Mentoring for adolescents and young adults provides them with a role model who is close in age, comes from a similar background, and shares similar beliefs, attitudes, and interests, fulfilling the ideal role which is a hybrid between a positive peer influence and relatable parental role-model. The mentor devotes time and energy to the mentee by meeting with them and engaging in activities that help the mentee accomplish goals which ultimately helps them build

self-esteem, confidence, and self-efficacy. Mentors model appropriate behavior and serve as an example for mentees to emulate and look up to. Given that adolescent and emerging adults brains are still malleable, they are impressionable and tend to look up to their mentors, striving to mirror the examples their mentors are modeling as role models (Spear, 2000). Mentoring is a great way to get youth involved in positive activities, help them develop tools and skills that will benefit them in their own lives, and provides them with another resource to turn to when they need help from someone who understands what they are experiencing by having lived through it themselves. Being exposed to new activities broadens their horizons, gives them new coping skills, and helps create new connections with positive peers in a new community.

While there are hundreds of formalized mentoring programs across the U.S., mentoring at each program varies greatly. Mentors are role models, a hybrid between a peer and a parent, who impart wisdom on the mentee and help shape their sense of self, assist in developing new skills and tools, and provide guidance and support as needed. Mentors play a critical role in the identity development of the adolescent mentee, which is argued by many clinicians to be the essential task of adolescence while teenagers individuate from their initial attachment object, their parents (Arnett, 2000; Levine, 2006, p.8).

Theoretical Approach

Most mentoring research is based on mentoring programs that utilize a developmental approach which emphasizes a close, long-lasting relationship as the primary catalyst for mentees' growth and development. Mentee's self-esteem, for example, is believed to increase through the presence and affirmation of spending time with a mentor (Schenk et al., 2020; Rhodes, 2005). Developmental mentoring emphasizes the close bond between mentor and mentee as the primary mechanism by which change is achieved, therefore spending lots of time

together, having fun, and developing rapport, which leads to trust, are the main aspects that developmental mentoring programs focus on. Empirical research shows that in developmental mentoring, close relationships between mentor and mentee are associated with better youth outcomes (Cavell & Elledge, 2014; Kanchewa et al., 2016; Karcher et al., 2002). While a close bond and sense of connection is necessary for a mentoring relationship to yield positive results, a relationship-based approach alone may not adequately support certain youth's needs (Bowers, 2019; Rhodes, 2019). Outcomes of a recent meta-analysis study showed that relationship-based mentoring programs yield smaller effect sizes than more targeted approaches, like instrumental mentoring (Christensen et al., 2020), especially when it comes to young adult mentees who have more life skill related tasks to successfully launch through autonomy and self-sufficiency (Schenk et al., 2021). An instrumental approach to mentoring focuses on achieving goals as the focus of the mentoring sessions, as opposed to building a close bond as the primary objective.

Location of Program

The context in which mentoring relationships take place can be described as field (community) based or site based (Rhodes et al., 2002). Each setting has beneficial and limiting implications for the mentoring relationship. Community-based mentoring sessions take place in a mutually beneficial location for the mentor and mentee and allows for a wide range of activities to take place (Karcher et al., 2006), for example engaging in a shared interest like playing basketball at a local park or going shopping for vintage clothing at a flea market. Community based mentoring allows the pair the greatest freedom and flexibility to determine how to spend each session, allowing them to explore a range of educational, recreational, and therapeutic opportunities. Community mentoring also reduces need for supervision and oversight, learning

how to control triggering factors for clients and respond to unaccounted for distractions to deflect from the session (Karcher et al., 2006).

Site based mentoring refers to programs in which mentoring relationships take place in one of a variety of specific sites, for example, schools, community centers, religious centers, the workplace, or hospitals, etc. Site- based programs are typically organized in terms of the context and structure and goals of the program, for example, to facilitate career development through workplace mentoring (Karcher et al., 2006). Sipe & Roder (1999) found that, "approximately 45% of mentoring programs are site-based, and 70% of site-based programs are found in schools", with the majority of school-based mentoring programs emphasizing the improvement of academic performance and increasing mentees grades, which is very similar to tutoring. The main issue with school-based mentoring programs is that they typically involve a single, one-hour session per week focused primarily on grades. There is less emphasis on a developmental relationship, where the student gets emotional support from the mentor. By focusing on improving academic performance students may not develop life skills such as learning to advocate for themselves with a teacher or how to study and self-regulate outside of the classroom. The school setting encourages attention to learning material for whatever subject the student is struggling with and helping raise grades (Karcher et al., 2006), but fails to have larger, lifelong benefits for clients that apply to the development of life skills.

What Makes Mentoring an Effective Intervention?

Identified over 25 years ago as having soundly rendered evidence supporting its effectiveness, mentoring is one of the most longstanding empirically supported youth interventions (Tolan & Guerra, 1994). Broad meta-analysis, numerous studies, and conceptual reviews support the conclusion that mentoring is more effective than many other programs

designed for youth intervention or prevention methods (Aos et al., 2004; Dubois et al., 2011; Hall, 2003; Lipsey & Wilson, 1998; Rhodes et al., 2002). Despite this general consensus that youth mentoring is mostly beneficial for the adolescent mentees that participate in these programs, there is a significant amount of variation in the extent of effect sizes .Some evaluations of mentoring programs actually resulted in negative impacts on the youth mentees who participated (Tolan et al., 2013), but that was typically due to relationships being terminated early.

In addition to providing mentees with a peer/parent hybrid that can serve as a sounding board, positive influence, and role model, mentoring programs help equip mentees with essential life skills required to be successful later in life. One of the most important factors to that process is resilience, a concept defined by Jackson, Firtko and Edenborough (2007) as "the ability of an individual to adjust to adversity, maintain equilibrium, retain some sense of control over their environment, and continue to move on in a positive manner" (p. 3). Research has proven resilience to be a critical factor in handling life's daily stressors as well as more significant, traumatic events (Jackson et al, 2007; Nrugham et al., 2010). Resilience factors such as spirituality (Cotton et al., 2005), self-regulation (Dishion & Connell, 2006), social support (Bal et al., 2003; Betancourt & Khan 2008; Shahar et al., 2009), and flexibility (Bonanno et al., 2004) have all been cited as contributing to protecting individuals from developing psychopathy while facing adversity (Nrugham et al., 2010). Mentors can help clients learn these critical tools in the time they spend together by modeling and teaching these coping skills to clients. "Working under the empirically based premise that individuals can acquire valuable coping skills, the goal of resilience building interventions is to develop interpersonal intrapersonal skills that will serve as protective factors in times of adversity" (Stokar et al., 2014). At an age where most

adolescents do not want to listen to their parents, having a mentor they will listen to and who can teach them these invaluable skills is another benefit mentoring relationships provide.

A number of studies have shown that other types of mentoring programs have a variety of positive outcomes for mentees. Programs that train adolescents to work as peer counselors in supportive roles have proven to be effective in promoting psychological well-being and enhancing, personal, interpersonal and educational growth in mentees and the trained mentors (Buck, 1977; Valente et al., 2003; Wyman et al., 2010). Several measured outcomes are associated with participation in a mentoring relationship: including suicide prevention (Wyman et al., 2010), ego development (Silver et al., 1992), prevention of tobacco use (Valente et al., 2003), communication and listening skills (McCann, 1975), giving and receiving of social and emotional support (Berkley-Patton et al., 1997), stress-management (Ellis et al., 2009), self-confidence and self-efficacy (Ellis et al., 2009), as well as academic success (Rohrbeck et al., 2003).

Understanding what processes, activities, and elements of mentoring programs impacts these variations in effects sizes of different mentoring programs on mentees is essential for improving, scaling, and replicating the positive benefits clients experience as a result of engaging in mentoring programs and how to best minimize or prevent negative effects for youth (Tolan et al., 2020). BB/BS (n.d.) has discovered from their decade of experience running mentoring programs, that mentoring relationships that last over 12 months seem to have the most positive results for clients, while relationships lasting 3 months or less seem to have negative impacts on mentees' self-esteem and can do more harm than good. Programs need to understand what accounts for these variations in effect sizes and how to maximize the impact of programs by focusing on what activities correlate to positive impacts in mentees development.

Adolescent Development

Adolescence is a critical period in the lifespan development, due to environmental, emotional, and physiological changes occurring for the adolescent. Stokar, Baum, Plischke, & Ziv state, "Adolescents are faced with many stressors that are normative and pervasive at this time in their lives; stressors may include navigating complex social and familial relationships, developing a sense of identity, and aiming to achieve academic success" (2014). During adolescence, a child begins to individuate from the nuclear family as they begin to develop their own identity while going through physiological, social, behavioral, and emotional changes. Levine argues that the primary task of adolescence is to develop a sense of self and individuate from their parents (2006, p. 8). Csikszentmihalyi, Larson & Prescott cite that, "social interactions and affiliations with peers takes particular importance during human adolescence; during an average week during the academic year, adolescents have been reported to spend close to one-third of normal waking hours with peers, but only 8% of this time with adults" (1977). As an adolescent, acceptance and rejection issues are especially salient (Allen & Hauser, 1996; Luan et al., 2018). In 1902, Cooley wrote about the looking glass self, and theorized that significant individuals in adolescent's lives become social mirrors into which adolescents look to form opinions of themselves. These opinions become integrated into the adolescents' identity and self-worth and are the basis of the identities they are trying to create as they move through the world.

The amount of time adolescents spend with peers in comparison to adults has only increased in large part due to the ubiquity of social media, smartphones, and videogames which allow adolescents and young adults to be in constant contact even when they are not physically together. To successfully individuate from their primary attachment object (their parents), and successfully navigate the transition from adolescence to adulthood, adolescents must develop the

skills necessary for independence (Spear, 2000). This period of adolescence and maturation towards adulthood is a slow, gradual process that occurs over time as opposed to one singular event that occurs and marks the transition into adulthood (Spear, 2000). This is difficult to conceptualize due to the fact that in American culture, the day a teen turns 18 years old, they are legally an 'adult', and thus expected to conduct themselves in a specific way. Thanks to advancements in technology that allow us to physically scan the brain, researchers and clinicians now acknowledge that developmentally and physiologically, brains are not done developing for another seven to eight years, around the age of 25 or 26 years old (Spear, 2000).

Adolescence was once believed to be confined specifically to the teenage years, after an individual had hit puberty around age 12 or 13 and lasted until age 18, when they legally became an adult, or young adult as clinicians designated (Arnett, 2000). The lifespan stage of adolescence is typically portrayed as a time where hormones are raging and impulsivity peaks; when the adolescent is experiencing extreme emotional impulses without the ability to effectively regulate their emotionally-driven behavior or irrational decision making (Spear, 2000). This is partially due to the fact that parts of the brain that cause emotion have fully formed (the amygdala and limbic system), but the prefrontal cortex, which regulates emotion and executive functioning, is not fully formed yet (Spear, 2000). As a result, adolescents are driven by overwhelming emotions, feelings and urges, but lack the ability to regulate their impulses or think through the consequences of their behavioral decision. This puts them at risk for making emotionally-driven choices instead of rational, well-thought through decisions.

Technological advancements have provided the ability to scan and provide images of the brain's physiological changes that occur throughout this critical period in adolescence. Scans and these new insights have redefined clinicians' understanding of physiological brain development,

revealing the fact that the brain does not become fully formed until around the age of 25 or 26, when the frontal lobe is finally finished developing (Spear, 2000). Given this information, we now understand that emerging adults are able to more effectively regulate their feelings and emotions and exert better impulse control around age 25 or 26. This refined understanding has given professionals reason to reconsider the stages of lifespan development, as individuals are still developing well into their mid 20's, which previously had been considered young adulthood, and now refer to the ages 18-25, as emerging adulthood (Arnett, 2000). This new period of EA is considered an extension of adolescence, where an individual is legally an adult and has societal adult expectations, but is developmentally, mentally, and emotionally still as mature as a teenager. This may explain why so many young people are struggling to figure out their identity and the direction that their life is heading in while feeling overwhelmed by societal expectations and norms.

These physiological changes are associated with behavioral and emotional activity. The newly discovered substantial structural and functional changes in the emerging adult brain that do not consolidate until around age 25 years represent neural correlates of more thoughtful, emotionally regulated, and planned decision-making behaviors exhibited by emerging adults (Spear, 2000; Taber-Thomas & Perez-Edgar, 2014; Lowe & Arnett, 2019, p. 361). While adolescence was once theorized to end at 18 and adulthood to begin, we now understand that the brain is still developing well into the mid to late twenties, which gives prudence to Arnett's theories about lifespan development. It also supports the need for continued guidance for EA's as they navigate their transition to adulthood. Mentors are a great support for adolescents and EA's who are still in need of developing skills to regulate their emotions as they are faced with the plethora of choices an emerging adult must navigate on their road to achieving autonomy.

Having a mentor who is close in age who has recently made that transition, as opposed to a parent or therapist, allows them to develop practical skills in 'real-world' settings, which allows them to feel and experience autonomy while developing self-efficacy.

Adolescence is the time where teens venture away from their parents and nuclear family to begin forming their own sense of identity and start to individuate as they form their own beliefs and opinions about the world. One of the largest factors of an adolescent's individual identity is shaped based on the peers they are spending a majority of their time with. The friend group becomes a the primary influence and sounding board for the teen's burgeoning sense of self and has a critical influence on the behaviors, beliefs, and actions of the fledgling teen. In the same way that parents modeling behaviors critically impacts individuals when they are children, this influence from peer groups during adolescence, can be positive or negative, depending on the individuals that comprise the peer group and the behaviors they partake in. In addition to peers, as adolescents enter high school and achieve greater autonomy from their parents, other adults take on increased importance as role models and alternative attachment figures (Allen & Hauser, 1996). Karcher et al., (2010) demonstrated adolescent's sensitivity to nonparent adult appraisals. This is why so many adolescents credit specific coaches and teachers for having made such a big impact on their lives, as these critical relationships helped them develop a sense of self and/or achieve important milestones. These individuals are commonly referred to by researchers as instrumental others (IO's) (Elnakouri et al., 2023). IO's are individuals who make it more likely for one to achieve one's goals and inspire transformative change through example (Jackson et al., 2015; Poldin et al., 2016; Scales et al., 2020), actively push people toward their potential (Finkel, 2018; Jakubiak & Feeney, 2016; Tomlinson et al., 2016) and boost motivation by shouldering extra workload when needed (Briskin et al., 2019; Feeney, 2004).

Regardless of the peer group, adolescence is a time marked by impulsivity and mistake-making as the teen seeks to form an identity. In order to individuate, most teens struggle to find themselves, form opinions, beliefs, and values about the type of individual they want to be and the activities they engage in/find fulfilling. Mentors provide a positive influence, a hybrid between peer and an older, more experienced adult. The key factor is finding mentors that a mentee thinks is a 'cool' role model that can positively influence and help shape the adolescent's identity by sharing their own vulnerabilities, struggles, and model effective life skills that adolescents can learn from and emulate. If an adolescent feels a sense of connection to their mentor, they are able to build rapport and establish trust, which allows the mentor to play a critical role in helping adolescents cultivate skills that will help them develop self-esteem, discover their passions, develop a sense of connection and community, and help them take necessary strides towards appropriately moving towards autonomy and independence for their age.

Most mentoring programs are designed to serve lower SES families as non-profit organizations where individuals volunteer to mentor 'at-risk' youth. Whether it be single-parent households, minority families, or youth exposed to violence and trauma; since their inception, mentoring programs seek to accomplish the goal of placing a positive role-model in the lives of a troubled youth to try and mitigate the risks of their environment, to prevent them from going down the wrong path and making poor decisions that could jeopardize their futures (BB/BS, 2021). Given the origin of mentoring programs being created by the aforementioned judge who was seeing impoverished boys continue to come into his courtroom in increasing numbers, the population that most mentoring programs continue to serve make sense. As lower SES families do not have the same means as their higher SES counterparts to afford to provide their children

with the same resources, access to traditional mental health services, or extracurricular activities. A randomized control study conducted by DuBois and Keller of 806 youth served by Big Brothers Big Sisters affiliates, found that 85.4% of mentees grew up in low-income households (2017). Considering that lower SES youth are more exposed to more Adverse Childhood Experiences (ACES) in the neighborhoods where they live, it is a wonderful thing that so many non-profit mentoring programs exist to serve lower SES youth.

New 'At-Risk' Population

In contemporary child development literature, the phrase 'at-risk youth is typically used to refer to individuals from low-income families and lower socioeconomic status (SES). For the earlier part of the 20th century, children in poverty were largely ignored by scientists, and theories of child development were based on work with middle-class youth (Graham, 1992). However, in the 1950s, social scientists became more aware of the risks (exposure to violence, poverty, single-family parenthood, etc.) that low-income youth were facing and began to switch the focus of their empirical studies to at-risk children (Huston, et al., 1994; Luthar, 1999), to better understand the unique developmental experience of children that grow up in these challenging environments face. Now, the research overwhelmingly highlights the behavioral, environmental, and social challenges linked to underprivileged individuals raised in lower SES communities (Koplewicz, et al., 2009). Given the emphasis on understanding at-risk youth, there has been almost no research concerning those at the other end of the socioeconomic spectrum, namely those adolescents that come from affluent families (Luthar, 2003).

It is difficult to tell why there is such a glaring lack of research on affluent families, it may be due to the fact that they tend to seek individualized, privatized treatment and thus are not as easily accessible for large data-collection efforts. Affluent parents can be particularly reluctant

to seek help for the less visible problems because of privacy concerns, as well as embarrassment, as they are often very concerned about keeping family troubles private; this is not surprising, as misfortunes of the wealthy tend to evoke a malicious pleasure in people who are less well-off (a phenomenon called *schadenfreude* (Feather & Sherman, 2002). Upper-class parents also can feel more compelled than most to maintain a veneer of wellbeing, feeling that ‘‘those at the top are supposed to be better able to handle their problems than those further down the scale’’ (Wolfe & Fodor, 1996, p. 80; Luthar & Latendresse, 2005, p. 51). Whatever the reason may be, it is not due to a lack of struggling amongst these more affluent adolescents.

A study by Csikszentmihalyi and Schneider (2000) involving more than 800 American teens, found a low inverse link between SES and emotional well-being. The most affluent youth in this sample reported the least happiness, and those in the lowest SES reported the most (Luthar, 2003). The astonishing findings of the few studies that do focus on affluent individuals, certainly highlights the need for much more research to be conducted in order to better understand and design interventions for this newly classified affluent ‘at-risk’ population.

A professor of clinical and developmental psychology at Columbia University, Dr. Suniya Luthar, is one of the only social scientists to conduct research on affluent adolescents and has found that children of affluent families show an increase in mental health issues such anxiety, depression and substance abuse, which she attributes to two primary causes: isolation from parents (both physical and emotional) and excessive pressure to excel in academic and extracurricular endeavors (Koplewicz et al., 2009; Luthar & Latendresse, 2005). While there are undoubtedly many advantages affluent families have, the success of parents may obscure the possible threat to the psychological well-being of ‘pressured but neglected’ adolescents and

children (Koplewicz et al., 2009). Author Dr. Madeline Levine suggests that the only privilege that affluent adolescents seem to have are financially secure parents (2006).

According to Levine (2006, pg. 17)

> America has a new group of 'at-risk' kids, or more accurately, a previously unrecognized, and unstudied group of at-risk kids. They defy the stereotypes commonly associated with the term 'at-risk.' They are not inner-city kids growing up in harsh and unforgiving circumstances. They do not have empty refrigerators in their kitchens, roaches in their homes, metal detectors in their schools, or killings in their neighborhoods. America's newly identified at-risk group is preteens and teens from affluent, well-educated families. In spite of their economic and social advantages, they experience among the highest rates of depression, substance abuse, anxiety disorders, somatic complaints, and unhappiness of any group of children in this country (Levine, 2006, p. 17).

Levine went on to state that affluent teenagers experience a 'toxic brew for maladjustment' (2006, p. 18), as they are under increased pressure from parents, peers, and society to perform and achieve at such a high level, whether that be academically, in extracurricular activities, or to physically appear a certain way the mass media perpetuates (Levine, 2006, p. 10). What has become clear is that as clinicians, "we can no longer afford to ignore the epidemic of serious emotional problems in our well-manicured backyards" (Levine, 2006, p. 15).

The extensive body of literature and studies highlight the fact that poverty is linked to many hardships on families and their children. From severe financial, emotional, and social challenges to the fact that parenting skills are often subpar and lead to emotion distress in impoverished adolescents (Levine, 2006, p. 17), yet they are not the only adolescents struggling in our country. Studies have shown that in public school students, up to 22% of affluent

adolescent females suffer from clinical depression, which is 3 times the national average for the prevalence of depression among adolescent girls (Levine, 2006, p. 18; Luthar & Sexton, 2004; Rampage, 2008). By the time they reach 12th grade, as many as 33% of affluent adolescent females experience significant symptoms of anxiety disorders (Luthar & Sexton, 2004). Males from affluent families also report elevated rates of anxiety and depression, although nowhere near as high as their female counterparts (Luthar & Sexton, 2004). Once these boys reach their junior and senior years of high school, they are readily turning to drugs and alcohol to self-medicate their depression (Luthar & D'Avanzo, 1999). These youth do not have the skillsets to manage their emotional turmoil with healthy coping skills.

A group of researchers compared affluent adolescents to their lower SES counterparts and found that the affluent youth were much more likely to use substances in relation to their self-reported depression as a means of 'escaping problems' or relaxing, than lower SES adolescents (Luthar & Sexton, 2004). It is important that research begins to focus on affluent families, once considered exempt from lower SES youth worries, but now increasingly identified as a new 'at-risk' population (Way, et al., 1994; Luthar, 2003; Luthar & D'Avanzo, 1999). This is a concerning finding, as adolescents who use drugs to self-medicate, rather than for purposes of experimenting or to fit in with their peers, are at increased risk for developing long-term addiction issues later in life (Levine, 2006, p. 18). This is also concerning because when asked who was considered 'most popular' in their grades, adolescents typically point to the students who are heavy users of illegal drugs or who openly display delinquent behaviors (Luthar, 2003; Luthar & Sexton, 2004). This finding was equally true for higher and lower SES class students, but what was elevated for the affluent adolescents were depression and anxiety rates, substance use, rule breaking, and psychosomatic disorders (Luthar & Sexton, 2004).

Affluenza

Affluence is a relative concept. For the purpose of this dissertation, affluence, and privilege, as well as the resulting negative results of affluenza, will refer to the top 1% of the US population, earning a net worth upwards of 1 million dollars annually (Koplewicz et al., 2009). The term affluenza is a metaphorical, chronic, societal problem, akin to an epidemic that occurs when individuals view the acquisition of wealth and material goods as a measure of their worth (Koplewicz et al., 2009). This belief often has negative impacts on the children of these extremely high-net worth individuals. Affluenza was once believed to only impact the top 1%, but Luthar's research makes it apparent that the negative effects are identifiable in middle class suburban communities all over America, even without the seven-figure salaries (Koplewicz et al., 2009). Affluenza is not a clinically diagnosable mental health disorder yet is more of a cultural phenomenon that is experienced by individuals who are in the top socioeconomic bracket and seem to experience negative behavioral and emotional symptoms as a direct result of their financial situation.

Many affluent parents raise their children to become well-adjusted, humble, grateful, self-sufficient, and motivated adolescents who benefit from their parental relationships and accomplishments. Yet, affluenza refers to the individuals who suffer as a result of their parent's financial means. When the pursuit of financial success becomes the primary goal to measure success, parents are over-worked and often absent from their children's lives. These parents often attempt at filling their parental void by allowing their children access to exorbitant sums of money, over schedule extra-curricular activities afterschool to scaffold the lack of parental supervision, and adolescents become defined only by their achievements instead of who they are as individuals (Luthar & Sexton, 2004). These adolescents tend to lack motivation for their own

success because of the easy access to material means, become overindulged in opulence, and can develop a sense of entitlement; conversely, many of these teens feel overwhelmed by the pressure placed on them by their parents to succeed and are almost crippled by the pressure to be as successful as their parents (Koplewicz et al., 2009; Luthar, 2003).

Luthar has identified two key factors causing distress among affluent adolescents, emotional and physical isolation from parents and excessive pressure to succeed, particularly in academic and extracurricular pursuits (Luthar, 2003; Luthar & Becker, 2002). Regarding low psychological closeness to parents, child psychotherapist Shafran (1992) discussed the potential harm of unpredictability regarding primary caregivers; noting that children in wealthy families are often cared for by nannies, he argued:

> Fluctuations in the presence and attentiveness of the primary caregiver… whether that person is the biological mother or father or is an employed nanny, will interfere with the development of a secure sense of self, with the confidence that one's needs will be respected and met and that the world is populated with people who can be counted upon (Shafran, 1992, p. 270)

Children of affluent, or even middle-class families, tend to be cared for by housekeepers or other hired help while their parents are hard at work. Even when the parents are at home, they are often unavailable to connect as they spend the evening checking emails on their cell phones which makes it difficult for their youngsters to form secure attachments needed to successfully venture out into the world later in life. Koplewicz Gurian, & Williams (2009) reported, "findings indicate that the higher the social economic standing, the less time parents spend with their children because of working early and later hours, weekends, and excessive travel".

Highly successful parents expect highly successful children and the parental pressure on affluent children to excel in extracurriculars, achieve straight A's, and gain admission into stellar universities often can place youth in a position where they are under extreme distress. Many of these adolescents feel as if they are only appreciated for what they can accomplish more than who they are as individuals, where children are valued for what they do and not who they are. (Koplewicz et al., 2009). This intense pressure to 'keep up with the Joneses' for affluent adolescents also comes with a pressure to keep up appearances, where any struggles are expected to be kept private within the family and children often feel guilty for feeling anything but happy given the societal expectation that wealth equates to happiness (Luthar, 2003). This excessive struggle can lead to low mood, stress, worry, depression, and anxiety (Koplewicz et al., 2009).

Yet, America is a capitalist society, where financial success is rewarded, coveted, and in some circles, resented, as affluent families undoubtedly have significant social and financial benefits over lower SES families. Given this consideration, it is unsurprising that most federal and social resources are directed towards prevention and treatment of disadvantaged youth from lower SES, and for good reason, given the stressors youth who do not have financial means face (Koplewicz et al., 2009). For families that can afford the cost, privatized services that can support these struggling affluent adolescents learn life skills and develop self-esteem are an ideal solution to help them navigate their transition to adulthood. Without structured supports and services, many teens fail to individuate and develop the life skills needed to be successful young adults. A new emerging category of struggling 18–30-year-old young adults who are still living at home without a means to support themselves or are overly dependent on their parents are commonly referred to as Failure to Launch (Lebowitz, 2016).

Emerging Adulthood

Adulthood used to be believed to begin at 18 according to Erickson's lifespan development theory (Orenstein & Lewis, 2022), but researchers now know that the brain doesn't finish forming structurally until at least 25 years old (Spear, 2000). It used to be that getting married, moving out of the parental home, and starting a family marked the time when a boy became a man and a girl became a woman. However, this is an antiquated idea in America (Arnett & Galambos, 2003) and the current generation in Western post-industrial culture has rejected these role transitions as dated indicators of adulthood, in favor of more individualistic criteria (Arnett, 1998; Mayseless & Scharf, 2003; Barry & Nelson, 2005; Settersten et al., 2005). As one of the many consequences, the transition into adulthood has become, "more ambiguous, gradual, and less uniform" (Settersten et al., 2005). A report by the United Nations Children's Fund (UNICEF) (2006) stated, "if adolescence is viewed as a transitional stage between childhood and adulthood, from dependence on family to autonomy, [then] adolescence could terminate in one's late twenties or even early thirties in some regions" (p. 1). Given the vast differences in cultural norms which determine what is deemed socially acceptable for parents to pay for in the lives of their children or how long it is appropriate to cohabitate, this transition to adulthood could be prolonged even more. Neuroscience research has also recently documented substantial structural and functional changes in the emerging adult brain that do not consolidate until around age 25 years, which represent neural correlates of the more thoughtful, emotionally regulated, and planned decision-making behaviors exhibited by emerging adults (Spear, 2000; Taber-Thomas & Perez-Edgar, 2014; Lowe & Arnett, 2019, p. 361).

A New Phase Defined

Researcher, Jeffrey Arnett, proposed a new stage of lifespan development from the late teens through the twenties, with a focus on ages 18-25. He argues that this period should be referred to as emerging adulthood (EA) and is a period where the individual is neither adolescence nor young adulthood but is theoretically and empirically distinct from them both (Arnett, 2000). Emerging adulthood is distinguished by relative independence from social roles and from normative expectations. Having left the dependency of childhood and adolescence and having not yet entered the enduring responsibilities that are normative in adulthood, emerging adults often explore a variety of possible life directions in love, work, and worldviews (Arnett, 2009). Emerging adulthood is a time of life when many different directions remain possible, and the individual has decided very little about the future for certain. It is a time where the scope of independent exploration of life's possibilities is greater for most people than it will be at any other period of lifespan development and where the most guidance is needed as individuals are caught in-between stages of their lives. Emerging adults need the most support and mentorship because the decisions they make can greatly impact their futures and the trajectory of their lives.

In 2000, when Arnett introduced EA as a new as distinct stage in lifespan development, he characterized EA by five key features. These five features include: identity exploration, self-focus, instability, optimism/possibilities, and feeling in-between (Arnett, 2000; Arnett 2007). Cultural shifts have altered the lifespan developmental stages of adolescence and young adulthood in various ways that delay traditional timelines that existed for previous generations.

Decades ago, at 18-years-old, young men were going off to war or settling into a job they would work at for the remainder of their career. Some were getting married and starting families and purchasing their first homes. In today’s new paradigm, at 18-years-old, individuals are just beginning to attend four year universities, taking on massive amounts of student debt, in order to

earn a degree. They do this willingly, with the hope of landing a job that pays them enough to be able to split rent in an apartment with a roommate or hoping they have the luxury of exploring the world to find their passions before settling down into a monotonous, stable sense of their parent's definition of adulthood.

As recently as 1970, the median age of marriage in the United States was about 21 for women and 23 for men; by 1996, it had risen to 25 for women and 27 for men (U.S. Bureau of the Census, 2023). In 2023, that number has increased to 28.6-years-old for women and 30.5-years-old for men (U.S. Bureau of the Census, 2023). Age of first childbirth followed a similar pattern. Also, since midcentury the proportion of young Americans obtaining higher education after high school has risen steeply from 14% in 1940 to over 60% by the mid-1990s (Arnett, 2000, p. 469). Scholarship within America has shown that delays in achieving traditional criteria for adulthood (e.g., marriage and parenthood) in the 21st century, has led to a qualitative shift in the experience of individuals in their twenties which now offers the ability to explore life opportunities before committing to adult responsibilities (Lowe & Arnett, 2019, p. 361). Instead of settling down into adulthood after turning 18, EAs are going to college until they are 22 or traveling the world and delaying their traditional 'adult' responsibilities until later in life. This cultural and societal trend has led to a fundamental difference in the lifespan development and warrants new approaches to our understanding of this age group.

Jeffrey Arnett has redefined this period, from 18 until 25-years-old, as emerging adulthood. He refers to this as a distinct period in the lifespan development, demographically, subjectively and in terms of identity explorations, unique to cultures that allow a prolonged period of independent identity exploration. In the United States, cultural shifts have delayed the launch into adulthood for many emerging adults, as many EAs still live at home with their

parents and depend on their parents for financial support. Individuals previously committed to marriage and moved out of their parental homes much earlier than they do today, but most EAs today must attend a 4-year university in order to secure a job that supports recent rises in the cost of living. This has delayed the age at which most individuals reach formal 'adulthood' and achieve autonomy from their parents by being fully self-sufficient and individuated.

Many individuals who still live at home, especially affluent EAs, struggle to develop the skills to launch into autonomy and self-efficacy. Partially due to detriments of their affluenza, partially due to enabling parental dynamics, and possibly due to arrested development. This is not only a cultural phenomenon but the relatively recent discovery that the brain is still developing until the age of 25, explains why individuals may still have difficulty regulating their emotionality, controlling their impulsivity, and forming an autonomous, fully formed identity that allows them to be successful (Spear, 2000). These changes over the past half century have altered the nature of development in the late teens and early twenties for young people in industrialized societies. With marriage and parenthood are delayed until the mid-twenties or late twenties for most people, it is no longer normative for the late teens and early twenties to be a time of entering and settling into long-term adult roles (Arnett, 2009). These individuals seem to be stuck in a period previously defined as arrested development, now more commonly referred to as Failure to Launch. These EAs desperately need guidance and practical skill building that traditional talk-therapy does not lend itself to. Instrumental mentoring is an ideal solution for these struggling emerging adults.

Mentoring for the New 'At-Risk' Population

Mentoring can be beneficial for individuals regardless of their age. No matter where in the lifespan development, from youth, to adolescence and emerging adulthood. Even adults in

professional roles report benefitting from the guidance and support of mentors, as many Fortune 500 companies offer formal mentoring programs for younger associates. Given the social benefits of affluence and the cultural admiration of wealth, it is not surprising that the majority of the approximately 5,000 mentoring programs across the country are aimed at supporting lower SES youth. Yet, Luthar's findings highlight the need for support for the new 'at-risk' affluent adolescent populations. In the wealthy suburban communities studied by Luthar, adolescent females experience depression at a rate of 22% versus the 7% experienced by their urban less affluent counterparts (2003). A quarter of suburban girls and boys are experiencing anxiety, and using illicit drugs or alcohol, while 59% of affluent adolescent boys use drugs to self-medicate compared with 39% of their lower SES counterparts, choosing to self-medication with cigarettes, alcohol, marijuana, and prescription drugs (Luthar, 2003). The National Association of School Psychologists (2011) suggests a ratio of 500 students to 1 school psychologist, yet the national average is 1,381 students per 1 school psychologist, with some rates as high as 5000 to 1 in certain states. There is a large treatment gap between the individuals who need mental health services and those who currently have services (Kohn et al., 2004). There is a dire need for new types of interventions, prevention, and support for these struggling adolescents. As mental health diagnoses are on the rise and there are not enough licensed clinicians to support the growing need, mentoring programs are an ideal solution to support both adolescents and emerging adults. Mentoring programs would provide the same type of benefits for affluent adolescents as they do for the lower SES communities that mentoring programs currently serve.

Adolescents turn to their peers when they are struggling or looking for advice as they feel comfortable talking to them and spend a majority of their time with their peers. Often their peers are experiencing similar struggles and do not have the tools or wisdom to effectively guide their

friends through the issues they are both facing. Additionally, adolescents and emerging adults shape their identity and problem-solving skills based on their peer group, but if the entire group is self-medicating their struggles with substances or participating in risky behavior, no effective solutions are found. Negative peer influences can cause further damage to each individual, as they all co-sign each other's behavior.

Engaging in risky behaviors to self-medicate instead of learning to develop healthier coping skills is a dangerous pattern many adolescents and EAs fall into. The purpose of the program would be to pair struggling adolescents with a mentor they look up to as a positive role model and who they can confide in. The mentor can help them find positive coping skills and healthier outlets for the myriad of issues the adolescent is facing. As research shows, mentoring is an extremely effective and useful intervention, as a mentor serves as a hybrid between a peer/parent and can model effective problem solving and teach them a variety of coping or life skills that can benefit adolescents and young adults as they navigate this difficult transition into emerging and young adulthood.

BENEFITS OF MENTORING

A mentor serves as a relatable, yet positive peer influence and role model. Mentors can model appropriate behavior, be an advocate and help mentees learn effective coping and life skills. Mentors can be a sounding board for their mentees and understand their struggles in a unique way while providing solutions that will help mentees build confidence and instill self-esteem as they navigate challenges. While adolescents and young adults are in different life-span development phases, they are in similar phases of physiological brain development and are still navigating critical lifestyle choices. Both groups are seeking to find their place in the world while forming a unique identity that fulfills them, calms their anxiety, helps find meaningful

connection, and gives them tools to effectively deal with the problems they are facing on a daily basis.

Mentors help forge a safe space by sharing their own experiences, offering advice, listening to their mentee's problems, and teaching them how to effectively navigate situations their friends have not yet mastered. The advice mentors provide is much more practical and useful than most therapists or parents, and teens will actually listen to their mentor. Mentors can take mentees out into the community to teach them new skills or show them new activities, instead of simply talking at them. Mentors are also from the same generation as mentees, so unlike their out-of-touch parents, mentors understand the unique struggles that adolescents or emerging adults are facing. Mentors can speak the same slang, make jokes, are interested in similar topics, and are involved in the same cultural fads their mentees are, as opposed to their parents who don't know the majority of what their kids are speaking to them about.

As the world continues to develop at an even faster rate, the generation gaps will widen at an alarming rate. Having culturally aware mentors and role models is more of a necessity in order to help adolescents and emerging adults navigate the ever-changing worlds around them instead of relying on parents who think their children's vapes are flash drives for backing up their computer hard drives.

Mentors can help with the maturation process by offering guidance from their own struggles, having recently navigates the journey themselves. In a society that tends to focus on over pathologizing and a healthcare system where kids become diagnostic codes instead of individuals with unique traumas and environmental histories, a mentor can offer a sense of connection and recognize the mentees as their authentic selves. Mentors understand mentees as a whole individual, not as broken individuals, but youth needing guidance, support, and to be

understood. Taking a strengths-based approach empowers mentees to build self-esteem and confidence while providing in-person connection to a generation that grew up socializing via screens more than they ever learned to have face-to-face conversations. A mentor also can serve in the role of re-parenting, modeling appropriate behaviors and communication styles while helping individuals learn resilience, a much-needed life skill for many kids who had helicopter or snow-plow parents that tried to prevent their children from ever having to face any difficulties.

Most mentoring programs are designed for children and youth, up to 18 years old. Recent data has shown that emerging and young adults (ages 18-28) could also benefit from mentoring programs as well, to receive guidance as they face the myriad of issues they encounter as they transition into adulthood. Schenk et al., proposed that, "increasing calls upon self-sufficiency may be extra hard for this age group with multiple problems…A mismatch between young adults' needs to become self-sufficient and the necessary contextual resources to do so, may be bridged by the support of a mentor" (2021). For emerging and young adults, with specific life skill related deficits, instrumental mentoring offers an opportunity to utilize the time spent with a mentor to focus on accomplishing relevant goals (e.g., finding a job, getting a driver's license, or applying to school) that will increase the mentee's self-sufficiency and help them develop skills that enable them to achieve autonomy.

As adolescents finish high school, they are thrust into a society that expects them to face a multitude of life-altering decisions that can greatly impact their future trajectories and likelihood for success. At this age, due to developmental shifts towards peer influences and given that many adolescents leave home, "parental influences tend to decrease and access to resources may shift" (Hurd & Zimmerman, 2010). Osgood et al., (2005) stated that, "during this emerging adulthood period, individuals may experience frequent changes in residence, roles,

responsibilities, relationships, employment and education". Arnett's theory of emerging adulthood suggests that the period from 18-25 is a distinct phase in the lifespan development, "characterized by high levels of personal freedom, low levels of social responsibility, and heightened participation in several risk behaviors" (2000). Arnett noted that substance use and high-risk sexual behavior peaks during emerging adulthood much more than during adolescence (2000). In a national study with a large representative sample, Cullen et al. (1999) "found adolescents transitioning out of high school increased their alcohol consumption, tobacco use and participation in unprotected sexual intercourse".

Research suggests that adolescent females are at significant risk of developing clinical depression as they transition into adulthood, as Rao et al. (1999) found that 37% of females experienced their first episode of major depression as they transitioned from adolescence to emerging adulthood over a 5-year longitudinal study measuring new onset and recurring depression. This research suggests that this transitional period may particularly elevate the risk for the onset of new depressive disorders and highlights the importance of continued guidance and support. While typically females are twice as likely as males to report experiencing depression during periods of late adolescence and emerging adulthood (Nolen-Hoeksema, 2001). Researchers have found that depression may be a major determinant of suicide risk among male youth (Cavanagh et al., 2003; Gould & Kramer, 2001). Conner and Goldston reported in 2006 that, "increased suicide rates among males as they progress through adolescence into early adulthood". Therefore, although males may not report as high prevalence rates for depression as females (possibly due to stigma, or due to genuinely not experiencing the same rates of depression) as they transition into emerging adulthood, those males who do struggle with depressive disorder have a higher propensity towards committing suicide due to stressors they

experience as they move into emerging adulthood may exacerbate the effects of depression on suicide risk (Hurd & Zimmerman, 2010). Again, the need for continued scaffolding and confidants they can lean on while facing a variety of new issues, underscores the need for relatable role models, or mentors, in their lives.

Resilience theories emerged as researchers became increasingly preoccupied with the notion that individuals can be exposed to the same conditions, whether that be socioeconomic poverty, or early childhood trauma, or a myriad of other stressors, and some will turn out completely fine, while others will seemingly struggle based on exposure to these stressors. This brings up the age-old debate of nature versus nurture; is resilience something some are innately born with or is it something that can be taught and instilled in individuals with the right scaffolding, support, and circumstances?

Relational Cultural Theory

Relational Cultural Theory (RCT) posits that individuals grow through mutually empathetic relationships (Comstock et al., 2008). Similar to Roger's theory of empathy (communicated from clinician to client), RCT suggests that mutual empathy is created and nurtured between client and counselor and becomes the therapeutic healing element of the relationship that contributes to transformation and growth for both individuals in the relationship (Jordan, 2001). When a mentor and mentee develop a relationship based on trust, respect, and vulnerability, they begin to not only care about one another's well-being, but help each other continue to grow by working together. "In a mutually empathetic encounter, everyone's experience is broadened and deepened because people are 'empathetically attuned, emotionally responsive, authentically present, and open to change'" (Miller et al., 1991, p.11). Fostering a sense of mutual empathy and vulnerability with a trusted, safe, confidant such as a mentor

benefits clients by helping improve their psychological well-being and ideally translates into other relational dynamics in their lives.

Miller (1986) identified 5 benefits of RCT, which included: each person feeling a greater sense of zest (vitality and energy), each person feels more able to act in the world, each person has a more accurate picture of themselves and others, each person feels a greater sense of worth, each person feels more connected and a greater motivation to connect with others (p.2). While these are elements Miller saw from individuals who engaged in mutually empathetic and meaningful relationships through RCT, many mentees feel similar benefits from engaging in mentoring relationships. The hope is that by having corrective experiences that encourage vulnerability and engagement with mentors, mentees can foster similar dynamics with other individuals in their lives and encourage them to grow through connection in their personal lives.

Social Support Benefits in Mentoring

Lin and Peek (1999) found that the "adolescents simplest and most powerful indicator of social support appears to be the presence of an intimate and confiding relationship" (p. 243). That relationship could be with a peer, parent, or a nonparent adult, namely- a mentor. Munsch and Blyth (1993) conducted a study and found that adolescents reported, "receiving similar levels of support from nonparental adults as they received from their mothers, and often reported receiving higher levels of support from nonparental adults than from their fathers". Their findings support the importance of nonparental adults in the lives of adolescents. The study suggests that a relationship with a mentor could be a critical source of social support that may provide additional resources that help protect against negative outcomes from potentially harmful influences or adverse experiences. Specifically, several researchers have found that, "having an important nonparental adult to go to for support, guidance, and encouragement may

mitigate risk and contribute to positive adolescent outcomes" (DuBois & Silverthorn, 2005; Zimmerman et al., 2002). Research has demonstrated that these types of supportive relationships with nonparental adults have been predictive of fewer internalizing and externalizing behavioral issues (DuBois & Silverthorn, 2005b; Rhodes et al., 1992, 1994) and more positive school attitudes, as well as academic achievement among adolescents (Klaw et al., 2003; Zimmerman et al., 2002).

Supportive relationships with nonparental adults can moderate the relationship between stress and depressive symptoms (Hurd & Zimmerman, 2010). These relationships also provide youth with additional social resources to help them cope more effectively with stress associated with the challenges adolescents face as they transition from high school to emerging adulthood and enter the 'adult world' (Carbonell, 2005). Rhodes (2005) found that, "mentoring relationships may contribute to youth's sense of worth and foster a more positive self-appraisal, which may in turn make them less vulnerable to the effects of stress, resulting in fewer depressive symptoms".

In both male and female high-school seniors, Nolen-Hoeksema (2001) found that mentoring relationships moderated the relationship between stress and depression; therefore, mentoring relationships would benefit emerging adults' psychological well-being and improve their mental health as they graduate from high school and are faced with increased levels of transitional stress associated with navigating the adult world. Hurd & Zimmerman's study (2010) showed that the presence of a mentor decreased participants involvement in high-risk sexual behavior during their senior year of high school and individuals in the control group who did not have mentors, demonstrated an increase in risky sexual behaviors in the period immediately following graduation from high school. Hurd & Zimmerman's findings suggest that

"relationships with mentors may be particularly beneficial in preventing sexual risk behavior in the 2 years immediately following high school" (2010).

The two years immediately following high school are critical in lives of emerging adults. Whether they enroll in college or not, there is a significant increase in independence as parental and adult supervision dramatically decreases (Arnett, 2000), where poor decision making when it comes to increased high-risk sexual behaviors can result in life-changing consequences, (e.g. unwanted pregnancy, sexually transmitted infections, sexual assault and/or sexual trauma). This risk is even greater when engaging in high-risk sexual activity while under the influences of alcohol or drugs. Zimmerman et al., (2002) found that adolescents with mentors were fto smoke marijuana but they did not find any correlation between having a mentor and alcohol consumption. The findings of Hurd & Zimmerman's (2010) study suggests that "the guidance of a supportive nonparental adult may help emerging adults navigate their intimate relationships and make healthier decisions". Mentors can model effective decision-making processes, which in-turn, may help mentees develop their own healthier problem-solving and sexual decision-making abilities (Rhodes, 2005).

Conclusion

The review of the literature identified a new population of affluent adolescents and emerging adults who are at risk for a wide range of psychological, interpersonal, academic, and life transition problems. Affluent families may provide few opportunities for children to build resilience or acquire decision-making and problem-solving skills. Some parents in affluent families are trapped in their own success, which isolates them from the children. They may not be available for forming and sustaining close, trusting relationships with their adolescents. Some affluent parents achieve such great success yet do not equip their children with the same skills to

reach their own accomplishments. Other parents place direct pressure on the youths to succeed at high levels in academic and extracurricular settings. When faced with inevitable stressors and some adversity, affluent youths may actually experience higher rates of mental disorders, substance abuse, delinquent conduct, interpersonal difficulties, somatic complaints, and academic problems than their lower SES peers.

There is a significant gap between the number of licensed clinicians in the United States and the number of adolescents who require their services. There are simply too many youths struggling with mental health issues and not enough professionals to support them. This is where mentoring programs are an ideal solution to fill in the gaps. Yet, most mentoring programs focus on the needs of impoverished children. Little is known about mentoring programs for affluent adolescents and emerging adults, who are challenged with difficult life transitions and limited support, because they do not exist, so no research can be compiled.

Mentoring programs for affluent young adults provide for surrogate parenting, role modeling, relationship building, and skills strengthening. Each adolescent will present their own unique needs for a stable, trusting relationship and opportunities to grow and learn. Mentors for affluent adolescents and emerging adults will share some common characteristics and realize benefits from their shared relationship. Mentors may be paid for their professional work, which is conducted in the natural environment of the mentee's community. The proposed mentoring program will apply research findings, expert recommendations, and best practices to enhance growth and coping through sustaining a close relationship between the mentor and mentee. In addition, mentees will learn important problem-solving and decision-making skills to navigate predictable and adverse life transitions.

Statement of the Problem

The problem of the proposed study is the development of a potentially effective mentoring program for affluent adolescents and emerging adults based on best practices and expert opinions. A related concern is the application of necessary components to implement the program in the greater Los Angeles and Southern California region in which many of the affluent young adults may live.

Purpose of the Proposed Program

The purpose of the proposed program development is to construct and implement a prototype through a systematic design research process. The phases of development, specific operations, and selected activities will be documented and analyzed. The program will be innovative and present opportunities for diffusion to new groups of mentees and institutionalization or ongoing quality improvement of this important resource to affluent adolescents and emerging adults, as well as their families.

CHAPTER III: METHOD

While there are many models for program development and evaluation, it would be helpful to select a method that targets program innovation and diffusion. Such a method provides an ongoing trajectory for pilot testing, continuous program improvement, and expansion of the initial program into new domains and settings. Darling (2005) observed that the programs that are deemed most effective are those that are carefully planned, implement best practices in youth mentoring, and are grounded in relevant theory.

Evidence based practice (EBP) is the "integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practice, 2006, p. 273). EBP is increasingly important in psychotherapy; yet translation of research into practice is often overlooked among clinicians (Ohmer & Korr, 2006). Scholars have used various terms to describe the translation of clinical questions into research projects and to transfer scientific results from projects into clinical practice: diffusion, dissemination, utilization, exchange, interaction, mobilization, and knowledge transfer (Jansson et al., 2010).

The term, *Developmental Research*, refers to "the development, testing, evaluation, and modification of new models of practice" (Gilgun & Sands, 2012, p. 349). Developmental research involves consideration of contextual factors such as problems under review, populations served, environmental or ecological factors, and ultimately the construction of interventions (Gilgun & Sands, 2012). Program development focuses on meeting particular demands of the problem, population and setting under consideration, as well as improving program quality as the novel program evolves.

Developmental research increases the relevance of research to practice (Jansson et al., 2010). The developmental research process involves ongoing design and development, followed by pilot testing, implementation, then formative and summative evaluation (Gilgun & Sands, 2012). Design and development (D&D) projects, similar to the APA model for evidence-based practice (APA Presidential Task Force on Evidence-Based Practice., 2006). construct treatment innovations that are based on recent literature, expert opinion, and clinical relevance. In spite of the promise of design and development research, some professionals do not differentiate it from evaluation research (Rey et al, 2013) or participatory action research (Rademaker & Polush, 2022; Riemer et al., 2020). In a systematic review, McKenney and Reeves (2013) observed that design research had not reached its full potential. Design and development research is intended to advance the knowledge base and benefit practice.

Fundamentals of design and development research were integrated in a Developmental Research and Utilization Model ([DRU] Southern, 2007). The DRU served as a framework doctoral research in the field of psychology. The method has been a guide for doctoral dissertations in which treatment innovation or program development (S. Southern, personal communication, date).

Evolution of Developmental and Design Research

Ronald G. Havelock (1969) presented a three phase model that outlined processes for intentional change in education, including (a) the Social Interaction (S-I) Perspective, (b) the Research, Development & Diffusion (RD&D) Perspective, and (c) the Problem-Solver (P-S) Perspective. The S-I Perspective and the RD&D Perspective contributed substantially to a model for program innovation, implementation, and evaluation developed by Southern (2007).

There are five stages in the S-I Perspective. The first stage is *awareness* in which a program developer acquires knowledge of a potential innovation and identifies key terms and indicators for ongoing research. The second stage, *interest*, involves active enquiry about the innovation, such as literature review, site visits, stakeholder input, and needs assessment. The third phase, *evaluation*, determines whether the innovation is applicable to the selected problem, population, or setting.. The fourth phase, *trial*, involves pilot testing to determine opportunities for ongoing program evaluation and possible adoption. The final phase, *adoption*, is process and outcome research to guide implementation and ongoing evaluation of the innovation.

The RD&D Perspective arose from a research and development model of change (Havelock, 1969). The model continues to be used in educational psychology and curriculum development (Pieters, Voogt, & Roblin, 2019). Their continuum of *research, development, diffusion, and adoption* was formed a bridge between theory, research, and practice. Development included *invention* and *design*. Invention refers to identification of a new solution to an existing problem while design involves implementation of novel components to form the innovative program (Havelock, 1969).

Diffusion, the next phase in the model, includes *dissemination* and *demonstration.* Dissemination involves informing users, such as clinicians, of the innovation, while demonstration requires that the innovation will be made available for public and professional examination, through presentation or publication in some cases. The final phase, adoption includes three components: *trial, installation,* and *institutionalization.* The trial phase determines the goodness of fit of the proposed intervention with a particular institution or organization. If the trial is successful, installation is initiated. The innovation is operationalized within the organization framework of the group or institution involved in adoption..

Institutionalization completes the adoption process. The innovation is "assimilated as an integral and accepted component of the system" (Havelock, 1969, p. 10).

Developmental Research

Design and Development (D&D) is a collaborative process that typically requires intentional collaboration of a team to produce change (Cole, Purao, Rossi, & Sein, 2005). However, highly experienced and motivated individuals can plan, construct, and advance an innovation. D&D is takes into account the views and preferences of potential recipients or clients, other stakeholders, and the service providers. Goals, objectives, and interventions are developed to represent how the problematic situation could be resolved or improved (Gilgun & Sands, 2012).

The research and development team become familiar with interventions utilized by others engaged in the selected service area. Research teams review relevant interventions and integrate their understanding with the description of the problem to design an innovation sensitive to the experiences of the target population. Guides to empirically supported practice (e.g., Forbes et al, 2020) and online data bases would be reviewed in building the initial framework.

Design Research

Design research is described in the literature with various terms and keywords, including the following: design studies, design experiments, developmental research, formative evaluation; and translational research (van den Akker et al., 2006). Design studies have some common characteristics (van den Akker et al., 2006).

- The research aims at designing an intervention in the real world.
- The research incorporates a cycle of design, evaluation and revision.
- The focus is on understanding and improving interventions within an ecological or contextual perspective.

- The merit of a design is measured by its utility for users in real contexts.
- The design is based upon theoretical constructs and propositions.
- The field testing of the design contributes to theory and model building.

The theoretical framework becomes the lens through which the problem is investigated and the foundation is proposed as a solution. Therefore, design research focuses initially on relevant literature and expert opinion. Theoretical models vary according to the major focus of the design project. For example, population focused innovations may incorporate knowledge on developmental stages. Problem focus is guided by needs assessment and incidence rates. The focus on a setting may emphasize applications in particular environments, such as a community behavioral health center. Intervention design projects address published outcome research, especially systematic reviews and meta-analyses. The theories developed in the construction of the innovation become intrinsically bound to the design itself.

The design of interventions generates important questions for research applied to practice. Design research generates "plausible causal accounts because of its focus on linking processes to outcomes in particular settings" (Design-Based Research Collective, 2003, p. 6). Design research involves action to intervene in the problematic situation rather than study it after the fact (Cole et al., 2005, p. 2).

Design research relies upon the input of experts and practitioners working in the problem area. The research problem is defined in collaboration with practitioners and refined through literature review. The literature review establishes what is known about the problem and potential solutions (Herrington, McKenney, Reeves, & Oliver, 2007). An effective literature review identifies guidelines that inform the design and development of the intervention (Herrington et al., 2007). The guidelines may describe gold standards, best practices, or expert consensus on the domain of the innovation. The literature review in design research is an

ongoing process due to ongoing knowledge development, practice experience, and evolving recommendations.

In design research, the proposed solution to the problem situation represents the synthesis of the literature, collaboration with experts, and preliminary adoption of interventions known to be effective (Anderson & Shattuck, 2012). Design research is an approach that produces an intervention as an outcome (Design-Based Research Collective, 2003). The intervention or program developed through the design process can be considered an outcome of the research process. The design research process is a legitimate model for psychological science, especially in community psychology (Rademaker & Polush, 2022; Riemer et al., 2020). The formative and summative evaluations constitute the latter stages in the development process. These evaluations approximate larger scale research involving rigorous quantitative or qualitative methodology.

Design and development research addresses the needs of clinicians and program developers to produce problem solutions for populations in need. In effect, the research model translates basic and applied science to address immediate problems identified by the profession. Design emphasizes the need for theory and guidelines that can improve both research and practice, especially in the context of evidence-based practice (APA Presidential Task Force on Evidence-Based Practice, 2006).

Specific ideas for interventions evolve from the rigorous analysis of the problem. Design research is not initiated to test theories but rather to build innovations based on theories and then determine the effectiveness of the intervention in practice (Walker, 2006). Creation of the intervention begins with assessment, is informed by literature, and is designed to address a specific problem or improve practice (Anderson & Shattuck, 2012). Adaptation and application of relevant assessments is an important aspect of design research.

Design/Developmental Research and Utilization Model

The DRU (initially Developmental Research and Utilization; now Design Research and Utilization) model is a framework for discerning knowledge innovation, utilization and dissemination. The model is presented in Table 1.

Table 1

*Design Research and Utilization Model**

Phase	Concerns	Operations	Activities
Research			
I. Analysis	A. Problematic Human Condition	1. Problem statement	Problem analysis and identification; State-of-the-art review
	B. Basic Information Source	2. Information selection	Selection of basic or applied research, technology, or practice experience; Selection of product language, goals, and objectives
II. Development	C. Relevant Data	3. Information gathering	Literature review, site visitation, or assessment
	D. Product Design	4. Product innovation	Novel assembly, application, or invention
	E. Product Preparation	5. Product realization	Construction of prototype, product, or statement of procedures
III. Evaluation	F. Field Trial	6. Trial application	Pilot implementation or demonstration
		7. Data collection	Collection of relevant data from trial
	G. Outcome Analysis	8. Product evaluation	Empirical research study, program evaluation, process review, or policy analysis

Table 1 Continued

*Design Research and Utilization Model**

Phase	Concerns	Operations	Activities
Utilization			
IV. Diffusion	H. Diffusion Media	9. Diffusion media preparation	Preparation of guides, manuals, or training materials
		10. Information dissemination	Demonstration, professional presentation, or publication
V. Adoption	I. Product Acceptance	11. Implementation by Users	Systematic use by practitioners; Monitoring of adherence or compliance; Administrative support
	J. Product Renewal	12. Institutionalization	Maintenance of community, staff, and administrative support for product; Follow-up, periodic review, and quality control; Revision or expansion of product; Ongoing participation in planned change

Note. *The title has been changed to clarify that the model is not dedicated exclusively to research on childhood development. The Developmental Research model is synonymous with the Design Research model (S. Southern, personal communication, September 16, 2022)

DRU originated in the Institute for Social Research (ISR; Frantilla, 1998) and the Center for Research on the Utilization of Scientific Knowledge (CRUSK) at the University of Michigan (e.g., Jones, 1971). The Institute for Healthcare Policy and Innovation (IHPI) represents a recent development of the integrative model for collaboration, innovation, program development, evaluation, and policy implementation (e.g., Buis & Steppe, 2023) The original focus was school curriculum innovation (AERA, 2003), but the perspective was defused to diverse domains and problems in agriculture, social work, nursing, community psychology, and public health.

The DRU model was adapted by Stephen Southern (2007) at Texas A & M University, Corpus-Christi, for use in program development, evaluation, and consultation. It was first applied to a dissertation involving exploration of trends in community mental healthcare (Gomez, 2007). Like the S-I and the RD&D Perspectives, the DRU is a phase model designed to direct the dissemination of knowledge, along with the development, implementation, and adoption of new innovations or programs.

The DRU consists of two stages—*research* and *utilization*—divided into five phases. Each phase addresses specific *concerns* that result in definitive *operations* based on *activities* that guide the researcher in a stepwise manner toward innovation and product design. As practiced in design-based research, the process in the DRU is iterative. The DRU provides a guideline in which the outcome of each stage becomes the input of the next. The title of the method has been changed to eliminate the confusion of the keyword, “Developmental Research,” with studies involving the development of children. The resulting model is called Design Research and Utilization (DRU) (S. Southern, personal communication, September 16, 2022).

Research Stage

The research stage of the DRU contains three phases that facilitate the process of program development: analysis, development and evaluation. Each phase addresses activities that define operations involved, consistent with other methods of research (i.e., problem statement, data gathering).

Analysis

The analysis phase of the DRU involves an in-depth understanding and comprehensive description of the problematic human condition for the overall purpose of creating change (Gilgun & Sands, 2012). Researchers begin with a broad area of interest and narrow it through state of the art literature review to identify a problematic human condition or concern. Typically, the focus of a proposed project addresses the problem, population, setting, and theory or model. The initial activity in this phase is problem analysis or identification. Engagement in an initial literature review identifies areas in published literature related to the area of interest. The operation involved is developing a *problem statement*. The problem contributes to the purpose of the research; the innovation of a solution guides the focus of the study (Herrington et al., 2007). A well-developed problem statement sets the parameters for the investigation and helps form the research questions.

The analysis stage emphasizes identifying *basic information sources*. The corresponding operation is deemed *information selection* and includes the activities of selecting research, technology, or practice experience, and identification of goals and objectives (Southern, 2007). The program developer selects databases and search terms related to the problem, topic, or human condition and collect relevant information. A clinically relevant review of the literature will be written to address the identified problem.

Upon completion of the search to identify relevant literature, the researcher moves to the second stage of the research phase—development. Because the DRU is iterative in nature, literature review is ongoing. Frequently, the program developer acquires new knowledge from publications, presentations, and other data sources as the innovation is being implemented. This information informs the ongoing evolution of the program.). The continuing literature review facilitates the formation of guidelines to develop the intervention that will address the outlined problem (Herrington et al., 2007).

Development

The development stage includes various concerns, operations and activities that guide the systematic organization of information and preparation for dissemination. Development includes literature review, descriptions of the views of service providers who currently work with the population or problem under study, examination of potential risks and benefits, novel assembly or the addition of novel components, and construction of a prototype, product, procedures, or manual (Gilgun & Sands, 2012).

The initial concern of the development stage is *relevant data.* The operation involved is *information gathering.* Specific activities to address the concern include the identification of literature related to the proposed innovation to be developed. Site visits to facilities that currently address the problem or population needs could be conducted. This could include interviews of administrators and staff members. Researchers may investigate existing interventions, through review of treatment manuals and other resources, to identify opportunities for integration of novel components. The researcher embraces a theoretical framework or foundation of a treatment package or intervention (see Herrington et al., 2007).

The second concern addressed in the development stage is *product design*. Once the problem has been defined, relevant literature regarding the proposed innovation is reviewed, expert opinion is secured, and published guidelines or standards are identified. Novel assembly or invention takes place through the operation of *product innovation.* A useful practice involves outlining the idea(s) for the intervention, innovation, or product and move to the final step in development: *product preparation* (Southern, 2007).

Product preparation is the final concern addressed in the development stage of the research phase of the DRU. The construction of a prototype or protocol results in *product realization.* The results of analysis are translated into the logistics and real-life challenges of translating the research to practice. The design product is a major output of the research (Herrington et al., 2007).

Evaluation

Evaluation is the final stage in the research phase of the DRU. Evaluation will determine the preliminary outcomes, feasibility, and ongoing promise of the innovation. The evaluation stage of the DRU involves actual implementation, data collection, and evaluation of the developed product. The initial concern addressed in the evaluation stage is *field trial*. This involves site implementation, pilot testing or otherwise demonstrating the initial effects of the product developed in the previous stage. Relevant data is collected through the operations of *trial application* and *data collection*.

The iterative nature of the DRU model indicates that a single implementation is insufficient to determine outcome or results of the innovation. After the first implementation and evaluation, changes are made to improve the product and a second implementation occurs (Herrington et al., 2007). The final operation *product evaluation* can then be conducted through

review and analysis of the data collected, implementation of a controlled research study or more complete program evaluation to determine *outcome analysis* (Southern, 2007).

Utilization Stage

The utilization stage of the DRU contains two phases that facilitate knowledge dissemination: diffusion and adoption. Utilization in the final process in which a new program, product, or innovation is made available to practitioners and its use is monitored for compliance with program guidelines or professional standards.

Diffusion

The first phase of utilization is diffusion. The primary task is preparing the innovation for examination by potential users and stakeholders (Havelock, 1969). In the DRU, the concern of the diffusion phase is *diffusion media*. This may include the preparation of manuals, guides, or training materials for distribution and feedback. The phase may include professional presentations about the program or product, publication of research findings, and demonstrations of the innovation. The program developer may be asked to make presentations within the practice group and throughout the professional community. These activities lead to the operations of *diffusion media preparation* and *information dissemination* (Southern, 2007).

Adoption

The final phase of the DRU is adoption. Adoption occurs after the trial phase, which often results in acceptance or rejection of the product. In design research, adoption includes trial, installation and institutionalization components. Because RD&D was developed for innovation of new curriculum, its adoption phase focuses on tailoring the particular product or program to fit the needs of the organization considering adoption (Havelock, 1969). In evidence-based practice, this is sometimes called “localizing” the intervention.

The adoption phase of the DRU addresses *product acceptance* and *product renewal*. The activities involved in this step include monitoring the use of the product or program for fidelity or adherence to design. There needs to be supportive leadership and adequate administrative structure for practitioners to ensure systematic use. Once the product has been accepted for regular use, the program developer moves toward *institutionalization* in which there is ongoing use, scheduling, and oversight. Product renewal is accomplished through periodic review of the program, quality assurance and improvement mechanisms, and identification of opportunities for revision or expansion.

Conclusion

This chapter described the foundations of developmental research in general. The operations of design-based research was used to develop an integrative therapeutic mentoring program for adolescents and emerging adults. Because the DRU is a design-based approach, it as utility in doctoral level research for program development. The systematic innovation of interventions address client needs and produce clinically relevant results.

CHAPTER IV: RESULTS

The intention of this dissertation was to develop and propose an innovative therapeutic mentoring program. Utilizing evidence-based research, I proposed to create a mentoring program which leveraged a community-based, hybrid-theoretical model to support affluent adolescent and emerging adult mentees to address life adjustment difficulties. The program serves upper-middle class and affluent adolescents and young adults, a new 'at-risk' population in the greater Los Angeles area and selected sites in Southern California. The program was based on data secured through an application of an applied research model, Design Research and Utilization (Gilgun & Sand, 2012; Gomez, 2007, Southern, 2007). This research model represents an ongoing effort to translate research, expert experience, and trial implementation into a therapeutic mentoring program for adolescents and emerging adults from affluent families who are undergoing life transitions.

The results of the research are presented according to phases, which constitute the major domains and operations, from the Design Research and Utilization (DRU) model. The model was described in detail in Table 1 (pp. 59-60). The major headings include the phases: Analysis, Development, Evaluation, Diffusion, and Adoption. The present study focused on the first three phases, while plans for diffusion of the innovation and adoption of the program in different settings are discussed in Chapter 5.

Analysis Phase

The Analysis Phase of the program innovation addressed the Problematic Human Condition and Basic Information Sources. This phase resulted in a Problem Statement, which guided the research, and Information Selection. Applied or translational research studies and professional articles were secured for the literature review. The innovation also relied upon

practice experience. Ultimately, the Analysis Phase converged on the selection of program language, the statement of the problem and the presentation of program goals and objectives.

The primary method of constructing the program will be to utilize the best practices outlined by Big Brothers/Big Sisters (BB/BS) and MENTOR, the National Mentoring Partnership's proprietary document the *Elements of Effective Practice for Mentoring* ™. I will follow the steps to construct the mentoring program. Additionally, I will leverage my own experience managing an adolescent and young adult mentoring program for 6 years. Utilizing the resources from the former mentoring program, such as reviewing the operating manual, reviewing the note keeping systems, billing systems, and what was most effective in creating a positive impact on clients to recreate positive elements of the program while modifying and improving on elements that needed to be revised for the newly proposed mentoring program. I will outline the essential elements and key processes involved in launching and running an effective mentoring program to ensure an effective methodology is in place by following the industry's best practices.

To ensure fidelity, leveraging MENTOR's 4th edition of the *Elements of Effective Practice for Mentoring* ™, will serve as a guideline or checklist for the most effective evidence-based standards and benchmarks created by the National Partnership for Mentoring. The practices highlighted in MENTOR's the *Elements of Effective Practice for Mentoring* ™ will be used as a roadmap for efficiently implementing a high-quality program. This includes, but is not limited to, features such as: screened and trained mentors, matched with well-suited mentees, so that their relationships will yield positive experiences for both parties involved in the mentoring relationship (Komosa-Hawkins, 2009). Given that research and studies of mentoring programs do not necessarily agree on what the most important factor or aspect in mentoring programs'

effectiveness is, it is difficult to determine what elements are directly correlated with positive effect sizes or outcomes for mentees. Due to the wide variety of populations that mentoring programs serve, different mentees may require different approaches to receive what they need from a mentoring program. Creating a program that is standardized, but highly responsive and customizable, to meet all mentees' needs is critically important.

While some researchers hypothesize that the connection with the mentor, referred to as the developmental or relational aspect of mentoring, is the curative factor, other researchers claim it is the mentee's ability to identify shared elements in the mentor's background that makes mentoring effective. Being able to see someone who grew up in similar circumstances achieve 'success' can inspire and instill hope in mentees and knowing someone has a similar lived experience, gives them more credibility. Mahat (2008) found that students are "more likely to make changes in their attitudes and behaviors if they believe the messenger faces their same concerns and issues" (p. 359).

Other researchers hypothesize that the activities that the mentor and mentee engage in are what makes for the most positive results of a mentoring program. It is difficult to know which elements to focus on while building a program and which factors result in the largest positive effect sizes associated with mentoring programs. Given the multitude of various types of mentoring programs and the fact that researchers don't agree on the most important elements in a program's effectiveness or the curative factors of mentoring relationships, it is easy to get lost in whatever theoretical approach one takes while creating a new mentoring program. There is critical value in having a national standardized set of best-practices that serve as a playbook or instructional manual for anyone looking to launch their own mentoring program, regardless of

the variation regarding what type of mentoring program is being built and the population it serves.

Beyond a positive social outlet, certain program-related factors are correlated to positive outcomes for mentored youth, including: a strong mentoring relationship, adequate intensity of mentoring (frequency/duration), provision of structured activities for mentors and mentees, similarity of interests between mentor and mentee, screening for appropriateness of participation, pre-match orientation and training, post-matching training and ongoing support, monitoring of program implementation, and parental support and involvement are all practices or program components that predict positive results. (Portwood & Ayers, 2005; Rhodes & Spencer, 2005). Different researchers correlate various elements of mentoring programs with positive outcomes, but each program and approach is as varied and different as the uniqueness of every individual mentee that enrolls in a mentoring program. Thus, while standards and best-practices should serve as a guideline, the ability to successfully train and support effective mentors to adapt, understand, and support their mentees given the myriad of issues they may face is a critical component to building a successful mentoring program. The steps I will take to effectively build my mentoring program are outlined below.

Conceptualization of Program

Karcher et al. (2006) propose a framework for conceptualizing the elements of effective mentoring programs which include context, structure, and goals. Context refers to the location of mentoring sessions, structure refers to the nature of the mentor-mentee relationship, and goals of the program influence and determine the activities that occur during mentoring sessions (Karcher et al., 2006). Those elements are determined after the founders of the program have identified the

type of clients the mentoring program will serve, which is typically the critical first step to the creation and development of any mentoring program.

In the program I am proposing, the population served is the new 'at-risk' population of affluent adolescents and emerging adults in Los Angeles who struggle with mental health, substance abuse, behavioral issues, lack of self-esteem, and failure-to-launch issues. Many of these clients have therapists and psychiatrists already but need in-vivo support, as weekly one-hour sessions in a therapist's office are not enough to create lasting change. What these clients need is the support of mentors to help them apply the tools they are learning in an office, out in the community, in real-world settings. For example, when a client's anxiety is triggered while in a crowded mall, the mentor is there to help them practice breathing techniques or grounding and mindfulness tools that will help the client avoid having a panic attack. Utilizing the theoretical skill taught in an office and providing practical application is the key emphasis of the program. Mentees need a lot of support with various life-skills that will help them develop self-esteem and self-efficacy required for successfully launching into autonomy and independence.

Statement of the Problem

The proposed program is the development of a potentially effective mentoring program for affluent adolescents and emerging adults based on best practices and expert opinions. A related concern is the application of necessary components to implement the program in the greater Los Angeles and Southern California region in which many of the affluent target demographic may live.

Purpose of the Study

The purpose of the proposed program development is to construct and implement a prototype through a systematic design research process. The phases of development, specific

operations, and selected activities will be documented and analyzed. The program will be innovative and present opportunities for diffusion to new groups of mentees and institutionalization or ongoing quality improvement of this important resource to affluent adolescents and emerging adults, as well as their families.

Practice Experience

As a fledgling clinician, I was fortunate enough to find myself in a role managing all aspects of a therapeutic mentoring program that worked with adolescents, young adults, and their families. I was directly responsible for overseeing and operating every facet of the business, from speaking with prospective new families, to collaborating with existing clinicians who may have been referring new clients, to finding and training new mentors and determining which mentor would be the most appropriate fit for each client, to providing support to parents when they were in crisis.

This invaluable experience, coupled with my education from Antioch University Santa Barbara and training from various clinical training sites, has given me insight into what elements of a program were effective at creating change for the clients we worked with. It also highlighted what systems could be improved upon in new iterations of a similar program.

This role also required that I frequently collaborate with some of the top clinicians across Los Angeles, who I would have otherwise not have had access to or opportunity to work with. This invaluable exposure allowed me to gather insights on what they felt were the most beneficial aspects of the program in helping their clients create lasting, tangible change.

Goals and Objectives

The activities of the Analysis Phase produced sufficient information resources to move to the second phase of the DRU, Development, in which the innovative therapeutic mentoring program was designed.

Development Phase

The Development Phase included the majority of operations and activities needed to design the prototype. Information gathering included the literature review, which identified best practices. Product innovation involved the novel assembly of program components. Product preparation and realization included steps involved in the development of the prototype, Athena Family Services.

Information Gathering

Major findings from the literature review, summarized in Chapter 2, identified professional standards and best practices. The program adopted the standards of MENTOR's *The Elements of Effective Practice for Mentoring* ™ 4th edition, which are reflected below. The standards of care and best practices were used to assemble the innovative program.

Elements of Effective Practice for Mentoring

Several studies do outline the most effective standardized steps for planning and launching a successful mentoring program while other meta-analyses have looked at what makes a program work by measuring effect sizes based on theoretical elements of programs. While those studies will be useful to review and pull key themes and best-practices from, the National Mentoring Partnership (MENTOR)'s guidelines are considered the most effective, concise, best-practices in the mentoring industry. MENTOR's *The Elements of Effective Practice for Mentoring* ™ (2015) is currently in its 4th edition and outlines a template created by the national mentoring partnership as guidelines for both state-wide and local mentoring programs to follow.

The step-by-step guide is considered the gold-standard for planning and launching an effective program by introducing 6 standards that will be outlined and followed in my proposed program.

Standard 1

The recruitment of effective mentors is the critical first step in any program's success. Without access to mentors, there would be no mentoring program, as without individuals to work with clients, you have no program. While most programs utilize volunteers, I will be paying the mentors that work with my clients to ensure a higher caliber of mentors. This also mitigates the risk of mentors abandoning their clients due to lack of time or prioritizing work over their mentees and ensures lasting, quality mentoring relationships which benefits everyone involved.

Ideally, I would like to utilize mentors who are graduate students earning Master's in Psychology (MFTs or Psy.Ds/Ph.Ds) or Social Work (MSWs) or who have completed said programs and are earning their clinical hours. Utilizing graduate students or clinical associates ensures that mentors have some level of training and are pre-screened to a certain degree given their experience working with clients before they even begin mentoring.

Standard 2

The screening of said mentors to ensure they are qualified to work with adolescents and young adults is critical to determine that mentees will be safe with the mentors they spend one-on-one time with. This includes Federal live-scan fingerprint screening to rule out criminal histories or registered sex-offenders, as well as assessing driving records to make sure individuals who drive their clients are not putting them in harm's way. It always helps to get personal references as well to make sure that mentors have former employers or individuals willing to vouch for their ability to effectively make a positive impact on mentees by being positive role models.

As previously stated, I would ideally utilize graduate students or associates, which mean anyone who qualifies to be a mentor, will already have been screened by their graduate program. Partnering with local Universities and graduate programs who can refer mentors to the program, would be an ideal way to ensure quality candidates are referred as pre-screened mentors.

Standard 3

Effectively training the mentors who pass screenings is one of the most critical steps to building an effective program. The training mentors receive directly impacts how they will work with clients in every aspect. Training determines how mentors initially build rapport, to how they will appropriately use self-disclosure to share their own personal experiences, and most importantly, how they support each mentee based on their unique struggles. It will also train them to use various therapeutic modalities, such as: Motivational Interviewing to ask open-ended questions as they guide mentees towards finding their own answers; Dialectical Behavioral Therapy to help clients identify core beliefs about themselves and to help them develop self-esteem and self-worth. DBT also incorporate mindfulness tools mentors can help clients use to develop skills in being able to self-regulate and respond instead of reacting to triggering situations. Additionally, training topics including adolescent development, attachment styles, conflict resolution, family systems, life-skills development, relational cultural theory, cross-cultural mentoring, boundaries and role clarification, anticipated challenges, realistic expectations, suspected abuse/neglect, mandated reporting, confidentiality, mentoring strategies, and the policies, procedures, mission, and goals for the program should all be the emphasis of effective trainings given to mentors before they ever interact with a client.

Ideally the proposed mentoring program in this dissertation, will be able to leverage clinical mentors who already have some training, but there is a difference between therapy and

mentoring. One of the most critical distinguishing factors includes the fact that mentors can use self-disclosure, mentoring occurs out in the field instead of an office, and you are engaging in activities with clients in a much more casual environment than traditional talk-therapy, so training mentors in the roles, responsibilities, and boundaries is essential to successful pairings. Without training, mentoring programs have no standardization and are likely to cause more harm than good for the mentees who participate in the relationship. Effective training benefits both the mentees and the mentors to ensure clients are benefiting from the program as much as intended.

Standard 4

Matching trained mentors with appropriate mentees and initiating their relationship is the 'secret sauce' to an effective mentoring program. If a mentee does not connect with the mentor somewhat quickly and is not able to relate to them, trust them, look up to them, and admire them, then they will not want to listen to their advice or guidance and the program has little chance of being an effective intervention to help the mentee. Pairing the right mentor with the right mentee is critical for the program to work, because without that connection, without shared experience, background, or interests, the relationship is likely to be unsuccessful before it even has a chance to begin. That is why initiating the relationship by focusing on building rapport through shared interests and engaging in casual activities that both the mentor and mentee enjoy is so important to the success of the mentoring relationship. Through these initial casual activities, the mentor has the opportunity to share their own lived experience and create a dynamic where the mentee feels safe opening up, being vulnerable, and disclosing areas they want to work on in their own life. Understanding which mentor is the ideal fit for a mentee's unique experience is critical.

This essential pairing process requires a high degree of emotional intelligence and ability to read individuals by the program coordinator. Additionally, extensive research and speaking to

the parents, the mentee, previous therapists, teachers, or coaches who know the mentee, and knowing who on the roster of mentors would be an appropriate match for said mentee based on their lived experience and their interests is vital for success. For example, if you pair a client with mental health issues who loves sports, with a mentor who has been sober from alcohol and prefers to play music to playing sports, there is little likelihood that the pair will hit it off immediately and the relationship is likely to be terminated early, which can cause more harm than good to the mentee. Finding the right mentor for each mentee makes or breaks a program.

Standard 5

Monitoring the mentoring pairings to ensure mentors are helping mentees achieve their goals is essential for success. Implementing a system that tracks hours worked, aggregates notes on each session, measures progress towards established goals, and any aggregate expenses accrued during sessions is critical to successfully supervising each mentoring case. Additionally, a system like weekly group and/or individual supervision allows a program to provide ongoing support to mentors as they work with clients. This feedback and guidance for the mentors themselves is key to effectively supporting mentors and ensuring they are successfully addressing the needs of their mentees. This tool benefits the program managers, mentors, and mentees themselves, to ensure that any progress is being made and any issues that arise are addressed. Providing supervision to mentors allows for creative problem solving, further necessary training (if applicable), and is required if the program uses clinical mentors.

The program I am proposing will require mentors to receive both individual and group supervision with other mentors, in the same way an associate clinician would receive at a training site. Ideally, I would like to bring on a clinical supervisor to run ongoing trainings to make mentors more effective and be able to ensure that mentors feel supported. The clinical

supervisor could also address any concerns the mentors have and make sure that the mentors know how to connect with their clients to inspire and create change. Supervision will also help mentors learn how to teach their mentees new skills and assist them in them developing new tools based on their client's needs.

Mentor supervision is imperative to ensure that mentor relationships continue to remain effective and useful for both mentor and mentees. Providing clinical supervision will also allow my mentors to receive clinical hours towards licensure for their mentoring work. Offering clinical supervision and being able to sign off on hours will allow the program recruit and maintain highly qualified clinically trained mentors for the program. Providing clinical hours also allows me to partner with local graduate programs to ensure I have a large pool of effective and diversely qualified mentors who already have clinical training and most effectively support our mentees. The more clinically sophisticated the mentors, the more clinically complex mentees we can help. Clinically trained mentors can also work with parents as parent coaches to support the entire family system, which is extremely important with adolescent and young adult clients.

Supervision will be a place for mentors to bounce ideas off one another, brainstorm effective activities for achieving goals, and strategize together how to solve difficult situations that arise during the course of the mentoring relationship. Having other mentors share strategies they have successfully implemented with clients may inspire other mentors to try different approaches with their clients and help them find new ways to solve unique issues. Weekly meetings as a team also creates a sense of community and connection among the mentors, which helps create a culture within the company and fosters innovation, as well as collaboration to better help every client. Supervision also allows program managers to stay informed on all aspects of each case, which is extremely important to the success of all mentees.

Standard 6

The effective ending of mentoring pairings must be planned and executed with extreme care. Finding a way to honor the relationship when it becomes time to terminate the mentoring pair and tries to ensure that there is no negative impact on the mentee is an important and often overlooked step in mentoring programs. Both unexpected and planned terminations will occur for various reasons and sometimes a mentee will need to be placed with a new mentor for unforeseen circumstances. When a planned termination occurs, it is important to prepare in the last few sessions by having the mentor and mentee talk about the culmination of their relationship. It is imperative that programs provide adequate time for the pair to process any feelings and commemorate the relationship in a way that feels relevant and meaningful to both the mentor and mentee in order to end on a positive note and ensure all goals have been achieved. Abruptly terminating a mentoring relationship can cause more harm than good.

Other Considerations

While MENTOR outlines their 6 standards, there are other considerations to factor in, such as parent involvement in the mentoring process. While mentees tend to be adolescents and young adults, parents play a crucial role in the family system and parental dynamics need to be addressed, even if they do not have their own mentors. Typically, it is best for parents to have minimal contact with the mentors directly so that the mentee feels their relationship is untainted by parental influence, so program managers act as a liaison between mentor and parents, relaying any pertinent information or program updates.

The proposed program will also offer parent coaching, where parents are offered their own weekly support with a clinician, not for therapy, but to learn skills like effective communication, boundary setting and holding, and how to support their child's growth achieved

via mentoring. If the child learns new tools and skills but the home environment remains the same, old patterns will be repeated and the system will return to homeostasis, as is evidenced in many family therapy theories. Encouraging or mandating parents to participate in parent coaching is a vital aspect of successful mentoring programs and equips the entire family system with new tools for healthy engagement and ensures the entire family feels supported to grow.

DuBois & Silverthorn (2005) stated, "there is an array of program components to be addressed by program implementers, and youth mentoring is a complex and multifaceted phenomenon requiring careful planning, implementation and documentation" (p. 44) as well as evaluation, to ensure programs are operating to the maximum benefit of mentees. Providing mentees an opportunity to give feedback, during the mentoring relationship and after the relationship terminates is essential to improving the program on a systemic level. Feedback provides program managers the most valuable information on how to improve the process from those who are experiencing it and hopefully benefiting from it. This insight allows for programs to prove that they have effectively reached the goals that they intended to and achieved the purpose of helping clients. (Godber, 2008). It also highlights areas for improvement and provides programs with valuable information to begin improving systems to better support all clients.

While these best practices highlight a few key elements for program developers to follow, there are several other considerations that researchers have identified throughout years of research ono mentoring programs. Meta-analyses have examined the most effective elements of formalized mentoring programs and provided researchers and program developers a comprehensive list of factors to consider when creating a program. These factors, such as duration and frequency of mentoring sessions and relationships should be considered, as relationships lasting less than 3 months have been proven to be more harmful than effective

(Grossman & Rhodes, 2002; Karcher, 2004). While mentoring relationships lasting 6 months have proven to have moderate positive impacts, and mentoring relationships that last 12 or more months have proven to have the greatest benefit to mentees (Grossman & Rhodes, 2002; Karcher, 2004).

Six years invested in innovating and implementing the initial version of a mentoring program that served adolescent and young adult clients prepares me to take the next steps in program development, including adoption and diffusion. Evaluation of the ongoing program will include ongoing literature review of clinically relevant studies, identifying emerging models of mentoring, and following developments in other mentoring programs. Looking back at my experience running a mentoring program, I plan to review our previous operation manuals, client records, billing methods, staff training, and feedback from clients and families to determine what was effective and what areas could use improvement.

It would be helpful to introduce assessment tools and strategies to identify quantitative indicators of positive and negative effects of the program on mentees. If possible, I plan to follow-up program graduates to assess maintenance and generalization of treatment gains and identify factors associated with relapse. Systematic literature reviews and meta-analyses will reveal the most frequently used measures of program process and outcome. Ongoing quantitative analyses should support the monitoring of effects over time.

I plan to review previous recruitment efforts to decide what the most effective route for finding the most qualified mentors. As mentioned previously, partnering with local graduate schools to find psychology and social work graduate students who want to work as mentors would be an effective strategy for finding mentors who already have an understanding of the mental health field. Finding mentors who already know how to effectively build rapport, who

know how to work with clients, and understand the nuances of working with the delicate nature of mental health issues, makes implementing an effective program that much easier.

Product Innovation

Project Innovation was guided by the novel assembly of the program components. The components were used in the production of a treatment protocol and training of staff. The treatment protocol incorporated basic procedures for the mentoring of adolescents and young adults.

Having selected a novel treatment protocol, gone through staff selection and the mentor training implementation, the prototype for the program was realized. The needs of adolescents and emerging adults have been neglected in affluent families. Therefore, the program was implemented on October 14th, 2021, starting in Los Angeles and quickly spread to the greater Los Angeles area, which eventually grew into clients from the South Bay and all the way North to Santa Barbara. We have even sent full time live-in care to several other states.

Evaluation

The immediacy of needs and requirements for treatment guided the Evaluation Phase. A pilot program has been implemented. The pilot was guided by continuous quality improvement. Therefore, the trial application resulted in the following revisions.

Trial Application

The pilot implementation demonstrated some beneficial results and identified some necessary changes, described by participants, family members, and mentors. Findings are described in Table 2.

Table 2

Findings Identified Through Trial Implementation

Participants
61 mentoring clients
15 sets of parents
38 mentors
3 parent coaches
Benefits
Improved self-esteem
Improved social skills
Healthier parental boundaries/family dynamics
Increased participation in positive/healthy activities
Increased utilization of coping skills
Decreased anxiety
Decreased depression
Decreased substance use
Improved IADLs and life-skills

Table 2 (continued)

Findings Identified Through Trial Implementation

Necessary Changes

Implementing Dialectical Behavioral Therapy (DBT) approach

Providing clinical orientation to all stakeholders (mentors, mentees, and parents)

Implementing clinical director

Developing a clinical evaluation tool to measure/quantify effect of mentoring

Partnering with local graduate schools to leverage clinical mentors

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The final two phases of the Field Trial involved pilot implementation and continuous quality improvement, which is ongoing. The promising results included qualitative results reported from parents and clients such as improved self-esteem, social skills, IADLs and family dynamics, as well as decreased anxiety, depression, and substance abuse issues for mentees. Necessary changes to improve the program included the desire to switch to an underlying clinical orientation that would be beneficial to clients and their families. Given that we work with adolescents and emerging adults who have lots of anxiety, depression, social anxiety, rigid thinking, substance abuse, and struggle with social skills, DBT would be an ideal theoretical orientation.

DBT allows us to address client's underlying core beliefs and to teach our clients tangible skills that will have a real-time impact on their issues and help improve their overall functioning. Another desired improvement would be the ability to quantitively measure the impacts of our mentoring program, for better or worse, via an assessment measure. This would be extremely beneficial to making tweaks to each client's treatment plan and calculating the effect size of the program on client's during and after participating in the mentoring program. In order to effectively do so, implementing a system that can measure changes in anxiety, depression, and overall life satisfaction, as well as various other areas of their life, would be ideal. An assessment

tool like CelestHealth would be ideal. The robust measurements they offer, and the simplicity of use would allow our team to capture a variety of metrics regarding the program's impact on clients and help us evaluate how to best support mentees going forward. The Field Trial involved collection of relevant data and identified an assessment protocol for evidence based practice.

During the course of pilot implementation, two major issues were identified: requirements for program growth and the need for monitoring of the treatment process. In effect, this produced a means by which participants and their families could be monitored by location and mentor.

The Assessment Protocol involved outreach to a professional vendor who provides a brief checklist of symptoms to monitor current client status and change over time. CelestHealth provides the Behavioral Health Measure-43 (BHM-43) with the following scales.

- Well-Being Scale
- Symptoms Scale
- Life Functioning Scale
- Personal Effectiveness Scale
- The BHM-43 is a 43 item client-report questionnaire that takes clients 3.5 minutes to complete electronically and is the most comprehensive measurement tool offered by CelestHealth

The assessment protocol could also be used to analyze program outcomes and effect sizes.

Outcome Evaluation

A program evaluation will be conducted as the innovation takes its final form. Assessment will be used to monitor participants and their families, as well as supervise mentors. As this database accumulates, it will be possible to analyze some aggregate data and describe

outcomes over time. It may be possible to conduct analyses according to participant needs, characteristics, and duration of treatment. The program evaluation may contribute to changes in protocols, processes, and policies. Data gathered during the program evaluation will contribute to the final phases of the DRU model, Diffusion and Adoption, which accrue over time and experience in implementing and evaluating the innovation. Plans for diffusion and adoption are presented in Chapter 5.

CHAPTER V: DISCUSSION

After examining the plethora of options on the continuum of care in the greater Los Angeles area, it became clear that there was a need for transitional support. While there are lots of inpatient and outpatient programs, there is very little pre and post therapeutic intervention programs that help clients navigate daily living out in the community. Given that adolescents and young adults who live at home or are going off to college are faced with a plethora of 'real-world' struggles, with very little support, this felt like the niche to focus on. Thus, I decided to create a therapeutic mentoring program that served adolescents and emerging adults, as well as their families, with a specific emphasis on the newly identified, affluent 'at-risk' population. The program can support clients of all socioeconomic standing but is equipped to deal with the complex family systems issues of middle to upper-class West LA families. Support for both the adolescents or emerging adults, and their parents, helps create lasting change for the whole system.

While many non-profit mentoring programs for adolescents exist, they tend to be for impoverished youth in inner cities. There are very few private-pay mentoring programs in LA and even fewer that leverage clinical approaches to support the entire family system. Leveraging lifespan development theories and Relational Cultural Theory for adolescents, emerging adults,

and their parents, I was able to create a solution that would effectively recreate peer relationships, to help build rapport and influence real change in emotions and behavior, while simultaneously helping parents learn to empower their children to make sustainable, lasting changes.

While therapy is a wonderful tool for those mature enough to be introspective and have insight into their emotional worlds, many adolescents and young adults find traditional talk therapy difficult. Lots of these emerging adults are not at a place where they can turn the theoretical work done in a therapy office into practical solutions in their day-to-day lives. Where therapy focuses on the internal thoughts and feelings, mentoring programs emphasize external actions and take a more solutions-based approach, while still being able to address mentee's internal experiences. These action approaches include life skills such as finding a job, effective time-management, building and balancing a budget, or enrolling in college courses, etc.

Mentoring activities often help clients develop a sense of community while also benefiting their physical and mental well-being, such as attending regular yoga, rock-climbing or jiu jitsu classes. These types of activities not only provide a sense of connection to peers, but teach a client discipline, help regulate their sympathetic nervous systems, and release endorphins and dopamine, while reducing cortisol. Group activities also help hold a client accountable and activities like yoga and jiu jitsu are goal-oriented and can help clients develop a sense of accomplishment, which in-turn, helps build self-esteem. Building mastery of skills in a hobby can then be leveraged by mentors and translated into various life skills tasks that help the mentees in their day-to-day lives.

The relationship between mentee and mentor is different from client and therapist. Mentors and mentees tend to be closer in age and the relationship is designed to be more casual

given that sessions take place out in the community, participating in activities instead of in the formal container of a therapy office. Additionally, a mentor is not bound by the ethics or limitations that a therapist is, so the mentor can build rapport by opening up about their own life experiences and struggles via self-disclosure in a way which a therapist could not. This allows the mentor to set the tone for the relationship by breaking the ice and influencing the mentee to get vulnerable about issues they may be facing in their lives that they would like to work on in the mentoring relationship. It is much easier for adolescents to open up while hiking side by side or while tossing a football as opposed to sitting face-to-face on a couch in an office. That being said, given that many of our clients in the mentoring program face mental health, emotional, and substance abuse issues, ensuring mentors are equipped with therapeutic training is extremely important to benefit the relationship. Providing ongoing training and supervision to mentors so that they are equipped to handle issues that mentees bring up during sessions has proven pivotal in the success of the mentoring relationships. Leveraging Relational Cultural Theory is the theoretical framework for why mentoring relationships are so beneficial for mentees.

Future Directions

In the future, I would like to leverage Dialectical Behavioral Therapy as a clinical orientation for the mentoring program. This approach has proven very effective for adolescents and young adults in reducing anxiety and depression, while helping improve self-regulation and cognitive rigidity, and provides tangible tools that benefit clients in the moment with various struggles they face. I would also like to hire a clinical director to provide clinical training and leverage associate therapists and social workers (AMFTs and ACSWs) as mentors. Given that a majority of our mentees face mental health struggles, as well as behavioral struggles, being able to use clinical mentors who have the education that graduate-level programs provide would be

very beneficial. In addition, if the graduate student mentors are able to get the clinical supervision hours that they are required to achieve for licensure for the work they do as mentors, it would allow us to leverage a higher caliber of mentors. The more highly trained the mentors are in our program allows us to serve more clinically acute clients and their parents.

While the first iteration of the proposed program focuses on more affluent adolescents and emerging adults, given that this was an underserved niche in the mentoring programs in Los Angeles, eventually I would like to create a non-profit program that would allow us to serve a more financially diverse clientele. Being a private-pay program allowed us to hire well-trained mentors with lots of experience in the mental health field, but there is also a significant need for clinical services in lower income communities. By forming a 501c3 organization and paying a seasoned clinical director to supervise associate clinicians, who would get clinical hours for working as mentors, we could get government funding to provide compensation to mentors and bring our innovative clinical solutions to lower-income families who desperately need in-home, community-based solutions to support both their children and parents. Being a non-profit organization would allow us to partner with local graduate programs, as many have social justice driven missions, and require students to work with non-profit organizations, so that we would have top tier talent in the form of fledgling clinicians, who are well trained to work with more clinically acute and culturally diverse clientele. This would reduce turnover in mentors and allow us to work with clients on a long-term basis, to maximize the effectiveness of our program and the solutions we offer families. Being a non-profit also would allow us to host fundraising events and opportunities to raise local awareness and resources to bring our solution to families that could not otherwise afford the services.

Currently the parent coaching aspect of our mentoring program is optional, but in future iterations of the program, this may become a mandatory aspect of the service. Depending on the dynamics of the family, parent coaching has proven to be extremely beneficial. As the program evolves to service more clinically acute clients, parent coaching and the necessity for supporting the entire family system, is pivotal to long-term realization of program goals. In terms of success, mostly qualitative data has been collected, but not much in terms of quantitative metrics have been definitively measured. In the future, using a system like CelestHealth, which measures a myriad of metrics, from anxiety, depression, overall life satisfaction, to fulfillment, social relationships, and other measures that quantitively measure the quality of an individual's overall well-being would be ideal to implement. The system asks clients a series of questions that can be answered in 3.5 minutes on a device such as a phone or tablet and creates both individual and overall metrics that would allow us to measure progress at the start and at regular intervals over the mentoring relationship. Track how a client is improving or regressing throughout the course of the mentoring relationship allows us to make data-driven adjustments to the service we are providing. Being able to produce quantitative data about the effectiveness of the program would be extremely beneficial to both clients, parents, clinicians, and the program's marketing.

Currently, the company CelestHealth is in the process of updating their assessment metrics and is not selling licenses to new programs looking to utilize their services until their new measurement tools are officially launched. Once their new system is launched, we would license the service to be able to track our client's progress throughout the course of utilizing our services. In the future, if quantitative measurement became necessary for proving our concept or for government funding when we open a non-profit sector, we could use things like Beck's Depression Inventory-II (BDI-II) (Toledano-Toledano & Contreras-Valdez, 2018), and Beck's

Anxiety Inventory (BAI) (Fydrich et al., 1992) to measure client's clinical conditions at the start of our program. We would then follow up in regular intervals (i.e., every month) that they are receiving services to track progress, as the measures are relatively quick and easy to administer and provide accurate insights into a client's depression and anxiety, respectively, and how symptoms change over time.

Lastly, a future direction that would be extremely beneficial to a number of our clients would be hosting and facilitating group activities for a number of clients with similar issues to participate in with their mentors. For adolescents and young adults, developing a sense of community, connection, and a sense of belonging is of paramount importance to their overall well-being and formation of identity. Having peers with similar issues and mutual interests would provide connection, friendship, and a sense of normalcy in their daily lives. The ability to spend time with positive, healthy peers outside of the mentoring relationship, would benefit all who participate in the activities. Many of our clients struggle with social anxiety or lack healthy social skills, from clients with ASD-1 to clients who are in recovery from substance abuse. Many clients and parents frequently ask if there are healthy activities where mentees can spend time with other clients with similar struggles in order to make positive friendships. Hosting group activities, whether that be a hike, surfing, playing basketball, or even karaoke nights, would give clients a reason to congregate and participate in healthy, prosocial activities that would give them a chance to practice skills they work on with their mentor's one-on-one, in a group setting. The hope would be that these group activities allow clients to forge lasting friendships outside of the time they spend with a mentor and benefit all clients even during times when they're not with their mentors.

Building healthy communities is critical to the success of any program and it is one of the limitations of mentoring programs, as the relationship is innately limiting, given that it is primarily just the mentor and mentee. The mentor pairing does not lend itself to the formation of lasting, peer-aged relationships as much as we would like. Offering group activities where clients could forge new friendships with peers their own age, with similar issues, would be immensely beneficial to mentees, their families, and the communities within which we operate and offer our services.

Going forward, as mentoring becomes a more commonplace practice, it would be wonderful if the service became something that insurance companies would cover, as they do many other clinical services such as therapy, inpatient treatment, or outpatient treatment. Given that mentoring is still a relatively new concept in the private-pay, therapeutic services space, it will take some time for it to become a commonplace service. Eventually it would be wonderful if mentoring became the equivalent of having a child work with a tutor. In the same way a tutor helps with homework, mentors help clients develop the life skills, emotional skills, and social skills, and these skills benefit their long-term success in ways far beyond academic success.

The program is just in its infancy, and I am extremely excited about the success our clients have had so far and the directions that the program is heading in the future. With the right support, the proper measures, and the right infrastructure, the program is something that I think any and every adolescent and emerging adult could benefit from. I look forward to building out solutions that continue to support the healthy development of our current and future clients and their families alike.

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