Who and what works in natural mentoring?
A relational approach to improve the effectiveness of youth care
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Cultivation of Natural Mentors to Strengthen Resiliency in Youth: A Program Theory of Youth Initiated Mentoring (YIM)
ABSTRACT

Natural mentoring relationships are organically formed supportive relationships between youth and important non-parental adults (e.g., friends, teachers, athletic coaches, extended family members) from within their existing social networks. These relationships are thought to foster positive youth development and buffer against risks, particularly those associated with the transitions that characterize adolescence. Providing youth with the opportunity to identify and engage a non-parental adult from their social network in a mentoring relationship constitutes the Youth Initiated Mentoring (YIM) approach. The current article describes the aim and context of this new approach, its target population, the intended individual and societal outcomes, and how these outcomes may be achieved. We also describe various YIM program models adapted for various target populations, specifically addressing universal, selective, and indicated preventative approaches, as well as discussing a more general user process for YIM programs. Our goal is to provide practitioners with the tools to carry out their work and to provide guidelines for researchers to test hypotheses about YIM.

INTRODUCTION

A natural mentor may be a non-parental relative, neighbor, teacher, friend, or someone from a religious community who is a confidant and advocate for a young person (Hurd & Zimmerman, 2010; Schwartz, Rhodes, Spencer, & Grossman, 2013; Spencer, Tugenberg, Ocean, Schwartz, & Rhodes, 2016; Van Dam et al., 2017). Natural mentoring relationships form organically between youth and older or more experienced individuals within their existing social networks. Natural mentors can enhance youth’s sense of belonging and mattering to significant others (Bowers et al., 2012; Erikson, 1968; Lerner, Von Eye, Lerner, & Lewin-Bizan, 2009). Natural mentors can also provide a range of different types of support, such as informational support, i.e., giving advice about work or education, emotional support, i.e., providing comfort and encouragement, to instrumental support, i.e., helping apply for jobs or coping with day-to-day stressors (Erickson, McDonald, & Elder, 2009; Van Dam et al., 2017).

A recent meta-analytic study on natural mentoring relationships showed that the mere presence of a natural mentor was associated with positive youth outcomes, with a small overall average effect size, $r = .106$ (Van Dam et al., 2018). The association between the quality of the natural mentoring relationship (relatedness, social support and autonomy support) and positive youth outcomes yielded a medium overall average effect size ($r = .208$). Notably, at-risk status (for instance, teenage mothers, homeless youth, youth in foster care and children of alcoholic parents) did not moderate the relation between either presence or quality of natural mentoring relationships and youth outcomes. These results suggest that natural mentors can play a significant role in the lives of youth across a range of contexts and situations.

Although the benefits of natural mentoring relationships are generally acknowledged, interventions rarely focus on such relationships due to the fact that they are, by definition, naturally forming, and therefore viewed as outside the scope of active and formal intervention. Instead, mentoring programs have focused primarily on formal mentoring, which involves assigning a volunteer mentor who was previously not a part of the youth’s social network. Although this formal approach can be beneficial, too many of these relationships fail to ‘gel’ and develop meaningful ties, or they dissolve shortly after they began (e.g., Grossman & Rhodes, 2002; Spencer, Basualdo-Delmonico, Walsh, & Drew, 2014).

In contrast, a new and innovative approach, Youth Initiated Mentoring (YIM), supports youth in the process of identifying, recruiting, and maintaining relationships with potential natural mentors. YIM aims to empower youth to benefit from and optimize supportive relationships within their communities. Moreover, the addition of a YIM component alongside professional involvement for high-risk youth may improve outcomes and reduce erosion of impacts when professional involvement ends (Schwartz et al., 2013; Van Dam et al., 2017).
In this article, we describe a program theory including the aim and context of the YIM-approach, the intervention, its target group, the intended individual and societal outcomes, and processes through which these outcomes may be achieved. We differentiate between mediators and mediated moderators (Fairchild & McKinnon, 2009). Mediators are factors that are directly responsible for the desired (exclusive and unmitigated) effects of the positioning of a natural mentor on positive youth outcomes. For example, relationship quality between a mentor and mentee might increase the resilience of the adolescent. Mediated moderators are factors that moderate the effects of additional care and treatment on the desired outcomes, which are affected by a mediator that explains the effects of YIM on these moderators. For example, if the adolescent experiences the relationship with his mentor as positive, this might motivate him to benefit from professional treatment: higher relationship quality between a mentor and mentee (mediator) might improve treatment motivation of an adolescent (moderator of treatment effectiveness), which in turn influences the effect of delivered treatment on the youth’s resilience.

We also describe various models of YIM within different contexts targeting different youth populations. Specifically, we discuss how YIM may be implemented in the context of universal, selective, and indicated prevention approaches, and we provide examples of programs implementing YIM at each level. Finally, we describe a more general user process, specifically addressing the unique aspect of YIM in which youth recruit a mentor from their existing social network, including how the identified mentor may respond to the request. All these lines of information together provide an initial program theory of YIM that can be used both to provide the practitioners with effective approaches and key considerations in implementing YIM and to provide researchers with directions for future research on YIM.

**Context of the YIM approach**

Internationally, there has been a movement towards community mental health care, along with a move away from residential care (Souverein, Van der Helm, & Stams, 2013). Current recommendations recognize residential care as an ‘ultimum remedium’, that is, a last resort option, noting that group care should be used only when it is the least detrimental alternative, when necessary therapeutic mental health services cannot be delivered in a less restrictive setting. Children and adolescents have the need and right to grow up in a family with at least one committed, stable, and loving adult caregiver (Dozier et al., 2014). Although most research has focused on the role of parents, this may also include natural mentors within the youth’s network, including those identified or chosen by the youth themselves.

The focus on care and treatment delivered in the community corresponds with the international tendency in child and family social work to make use of the strengths of families and their own social networks and to stimulate client participation (Burford, 2005). It also fits with the introduction of the educative civil society, in which the joint activities of citizens in the upbringing of children and adolescents are emphasized (Kesselring et al., 2012). Identifying the least intrusive interventions for families and maximizing opportunities to empower youth and their families are also consistent with Articles 16 and 12 of the United Nations Convention on the Rights of the Child (UNCRC). Article 16 proclaims that “no child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence”. Article 12 proclaims that “states parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”. This speaks to the importance of emphasizing the voice and choice of youth and their families in interventions that are influencing their lives.

Additionally, two recent meta-analyses by Weisz et al. (2013, 2017), synthesizing 50 years of research on the effectiveness of youth psychological therapy, showed that the probability that a youth in the treatment condition would fare better than a youth in the control condition was 63%, with the largest effect for youth solely experiencing anxiety and, importantly, no effect for youth experiencing multiple problems. This means that for youth facing the greatest challenges, psychotherapy as currently practiced is failing to significantly improve outcomes. This may be in part due to the fact that psychotherapy is often implemented as an individual intervention that does not sufficiently address the broader ecosystem influencing youth development, in particular the clinically representative conditions under which treatment is carried out.

Too often the research on evidence-based psychotherapy interventions does not sufficiently represent more complicated cases or marginalized populations, and does not examine how treatment works under clinically representative conditions (e.g., Wandersman, 2003). Therefore, Weisz, Ugieto, Cheron and Herren (2013) advocated research on evidence-based care and treatment under more clinically representative conditions in order to better examine how care works in the actual youth (mental health) ecosystem. In particular, there is a need for interventions that not only acknowledge, but actually incorporate youth’s social ecosystem into the intervention. In the current article, we present a model that aims to improve the functioning of the preventive mental health care system through collaboration with natural resources embedded within the youth’s social environment. Figure 1 provides a schematic overview of our program theory, the mediators, mediated moderators and desired outcomes, which we will further describe in the next section. Before this, we describe the intervention and target populations.
Intervention. A mentoring relationship is generally characterized as a strong connection between an older or more experienced individual who provides guidance and support to a younger or less experienced mentee or protégé over time (Rhodes, 2002). Natural mentoring relationships develop organically between youth and older individuals within their existing social networks. They can exist without any involvement of professional service providers (e.g., teachers and care professionals) or can be embedded within the context of a broader intervention to improve general well-being and/or mental health. Positioning a natural mentor as Youth Initiated Mentor (YIM) creates new social dynamics between all participants; the position — a place or status — of individuals in a group represents cognition, emotion, action, and perception (Harre et al., 2009).

Population. Relationships with natural mentors serve as a promotive factor for youth in the general population, fostering positive youth development, and as a protective factor, which buffers against individual and environmental risks for negative youth outcomes (Thompson, Greeson, & Brunsink, 2016). The potential influence that natural mentors may have, ranging from promotive to protective, depends on the risk and protective factors youth bring with them (Hurd & Sellers, 2013). For low-risk youth, facilitating natural mentoring relationships may serve as a universal preventative strategy that can help them achieve goals, cope with challenges, and navigate their identity (Schwartz et al., 2016; Schwartz et al., 2017; Van Dam et al., 2018). For youth with greater risk factors, YIM may serve as a selective preventive strategy with the positioning of a YIM in their lives potentially offsetting individual and/or contextual risks; for example, adolescents often attribute their capacity to thrive despite adversity to the support of a caring adult (Greeson & Bowen, 2008). These close personal relationships may promote feelings of predictability and stability, and enhance well-being (Cohen & Wills, 1985). In these circumstances, YIM may also supplement additional interventions and protect against erosion of effects after shorter-term interventions have ended (Schwartz et al., 2013; Spencer et al., 2016). Finally, for those facing the greatest challenges, YIM may serve as an indicated preventative strategy in which the addition of YIM to professional treatment can increase treatment motivation and effectiveness, including addressing erosion of treatment effects (Van Dam et al., 2017).

Mediators. Mediators are factors that are responsible for the desired effects of positioning a natural mentoring on youth and family resilience and democratic citizenship, in all three categories of prevention. We distinguish four potential mediators: relationship quality, parental support, social resourcefulness, and epistemic trust.

Substantial research on traditional mentoring approaches has highlighted the importance of relationship quality between the mentor and mentee, as has the more limited research on YIM approaches (e.g., Schwartz et al., 2013; Spencer et al., 2016). In relationship quality, we include (a) mentoring relationship quality, including emotional closeness between the mentor and mentee (b) frequency of contact, (c) type of support provided, and (d) duration of the mentoring relationship (Rhodes, 2002). Research suggests that YIM approaches result in closer and longer-lasting relationships than traditional assigned formal mentoring (Schwartz et al., 2013; Spencer et al., 2016; Spencer et al., 2018).

Additionally, parents can support or discourage their children from developing relationships with extended family and community members. Research on formal mentoring programs as well as on YIM approaches indicates the importance of parental support of the youth-mentor relationship as well as the relationship between the parent and the mentor in determining the success of the mentoring relationship (Basualdo-Delmonico & Spencer, 2016; Keller, 2005; Van Dam et al., submitted).

Social resourcefulness includes the skills and behaviors allowing youth and family members to request and maintain support from others (Rapp et al., 2010). Preliminary research indicates that YIM skills workshops for youth can increase network orientation and help-seeking skills of youth (Schwartz et al., 2016; 2017). Similarly, youth in formal mentoring programs indicate that improvements in their relationships with other important adults (e.g., teachers, parents) mediate the effects of mentoring on academic, behavioral, and social-emotional outcomes (e.g., Chan et al., 2013; Rhodes, Reddy, & Grossman, 2005). We expect that experiencing a supportive relationship with a YIM functions as a promotive experience for all family members, allowing them to benefit more from the social support within their social networks (social resourcefulness), which in turn is thought to optimize the capacity of them to respond adaptively to future stressful life events.
Social learning between the mentor and mentee takes place spontaneously and can lead to positive youth outcomes (Rhodes, 2005). Epistemic trust is key to this social learning process, referring to the trust in the authenticity and personal relevance of interpersonally transmitted knowledge, which enables social learning in an ever-changing social and cultural context, allows individuals to benefit from their (social) environment (Fonagy & Allison, 2014). Research suggests that the YIM selection process contributes to the youth’s rapid development of feelings of closeness and trust in the relationship with the mentor (Spencer et al., 2018). Other research indicates that the YIM process yields mentors with more similar backgrounds to their mentees than in traditional formal mentoring approaches, and that youth report this similarity as contributing to feelings of trust and to long-standing relationships (Schwartz et al., 2013).

Mediated moderators. Mediated moderators are factors that are hypothesized to be influenced by the positioning of YIM, and which moderate the effects of additional care and treatment on the desired outcomes. These are only active within selective and indicative intervention, but are also influenced by mechanisms that work in universal prevention. For example, if a mentor encourages a mentee to trust a professional, such as a therapist, the epistemic trust between a mentor and mentee (mediator) can improve the therapeutic alliance between the adolescent and therapist (moderator of treatment effectiveness), which in turn may influence the effect of delivered treatment on the youth’s resilience. Together, they might explain how YIM increases the effectiveness of (informal and formal) care and treatment. We distinguish three potential mediated moderators: self-concordant goals, treatment motivation, and therapeutic alliance.

Natural mentors positioned as YIM might improve self-concordant goals: goals created with and embedded in the family’s social network (e.g., family dynamics, culture, values, as well as social support and community resources). Self-concordant personal goals are selected for autonomous reasons, which increases goal-directed effort and successful implementation of intentions associated with greater treatment progress (Koestner et al., 2002), facilitating development in adolescents (Vasalampi et al., 2009), and thus increasing treatment effectiveness.

Treatment motivation also moderates the effectiveness of youth care interventions (Van der Stouwe, Asscher, Hoeve, Van der Laan, & Stams, 2018). Motivation for treatment and behavioral change in general requires that the fulfillment of the basic self-determination needs for relatedness, autonomy and competence be satisfied (Ryan & Deci, 2002). Choosing one’s own mentor is to a certain extent an autonomous choice from the adolescent, which implicates he or she has the competence to choose the ‘right adult’, which appeals to his relatedness with the people he is connected with. Research indicates that youth choosing their mentor – instead of parents or program staff – predicts durability of the YIM relationship, which in turn predicts treatment outcomes (Schwartz et al, 2013; Spencer et al., 2016). Additionally, qualitative research suggests that mentors can play an important role in encouraging youth to engage in and complete more challenging intervention programs and treatments (Schwartz et al., 2014; Spencer et al., 2016; Van Dam et al., submitted).

Finally, therapeutic alliance moderates the effectiveness of youth professional care interventions (McLeod, 2011; Murphy & Hutton, 2018). Therapeutic alliance consists of three interdependent aspects: the personal bond between client and therapist, the agreement on therapy goals, and the agreement on tasks of therapy (Bordin, 1979; 1994), also known as the affective aspect (i.e., the personal bond) and the collaborative aspect (i.e., agreement on goals and tasks) (Elvins & Green, 2008). Qualitative research on the YIM approach suggests that therapeutic alliance related to additional treatment or intervention (mediated moderator) may benefit from a close relationship between a mentor and mentee. For example, in one study youth reported that mentors monitored the progress towards their goals and motivated them to achieve these goals (Spencer et al., 2016), and in another study youth described experiencing their mentor as an ally during decision-making processes related to professional treatment (Van Dam et al., submitted).

If additional diagnostics, care and/or treatment are necessary, shared decision making, and the suitability and continuity of (formal and informal) care should profit from this mediated moderator effects. Shared decision making with the social network means that the learning goals are created with and embedded in the family’s social network, which is thought to result in personal goals that are selected for autonomous reasons (Koestner et al., 2002). The involvement of a YIM should enrich the shared decision making process that treatment goals are created with, because youth, parents, the youth initiated mentor and professionals together analyze the individual and family problems and describe productive solutions that respect the family members’ autonomy (Van Dam et al., 2017). The type of diagnostics, care and/or interventions depend on the context of natural mentoring.

Outcomes. As a relatively new approach, there is limited existing research on YIM outcomes. Current research and evaluations of various models of YIM have focused primarily on individual outcomes rather than family or societal outcomes. Although outcomes vary based on the specific model and target population (described below in YIM Models across Different Contexts), there is an increasing, albeit small, body of evidence for the capacity of YIM to improve youth outcomes. In one study, youth who identified and maintained relationships with a YIM demonstrated better academic, vocational, and behavioral outcomes, including higher educational levels, more time employed and higher earnings, and fewer arrests (Schwartz et al., 2013). Another study indicated that the involvement of important non-parental adults may help prevent out-of-home placement of adolescents with complex needs (Van Dam et al., 2017). Finally, research indicates that YIM workshops teaching
students to recruit mentors and other supportive adults can increase willingness to seek support and improve relationships with instructors as well as academic outcomes, such as grade point average (Schwartz et al., 2017).

Future research should attempt to examine effects beyond the individual level, such as family resilience and democratic citizenship. Resilience refers to the ability to recover from adversity more effectively and resourcefully, and it implies both exposure to threat or adversity and the realization of positive adaptation despite having suffered significant setbacks (Sixbey, 2005; Walsh 2003; 2002; Luther, Cicchetti & Becker, 2000). Family resilience focuses on the family belief systems (e.g., making meaning of adversity, positive outlook, transcendence and spirituality), their organizational patterns (flexibility, connectedness, and social support) and their communication/problem solving (clarity of communication, open emotional expression, and collaborative problem solving) (Walsh, 1998). Ultimately, the overall goal is to create adaptive (informal) collaborations with enough family resilience to cope with new stressful situations, and to work on productive solutions that respect the family members’ autonomy. By drawing on and strengthening existing family and community support, it is hypothesized that the YIM approach may increase family resilience.

At a societal level, the YIM approach resonates with the idea of a democratic society: in such a society involvement is central, all people have the right to develop their talents and the duty to use those talents in the service of society, and those involved have a responsibility and must take an active attitude (Delsen, 2016). Democratic citizenship is about the inclusion of everyone (the whole demos) into the ruling (kratiei) of society (Biesta, 2009a). Democratic decision-making is described as “the degree to which those affected by it have been included in the decision-making processes and have had the opportunity to influence the outcomes” (Young, 2000, p. 5-6). In a way, YIM is ‘learning-by-doing’: youth development is considered to be a transactional process in which the adolescent and community members are actively involved in a shared decision making process, which is a first step towards democratic citizenship. In particular, youth are invited to raise their voice and are considered to be reflective actors who contribute to society, and adults are invited to engage with and support youth in their community (Biesta, 2009b; Dewey, 1916). In the next section, we will describe the application of YIM for three different types of prevention.

YIM Models across Different Contexts

The YIM-approach is suitable across a range of contexts resulting in different models indicated for different populations. Specifically, youth with more complex needs require greater professional expertise and support in identifying, developing, and maintaining a supportive relationship with a YIM (Fonagy, Luyten, Allison, & Campbell, 2017). Generally, three categories of prevention are identified for people with different levels of risk factors: universal, selective and indicated (Mrazek & Haggerty, 1994). Figure 2 shows a continuum from low-risk to high-risk adolescents and how this relates to the type of prevention and the required professional support needed when delivering the YIM intervention.

We use the different prevention categories as intervention contexts in which natural mentoring can be embedded; each is described and illustrated with examples and related research.

**Universal prevention:**

At this level, youth are provided with knowledge and opportunities for skill development related to recruiting mentors, typically in a group context and directed at a general population. They are encouraged to reach out to natural mentors within their social network and cultivate circles of support. Adults who typically have contact with youth (in school, afterschool, or community settings) may also be encouraged to provide informal support to youth in their communities and/or be provided with tips and strategies for connecting with youth. Within this model, mentoring relationships are not formalized or monitored by a professional or outside agency.

Examples: Connected Scholars is a workshop or course designed to develop the skills and attitudes necessary to allow adolescents and emerging adults to recruit mentors and cultivate supportive relationships throughout their lives, with a focus on those who can help them develop and move towards their academic and career goals (Schwartz et al., 2016). This approach is typically used in non-clinical settings, such as school, afterschool, and postsecondary settings. Research suggests that the intervention can increase network orientation and willingness to seek support, decrease...
help-seeking avoidance, as well as improving academic outcomes, including relationships with instructors and grade point average (Schwartz et al., 2017). Project DREAM is another intervention targeting a younger population (middle school students) which consists of an 8-week after school program. Students choose a non-parental adult to accompany them to the workshops, which focus on content and activities including identifying role models and communicating with adults, thus encouraging the development of natural mentoring relationships (Hurd & Deutsch, 2015). Since these interventions are delivered in a group setting and do not involve a formal mentoring relationship, they may eliminate some of the infrastructure and potential liability required in other models, but may not provide sufficient support for youth with more complex needs and challenges.

Selective prevention:
In selective prevention models, youth are encouraged to identify and reach out to a potential natural mentor, typically in the context of a program that can support the relationship. This may include a professional counselor, coach, or a case worker who works individually with an adolescent to explore the adults within their network and what types of support are needed. Depending on the program structure as well as the adolescents’ needs and the natural mentors’ needs, the professional may have direct contact with the natural mentor to provide support for the development of the relationship. Programs also may provide varied levels of screening, training, and monitoring of the mentoring relationship. This level of intervention would typically be directed at populations that may be identified as above-average risk (e.g., youth in the foster care system).

Examples: One example of YIM as selective prevention is the National Guard Youth ChalleNGe Program (NGYCP), which targets youth aged 16-18 who are not in school and not in the workforce. NGYCP includes both a 5-month residential phase and a subsequent year-long post-residential phase. At the start of the program, the youth recruits a mentor who both provides some support throughout the residential phase, and then works closely with the youth throughout the post-residential phase to support the process of reintegrating into the community and maintaining positive changes made within the residential program (Millenky et al., 2013). Research indicates that youth who maintained YIM relationships demonstrated better academic, vocational, and behavioral outcomes, including higher educational levels, more time employed and higher earnings, and fewer arrests (Schwartz et al., 2014).

Another example of the application of YIM as selective prevention is with youth who were first-time offenders in the juvenile justice system and youth involved in the child welfare system who were transitioning to independent living. Spencer et al. (2018) conducted a 360°-degree qualitative approach, investigating the perspective of mentors, youth and parent/guardians. The findings indicate that the YIM selection process contributed positively to mentor, youth, and parent/guardian investment in the mentoring relationship and to the youth’s rapid development of feelings of closeness and trust in the mentor. Knowing that mentors would be nonjudgmental, trustworthy, and dedicated appeared to facilitate positive relationship development, which is important given the difficulty of engaging and serving system-involved youth in mentoring programs.

In a similar context, the C.A.R.E. model (Caring Adults ‘R’ Everywhere) for youth aging out of foster care is designed to help older youth in foster care identify caring, non-parental adults in their lives and then facilitate and nurture those relationships over a course of 12 weeks (Greeson & Thompson, 2017). In their feasibility study, Greeson and Thompson (2017) found that two thirds of the intervention youth were able to identify caring adults in their lives whom they felt could be their natural mentors. This figure is notable when put in the context of two national studies of natural mentoring among older youth in foster care in which roughly half of the foster youth in the general population could identify caring adults (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Greeson, Usher, & Grinstein-Weiss, 2010).

Indicated prevention:
Within this context, YIM is introduced alongside professional care for youth and families facing significant challenges. A professional works closely with the youth and family to identify possible mentors and explore all party’s feelings about various candidates, with an emphasis on the youth’s preferences. Once a potential mentor is identified, the professional discusses how the youth can reach out to this person. After the initial invitation from youth to the natural mentor, the professional has contact with the natural mentor to explain more about the nature of this request and the therapeutic treatment the adolescent receives. By means of shared decision making with parents, youth and a potential natural mentor, the professional discusses the treatment plan and each participant’s unique contribution of during this process. The professional offers weekly guidance and support (face-to-face, telephone, online, etc.) to the natural mentor throughout the whole treatment period.

Example: In the Netherlands, a YIM approach has been developed as alternative for residential care (Van Dam et al., 2017). The approach is characterized by four phases occurring between approximately six and nine months. Phase 1 is focused on ‘who’: which member of the social network can become the YIM? Professionals collaborate with youth and families to identify and nominate a person in their environment they trust (eliciting). After nomination, the potential mentor is informed about the YIM position, and agreements are made about privacy, termination, and the type of support he or she would provide as YIM. Phase 2 is focused on ‘what’: what is everyone’s perspective on the current and desired situation? By means of shared decision making, youth, parents, the YIM, and professionals analyze the individual and family problems and describe productive solutions that respect the family members’ autonomy. Phase 3 is focused on ‘how’ each participant can contribute to the desired situation. All participants provide advice about how
to collaborate, and a plan is made in which the learning goals and efforts to reach those goals are described and acted upon. The plan serves as a monitoring tool during enactment of the plan. Phase 4 is focused on ‘adaptivity’: the degree to which the current informal pedagogical alliance can meet new challenges. When all involved parties agree that the family and social environment secures the safety of the adolescent and promotes his or her development, professional care may be discontinued. It is expected, however, that the natural mentoring relationship will continue even after there is no longer professional involvement.

A preliminary study on this application showed that a total of 83% of youth in the YIM group were able to nominate a mentor after an average of thirty-three days. Ninety percent of youth in the YIM group received ambulatory treatment as an alternative for indicated out-of-home placement, while their outcomes were largely comparable with those of the youth in the comparison group who were placed in Dutch semi-secure residential care. Results suggest that the involvement of important non-parental adults may help to prevent out-of-home placement of adolescents with complex needs (Van Dam et al., 2017). A 360°-degree qualitative study with this population indicated that attitudes towards asking someone or being asked to become YIM varied from enthusiastic to cautious (Van Dam et al., submitted). Most participants reported increased contact intensity and relationship quality, however, two parents did not experience YIM as beneficial. During treatment, youth experienced YIM as an ally and most of the participants thought the YIM-relationship would last after ending professional care. However, results indicated that this approach also has the potential to elicit relational conflicts between family and social network members.

User process

The user process focuses on a unique aspect of the YIM-approach: youth identifying and selecting someone they already know to become their mentor. Typically, youth’s motivation to select a YIM is because they want to maintain or restart a relationship with an important adult with whom they felt accepted. It is important to note that youth and families often need substantial support in this process, and the role program staff can play in providing scaffolding to identify potential adults is key to the success of the process (Spencer et al., 2018). One useful tool in the process is eco-mapping (sometimes called social capital mapping) in which youth and families create a graphical representation of the people from different contexts in their lives (e.g., family, neighborhood, school, extracurricular activities, faith community etc.) (Schwartz et al., 2016).

In addition to providing more autonomy to youth, research also indicates that being chosen by youth is highly valued by mentors and can motivate them to participate, and that parents also can feel greater empowerment by being included in the selection process (Spencer et al., 2018). At the same time, youth, parents and mentors may also experience conflict or tension when attempting to identify potential mentors who are acceptable to all parties or when asked to become a mentor.
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CONCLUSION

YIM is a new approach that cultivates natural resources from within a youth’s community in an intentional manner. Research indicating an overall decrease in number and stability of social ties surrounding adolescents highlights the need to identify new ways to strengthen and optimize these vital natural resources (Putnam, 2015; Small, 2013). This may be especially true for adolescents with complex needs and those receiving professional care.

With the recent insights into the modest effectiveness of youth psychological therapy, and lack of effects among the most complex cases (Weisz et al, 2013; 2017), there is a need for ecological approaches that strengthen the social networks of youth, increase shared decision making processes and support the use of tailor made (i.e., personalized) interventions (Ng & Weisz, 2016). Although more research is needed, YIM provides an innovative approach to supporting youth, families, and communities. As John Dewey (1859-1952) stated: “Democracy is more than a form of government, it is a way of living together, of jointly shared experiences.” Let us provide youth with positive and hopeful relational experiences, allowing them to become engaged and connected participants in society.
REFERENCES


Chapter 3


