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Testing the Impact of Mentor Training and Peer Support on the Quality of Mentor-Mentee Relationships and Outcomes for At-Risk Youth

(OJJDP Award 2011-JU-FX-0002)

FINAL TECHNICAL REPORT

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ABSTRACT

National trends point to the increased popularity of mentor programs to enhance protective factors and decrease poor life outcomes for at-risk youth. Generally, substantial empirical evidence confirms improved outcomes for at-risk youth involved in mentoring programs; however, there is limited empirical evidence linking mentor training and programmatic support to the strength of mentoring relationships and youth outcomes. This evaluation investigates the impact of Enhanced Mentor Training and Peer Support for mentors on the quality of mentor-mentee relationships and mentee outcomes. Research was conducted in conjunction with an affiliate of Big Brothers Big Sisters of America in Harrisonburg, Virginia, an established mentoring program that has consistently surpassed national standards in all areas of quality metrics. A total of 459 matches were enrolled in the three-year study. We utilized a between-subject experimental design, with three, randomly assigned intervention groups: a) Enhanced Mentor Training b) Peer Support, and c) an Interaction Intervention. The report concludes with recommendations from an implementation analysis and an outcome evaluation to inform the work of mentoring researchers and practitioners.

EXECUTIVE SUMMARY

MATCH PROJECT OVERVIEW

In the fall of 2011, researchers from James Madison University, in collaboration with Big Brothers Big Sister of Harrisonburg Rockingham County (BBBSHR) received a Mentoring Best Practices Research award from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). This report presents the findings from the three-year research study, with the goal of expanding evidence-based knowledge about the effects of systematic, continuous mentor training and peer support on mentoring programs for at-risk youth.

The Executive Summary provides an overview of the MATCH Project (Measuring and Assessing Training and Coach Support in Harrisonburg Rockingham County), including study design, description of program interventions, and our primary and secondary research questions. Rather than present findings and recommendations separately they are organized around major sections of the research report. These include Instruments and Measures, Research Setting and Participant Characteristics, and Results. Results are presented from both an Implementation Analysis and an Outcome Evaluation.

STUDY DESIGN

This longitudinal study uses an experimental design, focusing on comparisons between subjects and an equivalent control group to investigate the impact of Enhanced Mentor Training and Peer Support on the quality of mentor-mentee relationships and mentee outcomes. The sample includes the total population of all newly matched mentor-mentee dyads at BBBSHR during a 16-month period (N = 459). Using block randomization, mentors were assigned to a control or one of three treatment groups, resulting in approximately 115 dyads in each of the four groups (see Table below). Although we expanded the frequency of mentee assessments, all study interventions were exclusively conducted with BBBSHR mentors.

Comparison of Treatment and Control Groups		
	Enhanced Mentor Training	
	No	Yes
Peer Support	No	Mentor Training Program
	Yes	Interaction Intervention
	Control Group	Mentor-Advisor Pairing

DESCRIPTION OF INTERVENTIONS

Natural Control Group: Mentors assigned to the control group (N = 115) followed previously-established procedures for mentor training at BBBSHR. This was comprised primarily of a brief volunteer orientation guide, reviewed prior to their match.

Enhanced Mentor Training Program: The Enhanced Mentor Training Program is a formalized post-match training program designed to help mentors identify and address issues that might arise in the match. Mentors in this treatment group (N = 114) were asked to complete a series of six online training modules, including four modules created by the research team and two that were externally produced. Hard copies of training modules produced by the research team are appended to this report. Abbreviated module descriptions are below.

1. *Welcome to Big Brothers Big Sisters of Harrisonburg Rockingham County* acquaints mentors with BBBSHR staff, highlights the role of Match Support Specialists, and introduces them to required mentor assessments.
2. *Volunteer Pre-Match Training* (developed by iRT) highlights the importance of mentor training and disuses mentor motivations, expectations, and appropriate mentoring roles. The module also provides mentors with information on child safety and tips for creating strong relationships.
3. *Navigating Cultural Differences* (developed by BBBSA) is designed to help mentors increase their cultural competency in order to improve relationships with mentees and their families.
4. *Child and Youth Development* is intended to facilitate positive, strong, and more impactful mentoring relationship by giving mentors realistic expectations about appropriate activities, typical interactions, and growth based on mentee age.
5. *Family Transitions* provides mentors with a context for better understanding the impact of major life transitions on young people. Tips are included for working with children in immigrant and refugee families, with an incarcerated family member, or with an active duty or deployed parent.
6. *Healthy Sexuality and Youth* is a three-part module to train mentors to address sensitive topics related to sex and sexuality. These include child sexual abuse, risky sexual behavior, and sexual orientation and gender identity.

Peer Support Program: Mentors in this treatment group (N = 115) were assigned an experienced volunteer advisor, or “Coach,” from the BBBSHR network, who would provide advice and support to mentors throughout the first year of the mentor-mentee

match. Mentors in the Peer Support group also received standard BBBSHR pre-match training.

Interaction Intervention: Mentors in this group (N = 115) received both the Peer Support and Enhanced Mentor Training Programs.

RESEARCH QUESTIONS

The research study was motivated by three primary research questions related to the impact of programming on participant outcomes:

1. Does provision of a structured, ongoing mentor training program improve the quality of mentoring relationships for at-risk youth?
2. Does pairing new mentors with more experienced peer mentors improve the quality of mentoring relationships for at-risk youth?
3. Does mentoring relationship quality, as driven by training and support, predict variances in outcomes for mentees at-risk for involvement in the juvenile justice system?

Additionally, we identified a number of secondary research questions that guided analysis of project implementation. These included:

- What was the rate of treatment exposure among mentors assigned program interventions?
- What was the level of mentor satisfaction with treatment interventions?
- Did match outcomes vary between treated and those non-intervention mentors?
- What were the predictors of treatment exposure?
- Were there differences between participant characteristics in the initial sample and those in the final sample after accounting for treatment exposure?
- Did treatment or other match, mentee, and mentor characteristics impact the relative risk of early match closure among the final sample?
- Were attrition and adjusted response rates similar between the initial and final sample?
- Did treatment assignment affect mentor satisfaction with agency training and support overall?
- Did treatment assignment impact the likelihood of early match closure?

INSTRUMENTS, MEASURES, AND DATA COLLECTION

BBBSHR follows Big Brothers Big Sisters of America's (BBBSA) standard assessment protocols, which include the completion of several surveys designed by the national office for use by BBBS chapters, including Strength of Relationship Surveys (SOR) for both mentees and mentors and a Youth Outcomes Survey (YOS). We modified existing BBBSA surveys and created new instruments to collect relevant baseline and outcome measures identified in the literature. Modifications were made to enrollment forms and in-person interview protocols to expand demographic data as well as to standardize data collection across the Community and Site-Based programs. We also added mentor efficacy, training, and Coach-specific questions to the SOR, expanded risk and protective factors on the YOS, and created an outcome survey for children seven and under (CYOS) (a population not typically assessed by BBBS agencies). Other new measures include a risk index, reasons for being a mentor inventory, and training module assessments. Other than the training module assessments, which were administered to mentors using a web-based survey, all data for this study were collected by staff at Big Brothers Big Sisters of Harrisonburg Rockingham County.

The study was constrained by agency requirement to use nationally-adopted instruments and measures. Although we were able to add additional questions and adopt new assessment instruments, we were limited logistically by survey length, particularly given increased frequency of survey administration. In our analysis, we noted a number of problems related to instrumentation. Key findings are discussed below.

- We found a general lack of response variability and issues with non-normality of indicators in the Youth Strength of Relationship instrument. **We recommend reviewing psychometric properties of the instrument in a more broad-based study (including analysis at sites with older youth populations) and revising the instrument to achieve greater validity.** The existing SOR poses a significant problem for mentoring research, particularly in demonstrating change in match strength over time and the impact of interventions on relationship quality. Although rarely reported, low mentee reports of match strength could still provide a helpful (though not sufficient) mechanism for identifying matches in need of immediate intervention.
- This study introduced a new Child Youth Outcome Survey (CYOS) for youth ages 5-7. While preliminary results testing the internal consistency of shared construct measures with the YOS were promising, further analysis in the final sample population indicated low conceptual comprehension of Future Aspirations questions, a high degree of internally contradictory responding in both School Competence and Social Acceptance items, and unacceptable response variability across nearly all perceptions of Peer Risky Behavior measures. While further analysis is needed, we recommend cautious application of a CYOS in this format.

Still, we strongly believe that developing outcome measures for young children is vital to assess the impact of mentoring programs. Relying only post-match assessments ignores vital information about social, behavior, or academic changes that have taken place during the foundational years of a match. Moreover, lack of assessment also limits the

ability of researchers to determine the true impact of mentoring. **Therefore, the development of age-appropriate instruments is an area in need of further research.** One revision that should be seriously considered is a scale revision toward reducing four and five point scales to binary scales. The research team is currently using analysis from the CYOS to inform future instrumentation. In addition, researchers and mentoring agencies should try, when possible, to collect objective measures (e.g. from school data) or to triangulate findings with reports from knowledgeable adults (e.g. mentors, parents, and/or teachers).

- Although not directly addressed in this paper, we found there to be several issues with test construction of the Youth Outcome Survey. For example, youth are not consistently given clear time frames for reflection in recalling change in outcomes (such as Grades they may have received). Moreover, we found the Reading/Language Art question has a double-barrel framing for children who receive separate grades for these subject areas. For these and other reasons, we would recommend revisions to the Youth Outcome Survey.

Our analysis also pointed to promising findings related to instrumentation and recommendations for the adoption of new instruments and constructs.

- While most analysis used standard Mentor Strength of Relationship constructs, adopted by BBBSA, our findings suggest alternative measures of relationship strength. Based on results from a baseline sample factor analysis, **we recommend Overall Match Quality and Availability be explored in future research.**
- Based on positive findings related to a newly-adopted Depressive Scale **we recommend that mentoring agencies routinely include depressive inventories in youth outcome assessments.**
- We utilized a Mentee Risk Index approach developed by Herrera, DuBois, and Grossman (2013) to capture, in a single measure, a range of mentee individual and environmental risk levels. In order to use this index we added several new indicators to child enrollment forms including a family income questions and inserts to the Parent-Child Interview form. **We strongly recommend agency review of these measures and inclusion in baseline data collection.** This approach can be effective in describing cohort characteristics and prescribing early intervention programming for at-risk mentees. Moreover, while our measures differ slightly from those used by Herrera et al., our study results confirm their findings that both high- and low-risk youth “had relationships of similar strength and duration and derived similar benefits from program participation” (2013, p.2). We observed no concrete differences in mentor perceptions of Strength of Relationship or Match Length directly related to youth risk levels at baseline.
- We incorporated a Mentor Self-Efficacy inventory (Mentor Training Needs) and motivation inventory (Reasons for Being a Mentor), which were administered at baseline. The efficacy inventory was then administered every six months to track progress during the match relationship. While full analysis of these assessments is not included in this

report, preliminary findings are discussed below. **We recommend others consider adopting measures to better assess mentor needs, preparedness, and motivations in research and practice.**

RESEARCH SETTING AND PARTICIPANT CHARACTERISTICS

As a single research site, there are number of limitations concerning generalizability of research findings. We note agency features, sample characteristics, and primary threats to external validity below.

- Research was conducted within a high-quality, mid-sized agency that consistently maintains long matches and good results among youth. Thus, there may be some issues with generalizability of findings across agencies with differing capacity or organizational outcomes.
- The study was conducted in a rural, college-town community. Thus, nearly 90 percent of mentors were white, college-aged students and 84 percent were female. Although we did not detect significant differences based on volunteer ethnicity and gender, we would suspect finding would have limited generalizability to more diverse mentor populations (especially those with a higher proportion of community members).
- Unlike the mentor population, BBBSHR serves a very diverse mentee population. Sixty percent of youth served were non-white and over 70 percent had mothers with a high school education or lower. However, BBBSHR serves a particularly young cohort of children. The average child age in the baseline sample was 8.62. We would expect to see some differences in risk profile and youth risky indicators in an older cohort. Although findings in this paper do not indicate these factors were significant predictors of match outcomes, further research on older youth populations may be needed to confirm.

RESULTS

Study results in the research report are divided into two separate sections. The Implementation Analysis reports key program activities, outputs, and findings from secondary research questions. Results related to the study's primary research questions are presented in the Outcome Evaluation.

IMPLEMENTATION ANALYSIS

MATCH Project implementation involved three primary components: expansion of mentor recruitment, development and implementation of the Enhanced Mentor Training intervention, and development and implementation of the Peer Support intervention. Research findings and recommendations are below.

- This study set an aggressive goal of recruiting over 400 mentors in one year. Early on, we experienced issues with low mentor recruitment. This was addressed through an increase in recruitment presentations targeted to large classes, student organizations, and athletic teams at a local university. Importantly, recruitment efforts were bolstered by the introduction of a streamlined process map used to systematically track volunteer inquiries, interviews, enrollments, and matches. The enhanced tracking system enabled BBBSHR to estimate the number of presentations needed to meet grant targets, better estimate attrition rates, and pinpoint areas of greatest loss. The tracking system also set weekly performance measures for Enrollment Specialists to maximize staff capacity. **We believe that mentoring agencies would benefit from incorporating similar data-driven management techniques into standard operating procedures.**
- Recruitment targets included a goal of increasing male and Hispanic mentors. While we slightly increased the percent of Hispanic and male mentors, these numbers were still lower than grant targets. **More research is needed to identify strategies that work for recruiting ethnically diverse and male mentors.**
- For this project, we developed several original training modules. We worked with agency staff as well as local and national stakeholders to ensure that module topics would be relevant both to the needs of our community and to mentoring programs more broadly.
- Training modules were hosted by a newly-created BBBSA learning management system. We noted several challenges as well as several benefits of working with BBBSA's IMPACTU system. Utilizing modules produced by external actors resulted in unevenness in module content and style. More importantly, lack of ability to control module release delayed our project start date and necessitated a revision in treatment assignment protocol. Moreover, we uncovered inaccuracies in the training utilization reports provided by BBBSA that made it difficult to adequately account for treatment exposure. However, benefits included access to a server with no server maintenance or upstart costs to the research team. IMPACTU provided a single storehouse for all training materials with high visibility to most mentors as well as mentor ability to access training throughout the match. Lastly, working with the national agency to define training topics and share modules increased the likelihood that training would be relevant not only to mentors in this study but nationwide. **Researchers should be cautious in relying too heavily on untested technology platforms for critical components of study implementation. Incorporating flexible timelines and additional mechanisms for tracking key program components can help provide safeguards should problems emerge.**
- Treatment utilization was a significant challenge to study implementation. A large number of mentor participants were unwilling to complete assigned training modules. Several efforts were made to increase utilization throughout the study period, however, problems with utilization persisted.
- Study mentors who completed training modules and elected to take the training assessments gave positive evaluations for all original modules. Modules with interactive

components and self-guided learning frameworks received scores than guided learning formats. **Based on overall ratings, we recommend using self-guided and engaging training modules. However, we did not experience increased participation driven by improvements in module delivery.**

- We assessed differences in Strength of Relationship between mentors who participated in the Enhanced Mentor Training Intervention versus those assigned but who did not participate. Non-intervention Training group mentors reported higher Connectivity with their mentees than Training group mentors. This may be due to self-selection; mentors experiencing difficulties in their matches may have been more inclined to take training.
- We encountered unanticipated difficulties in recruiting Coaches for the Peer Support intervention. As with training utilization, we noted low levels of treatment utilization. Beyond lack of motivation and interest, agency staff suggested that despite clear guidelines, mentors may not have adequately distinguished between the role of their Coach and their Match Support Specialist. Among those that participated in the intervention, we found declining levels of levels of participation as the match progressed. For example, while nearly 60 percent of mentors reported contact with their Coaches in within the first six months of the match, only 33.4 percent of mentors reported continued contact with their Coach in the 12-month SOR. The primary method of Coach contact during the match was email; very few mentors met with their Coach in person.
- In analyzing differences between those who participated in the Peer Support intervention versus non-intervention Peer Support group mentors, we found higher levels of satisfaction among those who received the intervention. Mentors who had contact generally agreed that their Coach helped with mentoring strategies, was concerned about their match, was important to them, was there for them, and that they felt comfortable talking with their Coach. Despite these trends, we did not observe differences in Strength of Relationship ratings between these two cohorts.
- We modeled Training and Peer Support utilization to predict factors that affect volunteer participating in enhanced programming. Findings suggested mentors with younger children were more likely to participate in Training. Findings also suggested Community-Based matches were less likely to contact their Coach. Generally, findings were limited and did not provide a clear roadmap for predicting utilization factors. Thus, further research should be done to isolate mentor characteristics that predict increased engagement.
- Overall, our analysis of treatment utilization led to a final screening process that dropped assigned, non-intervention mentors from the study. In all, 149 cases were dropped from the original sample population for lack of treatment exposure. The greatest loss was observed for mentors in the Interaction group. A bias analysis comparing the initial and final populations detected no significant differences across mentor and mentee characteristics. When examining match characteristics, we found that match length among the final population was significantly longer compared to the baseline population. Nonintervention matches were more likely to close earlier at 6 and 12 months compared

with final sample matches. Despite utilization of randomized block assignment procedures, a baseline bias analysis indicated isolated differences in mentor characteristics. However, these differences were undetectable in the final sample population.

- There were 190 closed cases in the final sample at the time of the study end date. Among these, we analyzed reasons for early match closure (prior than 12 months) across several match characteristics. Family-motivated reasons for closure (moving or noted issues with the match) accounted for 50 percent of the reasons recorded by the agency for early match closure. Although this study was focused on mentor interventions, these findings indicate that **further research is needed to identify best practices in family enrollment screening and family-directed training to prepare for and manage issues that arise within the match relationship.**
- Despite the fact that this study expanded data collection to include more frequent assessment across all measures, study response rates were generally very high (ranging from 84.5 percent to 100 percent). These findings were consistent within the baseline sample and the final sample populations. We attributed this to high quality agency standards regarding data collection and follow-up with mentors and mentees. In part, we also attributed this to a close working relationship and rigorous staff training on the part of this research team, which helped instill research objectives throughout the study. While more frequent assessments placed a logistic burden on subjects and staff, we felt these were critical to capture change overtime, especially in shorter matches.
- Lastly, our research showed no significant differences between treatment groups in the final study sample in reported satisfaction with agency training and support.

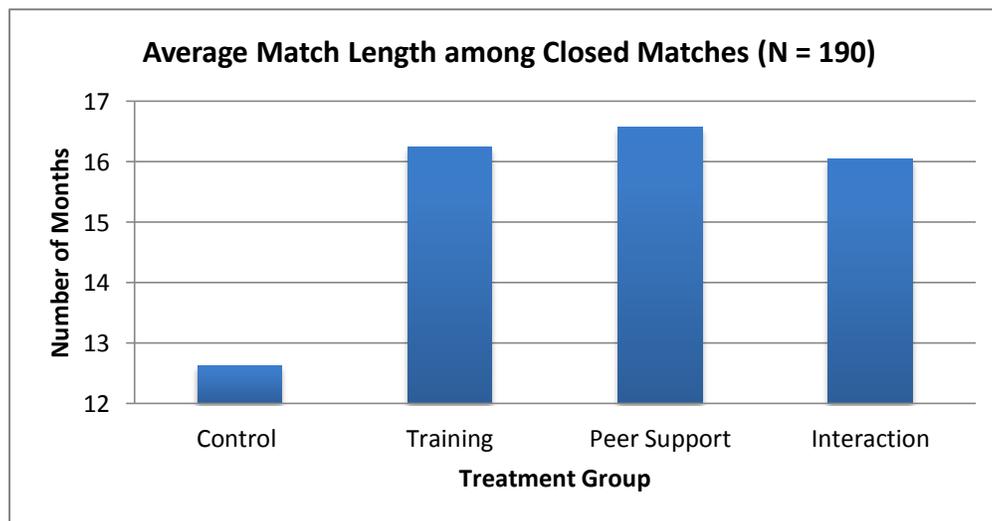
OUTCOME EVALUATION

The Outcome Evaluation focused on answering our three primary research questions. We also included an evaluation of treatment impact on match length and mentor self-efficacy. Research findings and recommendations noted in the Outcome Evaluation are highlighted below.

- Analysis of mentor Strength of Relationship items and constructs demonstrated some reduction in scores at the 6-month mark. This pattern of decline was often recovered (for matches that persisted) by the 12-month observation. All groups experienced significant declines in Lack of Frustrations and Availability over time. The only observed between-subjects treatment effect was seen in increased reported Connectivity in the Control group when compared with the Training group. Because we observed higher Connectivity scores among the non-intervention Training group members (which were dropped from the final sample), we might conclude that differences in Control versus Training final Connectivity ratings may be driven by a self-selection bias which occurred among non-intervention cohorts. Thus, those with high match Connectivity assigned to the Training intervention chose not to take the training due to perceptions that the match was going well, affecting the mean group Connectivity overall. We recognize that issues with self-selection bias among non-intervention mentors (in Training, Peer Support, and

Interaction groups) may have far reaching affects across study findings, which we did not fully capture in analysis. There were no significant interaction effects between time and treatment. We believe declines in Frustration and Availability throughout the match support, at least theoretically, the need for ongoing training and support rather than a pre-match training only approach.

- We observed declines in Self-Efficacy overtime for mentors in all treatment groups. This could be driven by over-confidence at baseline or by more complex challenges as the relationship develops. **This confirms the need for ongoing post-match.**
- Some of the most promising findings concern the impact of treatment concern match length and early match closure. Analysis of match length indicated that treatment type, program type, and mentor occupation were related to early closure. Importantly, the relative risk of closure was higher in the Control group than across all other treatment groups. **Among matches that were closed by the end of the study period (n=190), we observed longer matches in the Training and Peer Support groups** (see figure below). One limitation, however, to these findings was the fact that only 190 of 310 matches in the final sample had closed by the end of the study period. Thus, we would recommend further analysis once the remaining matches have closed to confirm these predictive factors apply to the full sample population.



Among the entire final sample population (n=310), findings in a binary logistic regression model indicated that treatment type was a significant predictor of the likelihood of early match closure. Members of the Control group were statistically more likely to experience early closure than those in the Peer Support and Interaction groups. **This finding presented our strongest evidence in support for ongoing enhanced training and support activities.**

- Results from the Outcome Evaluation on youth outcomes (YOS) presented limited evidence in support of the *overall* effect of mentoring. Over time, we observed significant

improvements in youth reported Social Acceptability, School Competence, and Overall Depression. In looking at six to twelve month data, we also observed significant improvements over time in Self-Reported Grades. Depressive scale findings were particularly promising given the links between youth depression and delinquent behavior, especially among girls (Travis, 1999). **This also confirmed the need for broader inclusion of depressive inventories in youth outcome assessment.**

- Results from the Outcome Evaluation on child outcomes (CYOS) largely confirmed a null hypothesis of no impact. Findings showed no meaningful differences between treatment groups across several key items. Rather than infer, however, that the treatment condition is not affecting child outcomes, we believe there are systematic issues with data validity that should be further explored.

I: INTRODUCTION

PROJECT OVERVIEW

One-on-one youth mentoring programs have become a popular, national strategy to positively influence the life trajectories of at-risk children and youth. A growing body of research demonstrates the impact of mentoring programs on a wide range of youth risk and protective factors. Yet much of the extant research has shown mixed results and substantial variability among participant outcomes (DuBois et al., 2011; Rhodes, 2008). Moreover, many evaluation studies have been criticized for a lack of methodological rigor, including small effect size, variability of program target audience, and uneven implementation strategies (Roberts et al, 2004; Phillip & Spratt, 2007). Scholars and practitioners now recognize that positive impacts cannot be attributed to mentoring “as a generic idea” but rather is a consequence of *high-quality* mentoring (Walker, 2000). Principally, research indicates that the quality of the mentor-mentee relationship is a major moderator of the effectiveness of mentoring on mentee outcomes (Thomson & Zand, 2009; DuBois, Neville, Parra, et al, 2002, Rhodes, 2005). While recent research has attempted to build a better understanding of the complexities of this relationship (Pedersen, Woolum, Gagne, & Coleman, 2009; DuBois & Neville, 1997; Thomson & Zand, 2010) and to addresses elements of effective practice, significant knowledge gaps remain (Herrera & Karcher 2014; Nakkula & Harris, 2014). In particular, there is limited empirical evidence linking mentor training and programmatic support to the strength of mentoring relationships and youth outcomes.

To expand evidence-based research on mentor training and support, in the fall of 2011, researchers from James Madison University, in collaboration with Big Brothers Big Sister of Harrisonburg Rockingham County, received a Mentoring Best Practices Research award from the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). This report presents the findings from the three-year evaluation, with the goal of expanding evidence-based knowledge about the effects of ongoing mentor training and peer support on mentoring programs for at-risk youth.¹ Our MATCH Project (Measuring and Assessing Training and Coach Support in Harrisonburg Rockingham County), employed a rigorous, experimental research design.

Research Questions

The study was motivated by three primary research questions related to short-term program outcomes, listed below. Secondary research questions related to program outputs are presented in the Implementation Analysis.

1. Does provision of a structured, ongoing mentor training program improve the quality of mentoring relationships for at-risk youth?
2. Does pairing new mentors with more experienced peer mentors improve the quality of mentoring relationships for at-risk youth?
3. Does mentoring relationship quality, as driven by training and support, predict variances in outcomes for mentees at-risk for involvement in the juvenile justice system?

¹ The initial grant period was two years (October 1, 2011 to September 30, 2013), however, researchers received a one-year, no-cost extension to extend the data collection period.

Project Objectives

Additionally, in order to inform youth mentoring research and practice, the research team was tasked with the following project objectives:

1. Develop a systematic, multi-phase training program for mentors of at-risk youth.
2. Develop a peer support program using experienced advisors for mentors of at-risk youth.
3. Improve mentor preparedness and satisfaction with the match.
4. Improve mentee satisfaction with the match.
5. Improve program effectiveness in reducing youth risky behavior.
6. Disseminate findings to mentoring programs, practitioners, and scholars.

Report Overview

The report is divided into four major sections. The rest of Part I explores previous research related to youth mentoring, particularly the impact of mentoring on positive and negative youth outcomes, the importance of high-quality mentoring relationships, the role of mentor training and support in facilitating quality relationships, and existing recommendations for how to best structure mentor training and support programs. We then provide an overview of the research setting, including a profile of the region and a description of the Big Brothers Big Sisters mentoring model.

In Part II, Methods, we present our research design and a description of our interventions, comprised of a control group and three treatment groups, the Enhanced Mentor Training, Peer Support, and Interaction interventions. We then turn to the instruments, measures, and data collection procedures used in the study. Data sources included nationally-developed and administered surveys on mentor and mentee Strength of Relationship and Youth Outcomes. Data collection also included additional measures, constructs, and new instruments to capture process and outcome variables of interest to the research team. We also discuss limitations detected with standard assessment instruments, particularly mentee-reported match strength, and offer suggestions related to additional construct measures for assessing mentor-reported relationship quality. As well, the Methods section provides an overview of the assessment cycle, attrition, and response rates among the full study sample. Finally, we examine participant characteristics, including mentee, mentor, and match characteristics, and present findings from a bias analysis to establish equivalency between the control and treatment groups.

Results, presented in Part III, are divided into two sections: an Implementation Analysis and an Outcome Evaluation. First, we introduce our secondary research questions and report results related to project activities and outputs. Here, we focus on expanded mentor recruitment activities and the development and implementation of our Enhanced Mentor Training and Peer Support interventions. We examine treatment utilization and assess whether treatment exposure is linked to match strength among mentors assigned to the interventions. We also present

findings from within and between-subjects mentor evaluations of the programs, and analyze characteristics of our final sample. In the second section, we present findings from the Outcome Evaluation related to the study's primary research questions. This begins with an evaluation of mentor training and support on mentee and mentor-reported Strength of Relationship. As well, we examine mentor efficacy, over time and in response to the Training and Peer Support interventions. We also investigate the impact of treatment on match length and relative risk of early match closure. Lastly, we isolate the impact of time and treatment over time on a variety of youth outcomes.

Finally, in Part IV, we conclude with a discussion of our findings and offer recommendations for both research and practice. These include suggestions related to study instruments and measures, conclusions noted during analysis of project implementation and of our secondary research questions, and recommendations from evaluation of our primary research questions and project outcomes.

PREVIOUS RESEARCH ON YOUTH MENTORING

Impact of Mentoring on Youth Outcomes

Researchers have identified a number of individual, familial, social, and community risk-factors that are associated with poor life outcomes like school dropout, juvenile delinquency, and gang membership. Such risks include poor academic achievement and weak attachment to school, experiences of trauma or abuse, poverty, growing up in a single parent family, risky peer group behavior, and high levels of community crime and unemployment (Esbensen, 2000; U.S. Surgeon General, 2001; McCord, Widom, & Crowell, 2001; Shader 2003; Moore, 2006). Further, risk-factors have a multiplicative or cumulative effect: the more risk factors to which a young person is exposed, the greater the likelihood of risky or delinquent behavior (McCord, Widom, & Crowell, 2001; Shader, 2003).²

However, a quality relationship with a caring adult is an important protective factor in mitigating these risk factors and fostering resiliency in children and adolescents (Scales, 2003).³ While natural mentors—nonparental adults who provide youth with support, encouragement, and guidance—are ideal at fulfilling these needs, at-risk youth often have limited access to natural mentor relationships (Klaw, Rhodes, & Fitzgerald, 2003; Hurd & Zimmerman, 2010). The proliferation of assigned mentoring programs provides an alternative for many young people. Mentoring programs for at-risk youth rely on a developmental prevention strategy designed to improve youth assets such as social competency, problem solving skills, autonomy, sense of identity, and sense of purpose and future (Bernard, 2004; Lerner Brittan & Fay, 2007; Lerner, Napolitano, Boyd, Muller & Callina, 2014). Effective mentoring affects multiple aspects of child and youth development, including social-emotional, cognitive, and identity development (Rhodes, 2005; Rhodes et al., 2006). Moreover, the benefits of mentoring are not restricted to a particular age group or developmental stage but can be observed from early childhood through adolescence (DuBois et al., 2011).

A growing body of empirical evidence demonstrates that mentoring programs can positively impact a wide range of prosocial and risky behaviors. These include improved school performance, behavior, and attitudes (Converse & Lignugaris/Kraft, 2009; Herrera et al., 2013), better lifestyle choices (DuBois & Silverthorne, 2005), fewer depressive symptoms, greater acceptance by peers (Herrera et al., 2013), reduced risky behavior such as drug and alcohol use, stronger family relationships (Tierney and Grossman 2000), and lower recidivism for those already involved in the juvenile justice system (Krebs, Lattimore, Cowell, & Graham, 2010). The benefits of youth mentoring can be observed for youth with varying levels of risk. However, in a recent evaluation of more than 1,300 at-risk youth enrolled in seven different one-on-one mentoring programs in the state of Washington (five were operated by Big Brothers Big Sisters agencies), researchers noted “a trend toward somewhat stronger and more consistent benefits for youth who were relatively high on individual but not environmental risk” (Herrera et al., 2013, p. 5).

² While there is some conflation in the literature, OJJDP uses the term “at risk” to indicate exposure to a variety of risk-factors, and “high-risk” to refer to describe youth who have been involved with the juvenile justice system.

³ Linqanti (1992) defines resiliency as “that quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health and juvenile delinquency problems they are at greater risk of experiencing” (p. 5).

While high quality mentoring has been shown to improve outcomes for at-risk youth, weak mentoring may not be neutral in its effect on mentees. In particular, match length is an important moderator of program impact. For example, Rhodes and Roffman (2003) observed that academic, social, and behavioral gains were prevalent for youth in mentoring relationships lasting a year or longer. A study of school-based mentoring showed significant academic improvements among school-based matches lasting a year but no improvement among mentees whose matches ended early (prior to one year) (Grossman et al., (2012). Herrera et al. (2013) observed similar findings. Grossman and Johnson (1999) found that relationships characterized by disappointment led youth to exhibit decreased self-esteem and increased mistrust of adults even beyond the mentor. For mentoring relationships that terminate early, the consequences may be especially dire. Youth in terminated mentoring relationships often feel rejected (Downey, Lebolt, Rincon & Freitas, 1998). In an evaluation of BBBS Community-Based mentoring programs, researchers found that mentees whose mentoring relationships terminated before the six month mark were more likely to engage in alcohol use (Grossman & Rhodes, 2002). Moreover, students who are rematched after early match closure may also experience negative impacts (Grossman et al., 2012).

The Importance of High-Quality Relationships

While there is no consensus that mentoring programs produce a consistently strong effect on at-risk youth, recent evidence does make clearer that *high-quality* mentoring relationships have positive effects on youth (Kupersmidt & Rhodes, 2014; Nakkula and Harris, 2014; Thomson & Zand, 2010; Public/Private Ventures, 2000). Rhodes (2005) and Rhodes et al. (2006) identified a model of relationship development between mentors and mentees, suggesting that successful relationships rely on the formation of strong interpersonal connections, which in turn, are dependent on the development of mutuality, trust, and empathy. The research literature provides empirical evidence to support this claim. In a study of Big Brothers Big Sisters, mentees who perceived that their mentors cared about them personally had improved emotional and behavioral outcomes (DuBois, Neville, Para, & Pugh-Lilly, 2002). Similarly, Spencer and Liang (2009) found, in a study of female mentor-mentee dyads, that quality relationships produced opportunities for emotional support, confidence, and relief from daily stresses.

Developing these close, interpersonal connections in a mentoring relationship is not guaranteed. Studies reveal that several factors influence the ability of positive mentoring relationships to take hold. Morrow and Styles (1995) found that relationship quality was high in mentoring dyads with developmental rather than prescriptive characteristics, where developmental relationships exhibit cooperative development of goals and activities.⁴ Kupersmidt and Rhodes (2014) explain that “in general, close and enduring ties are fostered when mentors adopt a flexible, youth-centered style in which they emphasize the young person’s interest and preferences rather than focusing on their own agendas or expectations for the relationship” (p. 443). However, in a

⁴ Morrow and Styles (1995, p. 19) characterize developmental relationships as those that adapt to meet mentee needs, include mentees in decision making, and foster youth development, including “building emotional well-being, developing social skills, or gaining straightforward exposure to a range of recreational and cultural activities.” In prescriptive relationships, on the other hand, mentors are “change-driven,” prescribing activities and discussions without mentee input in order to see quick results in youth attitudes, skills, and behaviors.

qualitative study of mentoring youth in foster care, young people reported a number of barriers to establishing connections with mentors, including being pushed to bond too quickly, an emphasis on prescriptive advice, a lack of understanding of the youth's culture or background (Ahrens et al., 2011). Mentors' perceptions, motives, and sense of self-efficacy (e.g. their "confidence, skills, and knowledge with respect to forming a positive relationship with the youth" (Strapp et al. 2014, p. 193)) has been linked to relationship length and strength, as well as youth outcomes (DuBois et al., 2011).

Though not consistent in the literature, the receptiveness of the individuals in the relationship, the race/ethnicity, age and gender of the mentor and mentee, and the socioeconomic distance between the pair have all been shown to influence the strength of relationship (DuBois et al., 2002). Each of these may also influence the length of the mentoring relationship, which, as discussed above, can enhance program effectiveness. Spencer (2006) found that longer relationships were marked by higher levels of authenticity, collaboration, companionship, and empathy. This is not surprising, since trust and other components of quality interpersonal relationships may take a great deal of time to develop (Sipe, 1999). In turn, close personal connections may guard against early match closure; many youth terminate relationships because they believe their mentors are unsupportive or too demanding (Styles & Morrow, 1992). Yet the relational qualities, skills, and strategies needed to be an effective mentor may not come naturally to all volunteers. Many practitioners and scholars have suggested that effective training and support for mentors is a critical component of successful relationships (Ahrens, DuBois, Garrison, Spencer, Richardson, Lozano, 2011; Kupersmidt and Rhodes, 2014; Morrow & Styles, 1995; Sipe, 1999).

A Need for More Mentor Training and Support

Navigating a mentoring relationship can prove challenging for new mentors. However, as Gray and Gray (1985) stress, successful mentoring behavior can be taught to prospective volunteers. Findings from a study of mentors in Big Brothers Big Sisters suggest that "mentors who are more confident and knowledgeable tend to have greater success overcoming various difficulties in their relationships with youth, establishing regular patterns of contact, and cultivating close, affective ties," and that mentor perception of training quality was positively associated with mentor efficacy (Parra, DuBois, Neville, Pugh-Lilly, & Povinelli, 2002, p. 383).

Training prepares mentors to moderate short-term expectations and to deal with the challenging situations that may arise in the course of youth mentoring. Morrows and Styles (1995) suggest that training related to program expectations, anticipated hurdles, how to cope with difficult behavior, and how to engage mentees in decision making can equip mentors with the knowledge, skills, and techniques needed for positive relationship building. Enhancing skills such as active listening, empathy, and problem-solving can help volunteers forge a stronger match relationships, which can translate into positive outcomes for mentees (DuBois, Holloway, Vaentine, & Cooper, 2002; DuBois & Karcher 2005; Kupersmidt & Rhodes, 2014). Morrow and Styles (1995) found that "volunteers' initial understanding of program goals shaped the way in which they interacted with youth and, in turn, the type of relationships that formed." Moreover, volunteer training can help mentors understand youth from different backgrounds, better align volunteer expectations with the realities of the mentoring experience, and help build mentor efficacy (Grossman & Furano, 1999; Keller, 2005; Para et al., 2002; Sipe, 1998; Strapp et al.,

2014). Training has been positively associated with mentor retention (Dubois & Karcher, 2005) and increased match length (DuBois, Holloway, et al. 2002).

Less is known about how different kinds of programmatic support impact match relationships and youth outcomes. The limited extant research tends to address the role played by match support specialists or other paid supervisory staff rather than on peer advisors or Coaches in supporting volunteer mentors. Still, peer-to-peer mentoring is a common strategy fields as varied as teacher training and support (Janas 1996), business (Allen Russell & Maetzke 1997), nursing (Glass 2000), and graduate studies (Grant-Vallone & Ensher 2000). Increasingly, peer mentoring programs that match older students with younger students are becoming more widespread in schools as a way to improve academics and school completion (Fantuzzo, Polite, & Grayson, 1990; Dennison 2000), prevent teen pregnancy (Rubenstein, Panzarine, & Lanning, 1990), and reduce delinquency and violence (Sheehan et al, 1999). Fewer examples exist to provide guidance in the efficacy of matching mentors with peer support in mentoring programs for at-risk youth. However, Sipe (1999, p. 19) explains that “ongoing support, either from professional staff or through mentor support groups, [can provide] the moral support that mentors need to keep meeting with the youth and getting through the rough spots.” The perceived accessibility peer mentors can facilitate knowledge sharing, though “mentor contact [can be] affected by student compatibility and relationship issue” as well as role uncertainty (Gilmour, Kopeikin, & Douché, 2007, p. 41). Moreover, exclusive reliance on mentor support groups risks “reinforcing unproductive strategies for coping with difficulties in the relationship” (Sipe 1999, p. 10). While Sipe (1999) points to the importance of professional oversight to augment peer support, structured and ongoing training opportunities throughout the course of a mentoring relationship could help underscore positive problem-solving techniques.

Recommended Practices for Mentor Training and Support

Despite the growing recognition of the link between mentor training and support, relationship quality, and youth outcomes, quality training is not widely employed for volunteer mentors. Most mentors are given a prematch orientation session that describes the elements and requirements of the program and are then sent out to mentor with varying degrees of ongoing support. In a recent survey of 131 Big Brothers Big Sisters agencies, Wheeler & DuBois (2009) found that 83% reported providing prematch orientation/training to individual volunteers; 48% offered such training in a small group format (as cited in in Kupersmidt and Rhodes, 2014). These findings echo previous surveys of mentoring programs. A meta-analysis of 53 mentoring programs found that while prematch training or orientation occurred in 71% of the studies reviewed, just 23% offered ongoing training (DuBois, Holloway et al., 2002).

Although research has not been able to identify the optimal amount, content, timing, or delivery method of training, there is general consensus that some training is critical (Sipe 1998, 18). Moreover, the length of mentor training has been associated with relationship quality. Herrera, Sipe and McClanahan (2000) found that mentors who had less than two hours of prematch orientation or training reported the lowest levels of relationship quality; mentors who attended six or more hours of training reported the strongest. Additionally, the study found that “mentors who received more postmatch training and support (at least once a month) also tended to spend more hours per month with their mentees, and thus had stronger relationships” (p. 8-9). Research has suggested a wide range of training topics that would help provide volunteers with the

confidence, knowledge, and skills needed to be an effective mentor. These include child development, anger management, active listening techniques, exaggerated demands, conflict resolution, communication, limit-setting, and problem solving skills, tips on relationship-building, and recommendations on the best way to interact with a young person (Dennison, 2000; Kupersmidt and Rhodes, 2014; Janas, 1996; Tierney, Grossman, Resch 2000; Thies-Sprinthall, 1986).

Elements for Effective Practice for Mentoring (EEPM), the “most widely used resource by mentoring programs,” outlines best practices for training and program support (Kupersmidt & Rhodes, 2014, p. 450). *EEPM* was developed from evidence-based research and the recommendations of mentoring experts (MENTOR, 2009; Kupersmidt & Rhodes, 2014). According to MENTOR (2009), at a minimum, mentoring programs should provide two hours of pre-match, in-person training, that focuses on program rules, mentor’s goals and expectations for the mentor/mentee relationship, mentor’s obligations and appropriate roles, relationship development and maintenance, ethical issues related to the mentoring relationship, effective closure of the mentoring relationship, and sources of assistance available to support mentors (p. 9). *EEPM* also recommends that mentor programs strive surpass these benchmarks. *Enhanced* mentor training should provide additional, evidence-based training to mentors that addresses youth development and cultural, gender and economic issues.

Depending on the populations they serve, mentors may also benefit from population specific training content, including children of incarcerated parents, juvenile offenders, youth in foster care, high school dropouts (MENTOR, 2009, p. 9). Training on mentoring special populations could also include working with academically at-risk students, youth with mental health needs, immigrant and refugee youth, and children with parents who are deployed or on active duty (for a discussion of the challenges faced by these populations, see DuBois and Karcher (ed), 2014). Finally, MENTOR (2009) advises programs to use “training to continue to screen mentors for suitability and [develop] techniques to for early trouble-shooting should problems be identified,” as well as to offer training to mentees and parents, when appropriate (p. 10).

Unfortunately, there is little research regarding the optimal method for training delivery. Mentor programs rely on a range of modalities, including individual in-person, written, web-based, or blended learning formats. Many also offer group-based training sessions. Though in a recent review of research on mentor training, Kupersmidt and Rhodes (2014) state that they “located *no* research about the specific formats or methods of delivery currently used in mentor training programs” (emphasis added, p. 448). Web-based training can offer a number of benefits for mentor programs and participants. While there are some barriers related to access, connectivity, and usability of technology, online training can overcome the geographic and time constraints imposed by requiring in-person training at the agency (Panopoulos & Sarri, 2012). Mentors can work at their own pace and programs can easily update content to reflect mentor training needs and best practices (Kupersmidt and Rhodes, 2014). Moreover, findings from a pilot online training program developed for Big Brothers Big Sisters of America point to “the usability, feasibility, and potential cost-savings associated with a well-designed web-based training course” (Kupersmidt and Rhodes, 2014, p. 452).

Elements for Effective Practice (2009) also includes guidelines regarding program monitoring and support, though reference to support by peers is limited. Still, authors advise that “Program provides mentors with access to at least two types of resources (e.g., expert advice from program staff or others; publications; Web-based resources; experienced mentors; available social service referrals) to help mentors negotiate challenges in the mentoring relationships as they arise” (p. 14).

Assessment of the impact of training and mentor supports has been limited by evaluation design. For example, an evaluation of ten Big Brother Big Sister school-based mentoring programs found that “those Bigs who reported receiving more training felt higher levels of efficacy, or confidence, before being matched and were more likely to extend their relationship into a second school year. Bigs who reported receiving more individual training (both pre-match and during their match) also reported having higher-quality relationships with their Littles at the first follow-up” (Herrera et al, 2007, p. 25). Although Herrera et al. relied on random assignment to measure the impact of mentoring in general, their research was not designed to test for the impact of differential training on either the quality of relationships or youth behavior. Therefore, it is difficult to discern whether the impact of training on quality of relationships is really the result of training itself or variation in the different mentoring programs. This project is designed to isolate the impact of training on mentor-mentee relationships and on short-term mentee outcomes.

RESEARCH SETTING

Regional Profile

Our research team worked in conjunction with an affiliate of Big Brothers Big Sisters of America based in Harrisonburg, Virginia. Harrisonburg is a small city, with a 2013 population of 51,395 (U.S. Census, 2014a), with two major influences on population demographics: 1) a very active industrial agriculture complex which attracts transient and immigrant workers to the region and 2) a large public higher education institution, James Madison University, which attracts a community of young adults, academics, and administrators. An independent city, Harrisonburg is surrounded by Rockingham County (2013 population= 77,741), a mostly rural area that has a growing number of residential developments attractive to middle to high-income families (U.S. Census, 2014b). A large percentage of the youth population in these areas is vulnerable due to exposure to significant risk factors via their families, homes, communities and social environments. Youth exposed to high levels of risk include youth who live in poverty, academically underachieve, are exposed to drugs, have an incarcerated parent and experience stresses associated with immigration. These factors significantly impact the lives of youth to a degree that often leads to juvenile delinquency, including truancy, dropping out of school, drug use and/or violence and gang involvement.

While individual and family-related risk of research participants will be explored later in this report (see Participant Characteristics), individual risk and resilience is also influenced by environmental context. In Harrisonburg, where the median household income was \$36,853 in 2012, 26.7% of children under 18 years of age were living at or below the federal poverty line (compared to 15.5% statewide). Although the median household income in Rockingham was much higher at \$51,721, 14.4% of those under 18 years old lived below the poverty line (Annie E. Casey Foundation, 2013). A much larger number of students from both communities come from low-income families: 71.12% of students in Harrisonburg and 40.19% in Rockingham are eligible for a free or reduced school lunch (the state average is 41.19 percent) (Virginia Department of Education, 2014). Additionally, the city ranks first statewide for the percentage of students for who are Limited English Proficient (LEP). Thirty-four percent of Harrisonburg students have LEP status, and with 44 countries (including the U.S.) and 49 different languages represented there is wide diversity among this group (Harrisonburg City Public Schools, 2014). By contrast, in Rockingham County, 7.7% of students are designated as LEP, compared with 6% statewide and 11.3% nationally. In the city schools, total minority enrollment is 58.65% and 41.17% of students are classified as having a Hispanic origin. Rockingham County is markedly different with 18.52% total minority enrollment; 12.03% of students are Hispanic (Virginia Department of Education, n.d.).

These demographic and socioeconomic influences have led Harrisonburg to manifest issues more common in larger urban environments. With easy access to two major interstates and several larger cities, Harrisonburg has been a major center of methamphetamine use and distribution since the 1990s. In 2003, former U.S. Attorney General Janet Reno deemed Harrisonburg the “methamphetamine capital of the east coast” (DNR Online, 2010). The Harrisonburg-Rockingham Office on Children and Youth 2013 Youth Data Survey found that 11% of youth age 13-19 used illicit drugs weekly. Respondents also indicated using alcohol: 10.2% weekly, 12.6% monthly and 26.1% annually. Moreover, isolation, poverty, and low

education levels are leading local Hispanic youth to gang activity. Plagued by a dramatic increase in gang activity, the Harrisonburg Police Department and Rockingham County Sheriff's Office joined together in 2005 to form a gang investigative unit called the Combined Harrisonburg and Rockingham Gang Enforcement Unit (CHARGE). Between 2005 and 2013, local police identified 1068 gang members and associates in the area (Corso, 2013).

A number of prevention-oriented youth programs operate in the Harrisonburg-Rockingham area are targeted to at-risk children and adolescents in order to reduce risk, promote resiliency, and positively impact their life trajectories. Our partner for this research project is one of the largest, and most well-known positive youth development programs, Big Brothers Big Sisters (BBBS). Below, we describe the BBBS mentoring model and provide an overview of standard operating procedures at BBBS Harrisonburg-Rockingham County.

The Big Brothers Big Sister Mentoring Model

Big Brothers Big Sisters of America (BBBSA) is a nationally-recognized positive youth development program that matches adult mentors (Bigs) with children and youth (Littles) ages 5-14 who are facing adversity. The mentoring programs give youth a better chance of success in life by providing positive and supportive adult role models who help young people avoid risky behaviors while increasing their self-confidence, positive social interactions, and academic engagement. Professional staff recruit, screen, train, match and support each one-to-one mentoring relationship following strict Standards of Practice. BBBSA's mentoring model has been cited as an example of an exemplary, evidence-based prevention program by OJJDP and affiliates have been recognized as "well-run, carefully monitored programs with clear objectives (Grossman and Johnson 1999). The resulting consistency of services and data collection has made it possible for the organization to amass a wealth of research documenting the benefits of its mentoring programs for youth.

Founded locally in 1976, Big Brothers Big Sisters of Harrisonburg-Rockingham County (BBBSHR), an affiliate of BBBSA, is a non-profit organization serving the Harrisonburg, Rockingham County area in Virginia's Shenandoah Valley. The organization has become one of the primary youth serving agencies in the region. In 2013, BBBSHR offered services to nearly 800 children in the Harrisonburg-Rockingham area, outpacing agencies in similarly-sized communities across the country by nearly twice the amount of children served. BBBSHR matches youth ages 5-14, including those living in single-parent homes, growing up in poverty, and coping with parental incarceration. Youth may remain matched in the program until age 18 or high school graduation.

Children and youth enrolled in BBBSHR can choose to be matched with an adult mentor in one of two core programs:

- *Site-Based Mentoring Program (SB)*: BBBSHR receives referrals for the Site-Based program from liaisons at each local public school. Children with the greatest need are identified based on social, environmental, behavioral and academic factors. Matches spend one hour a week together in the school or site setting, developing relationships as they participate in educational activities, play games, eat lunch, and get to know one another. Site-Based matches meet during the school lunch hour or at after school site

programs. Mentors in the Site-Based program must commit to spending at least one-hour per week with their mentee and make a commitment of one year or 3 semesters for a college student. A staff member is assigned to each match to provide on-going support, communication and follow-up regarding the relationship. Mentors must be matched for at least three months in the Site-Based program before they can request a transfer to the Community-Based program.

- *Community-Based Mentoring Program (CB)*: BBBSHR typically receives mentee referrals for the Community-Based program via the judicial system, Community-Based agencies, and from direct parent inquiry. Mentors in the Community-Based program must commit to at least two hours of interaction per week with the mentee and make a commitment of one year or 3 semesters for a college student. The matches develop relationships as they spend time together in the community, visiting parks, college campuses, attending community events, or just spending time together at home.

In both programs, the child enrollment process encompasses defined procedures to determine the eligibility and suitability of the child for services. The process includes interviews with youth, parents and school staff to enable the agency staff to make recommendations based on their needs, ability to form a relationship, and the parent/guardian's ability to work with a volunteer and BBBSHR. Home-visits are conducted with all referrals received for the Community-Based mentor program. During the visit, staff review the program structure, collect information on parent/student preferences regarding a mentor, and assess the child/family's living situation. For all youth enrolling in a Site-Based program, a site visit with them is conducted to ensure adequate information is collected to make a strong match.

The mentor enrollment process encompasses several steps to determine the eligibility and suitability of the volunteer. This process ensures that the necessary information is collected to enable agency staff to make recommendations based on the volunteer's ability to meet the needs of a child, form a committed relationship with the child, and to work with the parent/guardian and BBBSHR. To participate in BBBSHR, all volunteer mentors must complete an in-person interview, background checks of DMV records and criminal history, and reference collection. Mentors must be at least 18 years old. Home visits and evidence of a safe driving record are required for mentors participating in the Community-Based program.

BBBSHR matching procedures enable staff to assess information gathered from mentors, mentees, and parents in order to make a thoughtful match recommendation. In-person interviews and enrollment forms are used to make matches based on personalities and interests. Staff attempt to honor mentor and child and parent/guardian preferences related to a wide range of characteristics.⁵ Staff discusses with volunteer mentors the youth that have been selected as

⁵ Parents are asked whether they have preferences concerning the religion, race, sexual orientation, or marital status of potential mentors. Additionally, parents of children in the Community-Based program are asked about preferences age and gender (all mentees over age 12 are matches with mentors of the same gender), and if they would be comfortable with mentor that drinks alcohol or smokes cigarettes on their own time, has pets, has firearms, or lives with a partner without being married. All mentors provide preferences regarding age, gender, race, and geographical proximity, and whether they would be comfortable or willing to work with a child with a variety of personality traits (e.g. extremely energetic, shy) and family backgrounds (e.g. parents do not speak English, parent in prison, low-income or single-parent family, history of abuse or substance abuse).

potential mentees, and then then decide on a match. Finally, the child and their parent(s) are contacted after the volunteer makes their selection to ensure they are comfortable with the recommended volunteer.

BBBSHR has consistently surpassed national standards in all areas of quality metrics including match retention and match length, at a cost 25% below the national average. The agency's seven full-time and three part-time staff comprises a highly effective team which consistently achieves lofty long-term and short-term agency goals. In 2013, BBBSHR was one of 5 in the Big Brothers Big Sisters network of over 340 agencies to receive a Gold Standard Award for excellence in program implementation (BBBSHR 2013 Annual Report).

II: METHODS

RESEARCH DESIGN

This longitudinal study uses an experimental design, focusing on comparisons between subjects and an equivalent control group, to investigate the impact of enhanced training and peer support on the quality of mentor-mentee relationships and mentee outcomes. The sample includes the total population of all newly matched mentor-mentee dyads at BBBSHR during a 16-month period. The total sample included 459 dyads, with approximately 115 dyads in each of the four groups (see description and comparison in Table 1 below).

Each new dyad was randomly-assigned by the BBBSHR Program Manager to a control or one of three treatment groups. Given logistical restraints associated with Coach recruitment in the Peer Support intervention, we utilized a block randomization process rather than simple randomization. Simple randomization ensures each subject has an equal probability of being assigned to either of the three treatment conditions or the control. However, this approach has a risk of imbalance in enrollment that could lead to multiple matches made in a single treatment in a short time frame. Block randomization, on the other hand, prevents imbalance during enrollment by ensuring equal distribution of assignment in each of the four conditions.⁶ A possible limitation of this approach, therefore, would be bias in group composition. To compensate, we conducted a bias analysis to detect any issues with the randomized block approach (see Participant Characteristics).

Table 1: Comparison of Treatment and Control Groups			
		Enhanced Mentor Training	
		No	Yes
Peer Support	No	Control Group	Mentor Training Program
	Yes	Mentor-Advisor Pairing	Interaction Intervention

Research Questions

This study was motivated by three central research questions:

1. Does provision of a structured, ongoing mentor training program improve the quality of mentoring relationships for at-risk youth?

⁶ In this case, blocks of fours were established using a random computer generator such that the first mentor in a group of four, based on time of enrollment, had an equal probability of being assigned to any treatment condition. The second had an equal probability of being assigned to one of the three remaining groups. The third in a group of four would have an equal probability of being assigned to one of the two remaining groups and the fourth would be automatically assigned to the last group. Thus, each individual in a randomized block would have diminished probability of assignment.

2. Does pairing new mentors with more experienced peer mentors improve the quality of mentoring relationships for at-risk youth?
3. Does mentoring relationship quality, as driven by training and support, predict variances in outcomes for mentees at-risk for involvement in the juvenile justice system?

In addition to the primary research questions regarding relationship strength and youth outcomes, we also looked at a number of subsidiary questions related to implementation and short-term outcomes. These are discussed in detail in an Implementation Analysis in the first part of the Results section.

Research was approved by the Institution Review Board at James Madison University and all human subjects in the study have been treated in accordance with the ethical guideline approved by the Board. All mentors and mentor advisors were over age 18 and consented to participate in research. Informed consent for mentee participation was secured from a parent or legal guardian. Mentors and mentees who elected not to participate in the research were allowed continue in the BBBSHR program. Similarly, in order to minimize the adverse impacts of truncated relationships on at-risk youth, mentors or mentees who wished to discontinue participation in the treatment groups were removed from the study and allowed to continue with their match in the BBBSHR program.

DESCRIPTION OF INTERVENTIONS

Natural Control Group: Mentors assigned to the control group (N = 115) followed previously-established procedures for mentor training at BBBSHR. This involves the mentor independently reviewing a volunteer mentor orientation handbook prior to their match. The *Preparing Volunteers Guide* provides an overview of volunteer responsibilities and expectations, the role of BBBS staff, and child safety. While this is useful knowledge for mentors and is similar to that used by other BBBS agencies, information is limited (just six pages). Moreover, the method is passive, relying completely on the mentor to read, interpret, and apply the material to her/his mentorship experience. Mentors in the Community-Based program also discuss possible responses to common mentoring scenarios with Match Support Specialists.

Enhanced Mentor Training Program: The Enhanced Mentor Training Program is a formalized post-match training program that was designed to help the mentor anticipate and understand her/his role, provide resources for when things go wrong, and provide coping mechanisms to assist in the disconnect between the ideal and real parts of the mentoring experience. A series of six training modules on topics related to effective mentoring delivered electronically for individual mentors assigned to this treatment group (N = 114). Mentors were encouraged to complete all modules in the first six months of their mentoring relationship.⁷ Mentors also received the standard BBBSHR pre-match

⁷ Researchers had hoped to make the training modules mandatory for mentors in the training and interaction groups; however, BBBSHR agency staff was opposed to compulsory training for fear that it would either result in mentor attrition or force the agency to possibly dis-enroll mentors in the case of noncompliance.

training described above. Hard copies of each model were made available for mentors with limited computer or internet access (hard copies are appended to this report).

Training modules developed for this study are based on a literature review of current, empirical research, focus groups with BBBSHR staff, and interviews with scholars and other youth professionals. The final Enhanced Mentor Training Program includes four modules created by the research team and two that were externally produced (for more on module development see the Project Implementation section of this report). Module descriptions are as follows:

7. ***Welcome to Big Brothers Big Sisters of Harrisonburg Rockingham County*** acquaints mentors with BBBSHR staff, highlights the role of Match Support Specialists, and introduces mentors to the Strength of Relationship survey.
8. ***Volunteer Pre-Match Training*** (developed by iRT) emphasizes why training is important for mentors. It discusses how mentor motivations and expectations impact a match relationship; appropriate (and inappropriate) roles for mentors; child safety and youth protection; tips regarding the first match meeting as well as some other factors to help mentors develop a stronger relationship with their Little and his or her family; and concludes with a brief reinforcement of the importance of match support staff.
9. ***Navigating Cultural Differences*** (developed by BBBSA) helps mentors gain a better understanding of their own cultural values and how they affect perception of others; recognize the possible underlying cultural influences in common situations; gain knowledge for respectfully exploring cultural values and practices with others; learn an approach for recovering from cultural misunderstandings; have a stronger foundation for building a trusting relationship with their Little and his or her family.
10. ***Child and Youth Development*** is intended to facilitate positive, stronger, and more impactful mentoring relationship by giving mentors realistic expectations about appropriate activities, typical interactions and growth based on the Little's age. It provides an overview of cognitive, social, emotional and physical development in children and youth; introduces mentors to the concept of positive youth development and provides strategies for age-appropriate communication, activities, and goal-setting; and concludes with a discussion of what mentors can expect during the different stages of the match relationship.
11. ***Family Transitions*** provides mentors with a context for better understanding the impact of major life transitions on young people. The module is designed for mentors working with mentees who are from immigrant or refugee families, have an incarcerated family member, or have an active duty or deployed parent. It provides strategies for recognizing risk and for promoting resiliency among children at risk.
12. ***Healthy Sexuality and Youth*** is a three-part module to train mentors to address sensitive topics related to sex and sexuality. It is designed to help mentors identify signs of child sexual abuse and understand appropriate reporting and intervention

procedures. The module also prepares mentors to recognize signs of risky sexual behavior. Lastly, it provides strategies for talking with youth about sexual orientation and gender identity.

Peer Support Program: Mentors in this treatment group (N = 115) were assigned an experienced volunteer mentor advisor, or Coach, from the BBBSHR network. Coaches, who could elect to support more than one mentor, were required to have at least six months of successful mentoring experience at BBBSHR and be active or recently active in the program. Coaches provided advice and support to mentors but were not intended to replace Match Support Specialists. Coaches were not formally trained in child development, but could offer valuable insight from their own first-hand experiences and offer encouragement, advice, and strategies for dealing with unexpected scenarios in the mentoring process. Coaches were expected to contact their assigned mentors within two weeks of the mentor-Coach match (approximately one month into the mentor-mentee match) and connect either in person, by phone, or by email at least once a month for the first year of the match relationship. Mentors in the Coach group also received standard BBBSHR pre-match training. A more detailed description of the Peer Support Program can be found in Project Implementation).

Interaction Intervention: Mentors in this group (N = 115) received both peer support and the formal Enhanced Mentor Training Program described above.

INSTRUMENTS, MEASURES AND DATA COLLECTION

BBBSHR follows Big Brothers Big Sisters of America's (BBBSA) standard assessment protocols, which include the completion of a number of surveys designed by the national office for use by BBBS chapters, including Strength of Relationship Surveys (SOR) for both mentees and mentors and a Youth Outcomes Survey (YOS). We modified existing BBBSA surveys and also created new instruments to collect relevant baseline and outcome measures identified in the literature. Modifications were made to enrollment forms and in-person interview protocols to expand demographic data as well as to standardize data collection across the community and Site-Based programs. We also added mentor efficacy, training, and Coach-specific questions to the SOR, expanded risk and protective factors on the YOS, and created a comparable outcome survey for children 8 and under (CYOS). New instruments include a risk index, reasons for being a mentor inventory, and training module assessments. Instruments used in the study are described in more detail below. A complete list of measures and constructs can be found in Appendix B. Other than the training module assessments, which were administered to mentors using a web-based survey, all data for this study were collected by staff at Big Brothers Big Sisters of Harrisonburg Rockingham County.

STRENGTH OF RELATIONSHIP MEASURES

Strength of Relationship for Youth (SORY)

In creating the youth Strength of Relationship (SORY) survey for this study, we used as a starting point a survey employed by BBBSA. The instrument measures the mentee's perceptions of their mentoring relationship. The original SOR includes 10 close-ended questions across five construct areas. These are Coping, Lack of Disappointment, Safety, Importance, and Closeness (See Appendix B: Measures and Constructs for individual items). Coping ($\alpha = .465$) and Lack of Disappointment ($\alpha = .542$) are scaled measures, while the other three are comprised of single items. All questions are scored on a 5-point Likert scale, ranging from "Never True" to "Always True;" respondents could also select "I Don't Know."

Items Added to the SORY: We made slight adjustments to the existing BBBS Strength of Relationship (SOR) survey in order to make the scale more age appropriate for young children, as the SORY was administered to youth of all ages in the study (including those under age nine). Two closed-ended questions were added to assess whether activities and topics of discussion reflect youth preferences. Two additional open-ended questions asked mentees to reflect on the things they talked about and kinds of activities they did with their mentors over the prior three months (see Appendix B: Measures and Constructs).

Survey Administration: BBBSHR Match Support Specialists administered the SORY to all children the research study, regardless of age. Most SORYs were given in person; questions were read aloud for children needing assistance.⁸ The standard BBBS assessment schedule is to administer the SOR three months into a match relationship and again at 12 months (Community-

⁸ For example, at the initial 3-month assessment, 1.2% of respondents took the assessment via email, 83.1% in-person, and 15.8% over the telephone. 88.4% of the surveys were read aloud to children.

Based matches) or end of school year (Site-Based matches). Researchers expanded the frequency of SORY assessments to gather data on match relationships every three months. Children in the Community-Based program take the SORY at 3, 6, 9, and 12 months. For ease of survey administration and to account for summer, when school is out, children in the Site-Based program take the SOR at the beginning and end of the school year, and at two other periods during the academic year to approximate 3-month intervals.

Preliminary Analysis: We conducted a preliminary analysis of items and constructs in the Baseline (3 month) SORY assessment (n = 286). Our findings suggested that individual items lacked sufficient response validity for analysis as ordinal indicators. Across most items, 90 percent of mentees provided positive match assessments. Item skewness ranged from |2.07| to |7.47|, all of which were unacceptable for parametric analysis. Although rarely observed, variability was seen the degree of positivity toward the match (e.g. “strongly agree” versus “agree”). However, we know from relevant literature on youth assessment that children rarely make meaningful distinctions among scales with more than three response options. Thus, it is likely that respondents did not distinguish fully between “strongly agree” and “agree” options. Finally, SORY constructs lacked strong internal consistency. Therefore, we were skeptical in using SORY constructs to assess the impact of treatment on youth perceptions of strength of relationship. Moreover, we would be skeptical of any analytical application using this instrument. However, because the instrument is commonly used, both in practice and research, this report presents exploratory findings related to mentee perceptions of match strength.

Strength of Relationship for Mentors (SORM)

The original Strength of Relationship for Mentors (SORM), developed by BBBSA, measures volunteers’ perceptions of their mentoring relationship. Fourteen of the questions comprise five broad construct areas (Compatibility, Competence-lack of frustration, Competence-confidence, Closeness, and Centeredness on youth’s developmental needs). Responses are scored on a 5-point Likert scale, ranging from “Never True” to “Always True,” with an option of “I Don’t Know.” An additional close-end question asks who decides how the pair will spend their time together.

Items Added to the SORM: Researchers added three open-ended questions to the original SOR that instructs mentors to reflect on the types of activities they did and things they talked about with their mentees over the previous three months, and to describe conflicts that occurred within the match relationship. Every six months SORM’s are expanded to include follow-up questions on mentor efficacy, training satisfaction, and peer support.

The 22-item, researcher-designed Mentor Self-Efficacy scale was administered to mentors prior to their match and added to the six and 12-month SOR for all mentors. Questions assess a mentor’s confidence that he/she can effectively mentor a child, including those from variety of family backgrounds, and recognize and talk to their mentee about risky behavior (see Appendix B). Responses are measured on a 10-point Likert scale, ranging from “Cannot Do at all” thru “Highly Confident.” We analyzed individual items in addition to calculating an overall efficacy measure. Overall efficacy is defined as the mean score across all 22 items in the assessment. At baseline, results indicated the scale was reliable ($\alpha = .942$).

Two questions related to agency training and support were added to the six and 12-month SOR for all mentors: “If I had more training from BBBS I would be a more effective Big” and “If I had more support from BBBS I would be a more effective Big.” Questions were assessed using the original SOR Likert scale described above.

Finally, six questions related to Coach satisfaction were added to the six and 12-month SOR for mentors in the Peer Support and Interaction groups. For example, we asked mentors to what extent they agreed with the statements “My Coach provides me with strategies for being a more effective Big” and “I feel disappointed in my relationship with my Coach” (a complete list of questions is provided in Appendix B). Responses made use of the SOR Likert scale described above. An additional question assessed how often and with what method the mentor had contacted his/her Coach in the previous six months.

Survey Administration:

The SORM was administered to mentors via email or over the phone by BBBSHR Match Support Specialists. As with the SOR for Children, the standard BBBS assessment schedule is to administer the SOR for Mentors three months into a match relationship and again at 12 months (Community-Based matches) or end of school year (Site-Based matches). Here, researchers expanded the frequency of SORM assessments to gather strength of relationship measures every three months (at 3, 6, 9, and 12 months).

Preliminary Analysis: We used data from the first (3-month) post-test observation of Strength of Relationship which had 459 total observations, none of which were repeated by subject, to test the validity and reliability of the original SOR constructs. We followed a two-step procedure for determining the content validity of the scales. First, we conducted a principle axis factor analysis for structural detection (PAFA), specifying an eigenvalue of 1, in accordance with Kaiser’s recommendations. The purpose of this initial test was to detect model factors in the Strength of Relationship questionnaire absent any theoretical assumptions about the model. Initial findings indicated a two-factor model. Also, we found low extracted communalities for three items (Quality of Activity = .156, Child has Shown Improvement = .158, Child Sticking to Activities = .218) these items were not dropped from analysis, but were considered in interpretation and were used as predictors for an overall Strength of Relationship measure.

Second, we modeled a maximum likelihood (MLFA) extraction to test the goodness of fit. Table 2 shows results from the final two-factor model including factor loadings and extracted communalities. MLFA assumes normality; therefore we explored variables prior to analysis. “I am enjoying the experience of being a Big” lacked variability (78% Strongly Agree); therefore, skewness and kurtosis exceeded limits for assuming a normal distribution $|\text{skewness}| > 2$; $|\text{kurtosis}| > 7$. We utilized a .6/.3 rule retaining items (examining highest and second highest loadings). The primary loading must exceed a value of .6, while its secondary loading cannot exceed .3. As a secondary rule, we retained items with a discrepancy between factors higher than .3. Items that violated both rules were eliminated. The final MLFA model employed a Promax rotation. The oblique structure was confirmed with analysis of correlation among of saved regression values ($r = .377$; $p = .000$). These did exceed .32; a general rule of thumb for selecting rotation (Tabachnick & Fidell, 2007, p. 646). Diagnostics tests confirm model fit (KMO= .866, Bartlett’s =.000, total variance explained = 51%). The goodness-of-fit test confirms a three

factors model ($p = .000$) and indicates the reproduced matrix is significantly different from the original matrix. Factor I “Match Quality” is most highly correlated with mentor perception that they are “well-matched” with their mentee and mentor feelings of closeness. This factor correlated with four items. The factor accounted for 36.5 percent of total model variance and had a rotated eigenvalue was 2.122. Factor II “Availability” correlated most highly with items related to the mentor’s expectations and perceptions of the time commitment involved in the match. This factor correlated with two items and accounted for 14.3 percent of total variability. The rotated eigenvalue was 1.246. Availability can be understood as a general predictor for overall match quality, as mentors with a greater time investment should foster stronger match relationships.

Table 2: Maximum Likelihood Extraction Factor Loadings for Strength of Relationship		
	Factor Loading	Extracted Communality
Factor 1: Match Quality		
Rotated Eigenvalue 2.122		
Feel Well-Matched	.836	.701
Closeness Feelings of Emotional Intimacy"	.660	.479
Interested in the Same Things	.692	.439
Enjoying the Experience	.635	.418
Factor 2: Availability		
Rotated Eigenvalue 1.246		
Able to Find Time to Spend	.857	.736
Expected Time Commitment	.525	.278
<i>Maximum Likelihood Extraction</i>		
<i>Promax Rotation</i>		
<i>KMO = .744</i>		
<i>Bartlett's = .000</i>		
<i>% total variance (rotated) = 50.8%</i>		

Table 3 shows results from a comparative reliability analysis, testing the internal consistency of construct measures identified by the MLFA and constructs recommended by Big Brothers Big Sisters of America for reporting overall agency strength of relationship. Our factor, Match Quality, was most comparable with BBSA recommended constructs “Confidence” and “Connected;” however, in our study Match Quality had a higher internal consistency (Cronbach’s alpha = .79) when compared with all BBBS match strength constructs (Confidence = .623; Connected = .715; Overall SOR = .689) (See Appendix B for characteristics of BBBSA Constructs for Mentor and Mentee Strength of Relationship). Comparably, both BBBSA constructs and MATCH project constructs had acceptable construct reliability scores.

Table 3: Comparative Construct Reliability (3 Month Mentor Strength of Relationship n=235)						
Construct	n	Alpha	Mean/ Median	SD	Skewedness	Kurtosis
BBBSA Constructs						
<i>Connected</i>	433	.715	3.865	.628	-.508	.272
<i>Frustration</i>	431	.621	3.98	.626	-.334	.234
<i>Confidence</i>	394	.623	4.37	.448	-.757	.685
<i>Closeness</i>		---	3.95/ 4	.776	-.607	-.738
<i>Decision-Making</i>		---	2.67/ 3	.813	-.559	1.273
<i>Overall SOR</i>	437	.689	3.77	.453	-.663	.938
MATCH Project Constructs						
<i>Well-Matched</i>	428	.79	4.27	.554	-1.29	2.85
<i>Availability</i>	447	.612	3.9	.795	-.575	.072

YOUTH OUTCOME MEASURES

Youth Outcome Survey (YOS)

The original Youth Outcomes Survey (YOS), was developed by BBBSA in collaboration with Public/Private Ventures and Dr. Jean Rhodes to measure program impact on participating youth (Public/Private Ventures, 2012). The YOS includes 32 questions across seven key construct areas (defined by BBBSA). These include Social Acceptance, School Competence, Grades, Future Aspirations, Parental Trust, Peers Risky Behavior, and Truancy. Responses are measured using construct-specific scales. Social Acceptance and School Competence are measured on a 4-point Likert scale ranging from “Not at All True” to “Very True” and Future Aspirations on a 4-point scale ranging from “Not at all Sure” to “Very Sure.” Student-reported grades are reported on a 5-point scale, ranging from “Not Good at All (F)” to “Excellent (A)” and Peers Risky Behavior on a 4-point scale with responses ranging from “It’s Not Ok” to “It’s Perfectly OK.” Two constructs are measured on 4-point frequency scales: “Hardly Ever” to “Pretty Often” (Parental Trust) and “Never” to “I did it 3 or more times in the last 30 days” (Truancy). An additional question asks youth whether or not they have a special adult in their lives. A comprehensive list of individual questions and scales is provided in Appendix B: Measures and Constructs.

Items Added to the YOS: Researchers added six questions related to Peers Risky Behavior (e.g. stealing, bullying, gang membership). We also added a 13-item personal Risky Behaviors scale to measure risky behaviors (e.g. been in a fight) and prosocial behaviors (e.g. volunteered in the community) among mentees. Responses were measured on a four-point Likert scale, ranging from “Never” to “5 or more times” in the last 12 months.

A 20-item depressive inventory was adapted from the Center for Epidemiological Studies Depressive Scale (CES-D). The Depressive Scale assesses a mentees’ level of depression using a 4-point Likert scale, ranging from “None of the Time” to “Most of the Time.” Overall scores on the Depressive Inventory are calculated by summing responses across items. Scores range from 0 to 40, with 0 indicating no depressive symptoms. Radloff and Locke (2000) suggest using values of 16 or higher as cut-off indicating high depressive symptoms. Thus, we designated 16 as a cut-off in the study.

Finally, we added a Major Life Factors scale comprise of five items assessing a child's exposure to stressful life events in the previous , including breaking up with a boyfriend or girlfriend, losing friends, or knowing someone who died. These were assessed on a simple "Yes"/"No" scale.

Survey Administration: A baseline YOS was administered to mentees prior to beginning their match; surveys were administered in person by BBBSHR Match Support Specialists. Standard agency protocol is to assess mentees at baseline and again at 12 months. Researchers expanded the frequency of data collection to include a 6-month YOS. To account for summer months, when school is out, the YOS was administered to children in the Site-Based program during the academic year at approximately six-month intervals. Although Big Brothers Big Sisters of America recommends that its agencies only assess children ages nine and above, researchers broadened the parameters to include eight year-old respondents.

Preliminary Analysis: We used data from the baseline observation ($n = 303$) to test the reliability of key constructs identified in both the original YOS and our inserted scales. Summary statistics and results from a reliability analysis (reporting Cronbach's alpha values) are presented in Table 4 below. Reliability values for the key constructs ranged from ($\alpha = .556$ to $.844$) indicating moderate to high internal consistency within constructs. Among those with lower alpha scores, Social Acceptance, Major Life Factors, and Truancy, we suspected differing causal factors. Children may have had poorer internal consistency, for example, in responding to Social Acceptance items due to poor question framing (Three items were negatively oriented). Also, children were asked to distinguish between synonymous terms such as liking, friends, and popularity, which may create ambiguity. We would expect low internal consistency in the Major Life Factors construct given events are not anticipated to compound; therefore, the item should not be scaled. Additionally, a limited number of items is likely driving poor results in the Truancy measure.

Although the YOS uses a 5-point scale to assess self-reported grades, we determined that rather than mean score (reported in Table 4 below), a more appropriate measure for summarizing the Grade scale would be to recode responses to represent a traditional 4-point scale. Moreover, previous findings indicate that self-reported overall major-subject GPA, unlike individual subject reporting, may have moderate to good reliability and validity among this age cohort (Teye & Peaslee, *forthcoming*). Thus, in this report, we used Reported GPA as an indicator of school performance. The average reported GPA among students was 2.96 ($sd = .73$). 8.7% reported having lower than a 2.0 GPA, 42.8% reported lower than 3.0. 10.7% reported having a perfect GPA (4.0) across major subjects.

Finally, we dropped personal Risky Behaviors from the reliability analysis given low to no response variance across several items. Among all 303 respondents, no child reported having been arrested. Three reported smoking 1-2 times. Four reported using alcohol 1-2 times. Two reported any drug use, beyond prescription medication. Nine reported some gang activity. These items did not produce sufficient variance for meaningful analysis. Rather, we explored a minor scale of risky aggressive behavior using reported bullying, wanting to fight, and having been in a fight ($\alpha = .673$), which had good internal consistency. Among these, 29 children reported

bullying others, 49 reported wanting to hurt others, and 57 reported having been in a fight. Thus, our analysis is limited to these items.

Table 4: Reliability Analysis of Baseline Youth Outcome Survey (YOS)

Construct	n	Alpha	Mean	SD	Skewedness	Kurtosis
<i>Social Acceptance</i>	289	.569	2.75	.59	-.165	-.244
<i>School Competence</i>	288	.603	2.89	.56	-.134	-.222
<i>Future Aspirations</i>	273	.844	3.43	.75	-1.33	.982
<i>Grades</i>	295	.697	3.96	.776	-.607	-.738
<i>Peers Risky Behaviors</i>	275	.674	1.08	.137	3.66	21.8
<i>Parental Trust</i>	298	.719	3.71	.496	-2.39	7.04
<i>Truancy</i>	285	.556	2.04	.875	.304	-.933
<i>Major Life Factors</i>	290	.575	1.62	.283	-.171	-.998
<i>Risky Behaviors</i>	---	----	----			
<i>Depressive Inventory</i>	272	.839	11.69	8.74	.777	.141

Child Youth Outcomes Survey (CYOS)

The research-designed Child Youth Outcomes Survey (CYOS) was adapted from the original YOS, developed by BBBSA, in order gather data on key outcome variables from children ages five through seven in the study. The 31-item CYOS included questions and constructs comparable to those measured by the YOS, including Social Acceptability, School Competence, Educational Expectations, attitudes toward Peers Risky Behavior, Parental Trust, relationship with a special adult, and a depressive inventory. Researchers reduced the number of questions from the YOS and adapted scales to follow recommendations for surveying young children.

Five basic criteria were established to guide initial creation of scales and items in the CYOS: 1) Simplified question wording; 2) a reduction in the number of negatively oriented questions; 3) avoidance of double-barrel or hypothetical questions 4) elimination of “Don’t know” or “No Response,” 5) the incorporation of scales with concrete response items, VAS, and color. A final CYOS draft was created introducing four scales (one concrete response, one VAS, all with distinct color patterns) and 31 questions versus 76 questions in the new YOS. In order to increase survey comprehension in younger children, researchers omitted questions about peer behavior associated with preteens and teens, including questions about gang membership, drug use, and arrest. Appendix B: Measures and Constructs provide a comprehensive inventory of questions, constructs, and scales in the CYOS.

Survey Administration: A baseline CYOS was administered to mentees prior to beginning their match; surveys were administered in person by BBBSHR Match Support Specialists. Although the CYOS was primarily administered to children ages 5-7, researchers permitted Match Support Specialists to use discretion in determining whether the CYOS or YOS was the most appropriate instrument to administer, particularly for children with special needs, limited English proficiency and low comprehension.⁹ Standard agency protocol is to assess mentees at baseline and at 12

⁹ The Director of Programs reviewed all determinations prior to survey administration in order to mitigate problems with multiple rater consistency. Seven six and seven year olds were administered the YOS at baseline, and some 8-11 year olds were given the simplified CYOS.

months. Researchers expanded the frequency of data collection to include a 6-month CYOS. To account for summer months, when school is out, the CYOS is administered to children in the Site-Based program during the academic year at approximately six-month intervals.

Preliminary Analysis: Table 5 presents results from a follow-up reliability analysis conducted using baseline data from the MATCH Project. The number of items and construct internal consistency is reported for each. For each construct, we attempted to reduce the total number of items with the least loss in overall construct reliability (largely guided by item if-deleted function) while retaining logical/theoretical integrity. We also report number of items in the shortened CYOS and their observed internal consistency.

Table 5: CYOS Construct Development				
Youth Outcome Survey Construct	Number of Items (YOS)	Cronbach's Alpha (n=543)	Reduced Number of Items (CYOS)	Adjusted Cronbach's Alpha (n=543)
Original YOS Items				
Social Acceptability (Scale ranges from 0-4, 4 is highest sense of social acceptance)	6	.569	4	.032
School Competence (Scale ranges from 0-4, 4 is the highest sense of competence)	6	.603	3	.491
Educational Expectations (Scale ranges 0-4, 4 highly confident)	3	.721	<i>No Indicator</i>	---
Self-Reported Grades (Scale ranges from 0-4, 4 excellent grades)	4	.728	<i>No Indicator</i>	---
Risky Attitudes (About Peers) Truancy (Scale ranges 0-4, 4 high risk)	2	.797	2	.509
Risky Attitudes (About Peers) Aggressive Indicators (Scale ranges 0-4, 4 high risk)	5	.846	5	.617
Parental Trust (scale ranges 0-4, 4 high trust)	3	.721	2	.359
Truancy (scale ranges 0-4, 4 highly truant)	2	.556	<i>No Indicator</i>	----
MATCH project Inserted Items				
Risky Behavior- Major Life Factors (Scale ranges 0-4, 4 high risk)	5	.575	<i>No Indicator</i>	----
Risky Behavior- Aggressive Behavior (Scale ranges 0-4, 4 high risk)	3	.673	<i>No Indicator</i>	----
Depressive Scale	20	.809	5	.588

Results from the reliability analysis were mixed. Given low internal consistency of Social Acceptability and Parental Trust scales in the CYOS baseline sample, we abandoned the construct measures in favor of using comparable individual items. We analyze these alongside corresponding anchor items in the YOS. For example, rather than measure Social Acceptability as a 6-item construct in the YOS comparable to the 4-item construct in the CYOS with unacceptable internal consistency ($\alpha = .032$), further analysis in the paper employs the item, “I have a lot of Friends” as a comparable measure of Social Acceptability across both the YOS and CYOS. This is due findings of response bias within the CYOS, which indicated younger students did not comprehend negatively-oriented questions in the construct. Thus, we conservatively dropped the negatively oriented items from both the Social Acceptability scale for this analysis. Similarly, we found low internal consistency for the Parental Trust construct in the CYOS baseline sample. Therefore, we analyzed comparable anchor items with the YOS individually, rather than as a mean construct. Given positive findings for Risky Attitudes toward Peers, we retained constructs in both the CYOS and YOS. Finally, given only five items were used to develop the depressive indicator in the CYOS, we used five comparable anchor items in the YOS for analysis which produced an internal consistency of $\alpha = .699$. Similarly, this paper used three comparable anchor items in the YOS with those used to construct the CYOS School Competence construct ($\alpha = .832$). Both adjusted YOS constructs (Depressive and School Competence) showed acceptable internal consistency.

OTHER INSTRUMENTS AND DATA SOURCES

Enrollment and Interview Forms

In addition to expanding basic demographic and family composition information on mentee enrollment forms, researchers added questions relating to individual risk factors (e.g. chronic health problem, pregnant or parenting, history of abuse) and family risk factors (e.g. parental substance abuse, mental illness, unemployment). Researchers also gathered data on parental education, family income, and participation in public assistance programs (e.g. food stamps, Section 8, TANF). Finally, an inventory of Stressful Life Events (e.g. child changed schools, parent was deployed or incarcerated, death in the family) was created. For mentees in the Community-Based program, questions were administered by Enrollment Specialists as a component of the parent-child in-person interview. For mentees in the Site-Based program, questions were included as a component of the BBBSHR Enrollment Forms. A complete list of questions added to Enrollment and Interview forms can be found in Appendix B: Measures and Constructs.

School Records

Researchers facilitated the development of data sharing agreements between BBBSHR and the two school divisions in its service region in order to collect data on a range of baseline mentee characteristics. These included student grades and absences, grade retention, Special Education and Limited English Proficiency designations, and disciplinary infractions (see Appendix B: Measures and Constructs for a complete list of school data collected for the project). Data was compiled by school division data managers and provided to the research team via a secure server.

Mentee Risk Index

We constructed indices to measure children's risk levels at baseline. Data were collected from parental enrollment forms, the YOS, and school records on wide variety individual and environmental risk factors. Individual risk was calculated by summing reported risk across three broad areas: academic challenges, problem behavior, and mental health concerns (exhibited depressive symptoms). Similarly, environmental risk was calculated by summing across reported risk in three broad areas: economic adversity, family risk/stress, and peer difficulties. We utilized the procedure outlined by Herrera, DuBois, & Grossman (2013) to specify child risk levels (see Appendix B: Measures and Constructs for a complete list of measures used to define risk). Herrera et al (2013) defined two methods for constructing a risk profile. The first was a screening test, intended to identify students at enrollment for placement into preventative programming. Here, "high" risk was defined as parent indication that the child had experienced at least one individual risk and one environmental risk and the total number of risks across all items in the scale had to exceed four. Based on this measure, 360 (79.6%) of the children in the sample would be identified as "high" risk at enrollment. This measure, however, was not utilized in the study given we were not introducing a programmatic intervention for children. The second measure they suggested should be used as a moderator in analysis. Here, mean risk was calculated for both individual and environmental categories, by summing and dividing across the total number of domains in each category. For example, Individual Risk, in this study, had three domains (Academic Challenges, Problem Behavior, and Mental Health Challenges) across which there were over 12 possible areas of risk. Each child's score was then compared to the aggregate median. If the individual score fell in the top half (exceeds the center cut-point), the child labeled High Risk. Thus, two dichotomous variables that classified students by individual risk (low/high) and environmental risk (low/high) were used. Comparatively, in our sample, this measure produced a much higher threshold for risk designation. In the sample, 36.5 percent of the students were classified as high individual risk at baseline and 34.3 percent were classified as high environmental risk.

Reasons for Being a Mentor

Researchers adopted a Volunteer Functions Inventory developed by Clary et al. (1998) and adapted for mentoring by Caldarella, Gomm, Shatzer, & Wall (2010). The 30-item survey assesses volunteer motivations for being a mentor across five broad constructs: Values, Understanding, Social, Protective, and Enhancement. These included questions such as "I feel it is important to help other" (Values), "Mentoring allows me to gain a new perspective on things" (Understanding), "My friends serve as mentors" (Social)," Mentoring experience will look good on my resume" (Career), "By mentoring I feel less lonely" (Protective), and "Mentoring makes me feel better about myself" (Enhancement). The instrument uses a 10-point scale ranging from "Not at All Important/Accurate for You" through "Extremely Important/Accurate for You." The Reasons for Being a Mentor survey was administered by BBBSHR Enrollment Specialists during the volunteer interview and application process. For individual questions, see Appendix B: Measures and Constructs.

Training Module Assessments

In order to get feedback on the substantive modules produced for this research project (*Child and Youth Development, Family Transitions, and Healthy Sexuality and Youth*), we collected evaluations from training module participants. Following the completion of each module, participants were directed to an online evaluation to provide feedback related to the module’s accessibility and usefulness in the match relationship. While BBBSA made training available to staff at Big Brothers Big Sisters Harrisonburg Rockingham County and at other BBBS agencies, data was filtered prior to analysis and includes only responses from mentors the research study.

Training Module Assessments were comprised of twelve questions assess the modules’ accessibility (e.g. “Audio components seemed to work well,” “Concepts were clearly presented”) and usefulness (e.g. “This material would be helpful in a mentoring relationship,” “This training module was a waste of my time”). Responses were measured on a 5-point Likert scale with options ranging from “Strongly Disagree,” to “Strongly Agree,” with a “Don’t Know” option. An additional question measured how long it took mentors to complete each module.

Coach Follow-Up Questionnaire

BBBSHR staff, with the assistance of a graduate assistant funded by the research study, conducted follow-up with Coaches one-month after they were assigned a mentor. Contact was made by email and over the telephone. Coaches were asked to report whether or not they had made contact with their assigned mentors (yes = 1, no = 2) and if there were any issues that should be brought to the attention of Match Support (recorded qualitatively).

ASSESSMENT SCHEDULE

BBBSHR uses a standard, nationally recognized assessment and contact cycle. As discussed above, researchers expanded the frequency of SOR and YOS administration. A summary of the 12-month assessment schedule for all instruments used in the study appears Table 6.

Table 6: 12-Month Assessment Schedule					
	Baseline	3-Month	6-Month	9-Month	12-Month
Mentee*	Enrollment & Interview Forms	---	---	---	---
	School Data	---	---	---	---
	YOS/CYOS	---	YOS/CYOS	---	YOS/CYOS
	---	SORY	SORY	SORY	SORY
Mentor	Enrollment & Interview Forms	---	---	---	---
	Reasons	---	---	---	---
	Efficacy	---	Efficacy	---	Efficacy
	---	SORM	SORM**	SORM	SORM**

*Mentees in the Site-Based program receive assessment during the academic term to approximate 3-month (SORY) and 6-month (YOS/CYOS) intervals.

**With additional training and support questions for all mentors and additional Coach satisfaction questions for mentors in the Peer Support and Interaction Interventions.

ATTRITION AND RESPONSE RATES (FULL SAMPLE)

Study Attrition

Collectively, there were 459 mentors in the study and 452 mentees in the study. Seven mentees were re-matched with a new mentor after their original match closed (see Project Implementation for a discussion of dropped cases). In these cases, mentors were not re-matched. Thus, there were a total of 459 mentor-mentee pairs. Attrition is defined as having no post-test response at the 12 month follow-up period for mentors and mentees. It is important to note that attrition can be attributed to either match closure or failure to complete a given assessment. Among those taking the CYOS at baseline, we anticipated most seven-year olds would take the YOS at their second post-test observation (12 month) given they would have turned eight. At baseline, 144 mentees were ages five to seven and 315 were ages eight and above. Seven six and seven year olds were administered the YOS at baseline, and some 8-11 year olds were given the simplified CYOS. In total, 154 students were given the CYOS at baseline and 303 were given the YOS. Two students were not given any baseline instrument. Two students were not given any baseline instrument. Attrition rates for the mentor and mentee SOR and the two outcome surveys are presented in Table 7 and Figure 1 below.

Table 7: Attrition Rates at Baseline and 12 Months				
	Baseline		12 Month	
SOR Mentor	450/459	98%	318/459	69%
SOR Youth	415/452	91.8%	322/452	71.2%
YOS	302/ 303	99.7%	270/378	71.4%
CYOS (5-7)	153/154	99.4%	49/79	62%

Note: Baseline SORs are administered 3-months post match

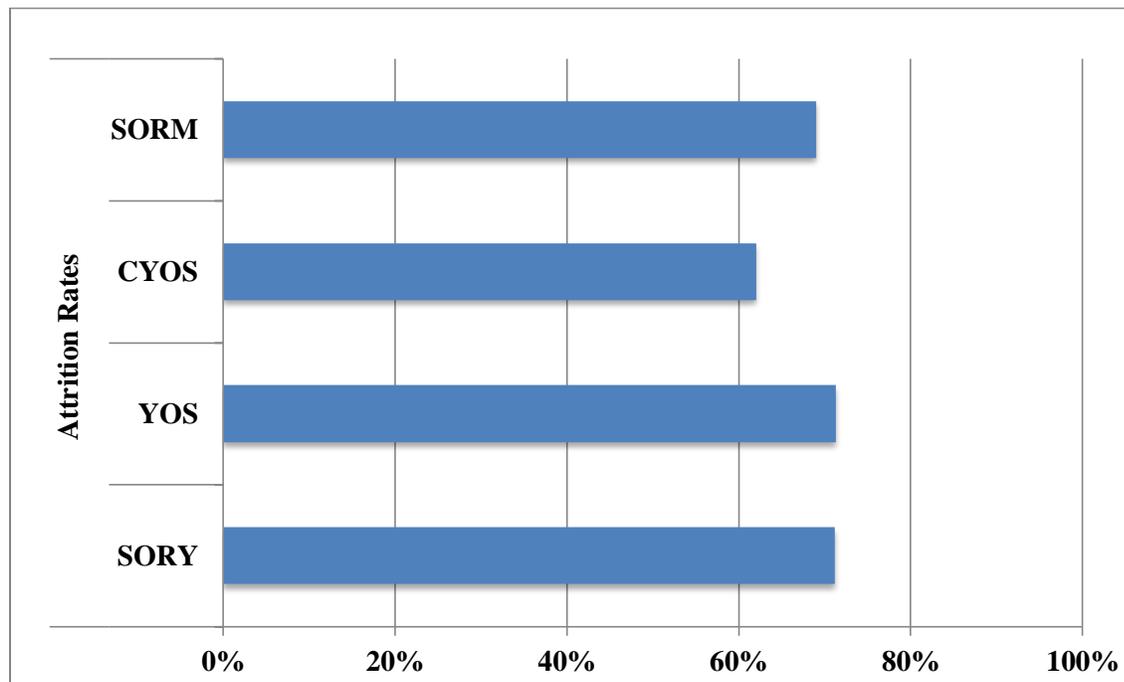


Figure 1: Attrition Rates at 12 Months

Response Rates

Response rates improved once we accounted for match closures over the study period. For example, by the three month SOR, 23 of the 452 matches had closed, resulting in a 95% effective response rate on mentee. At one year, accounting for closed cases (117), the effective response rate was 90.7% (see Table 8 and Figure 2 below). The response rate on the mentor SOR exceeds 100% since 10 mentors completed the 3 month SORM despite the fact that their case had closed. At 12 months, accounting for closed cases, the SORM response rate was 93%. Since Youth Outcome Assessments are given at the start of a match, response rates on the CYOS and YOS are equivalent to those discussed above. A large number of mentees aged into the YOS between baseline and 12-month assessments: 65 seven year olds who were given the CYOS at baseline progressed to the YOS in their 12 month post-test, and 11 eight year olds given CYOS at baseline took the YOS post-test. Thus, we could have anticipated 79 12-month CYOS assessments and 380 12-month YOS assessments. Twenty-one CYOS cases closed prior to their 12 month survey. 96 cases closed prior to 12 month YOS. Thus, accounting to closed matches, the effective response rate in 12 month CYOS was 84.5% and the effective response rate for the YOS was 95%.

Table 8: Response Rates at Baseline and 12 Months				
	Baseline		12 Month	
SOR Mentor	450/440	102.3%	318/342	93%
SOR Youth	415/436	95%	322/355	90.7%
YOS	302/ 303	99.7%*	271/284	95%
CYOS (5-7)	153/154	99.4%	49/58	84.5%

Note: Baseline SORs are administered 3-months post match

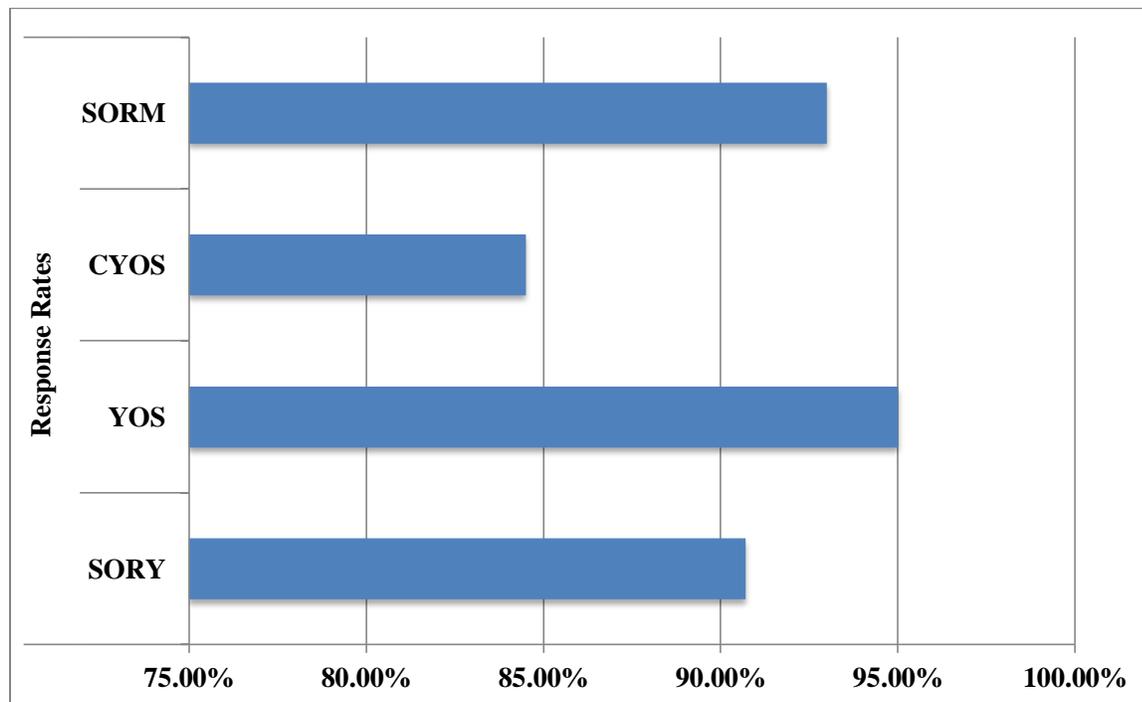


Figure 2: Response Rates at 12 Months

PARTICIPANT CHARACTERISTICS

Data were collected from the total population of children and volunteer mentors enrolled in BBBSHR from December 2011 through April 2013. A total of 452 parents/guardians gave consent for their children to participate in the research study; 459 mentors consented to participate. The sample is comprised of students enrolled in both the Community-Based program and Site-Based programs at Harrisonburg City and Rockingham County public schools. Below, we report basic mentor demographic data and present results from a bias analysis of mentor characteristics across treatment groups. We also provide an overview of mentee demographics and key match characteristics. Baseline data include all mentors and mentees enrolled in the study.

Mentor Demographics

Basic mentor demographic data were collected from mentor applications and in-person interviews by BBBSHR Enrollment Specialists and are presented in Table 9. Mentors in the study are predominately female (83.9 percent) and are college students (89.3 percent). Despite attempts by BBBSHR to increase the number of Hispanic mentors, they comprise just 2.6 percent of mentors in the study. The White majority (88.6 percent) is largely reflective of the lack of diversity at the local university, from which most mentors are drawn.¹⁰ Given the large college influence, it is therefore not surprising that most mentors (91.2 percent) reported having some college education.

Table 9: Mentor Characteristics at Baseline			
Mentor Characteristic (N = 459)			
Age	Mean=21.7 Std. Dev. 7.8 Range 18- 68 89.1% 22 or younger		
Gender			
Male	74		16.1%
Female	385		83.9%
Ethnicity			
White	403		88.6%
Hispanic	12		2.6%
Black	17		3.7%
Other	23		5.1%
Education			
High School or less	6		1.3%
Some College	415		91.2%
Bachelor's	18		4%
Graduate	16		3.5%
Occupation			
Student	410		89.3%
Community Member	49		10.7%

¹⁰ JMU's Fall 2013 student enrollment were 80.5% White, 4.7% Hispanic, 4% Black or African American, and 4% Asian (JMU, Just the Fact, n.d.).

Mentee Demographics

BBBSHR Enrollment Specialists collected basic child and family demographic data from parents or guardians during the initial application and enrollment periods prior to match. Additional risk indicators were collected from the Youth Outcome Survey at baseline (prior to the match) and baseline school data provided to the research team by the two school divisions (see the Instruments and Data Collection section of this report for a discussion of how the risk index was constructed). Table 10 presents descriptive demographic statistics for respondents in the sample population.

A large portion (47.3 percent) of the mentees enrolled in the research study were eight years old or younger at baseline. Mean age at baseline was 8.2 years old and ranged from five to 15 years. Respondent grade level ranged from kindergarten to ninth grade, although the majority of respondents (78.8 percent) are at the elementary school level (K-4th grade). Over a third of the sample (36.8 percent) was male. The majority of mentees (41.3 percent) were Hispanic versus 39.8 percent White and 15.3% Black. Additionally, 56.1 percent of children in the study came from unmarried homes and had parents with low levels of education: 71.7 percent of mothers and 80.1 percent of fathers reported that they had a high school diploma or less. Finally, 56.2 percent of mentees presented with some levels of individual or environmental risk at baseline.

Table 10: Mentee Characteristics at Baseline			
Mentee Characteristic (n=452)			
Age	Mean=8.62 Std. Dev. 1.98 Range 5- 15 47.3% 8 or younger		
		#	%
Gender			
Male	166		36.8%
Female	285		63.2%
Ethnicity			
White	177		39.8%
Hispanic	184		41.3%
Black	68		15.3%
Other	16		3.4%
Grade Level			
Kindergarten	40		8.9%
First	63		14%
Second	84		18.6%
Third	88		19.5%
Fourth	81		18%
Fifth	42		9.3%
Sixth	26		5.8%
Seventh	20		4.4%
Eighth	5		1.1%
Ninth	2		.4%

Parent's Marital Status		
Single	141	31.9%
Married	194	43.9%
Separated	44	10%
Divorced	63	14.2%
Mothers Education		
Less than High School	138	33.1%
High School	161	38.6%
Some College	71	17.1%
Bachelor's	38	9.1%
Graduate	9	2.2%
Fathers Education		
Less than High School	123	38.9%
High School	131	41.5%
Some College	39	12.3%
Bachelor's	14	4.4%
Graduate	9	2.8%
<i>Risk Profile</i>		
Individual Risk		
Low	298	65.9%
High	154	34.1%
Environmental Risk		
Low	290	64.2%
High	162	35.8%
Overall Risk Profile		
Low Individual/ Low Environmental	198	43.8%
High Individual/ Low Environment	92	20.4%
Low Individual/ High Environmental	100	22.1%
High Individual/ High Environmental	62	13.7%

Match Characteristics

We collected data from BBBSHR agency records regarding key match characteristics. These are presented in Table 11. Given the block randomization approach, enrollment distribution across the four treatment conditions was roughly equivalent. 52.5% of matches were in the Community-Based program. 62.1% of matches were assigned in Harrisonburg School District. This is notable given the demographic composition of that district has a higher at-risk profile than in Rockingham. 7.6% of matches transferred from the Site-Based program to the Community-Based program throughout the course of the match. MSS indicated this may be a sign of match strength and quality. 40.5% of matches were made within the same ethnicity and 79.5% of matches were made within the same gender. Black and Hispanic children and boys were among those with the greatest number of matches made with a mentor whose ethnicity or gender was dissimilar.

Table 11: Baseline Match Characteristics			
Match Characteristic (N = 459)			
Treatment			
Control	115	25.1%	
Training Only	114	24.8%	
Peer Support Only	115	25.1%	
Interaction	115	25.1%	
Program Type			
Site-Based	218	47.5%	
Community-Based	241	52.5%	
School District			
Harrisonburg City	285	62.1%	
Rockingham County	167	36.4%	
Other	7	1.5%	
Program Transfer			
Yes	35	7.6%	
Little-Big Ethnicity Match			
Matched	186	40.5%	
Little-Big Gender Match			
Matched	365	79.5%	
Match Length (months)		Mean= 13.35 Std. dev.= 6.82 Range (1-29 months)	
Match Closed < 6 Months	49	10.7%	
Match Closed > 6 Months < 12	68	14.8%	

Baseline Bias Analysis

In order to confirm our intuition that randomization would mitigate differences across treatment populations in both observable and unobservable characteristics, we conducted a bias analysis utilizing basic difference of means tests. Here, we examined whether mentor, mentee or match characteristics varied significantly by treatment group). While we conducted analysis on all demographic characteristics presented above, Table 12 presents only significant findings. A bias analysis indicated that treatment groups were not equivalent across all volunteer characteristics. In particular, there was a higher proportion of community members relative to students (e.g. mentor occupation) in the control group (44.9%) versus other groups (18.4% in each group) (chi-squared =.009). Additionally, there was a higher proportion of volunteers with graduate degree in the control group (56.3%) when compared with the Training (18.8%), Peer Support (18.8%) and Interaction (6.3%) groups (chi-squared =.045). In a bias analysis of mentee characteristics we found no significant differences across major demographic characteristics. Notably, risk type was equally distributed across treatment groups (chi-squared (individual risk) = 0.614; chi-squared (environmental risk) = 0.344) (See Figure 3). Finally, chi-squared and independent samples t-tests were used to determine whether there was bias at baseline across a series of match characteristics. Results indicate random assignment procedure produced equivalent groups at baseline across program characteristics (also in Figure 3).

Table 12: Bias Analysis of Mentor Characteristics by Treatment Group	
Volunteer Characteristic	<i>p</i>
Occupation	.009*
Gender	.048*
Education	.045*

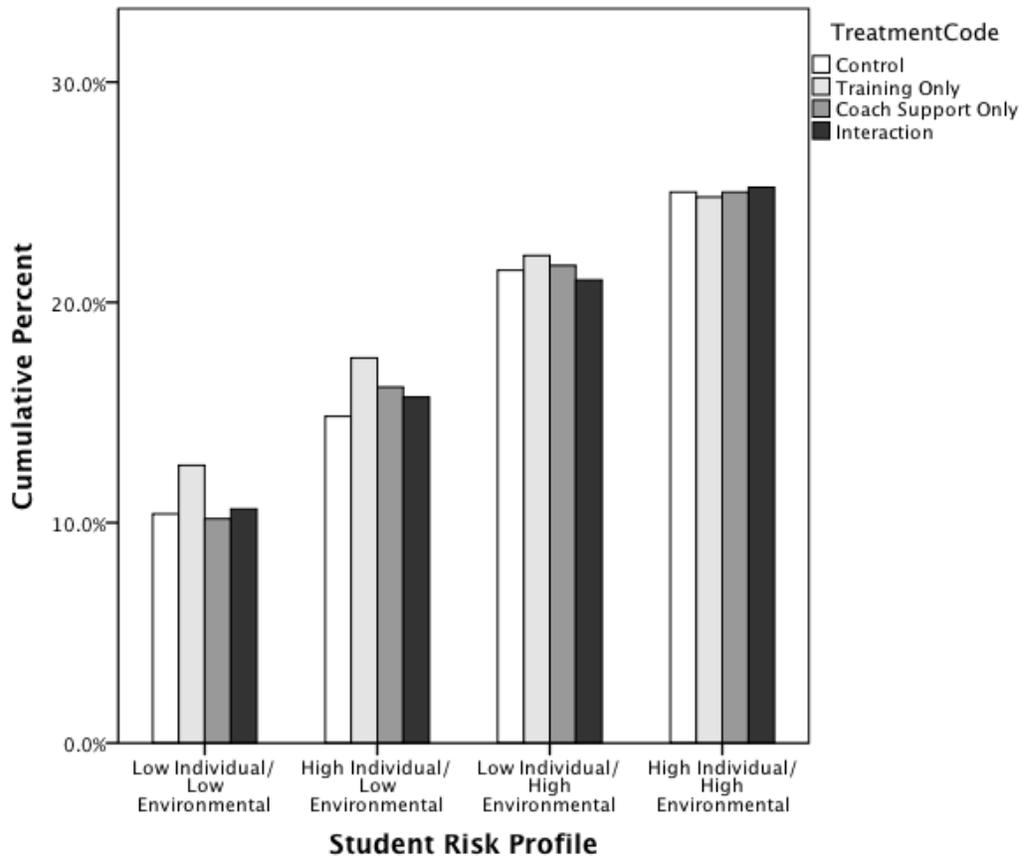


Figure 3: Bias Analysis of Mentee Risk Profile by Treatment Groups

We now turn to results from the research study. These are divided into two parts. In the first, we present findings from an analysis of project implementation. The second half focuses on the results of outcome evaluation, where we discuss findings related to the study’s primary research questions.

III: RESULTS

IMPLEMENTATION ANALYSIS

MATCH Project implementation involved three primary components: expansion of mentor recruitment, development and implementation of the Enhanced Mentor Training intervention, and development and implementation of the Peer Support intervention. We discuss each of these below and highlight challenges encountered in the implementation process. In particular, describe the two interventions in more detail and report on key program activities and outputs (see Appendix A: Logic Model). These include frequency of recruitment presentations and number of new volunteers, and rate and predictors associated with mentor training and Coach utilization. We also discuss the parameters for matching and rematching mentors and mentees in the research study. Importantly, this section reports criteria for dropping cases from each of the three treatment groups due to lack of treatment exposure and present results from a within-subjects analysis of treatment exposure and match strength. Next, we analyze participant characteristics, match closure, and attrition and response rates among the final (treated) sample. Subsequent analysis of our primary research questions in the second half of the Results section—the impact of treatment on strength of relationship and mentee outcomes—is limited to this final sample. Here, however, we present results from a between-subjects evaluation of mentor satisfaction with BBBSHR training and support to determine whether mentor assessment was impacted by the training or Coach interventions.

Secondary Research Questions

Secondary research questions addressed in this section include:

- What was the rate of treatment exposure among mentors assigned program interventions?
- What was the level of mentor satisfaction with treatment interventions?
- Did match outcomes vary between treated and those non-intervention mentors?
- What were the predictors of treatment exposure?
- Were there differences between participant characteristics in the initial sample and those in the final sample after accounting for treatment exposure?
- Did treatment or other match, mentee, and mentor characteristics impact the relative risk of early match closure among the final sample?
- Were attrition and adjusted response rates similar between the initial and final sample?
- Did treatment assignment affect mentor satisfaction with agency training and support overall?
- Did treatment assignment impact the likelihood of early match closure? (addressed in the Outcome Evaluation).

MENTOR RECRUITMENT

In 2011, the year prior to project implementation, BBBSHR enrolled and matched 227 new mentors (123 in the Site-Based program and 104 in the Community-Based program); 284 mentors were matched in 2010. In order to achieve sufficient power for data analysis, while accounting for match closure, subject attrition, and response rates, we set as a target the enrollment of 125 additional volunteers (for a total of 400 new mentor-mentee dyads in the research study). Additionally, we expanded targets for the proportion of male (22 to 35 percent) and Hispanic (from 2 percent to 20 percent) mentors in order to better reflect mentee demographics.¹¹ The following section discusses efforts to expand recruitment to meet the need for increased volunteers and outlines study protocol for matching and rematching mentors and mentees.

Expanded Mentor Recruitment Activities

College students have long comprised a majority of agency volunteers, recruitment presentations by the BBBSHR Resource Development Director and others were provided largely in response to requests by student organizations. Most proactive recruitment activities had been focused on business and community groups, since community members typically have the ability to serve for much longer than students. To meet expanded recruitment benchmarks, it was necessary for BBBSHR to substantially expand mentor recruitment activities. Organizational recruitment efforts were predominantly centered on increasing volunteers from area colleges and universities, although there was also some increased outreach to employers with a large population of Hispanic employees. Beginning in early 2012, BBBSHR organized a concerted recruitment outreach campaign at James Madison University using contacts with JMU's departments of Education, Political Science, Public Administration, Social Work, and Justice Studies to leverage a campus-wide outreach strategy. In doing so, recruitment was targeted to disciplines with an education, human services, or public service orientation. However, what started as a targeted outreach effort among specific academic disciplines quickly grew into a campus-wide initiative, with student organizations, athletic teams, and university staff requesting presentations to their members. Particular efforts were made to present to JMU clubs/organizations focusing on Latino heritage. Program staff, aided by a graduate assistant from the JMU research team, worked overtime to keep up with growing demand.

Figure 4 below compares the number of recruitment presentation in prior to and after grant implementation. Figure 5 displays the number of individuals who attended recruitment presentations, as well as the number who completed reply cards, indicating their interest in the program.

¹¹ In 2010, 39 percent of the mentees enrolled at BBBSHR were Hispanic; an equal proportion was boys. Moreover, a significant number of the 150 children and youth on the agency's waiting list were Hispanic girls and 12-14 year old boys. BBBSHR staff report that the initial benchmarks for mentor recruitment were drastically unrealistic. The Latino community in the Harrisonburg area has a large immigrant population, who would provide children with literacy and other challenges. More typically, this population is more representative of the families served by BBBSHR.

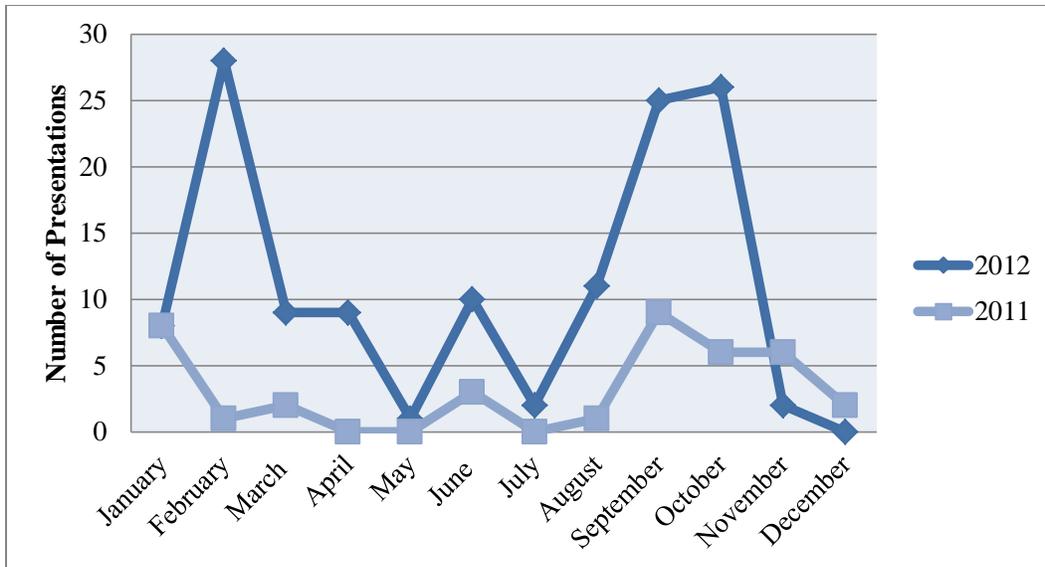


Figure 4: Comparison of Pre- and Post-Grant Volunteer Recruitment Presentations

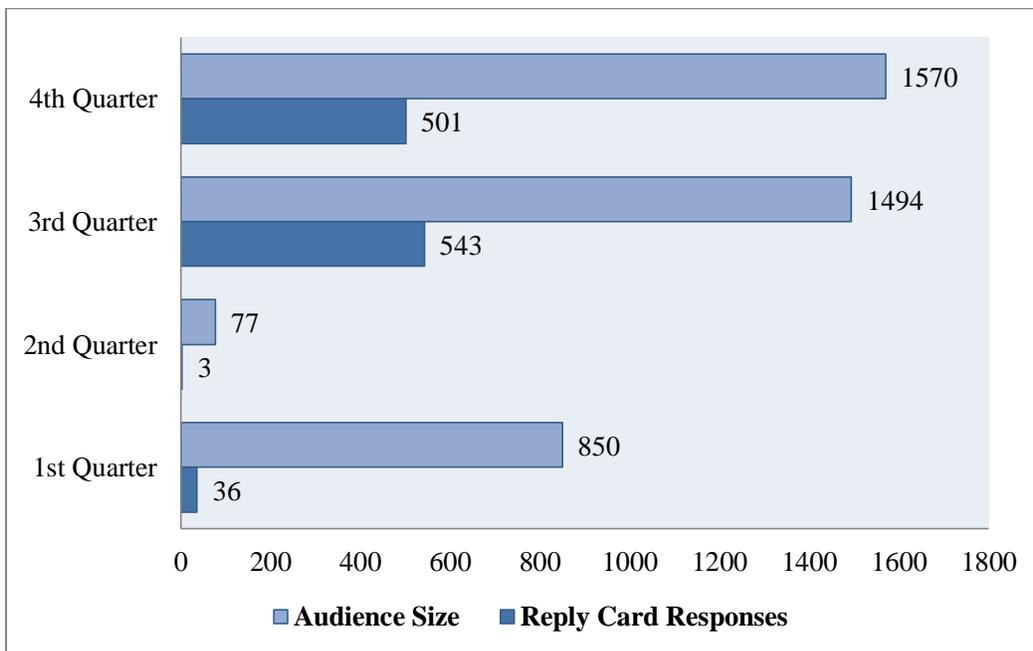


Figure 5: 2012 Volunteer Recruitment Presentations by Audience Size and Reply Card Response

Expanded outreach was bolstered by modifications to volunteer tracking procedures at BBBSHR. These changes were sparked by concern that mentor enrollment was not on pace to meet research targets and would not allow for adequate data collection. By the end of September 2012 (one year into the research project), just 135 mentors had been matched in the study. Low enrollment numbers were due in part to the timeline to begin matching, which was pushed back until February 2012 to accommodate the delayed launch of treatment (see the section on training implementation below). Although recruitment activities were increased February- April 2012, this time frame is one of the more challenging for BBBSHR, second only to the summer months when both students are gone and community members have not traditionally inquired

about volunteer opportunities. Still, match numbers in the spring and summer were significantly lower than expected. After evaluating recruitment efforts, the team recognized that an aggressive plan would be necessary to meet the grant requirements in the remaining six months.

The BBBSHR Resource Specialist analyzed volunteer data from October 2010 to September 2011, the period prior to grant receipt in order to develop a system to systematically track volunteer inquiries, interviews, enrollments, and matches (see Appendix D for an example of the volunteer tracking template developed by the agency). The analysis determined that of those who fill out reply cards and are contacted by BBBSHR, 25 percent actually inquire about becoming a mentor; of that 25 percent 60 percent will actually complete enrollment. This information, when combined with data on the percentage of people who return inquiry cards following recruitment presentations, enabled BBBSHR to more realistically estimate the number and types of presentations needed to meet grant targets. BBBSHR also used data to set weekly performance measures for Enrollment Specialists and maximize staff capacity.

By keeping track of every phase of the enrollment process, BBBSHR could better estimate attrition rates and pinpoint where they were losing the most volunteers. Staff determined that there was a significant lag time between volunteer inquiry and mentor match, which was leading some volunteers to drop out before being matched. Analysis showed that in the previous year, there were an average of 89 days between inquiry and match in the Community-Based program and 97 days in the Site-Based (time between interview and match was 75 days in the Community-Based and 81 in the Site-Based). In all, BBBSHR's enhanced recruitment efforts and new tracking system proved to be successful: presentations across campus had spread the word to over 3,000 students and by February 2013, BBBSHR had successfully met grant target of 400 new matches.¹² We were also able to exceed project goals for male mentors (36.8% of the final cohort) However, despite targeted outreach to the Latino community, just 2.6% of mentors in the study are Hispanic.

Matching Procedures

Researchers made no changes to the established BBBSHR matching process and were not involved in any determinations regarding suitability of a match. Still, it was necessary to establish parameters concerning whether research participants whose matches ended early could be rematched and still remain part of the study. Guidelines for rematching mentors and mentees are described below.

Standards for rematching mentors: Three types of mentors were allowed to be rematched with a mentee and included in the research study (outlined below). No other study participants were eligible for rematch.

1. **Non- study mentors:** any mentor that was not previously involved in the research study could be matched using standard random block assignment procedures. Mentors were given baseline assessments prior to rematch.
2. **Mentors in the pre-test cohort:** mentors matched between October 2011 and December 2011, who were not exposed to treatment, were eligible to be rematched in the research

¹² Enrollment continued through September 2013 (n = 459).

study using standard random black assignment procedures. Mentors were given baseline assessments prior to rematch.

3. **Mentors matched for less than 3 months:** Mentors whose match relationship ended prior to three months *and* had not yet taken their first Strength of Relationship survey could be rematched in their originally assigned treatment group. Original match data was dropped from the study (N = 3).

Standards for rematching mentees: Since researchers could not control whether study participants included mentees who had previously received mentoring services (at BBBSHR or elsewhere), mentees whose matches ended at any time were allowed to be rematched with a new mentor. On these occasions, mentees were issued new baseline risk and outcome assessments (N = 7)

IMPLEMENTATION OF ENHANCED MENTOR TRAINING INTERVENTION

As discussed earlier, this research project included the production of six online mentor training modules that were assigned to mentors in the Enhanced Mentor Training and Interaction Intervention groups. Here we provide an overview of training module development, outline and procedures for assigning the modules. We then discuss training utilization rates and protocol for determining exposure to treatment. Finally, we present findings from an analysis of mentor training module evaluations and a within group analysis of the impact of the Enhanced Mentor Training Program on Strength of Relationship.

Training Module Development

During the module development phase, researchers learned that Big Brothers Big Sisters of America (BBBSA) was also in the process of creating and pretesting a series of online training modules (some in-house and some by external mentoring experts) for use by BBBSA affiliates. In order to avoid duplication of efforts and eventually extend the reach of modules created for this study, final module topics were selected in collaboration with research and development staff at BBBSA. The roles and responsibilities of BBBSA and the research team were specified in a Memorandum of Understanding, developed for the research study (see Appendix E). For ease of delivery, trainings created by the JMU research team were combined into four distinct modules: 1) *Welcome to BBBSHR*, 2) *Child and Youth Development*, 3) *Family Transitions*, and 4) *Healthy Sexuality and Youth*. Mentor training also included two externality-produced modules, including a Volunteer Pre-Match training created for BBBSA by iRT and a module on cultural competency, *Navigating Cultural Differences*, created by research and development staff at BBBSA. Substantive descriptions of all of the modules can be found in the Methods section of this report and hard copies of the modules produced by the research team are available in Appendix H.

Curriculum development involved developing research-based content supplemented with pedagogical approaches appropriate for a diverse audience of mentors. A series of focus groups with practitioners and individual interviews with scholars and professionals also informed content development. Videos of mentor-mentee pairs, practitioners, and scholars were created to

include in the modules. Research team members narrated content, and design work was first done in PowerPoint before conversion to Articulate. Researchers made stylistic changes to modules three (*Family Transitions*) and four (*Health Sexuality and Youth*) based on informal feedback on the first two modules, modifying the design and adding self-guided, interactive graphical features to help convey material. The final module products are engaging multimedia, online courses ranging in length from under fifteen minutes to over an hour long. Each module also contains further resources for mentors to use in their relationships and a learning assessment that measures functionality and content comprehension. Modules remained available to mentors in the training treatment groups throughout their relationships with their Littles.

As specified in the Memorandum of Understanding, BBBSA agreed to host trainings and to track module completion (see Appendix E). All modules were made available to mentors in the two treatment groups through “IMPACTU,” a newly-developed, ExpertusONE learning management system hosted by the national agency. This arrangement created a number of major challenges in module delivery, mostly presented by limitations of the BBBSA platform to host high-quality, video-based files. However, the advantages of using IMPACTU (e.g., lower costs for system development and wider distribution potential) seem to outweigh the loss of quality. As well, lower quality video may be more accessible to volunteers using lower-speed internet connections. A more significant challenge regarding tracking training module completion is discussed below.

Training Assignment Procedures

BBBSHR’s Director of Programs had primary responsibility for assigning the six training models to each mentor using the Agency Information Management (AIM) system. Across the two treatment groups, 229 mentors were randomly assigned post-match training using block assignment (T1=114, T4=115). However, six cases that were supposed be assigned training were not (this may be due either to staff oversight or system error) and two cases incorrectly received the intervention. In both cases, mentors were dropped from the treatment population, leaving us with data on only 221 mentors. The original implementation plan called for mentors to complete two modules directly following match date, and two each month thereafter during the first three months of the mentoring relationship. However, protocol was revised several times due to problems that were encountered during the implementation process and are discussed below.

The first challenge was the delayed launch of IMPACTU, the BBBSA learning management system. IMPACTU was scheduled to be launched in early 2012 and training modules were to be made available for release to study participants on or before February 1. However, IMPACTU was not ready for launch until the end of the month, due to unanticipated problems. As a result the first mentors in the study did not receive additional training until six weeks post match. Moreover, in order to avoid oversaturation of the learning material, the treatment exposure period was extended from the first three months to the first six months of the match.

Second, agency capacity was limited at BBBSHR to release training to mentors on an ongoing basis (i.e. one or two per month). Nor did IMPACTU have the ability for timed-released modules. Consequently, following the revised implementation date (and expanded time period), new mentors were enrolled in two training blocks, one directly following match date (*Welcome to BBBSHR, Volunteer Pre-Match*, and *Navigating Cultural Differences*) and a second three

months into their match (*Child and Youth Development, Family Transitions, Healthy Sexuality and Youth*). Forty-eight hours after the trainings were assigned in AIM, volunteers would receive an automatic email from BBBSA's IMPACTU that outlined the modules in which they had been enrolled and provided directions on how to access the system.

The third and most significant barrier was low training completion rates (this is explored in more detail below). Further, issues with training utilization were exacerbated by problems in tracking training module completion. Per a Memorandum of Understanding, staff members at BBBSA were to provide the researchers with regular training completion reports. For each of the six training modules, completion reports delineated whether a study participant was *enrolled* in a module (but had not started the training), was *in-progress* (had started but not finished a module), or had *completed* a training module (defined as viewing 75 percent or more of the material). Low levels of in-progress or completion, as reported by BBBSA, prompted an outreach campaign in the summer of 2012 to encourage mentors to complete their assigned modules. Staff discovered from talking with mentors that the training completion reports provided by the national office were inaccurate, and undercounted the number of mentors who were either in-progress or who had completed training modules. Additionally, data from national was incomplete across several observations. These findings were later confirmed by BBBSA. Unfortunately, however, neither researchers nor staff at BBBSHR had the ability to independently track module completion. Although one option would have been to rely on self-reported completion by mentors, we were skeptical that this would increase accuracy of reporting.

Training Utilization

Using the BBBSA completion reports, we developed three measures of training utilization.

- 1) In-Progress or completed *any* of the post-match training lessons (n=151 of 221 or 68.3%)
- 2) In-Progress or completed *all* of the post-match training lessons (n=12)
- 3) *Total Number of Lessons In-Progress or Completed* (range=0-6; mean 1.5 sd=1.69, mode 1; skewness= 1.3; kurtosis, .91). 0=70; 1=76; 2=23; 3=26; 4=5; 5=9; 6=12.

Using the first approach, we found 68.3% or 151 mentors of the 221 assigned training had completed or began progress on at least one of the training modules. Although this approach is the most lenient in terms of treatment exposure, we found a sufficient number of cases for analysis. The second approach, however, could not be feasibly used for analysis given that only 12 mentors completed all of the assigned training according to BBBSA IMPACTU reports. Moreover, we doubt the validity of this measure, as we received feedback from BBBSA and agency MSS indicating that mentor participation was not accurately recorded. Ideally, the third approach would have produced a continuous measure of training progress (mean 1.5; sd = 1.69). However, normality diagnostics indicated the variable failed basic tests (skewness= 1.3; kurtosis= .91). Moreover, the distribution may have been better modeled as a three-level categorical indicator. The observed mode was 1 (n=76), 75 mentors viewed more than one training module, and 70 did not receive an intervention. Additionally, we determined that a meaningful distinction could not be made between viewing one or more than one in terms of intervention strength and, given the validity issues with reporting, we opted to use approach 1 as our measure for training utilization in future analysis. Table 13 provides summary of training utilization among mentors in the treatment population based on the first of these parameters. Total number of training modules completed is shown in Figure 6.

Table 13: Training Utilization		
Training Module	Percent In-Progress or Completed	Total observations
Welcome to BBBSHR	29% (40)	138
Volunteer Pre-Match	62.4% (138)	221
Navigating Cultural Differences	21.7% (48)	221
Child and Youth Development	23.7% (52)	219
Family Transitions	13.8% (30)	218
Healthy Sexuality and Youth	13.2% (29)	219

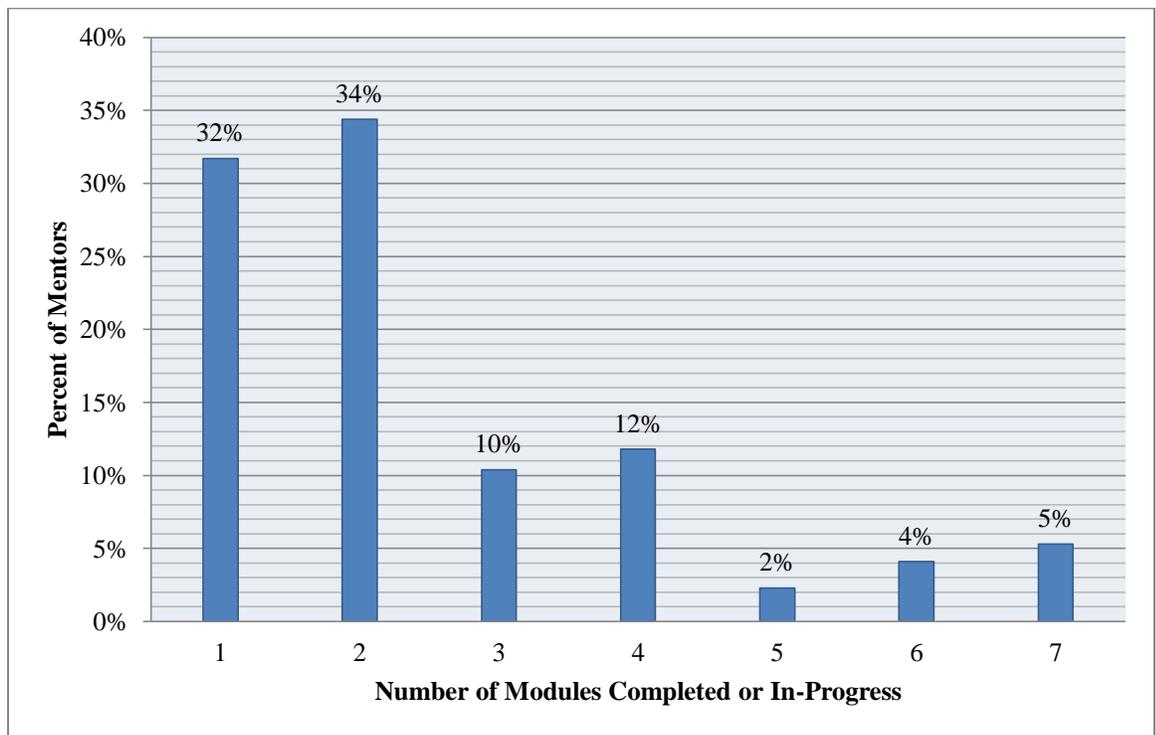


Figure 6: Mentor Exposure to Training Material by Number of Modules Completed or In-Progress

Mentor Training Module Evaluation

Following the completion of each of the three substantive modules produced for this study (*Child and Youth Development*, *Family Transitions*, and *Healthy Sexuality and Youth*) participants were directed to an online evaluation to assess module accessibility and usefulness of the material in a match. Here, we report on two questions related to mentor preparedness: “This material would be helpful in a mentoring relationship” and “the material covered will help me be a better Big.” A complete analysis of the mentor training evaluations can be found in Appendix F.

Figures 7 and 8 report responses from the *Child and Youth Development (CYD)* module. The mean response to “This material would be helpful in a mentoring relationship” was 4.33 with a relatively low standard deviation of 0.67 reflects minimal dispersion around this value. Of note, 82 percent of respondents either agreed or strongly agreed that the material in the CYD module would be helpful in their mentoring relationship. The mean response to “the material covered will help me be a better big” was slightly lower at 4.01 (sd = 0.79), with 73 percent of respondents agreeing or strongly agreeing with the statement. The full range of responses is presented in the figures below.

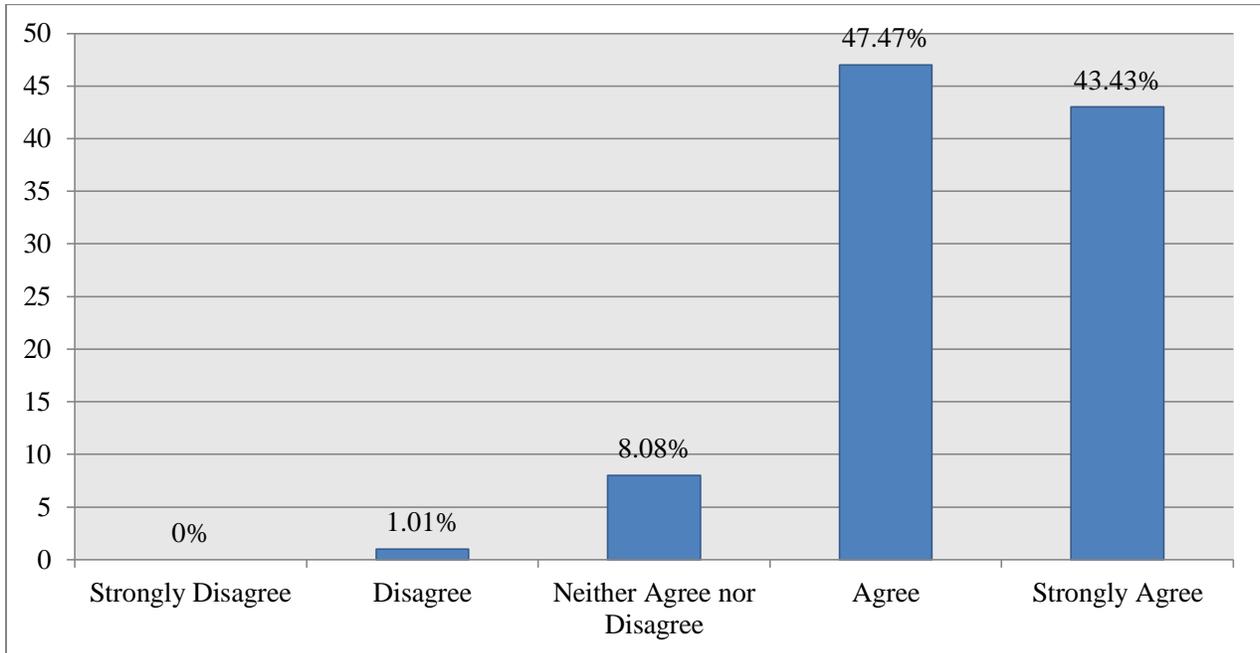


Figure 7: CYD Training, % Agreement with “This material would be helpful in a mentoring relationship.”

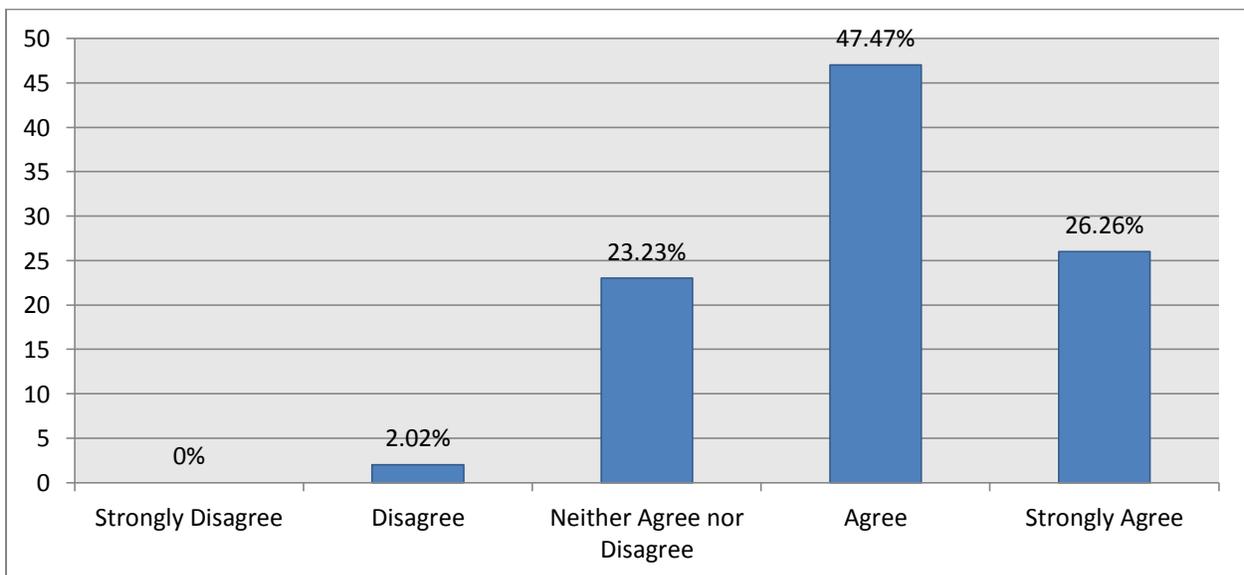


Figure 8: CYD Training, % Agreement with “The material covered will help me be a better Big.”

Of all of the modules created for the research study, the *Family Transitions* training elicited the most positive responses to feelings of mentor preparedness. This module includes information for volunteers working with mentees who are from immigrant or refugee families, have an incarcerated family member, or have an active duty or deployed parent. Almost all of the mentors who took this module (98.28 percent) either agreed or strongly agreed that the material would be helpful in a mentoring relationship (mean = 4.4, sd = 0.53). Moreover, a vast majority (89.83 percent) agreed or strongly agreed that the material covered would help them be a better Big (mean = 4.29, sd = 0.64). The full range of responses to these questions is presented in Figures 9 and 10.

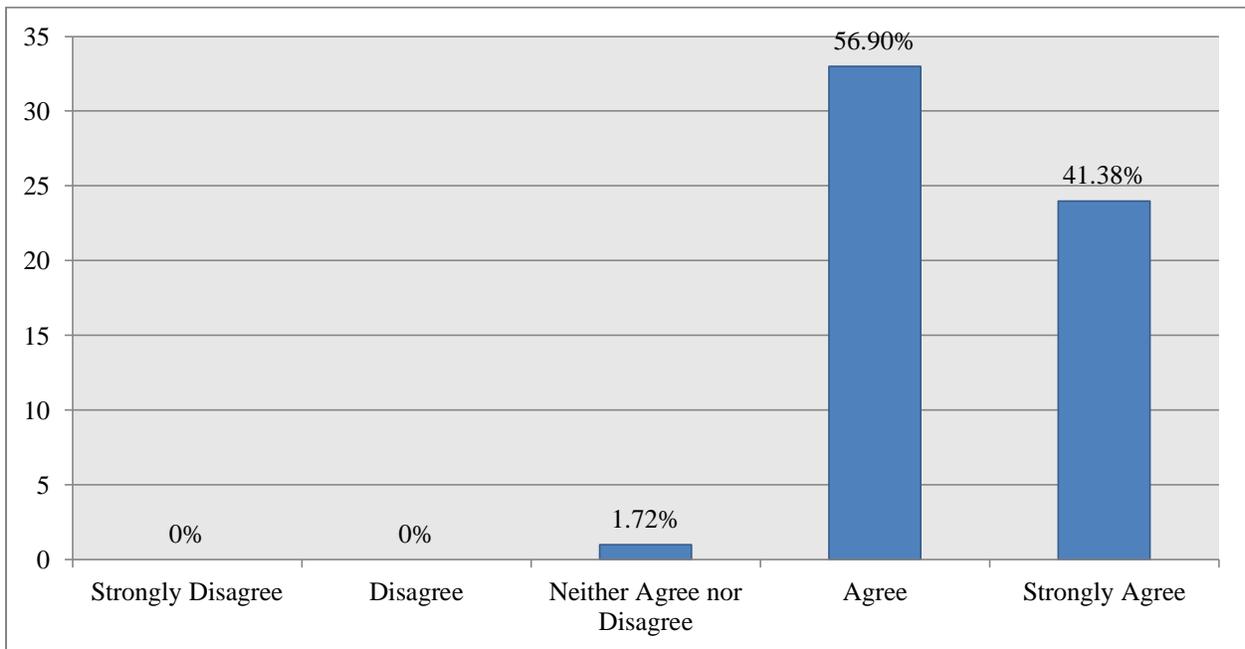


Figure 9: FT Training, % Agreement with “This material would be helpful in a mentoring relationship.”

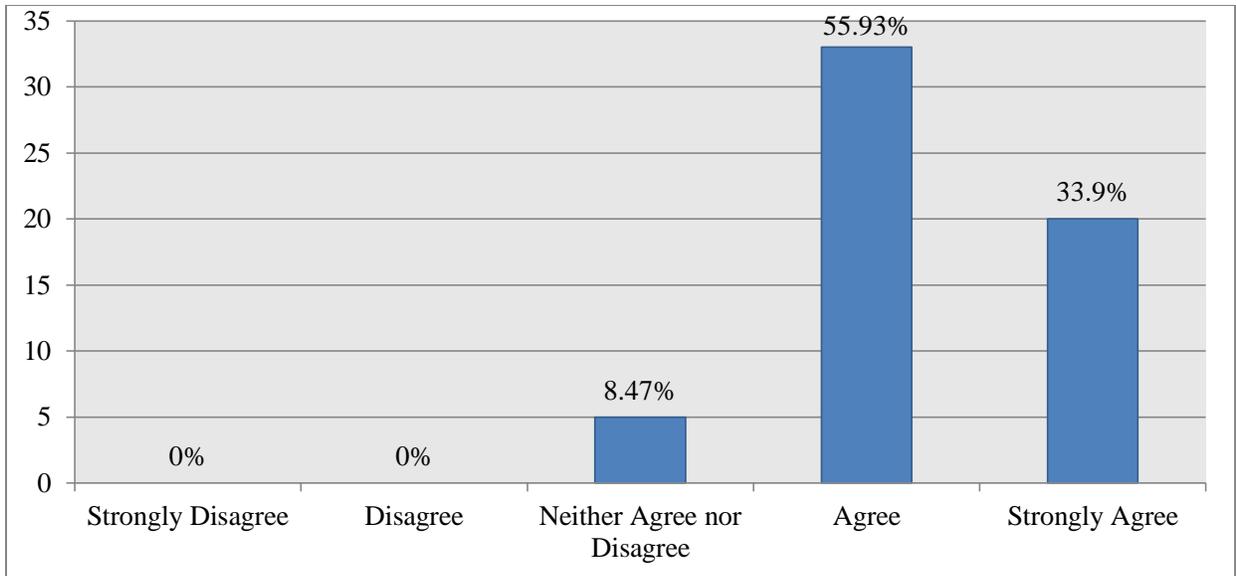


Figure 10: FT Training, % Agreement with “The material covered will help me be a better Big.”

Finally, Figures 11 and 12 present responses from the *Healthy Sexuality and Youth (HSY)* module. After viewing this module, just over 90 percent of mentors agreed or strongly agreed that the material would be helpful in a mentoring relationship (mean = 4.2, sd = 0.79). Nearly 80 percent of respondents (79.63) agreed or strongly agreed that the material covered would help them be a better Big (mean = 4.15, sd = 0.9).

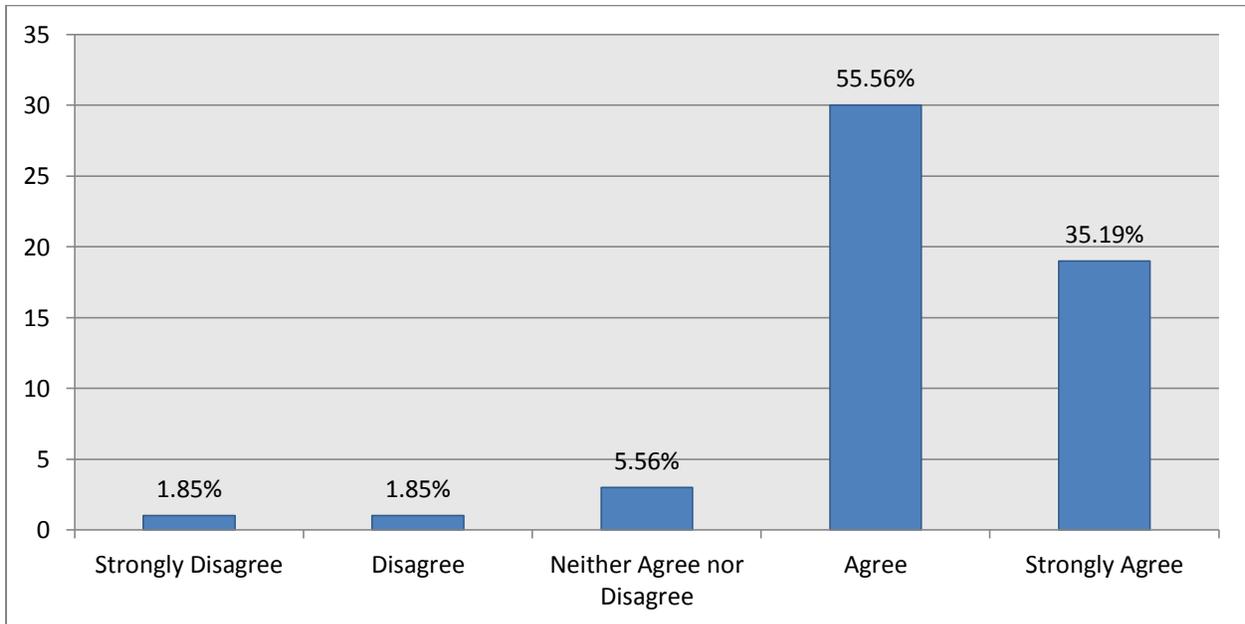


Figure 11: HSY Training, % Agreement with “This material would be helpful in a mentoring relationship.”

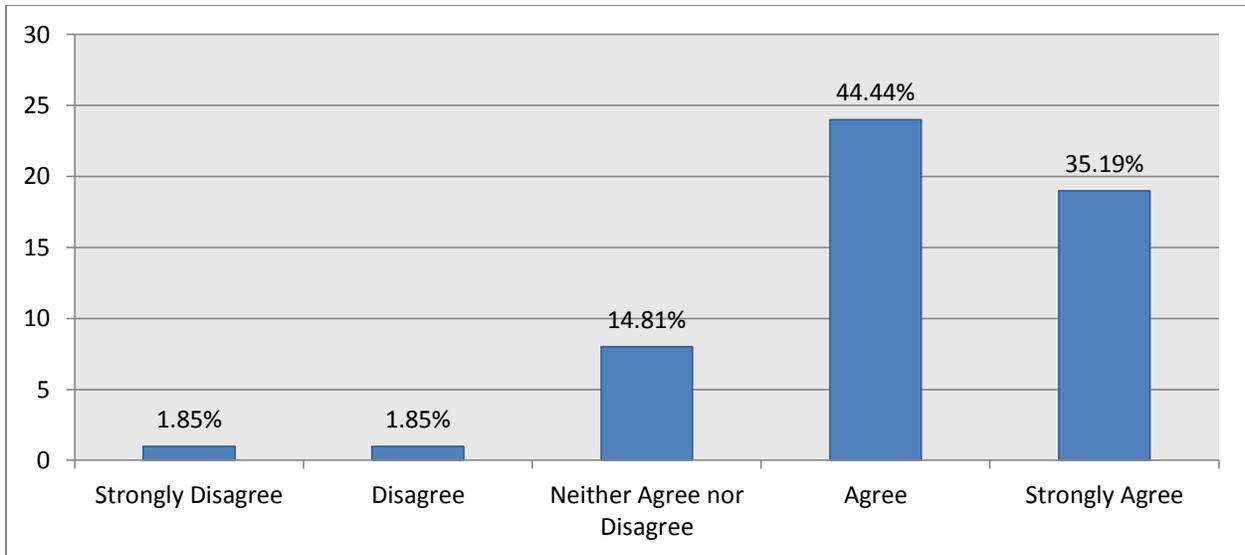


Figure 12: HSY Training, % Agreement with “The material covered will help me be a better Big.”

An assessment of training module satisfaction shows that mentors who took the trainings gave high ratings to the modules created for this research project. A majority of respondents agreed or strongly agreed that the modules would be helpful in a match relationship and that the material presented would help them be better mentors. Still, despite strong evaluation feedback, comparisons of Strength of Relationship (SOR) as reported by all mentors in the Enhanced Mentor Training and Interaction Interventions showed few significant differences between those who utilized training (completed any module or were in-progress) and those who were enrolled but did not watch any of the training modules. These findings are presented below.

Impact of the Enhanced Mentor Training Program on Strength of Relationship

We used independent t-tests to measure group differences by training utilization (as a two-level nominal independent variable) and SOR constructs measured at the 6-month assessment (Connected, Confidence, Frustration, Closeness, Centeredness, OverallSOR), as well as constructs that we identified from a factor analysis (Match Quality, Availability). Based on program protocol, mentors were expected to have taken their training within the first six months of their match, therefore, we anticipated that training would show the most impact on relationship strength following treatment exposure. Table 14 below shows results for Pearson’s Correlations and two-tailed significance tests. We also demonstrate mean scores for based on descriptives from our binary measure of training.

Table 14: Impact of Training Utilization on Mentor Strength of Relationship at 6 Months				
6-Month SOR Construct	Training Utilization	Mean (sd)	<i>t</i>	<i>p</i>
<i>Connected</i>	No Training	3.99 (.628)	2.6	.01*
	Training	3.73 (.645)		
<i>Lack of Frustration</i>	No Training	3.95 (.781)	.56	.577
	Training	3.87 (.617)		
<i>Confidence</i>	No Training	4.42 (.424)	1.44	.151
	Training	4.31 (.491)		
<i>Closeness</i>	No Training	4.15 (.779)	1.16	.248
	Training	4.00 (.776)		
<i>Centeredness</i>	No Training	2.83 (.575)	1.56	.122
	Training	2.67 (.797)		
<i>Overall Strength</i>	No Training	3.18 (.242)	.89	.375
	Training	3.14 (.333)		
<i>Match Quality</i>	No Training	4.33 (.56)	1.14	.255
	Training	4.23 (.564)		
<i>Availability</i>	No Training	3.78 (1.07)	.353	.725
	Training	3.72 (.797)		

Results indicate those with no training utilization had generally higher SOR assessments at 6 months. Specifically, we found those without training had a significantly higher sense of connectivity compared to those utilizing the training ($p=.01$). Although not shown, that pattern was initially observed at 3 months ($p=.042$) and persisted at 12 months ($p= .008$).

IMPLEMENTATION OF PEER SUPPORT INTERVENTION

In two of the four treatment groups, Peer Support ($n = 115$) and Interaction Intervention ($n = 115$), mentors were paired with a mentor-advisor, or “Coach.” As discussed earlier in the Methods section, a Coach is a current or former mentor who has been successful in the BBBSHR program. Coaches were directed to provide advice and guidance from their own mentoring experiences, but were not intended to replace regular agency support by Match Support Specialists. Two primary challenges emerged over the course of the research study; 1) Coach recruitment, and 2) mentor utilization of peer support. We discuss these below and provide the results of a within-subjects analysis of mentor satisfaction with assigned Coaches. Finally, we present findings from a within group analysis of the impact of Peer Support Program on Strength of Relationship.

Coach Recruitment and Assignment Procedures

Coach recruitment began in late 2011 and continued all new mentors were matched. Using Agency Information Management software (AIM), the BBBSHR Director of Programs compiled a report of all mentors meeting the eligibility requirements outlined below. Eligible Coaches were contacted via phone and email by agency staff. While initial protocol limited Coach eligibility to mentors that had been matched for one year, due to a limited pool, parameters were

expanded to include active mentors who been matched for six months and who Match Support Specialists identified as strong candidates. In order to qualify as a Coach for the Peer Support Intervention, volunteers had to meet the following criteria:

1. Have at least six months of successful mentoring experience at BBBSHR
2. Be active or recently active as a mentor
3. Be over the age of 18
4. Agree to ongoing contact via telephone, email, or in-person with assigned mentor involving at least one communication per month for at least one year
5. Provide consent to participate in the research study

In total, the program enrolled 141 Coaches. A majority of Coaches were assigned more than one mentor to advise (all Coaches who were assigned multiple mentors consented to additional pairings). Sixty-two Coaches were assigned one mentor, 61 Coaches were assigned two mentors, 14 Coaches were assigned three mentors, 1 Coach was assigned four mentors, 1 Coach was assigned five mentors, and 1 Coach was assigned six mentors). Additionally, Coaches, who agreed to continue in the program, were re-assigned new mentors after a match closure.

BBBSHR staff provided all Coach screening, selection, initial contact, and follow-up, with the assistance of a graduate student assistant funded by the research study. Individuals who agreed to volunteer as Coaches were provided with consent forms and guidelines outlining the basic requirements of the position (see Appendix G: Coach Roles and Responsibilities). Once signed, consent forms were returned to BBBSHR and tracked in an internal database. As new mentors were assigned to the Peer Support and Interaction Interventions treatments, they were matched with the next available Coach. Mentors were provided with their Coach's name and contact information in a formal letter given at the initial match meeting and sent again via email. Similarly, Coaches were given mentor contacts soon after they were assigned and were instructed to get in touch with their respective mentors within two weeks of the initial correspondence and at least every month thereafter. Guidelines were developed to guide rematching, should the Coach, mentor, or mentee leave the program.

Coach Utilization

Staff conducted follow-up with Coaches, one-month after they were assigned a mentor, in order to remind Coaches to make contact and to inquire about any concerns regarding the match. There was an 84.4 percent response rate at one-month follow-up. Of those that responded, 61 percent of Coaches reported having made at least one contact with their mentor. Coaches who had not yet done so were encouraged to communicate with their mentors as soon as possible.

Mentors in the two Coach-related treatments were also asked to report on frequency and mode of Coach contact on both the 6-month and 12-month Strength of Relationship surveys.¹³ Mentors were asked to report how frequently they had been in contact with their Coach either by email, telephone, or in-person. Utilization rates were calculated for both observation periods and across the entire one-year period. Those with no reported interaction with a Coach in at least one of the

¹³ Mentors that continued in the program beyond the 12-month mark continued to be asked questions related to frequency and mode of contact every six months. Questions regarding relational aspects with their Coach were also included.

three accepted approaches (in either the six or 12 month observations) were dropped from the study as having not received the treatment. Table 15 below presents frequency of Coach contact

Table 15: Coach Contact at 6 and 12 Months				
	1-month Check-in with Coach	6-month Mentor SOR	12-month Mentor SOR	Overall
% Reporting Contact	61%	59.3%	33.4%	63.9%
N = 230				

Overall, 147 of 230 assigned mentors (64%) had some contact with their Coaches during the course of the first year of the match, either during the first six months, during the 6-12 month period, or during both periods. Comparatively, mentors reported greater frequency of contact within the first six-months of the match than in the second six-months. At six months, 131 (59.3 percent) mentors reported contacting their Coach (the response rate for this item was 83.8% or 192 not accounting for attrition). At 12 months 76 (33.4 percent) reported contact over the previous six month period (the response rate for this item was 70.4% or 162 not accounting for attrition).

Among those who had contact with their Coaches, the majority (60.4 percent) had used email to communicate with their Coaches (see Figure 13). Similarly, email was the mode used most frequently for communication. Mentors reported an average of 7.16 contacts with their Coaches in the first year, though there was wide variability in the number of contacts reported (ranging from none to 61 times; sd = 9.3). As displayed in Table 16 below, the second most used mode of contact was by phone and in-person the least frequent mode reported.

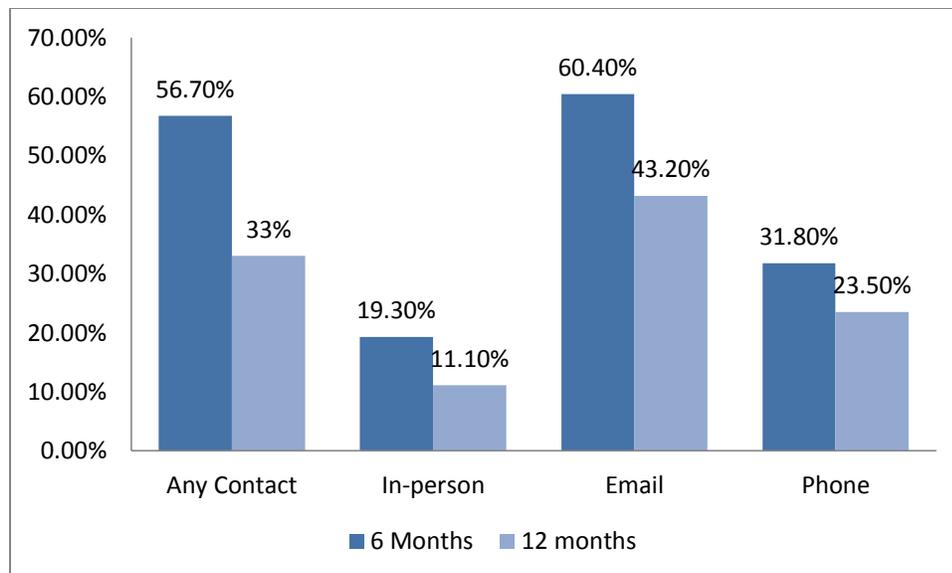


Figure 13: Coach Contact by Mode at 6 and 12 Months

Note: Rates are calculated based on the number of respondents in each time period. Respondents could select more than one mode of contact.

Table 16: Frequency of Coach Contact in the First Year by Mode of Contact			
Type of Contact	Mean	Range	Standard Deviation
In-person	0.88	0 - 24	2.67
Email	4.55	0 - 27	5.25
Phone	1.73	0 - 30	3.95
Total # of Contacts	7.16	0 - 61	9.3

Mentor Satisfaction with Peer Support

The 6- and 12-month Strength of Relationships surveys also asked mentors to respond to six questions assessing the quality of their Coach relationship. These questions are provided in Table 17 below. Here, we compare the responses of mentors who reported contact with their Coaches with those who reported having no contact during the first year. The survey employed a five-point Likert scale ranging from Strongly disagree to Strongly Agree (3= neutral). Mentors with no contact generally disagreed with all six Coach support questions (including feeling disappointed with their Coach, though this was the only question that did not attain statistical significance). Mentors with contact generally agreed that their Coach helped with mentoring strategies, was concerned about their match, was important to them, was there for them, and that they felt comfortable talking with their Coach.

Table 17: Mentor-Coach Relationship Quality by Self-Reported Contact				
12-Month SOR Coach Question	Contact During First Year	Mean (sd)	t	p
<i>My Coach provides me with strategies for being a more effective Big</i>	No Contact	2.72 (1.46)	-2.175	.031*
	Contact	3.33 (1.2)		
<i>My Coach seems concerned about my relationship with my Little</i>	No Contact	2.64 (1.55)	-2.26	.031*
	Contact	3.39 (1.23)		
<i>I feel disappointed with my relationship with my Coach</i>	No Contact	2.56 (1.16)	1.09	.279
	Contact	2.32 (.97)		
<i>My relationship with my Coach is important to me</i>	No Contact	2.57 (1.38)	-2.26	.032**
	Contact	3.25 (.95)		
<i>I feel comfortable</i>	No Contact	3.00 (1.5)	-2.23	.033*

<i>talking to my Coach about my Match</i>	Contact	3.71 (1.07)		
<i>I feel like my Coach is there for me when I need them</i>	No Contact	3.04 (1.43)	-2.147	.034*
	Contact	3.61 (1.13)		

Coach Contact and Match Strength of Relationship

While mentors who had contact with their Coaches gave more positive assessments of their Coach relationship than those with no contact, there were few statistical differences between how these two groups rated their relationship with their *mentees*. At six months, mentors who had no Coach contact (mean= 4.23) reported greater feelings of closeness with their mentee on the mentor Strength of Relationship survey than those with Coach contact (mean=3.98) ($t = 2.07$; $p = .04$). However, none of the other SOR constructs were significant at six months and we found no significant differences in measures of match strength at 12 months (see Table 18).

Table 18: Coach Contact as a Predictor of Match Strength at Six Months

6-Month SOR Construct	Contact During First Year	Mean (sd)	t	p
<i>Connected</i>	No Contact	3.86 (.73)	.382	.703
	Contact	3.82 (.659)		
<i>Lack of Frustration</i>	No Contact	3.76 (.715)	.887	.58
	Contact	3.82 (.704)		
<i>Confidence</i>	No Contact	4.45 (.478)	-.554	.228
	Contact	4.34 (.55)		
<i>Closeness</i>	No Contact	4.22 (.814)	1.62	.108
	Contact	4.00 (.787)		
<i>Centeredness</i>	No Contact	2.79 (.6)	.82	.413
	Contact	2.69 (.714)		
<i>Overall Strength</i>	No Contact	3.83 (.496)	1.12	.263
	Contact	3.74 (.492)		
<i>Match Quality</i>	No Contact	4.18 (.632)	.743	.458
	Contact	4.1 (.592)		
<i>Availability</i>	No Training	3.46 (1.02)	-1.6	.109
	Training	3.71 (.913)		

PREDICTORS OF TRAINING AND COACH UTILIZATION

We modeled the factors associated with utilization of the training and Coach support program (see Tables 19). In the training utilization model, the dependent variable was coded as no training exposure (= 0) and exposure to at least one training session (= 1). Independent variables in the model were treatment type, match characteristics (gender match, ethnicity match, program type), volunteer characteristics (occupation, ethnicity) and mentee characteristics (age, ethnicity, individual risk, environmental risk). Given that the sample has a largely dichotomous age and education distribution, occupation (coded as a binary variable indicating student versus community member) was a good proxy indicator for both. Therefore, education and age were

removed; occupation was used as a proxy. We used simple contrasts for all categorical indicators. The model is a significant improvement from the null (Model $\chi^2 = 25.88$; $p = .000$) and predicts 69.4% of responses correctly (Predicting No Training at 18.6% accuracy). The Hosmer and Lemeshow test is insignificant ($p = .896$). Therefore we can assume good model fit. The Nagelkerke R-squared is .113. Variables in the model were tested for multicollinearity using a VIF threshold of 3.0. Multicollinearity was detected among volunteer education, age and occupation. Here, we found mentee age was predictive of likelihood of training exposure. Mentors with younger mentees were more likely to utilize training sessions than those with older mentees. Although not significant, child ethnicity was notable. Mentors matched with children of other ethnicities were nearly 16 percent more likely to access training than those with white mentees at 90 percent confidence. In comparing Interaction versus Training group mentors, we did not detect significant differences in likelihood of exposure to the intervention.

In the Peer Support utilization model, the dependent variable is coded as No Coach Contact (= 0) and Coach Contact (= 1). Similar to the former model, independent variables in the model were treatment type, match characteristics (gender match, ethnicity match, program type), volunteer characteristics (occupation, ethnicity) and mentee characteristics (age, ethnicity, individual risk, environmental risk). The model is a significant improvement from the null (Model $\chi^2 = 23.27$; $p = .000$) and predicts 78.9% of responses correctly (Predicting No Contact at 17.8% accuracy). The Hosmer and Lemeshow test is insignificant ($p = .702$) and so we can assume good model fit. The Nagelkerke R-squared is .173. Variables in the model were tested for multicollinearity using a VIF threshold of 3.0. Here, program type was a significant predictor of likelihood of contacting the Coach. Mentors in the Site-Based program were 3.3 times more likely to contact their Coach than those in the Community-Based program. Significantly fewer of Community-Based matches (58.2%) reported Coach contact within the first year of the match, compared with 72.2% of Site-Based matches (fisher's exact $p = .02$). Community based matches were 20% less likely to contact their Coach (risk estimate = .807) than Site-Based. When comparing Peer Support and Interaction groups, we did not detect significant differences in treatment exposure likelihood. Other factors were not found to be significant predictors.

Table 19: Predictors of Exposure to Training and Peer Support Interventions

<i>Variable</i>	Coach Contact				Training Utilization			
	<i>B</i>	<i>Wald</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>B</i>	<i>Wald</i>	<i>Sig.</i>	<i>Exp(B)</i>
<i>Match Characteristics</i>								
Treatment	.13	.11	.74	1.13	.23	.54	.46	1.26
Program Type (SB)	1.2	8.13	.004**	3.36	-.335	1.02	.313	.716
Gender Match (1)	-.491	.937	.33	.61	.13	.107	.744	1.14
Ethnicity Match (0)	-1.01	.774	.38	.36	.834	.822	.365	2.3
<i>Volunteer Characteristics</i>								
Gender (female)	-.56	.91	.34	.57	-.16	.1	.75	.851
Occupation	-.43	.37	.54	.65	.35	.247	.619	1.4

Ethnicity								
Black	.75	.25	.62	2.12	-.730	.44	.51	.48
Hispanic	1.39	1.01	.32	4.04	.15	.01	.91	1.16
Other	.165	.033	.86	1.18	-.299	.25	.62	.74
<i>Mentee Characteristics</i>								
Age	.154	1.95	.16	1.17	-.178	4.8	.028*	.837
Ethnicity	-1.59	1.9						
Black	-.8	.49	.17	.203	.79	.65	.42	2.19
Hispanic	19.4	.000	.48	.448	.99	1.22	.27	2.71
Other			.999	2.5 ⁷	2.77	3.63	.057	15.9
Individual Risk	.407	1.03	.31	1.51	-.15	.22	.64	.86
Environmental Risk	-.06	.39	.88	.94	.42	1.53	.22	1.52
Constant	5.59	.00	.999	266	1.37	1.04	.309	3.92
Model $\chi^2 = 23.27$ p=.000					Model $\chi^2 = 27.18$ p=.000			
Pseudo R ² = .173					Pseudo R ² = .113			
N=190					N=219			
* p is significant at .05 level **p is significant at .01 level or lower								

CHARACTERISTICS OF THE FINAL STUDY SAMPLE

As discussed above, several cases in the treatment groups did not receive the intended intervention due to lack of participation. Cases in which mentors were not exposed to treatment were dropped from the sample used for final analysis. In all, 149 matches were dropped from the study due to lack of exposure to the intervention. Table 20 displays the number of cases dropped and those remaining in each of the three treatment groups.

Treatment Group	Number Dropped from Sample	Number/Percent Remaining
Control	---	115 (100%)
Training	37	77 (67%)
Coach	42	73 (63.5%)
Interaction	70	45 (39.1%)

Bias Analysis between Initial and Final Sample

After dropping cases from the three treatment groups, we performed a bias analysis across a number of mentor, mentee, and match characteristics to ensure equivalency between our initial sample (N = 459) and our final sample (N = 310). We ran independent sample t-test for continuous predictors and chi-squared for categorical measures. Tables 21 and 22 present the results of the bias analysis for mentors and mentees. No significant differences were observed across any of the tested factors.

Table 21: Baseline and Final Sample Equivalence, Mentor Characteristics			
Age	Mean=22.068 Std. Dev. 8.8 Range 18- 68 88.4% 22 or younger		.076
Gender			.249
Male	53	17.1%	
Female	257	82.9%	
Ethnicity			.409
White	272	87.7%	
Hispanic	12	3.9%	
Black	8	2.6%	
Other	18	5.8%	
Education			.391
High School or less	5	1.6%	
Some College	277	90.3%	
Bachelor's	11	3.6%	
Graduate	14	4.6%	
Occupation			.329
Student	275	88.7%	
Community Member	35	11.3%	

Table 22: Baseline and Final Sample Equivalence, Mentee Characteristics			
Age	Mean=8.5 Std. Dev. 1.95 Range 5-14 49.7% 8 or younger		.051
Gender			.478
Male	112	36.5%	
Female	195	63.5%	
Ethnicity			.3
White	123	39.7%	
Hispanic	122	39.4%	
Black	42	13.5%	
Other	23	7.4%	
Grade Level			.498
Kindergarten	29	9.4%	
First	45	14.7%	
Second	56	18.2%	
Third	59	19.2%	
Fourth	53	17.3%	

Fifth	31	10.1%	
Sixth	19	6.2%	
Seventh	13	4.2%	
Eighth	2	.7%	
School District			
Harrisonburg City Schools	191	61.6%	
Rockingham County School	114	36.8%	
Other	5	1.6%	
Parent's Marital Status			.455
Single	94	31.1%	
Married	140	46.4%	
Separated	28	9.3%	
Divorced	40	13.2%	
Mothers Education			.396
Less than High School		32.5%	
High School	93	36.4%	
Some College	104	17.8%	
Bachelor's	51	10.1%	
Graduate	29	3.1%	
	9		
Fathers Education			.24
Less than High School	84	38.9%	
High School	85	39.4%	
Some College	27	12.5%	
Bachelor's	13	6%	
Graduate	7	3.2%	
<i>Risk Profile</i>			
Individual Risk			.499
Low	200	66%	
High	103	34%	
Environmental Risk			.455
Low	193	63.7%	
High	110	36.3%	
Overall Risk Profile			.505
Low Individual/ Low Environmental	129	42.6%	
High Individual/ Low Environment	64	21.1%	
Low Individual/ High Environmental	71	23.4%	
High Individual/ High Environmental	39	12.9%	

Unlike our analysis of mentor and mentee characteristics, a bias analysis of match characteristics showed significant differences across a number of key measures (see Table 23 below). First, results indicate significantly greater loss due to nonexposure among the Interaction Intervention group in the final sample. This was to be expected given the higher threshold for treatment exposure to be included in the final sample (i.e. mentors had to demonstrate both training utilization and Coach contact). Second, we found match length among the final population was significantly longer compared to the baseline population. The mean match length among the final sample population (including only treated and control subjects) was 14.9 months compared to a mean match length of 13.35 in the entire sample (which included those who were assigned a

treatment but did not receive the intervention). Third, a greater proportion of matches closed prior to 12 months among the group that did not receive the intervention (59.6%) versus those that did (33.7%) (chi-squared = 16.54; p = .000). Matches dropped from the study for non-intervention were 1.768 (1.359-2.3) times more likely to close within a year than the group comprised of treated and control matches. Moreover, non-intervention matches were also more likely to close within 6 months (65.3%) than treatment and control matches (34.7%) (chi-squared = 30.4; p = .000). Non-intervention matches were 4.02 (2.36- 6.84) times more likely to close.

Table 23: Baseline and Final Sample Equivalence, Match Characteristics			
Match Characteristics			p
Treatment			.000*
Control	115	37.1%	
Training Only	77	24.8%	
Peer Support Only	73	23.5%	
Interaction	45	14.5%	
Program Type			.105
Community-Based	156	50.3%	
Site-Based	154	49.7%	
School District			.94
Harrisonburg City	191	61.6%	
Rockingham County	114	36.8%	
Other	5	1.6%	
Program Transfer			.14
Yes	27	8.7%	
Little-Big Ethnicity Match			.216
Matched	130	41.9%	
Little-Big Gender Match			.310
Matched	249	80.3%	
Match Length (months)			.000*
Mean= 14.9			
Std. dev.= 6.57			
Range (1-29 months)			
Match Closed < 6 Months	17	5.5%	
Match Closed >6 Months, < One Year	47	15.2%	.000*
Match Lasts > One Year	246	79.4%	

Match Closure Rates among Final Sample

One hundred and ninety of 310 matches in the final sample (e.g. excluding untreated matches) closed by August 2014, the remainder can be presumed to have lasted over one year. Among closed matches, we found 64 (20.7%) closed prior to one year. Therefore, 246 matches lasted over one year. Among those that closed within a year, 17 closed within six months, and eight closed within the first three months of the match. Table 24 below presents descriptive statistics for reason for match closure across the control and treatment groups for all closed matches. Table 25 compares matches that closed early (n = 64) with those that lasted one year or longer (n = 126). We found significant differences in reasons for closure based on match length. Summary

statistics indicated that the closure due to volunteer moving or volunteer issues with match (eg. Loosing contact) were much more common among matches lasting over one year. Child/Family moving and Child/Family issues with the match were more common among early closure matches. An analysis of match closure rates among the full sample (i.e. not accounting for treatment exposure) can be found in Appendix C.

Table 24: Reason for Match Closure		
Cause	Frequency	Percent
Child Moved	32	16.8%
Volunteer Moved	74	38.9%
Child/Family: Issues with Match/ Lost Contact	18	9.5%
Volunteer: Issues with Match/ Lost Contact	66	34.7%
<i>N</i> = 190		

Table 25: Reason for Match Closure by Match Length						
	Child Moved	Volunteer Moved	Child/Family: Issues with the Match/ Lost Contact	Volunteer: Issues with the Match/ Lost Contact	Total	<i>X</i> ²
Closed Early < 12 Months	32.8%	14.1%	17.2%	35.9%	64/ 100%	36.061 (.000**)
Closed After 12 Months	8.7%	51.6%	5.6%	34.1%	126/ 100%	

Attrition and Response Rates in the Final Sample

Below we present attrition rates in the final sample (*N* = 310) at baseline and 12 months post-match. An analysis of attrition rates for the total sample population can be found following the Instrumentation and Measures section of this report. Here too, attrition is defined as having no post-test response at the 12 month follow-up period for mentors and mentees. This can be attributed either to match closure or failure to complete a given assessment. As can be seen in Table 26 and Figure 14, approximately 75% of youth took post-test assessments at 12 months. However, after adjusting for match closure at 12 months, the response rate in the final study population increases to nearly 95% across all major assessment tools. These rates are also presented below in Table 26 and Figure 14.

Table 26: Attrition and Final Adjusted Response Rates at Baseline and 12 Months				
	Baseline		12 Month	
Attrition Rates				
SOR Mentor	298/310	96.12%	232/310	74.8%
SOR Youth	286/310	92.3%	233/310	75.2%
YOS & CYOS	308/ 310	99.5%	232/310	74.8%
Adjusted Response Rates				
SOR Mentor	298/310	96.12%	232/246	94.3%
SOR Youth	287/310	92.5%	233/246	94.7%
YOS & CYOS	308/ 310	99.5%	232/246	94.3%

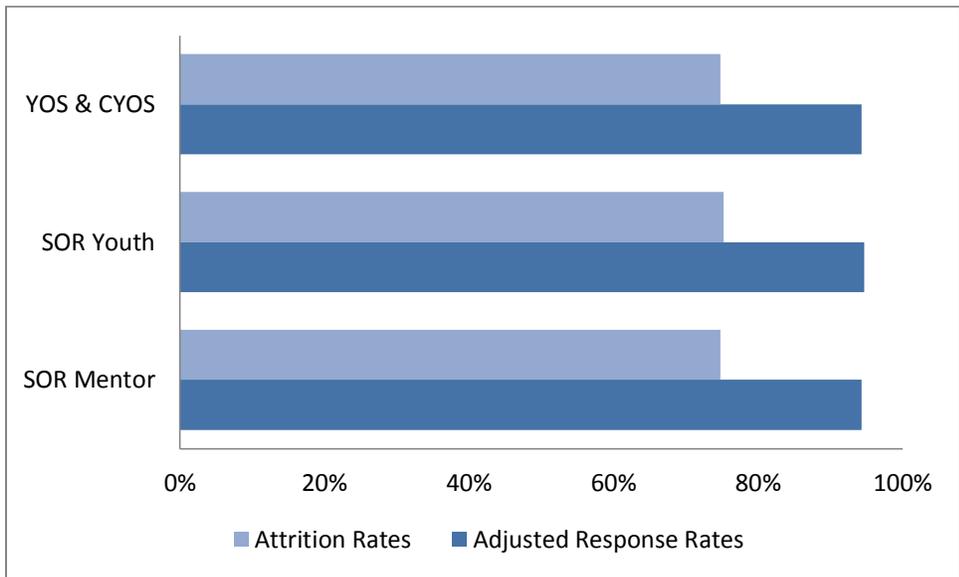


Figure 14: Attrition and Final Adjusted Response Rates at 12 Months

MENTOR SATISFACTION WITH AGENCY TRAINING AND SUPPORT

Before turning to our outcome evaluation, where we present results related to our three primary research questions, we examine results from an analysis of mentor satisfaction with agency training and support. Analysis is limited to the final sample, which is limited to the control group and cases in the three treatment groups where mentors were exposed to the interventions.

We compared mentor satisfaction with agency training and support between the control and three treatment groups using the two training and support-specific questions on the mentor Strength of Relationship survey at both the six and 12-month mark. At six months, the overall mean score across the entire sample for training dissatisfaction was 2.325 (sd = .91; skewness = .372; kurtosis = -.267). The median response was a 2 or “disagree” on a 5-point likert scale. Most mentors (58.5%) disagreed with the statement “ If I had more training from BBBS I would be a more effective Big”, indicating they were more satisfied, while 31.3% were neutral, and 10.2% responded that they were dissatisfied with training. There was also an overall trend of mentor satisfaction with agency support. The mean score for support dissatisfaction was 2.079 (sd = .83; skewness = .695; kurtosis = .997) and the median response was 2. Here, 71.3% disagreed with the statement “If I had more support from BBBS I would be a more effective Big.” 24.5% were neutral on this question and only 4.1% responded affirmatively. At 12 months, the mean score across the entire sample for training dissatisfaction was 2.21 (sd = .832; skewness, .204; kurtosis = -.563). 64% disagreed with the statement while 29.7% were neutral and 5.9% agreed. The mean score for support dissatisfaction on the 12 month SOR was 2.058 (sd = .8; skewness = .158; kurtosis = -.842). The median response, for both, was 2. 69.5% disagreed with the statement, 28.3% were neutral and 2.2% agreed.

For analysis of between group differences by treatment assignment, we recoded the dissatisfaction scales into 2-level nominal indicators representing general training/support

satisfaction (responding “strongly disagree” or “agree”) or lack of training/support satisfaction (responding “neutral”, “strongly agree” or “agree”). Thus, we use simple chi-squared tests of association to detect independence across treatment assignment. Effect size is measured by strength of association (contingency coefficients).

Results, which are presented in Table 27, indicate independence in both training and support satisfaction by treatment group across both the six-month and twelve month assessments. However, one should note that, at 90% confidence, we see some association in 12 month training satisfaction and treatment assignment. As we anticipated, mentors in the Training group expressed lower levels of dissatisfaction with their BBBS training at 12 months compared with all other groups. Inversely, mentors in the Peer Support group were far more dissatisfied with their training experience. When comparing Training only versus Peer Support only, we found the training group had significantly lower dissatisfaction with their training support at 12 months ($X^2=7.37$; $p=.006$). Although other results did not indicate significant differences, this trend was observed initially in the 6 month assessments. Members of the Training only group had lower levels of dissatisfaction with their training experience than all other groups. We, however, did not anticipate that support dissatisfaction responses of mentors in the Peer Support group would be substantively higher than other groups. At both six months and twelve months, mentors in the Peer Support group had higher levels of dissatisfaction with the support they received at BBBS. We also noted that mentors in the interaction group, across time periods, were substantively less dissatisfied with their training and support than those in the control group.

Table 27: Training and Support Satisfaction a 6 and 12 months					
Instrument/Measure	Treatment	% Neutral or Dissatisfied	X^2	<i>p</i>	Effect size
6- Month Mentor SOR					
Training Dissatisfaction	<i>Control</i>	46.6%	1.85	.605	.083
	<i>Training</i>	36.4%			
	<i>Peer Support</i>	39.1%			
	<i>Intervention</i>	42.9%			
Support Dissatisfaction	<i>Control</i>	29.5%	-2.26	.847	.055
	<i>Training</i>	27.7%			
	<i>Peer Support</i>	31.4%			
	<i>Intervention</i>	23.8%			
12- Month Mentor SOR					
Training Dissatisfaction	<i>Control</i>	35.1%	7.74	.052	.184
	<i>Training</i>	24.6%			
	<i>Peer Support</i>	49.1%			
	<i>Intervention</i>	32.4%			
Support Dissatisfaction	<i>Control</i>	26%	5.22	.156	.150
	<i>Training</i>	29.3%			
	<i>Peer Support</i>	41.7%			
	<i>Intervention</i>	22.9%			

Lessons learned from the implementation analysis are discussed in Part IV: Recommendations and Conclusions. First, however, we turn to the second half of the study results and present

findings from an outcome evaluation in which we analyze the study's primary research questions.

OUTCOME EVALUATION

This research study was motivated by a desire to better understand the short-term impacts of mentor Training and Peer Support. Primary research questions included the following:

1. Does provision of a structured, ongoing mentor training program improve the quality of mentoring relationships for at-risk youth?
2. Does pairing new mentors with more experienced peer mentors improve the quality of mentoring relationships for at-risk youth?
3. Does mentoring relationship quality, as driven by training and support, predict variances in outcomes for mentees at-risk for involvement in the juvenile justice system?

Additionally, we investigate the impact of treatment on mentor self-efficacy and on match closure.

IMPACT OF TREATMENT ON STRENGTH OF RELATIONSHIP

We began by analyzing the impact of treatment assignment on youth reports of Strength of Relationship (SORY) over time. Table 28 and 29 shows basic summary statistics at three and 12 months. Notably, we found a significant within-subjects effect of time ($F = 9.29$; $p = .003$; $Eta = .042$) in youth reports related to match Coping. Mentees reported improved assistance with problem solving and emotional support at 12 months across all groups. We also found significant effects of time ($F = 4.84$; $p = .029$; $Eta = .023$) in mentee reports of Safety and Importance ($F = 5.46$; $p = .021$; $Eta = .028$). Across the entire cohort, mentee-reported sense of safety and the importance of their relationship seemed to improve from 3-month observations to 12-month observations. There were no significant between-subject effects of treatment or interaction effects. However, it should be noted that results from the SORY are limited due to detection of instrument bias. As discussed in the Measurement Section, students rarely distinguished among question options. We strongly recommend revising this instrument for national use. Due to these issues, we did not conduct further analysis of the SORY.

Table 28: Impact of Treatment on 3-Month Youth-Reported Strength of Relationship Measures

Construct	Control	Training	Peer Support	Intervention
Coping	4.61 (.62)	4.59 (.64)	4.68 (.49)	4.39 (.84)
Lack of Disappointment	4.93 (.25)	4.94 (.23)	4.98 (.07)	4.86 (.47)
Safety	4.95 (.28)	4.87 (.44)	4.91 (.29)	4.72 (1.03)
Importance	4.89 (.41)	4.88 (.44)	4.76 (.66)	4.8 (.62)
Closeness	4.69 (.9)	4.85 (.46)	4.73 (.53)	4.75 (.71)

Table 29: Impact of Treatment on 12-Month Youth-Reported Strength of Relationship Measures

Construct	Control	Training	Peer Support	Intervention
Coping	4.73 (.53)	4.83 (.44)	4.71 (.67)	4.69 (.59)
Lack of Disappointment	4.91 (.3)	4.97 (.15)	4.88 (.57)	4.95 (.15)
Safety	4.97 (.16)	4.96 (.19)	4.93 (.54)	4.97 (.19)
Importance	4.89 (.31)	4.94 (.32)	4.86 (.41)	4.85 (.46)
Closeness	4.9 (.39)	4.89 (.43)	4.94 (.31)	4.75 (.52)

IMPACT OF TREATMENT ON MENTOR-REPORTED RELATIONSHIP QUALITY

Our analysis of mentor-reported Strength of Relationship involved review of individual item scores across the entire final sample cohort at three time intervals, 3-months, 6-months, and 12-months. Here, we use the 3-month indicator as a proxy for baseline data. We, however, recognize this may not be a true measure of baseline relationship scores. As such, the 3-month indicator could also be perceived as the earliest post-intervention follow-up. In Table 30, we report summary statistics by individual SOR items and constructs for the entire final sample cohort. Here, we noted substantive improvements over time in expectations that being a mentor would be fun, signs of the mentee improving, and feelings of closeness with the mentee. Inversely, we observed declines, especially at the 6-month observation, across several items. The most notable were confidence in handling challenges, time commitment, feeling overwhelmed by family difficulties, finding time for the Little, and getting the sense the mentee would rather be somewhere else. We observed an initial deflation in mentor confidence which did not, in all cases, persist to the 12-month observation period for those matches that lasted to 12 months.

We then conducted simple difference of means tests by treatment type (as a four-level indicator and as a series of binary indicators), over time, across other match characteristics, and across each of the key construct items (see Table 31). These tests provided us with preliminary results related to the research question.

Table 30: Mentor –Reported Relationship Quality Over Time

Mentor Strength of Relationship Item	Baseline	6-Month	12-Month
	MEAN (SD)	MEAN (SD)	MEAN (SD)
I am enjoying the experience of being a Big	4.75 (.5) *	4.71 (.58)*	4.7 (.56)*
I expected that being a mentor would be more fun than it actually is (RECODED) (Having Fun)	3.79 (1.01)	3.77 (.96)	3.84 (.95)
My little and I are interested in the same things (Interest)	3.99 (.744)	3.97 (.75)	3.98 (.67)
I feel confident handling the challenges of being a mentor (Confident)	4.52 (.589)	4.47 (.65)	4.54 (.56)
Being a Big is more of a time commitment that I anticipated (RECODED) (Time Commitment)	3.81 (.915)	3.69 (1.05)	3.68 (.99)
I feel overwhelmed by my Little’s family difficulties (RECODED) (Coping with Family Issues)	4.32 (.712)	4.26 (.79)	4.19 (.85)
My Little has made improvements since we started meeting (Improvement)	3.75 (.759)	3.9 (.79)	4.13 (.73)
I sometimes feel frustrated with how few things have changed with my little (RECODED) (Lack of Frustration)	3.89 (.93)	3.83 (.93)	3.89 (.92)

My Little and I are sometimes at a loss for things to talk about (RECODED) (Talking)	3.73 (1.02)	3.79 (.99)	3.81 (.92)
It is hard for me to find the time to be with my Little (RECODED) (Finding Time)	4.08 (.882)	3.87 (.97)	3.6 (1.08)
I think my Little and I are well-matched (Well-Matched)	4.41 (.644)	4.35 (.73)	4.37 (.74)
I get the sense my Little would rather be doing something else (RECODED) (Enjoying Time)	4.19 (.81)	4.05 (.95)	4.07 (.88)
My Little has trouble sticking with one activity very long (RECODED) (Focused)	3.45 (1.18)	3.36 (1.18)	3.34 (1.15)
I feel close to my Little (Closeness)	3.95 (.69)	4.03 (.8)	4.11 (.78)
Connected	3.85 (.58)	3.79 (.64)	3.82 (.61)
Lack of Frustration	3.99 (.59)	3.89 (.68)	3.82 (.72)
Confident	4.37 (.42)	4.36 (.52)	4.43 (.48)
Overall Strength of Relationship	4.04 (.44)	4.02 (.53)	4.04 (.51)
Match Quality	4.27 (.49)	4.26 (.58)	4.29 (.56)
Available	3.94 (.75)	3.78 9.88)	3.62 (.94)

* Indicates variable was not normally distributed.

Table 31 shows results from preliminary analysis of differences in the final sample population (n=310). At 3 months, Control group members felt significantly higher Connectedness (mean = 3.91; sd = .57) than Training group members (mean = 3.72; sd = .608) and significantly higher Confidence in the match (mean = 4.45; sd = .399) than those in the Training group (mean = 4.32; sd = .45) or those in the Peer Support group (mean = 4.31; sd = .472). Finally, the Control group reported significantly greater Availability (mean = 4.04; sd = .784) than the Interaction group (mean = 3.76; sd = .686). At 6 months and 12 months, differences between treatment groups disappeared. In the initial 3-month SOR, Mentors in the Community-Based program reported higher Frustration (i.e. less lack of frustration) (mean = 3.92; sd = .621) than those in the Site-Based program (mean = 4.07; sd = .55) and lower overall Availability (mean = 3.79; sd = .79) than mentors in the Site-Based program (mean=4.08; sd=.683). This trend persisted at 6 and 12 months. At 12 months, same gender matched mentors reported lower overall Match Quality than mentors matched with a mentee of the opposite sex.

Table 31: Baseline Bias Analysis (Difference of Means Tests, Sig. Levels)						
	Connected	Lack of Frustration	Confidence	Closeness	Availability	Match Quality
3-Month Match Characteristics						
Treatment Group	.125	.494	.100	.571	.211	.728
Treatment (Control v Others)	.161	.124	.020*	.249	.086	.347
Treatment (Training v. Control)	.034*	.184	.045*	.273	.270	.525
Treatment (Peer Support v. Control)	.419	.266	.034*	.662	.341	.390
Treatment (Interaction v. Control)	.866	.315	.312	.564	.04*	.172
Program	.183	.035*	.669	.185	.001**	.092
Sex Match	.066	.158	.969	.679	.458	.103
Ethnicity Match	.716	.527	.800	.782	.845	.684
6-Month Match Characteristics						

Treatment Group	.404	.475	.468	.391	.658	.583
Treatment (Control v Others)	.159	.490	.130	.450	.360	.436
Treatment (Training v Others)	.165	.841	.215	.975	.582	.836
Treatment (Coach v Others)	.546	.510	.302	.697	.613	.676
Treatment (Interaction v. Control)	.100	.172	.107	.096	.158	.176
Program	.395	.004**	.562	.418	.000**	.621
Sex Match	.340	.419	.301	.767	.069	.860
Ethnicity Match	.773	.417	.708	.658	.382	.632
12- Month Match Characteristics						
Treatment Group	.497	.137	.794	.691	.140	.601
Treatment (Control v Others)	.186	.540	.686	.720	.402	.385
Treatment (Training v Others)	.172	.487	.639	.672	.583	.800
Treatment (Coach v Others)	.546	.112	.527	.477	.098	.234
Treatment (Interaction v. Control)	.233	.662	.690	.602	.337	.683
Program	.469	.010*	.553	.236	.007**	.227
Sex Match	.126	.560	.206	.392	.391	.030*
Ethnicity Match	.247	.333	.755	.614	.976	.274
* p is significant at .05 level **p is significant at .01 level or lower						

In the final step, we attempt to isolate the impact of the treatment condition on Strength of Relationship, across all construct measures, using repeated measures ANOVA tests. Here, we reported effect sizes using a Partial Eta Squared statistic. We use this method throughout this section. Our threshold for interpreting the magnitude of effect size is .06 for moderate and .14 for large effects.¹⁴ We compared self-reported Strength of Relationship between mentors in the Training group to those in the Control group. Analysis of the Interaction group is not included here due to a limited number of observations. We also compared relationship quality between mentors in the Peer Support and Control groups (see Table 32 below). Although we expected to see stronger measures for mentors who received Training and Peer Support, we found limited evidence of treatment effectiveness based on mentor Strength of Relationship indicators. Findings indicated significant main between-subjects effects of treatment on mentor feelings of Connectivity. The Control group reported significantly higher Connectivity overall with their mentee than did the Training group. We also found significant main within- subjects effects of time on mentor Availability and Lack of Frustration, though we observed no impact of treatment on these measures. There was a decrease across all three time periods in both the Control and Training groups in their ratings of Availability and Lack of Frustration with the match relationship. Follow-up tests indicated both groups showed significant declines in Availability from three month to six month observations. Although not significant, declines continued in the

¹⁴ While the repeated measures ANOVA test provides a good measure of treatment effect, assumptions are more strict and there are serious issues with missing data that could be corrected with the use of a multi-level modeling approach.

12-month assessment. Similarly, we found main within-subject effects of time when comparing the Control group to the Peer Support group. Here we observed significant declines in Availability at both 6 months and 12 months. Finally, mentors in all groups reported growing frustration with their match from the 3-month assessment to the 12-month assessment. Findings did not indicate significant differences, however, in change across any construct measure over time by treatment condition.

Table 32: Mentor-Reported Strength of Relationship by Treatment and Time Period

Mentor SOR Construct	Training versus Control									Peer Support V. Control								
	Time			Treatment			Time*Treatment			Time			Treatment			Time*Treatment		
	F	p	Eta	F	p	Eta	F	p	Eta	F	p	Eta	F	p	Eta	F	p	Eta
Closeness	2.4	.09	.02	.01	.92	.00	.19	.83	.002	.357	.7	.003	.13	.72	.001	.45	.64	.004
Connected	.75	.473	.006	4.7	.03*	.036	.26	.77	.002	.512	.6	.004	.775	.38	.006	.23	.79	.002
Lack of Frustration	5.4	.01*	.04	008	.93	.00	1.02	.364	.008	12.9	.00*	.09	1.84	.17	.04	.73	.48	.006
Confident	1.91	.15	.015	1.76	.19	.014	1.57	.21	.012	.85	.43	.007	1.74	.19	.013	.64	.53	.005
Overall Strength of Relationship	.94	.39	.007	.64	.43	.005	1.22	.29	.01	1.19	.3	.009	1.32	.25	.01	.42	.66	.003
Match Quality	1.38	.24	.01	.51	.48	.004	1.06	.31	.008	.48	.62	.004	.74	.39	.006	.45	.64	.003
Availability	10.7	.00*	.078	.02	.89	.00	.224	.79	.002	18.2	.00*	.124	1.06	.31	.008	1.2	.28	.01

7

In Table 33 below, we explored the distribution of the “Centeredness” item on the mentor SOR. Given the variable is not appropriately analyzed as an ordinal measure, we isolated the frequency of responses indicating the mentor is “centered” on the needs of their mentee in choosing activities (e.g. “I get ideas from my Little, then we decide together”). Response frequencies indicated that the Peer Support group (at 3-months and 6-months) had higher levels of Centeredness than the Control group. The Interaction group had higher levels of Centeredness at all time periods. Although differences were not significant, they align with our expectations regarding the impact of Peer Support.

Table 33: Percentage of Mentor Reported Centeredness by Intervention Type				
Centeredness	Control	Training	Peer Support	Interaction
3 Month	71/ 69.9%	51/ 68%	52/ 74.3%	34/ 79.1%
6 Month	58/ 65.2%	45/ 67.2%	53/ 74.6%	32/ 72.7%
12 Month	58/ 77.3%	40/ 67.8%	44/ 74.6%	30/ 83.3%

IMPACT OF TREATMENT ON MENTOR SELF-EFFICACY

In addition to examining the relationship between treatment and Strength of Relationship, we also analyzed whether treatment and time were predictors of mentor Self-Efficacy. Not shown here, overall efficacy is defined as the mean score across all 22 items in the assessment. At baseline, results indicated the scale was reliable ($\alpha = .942$). In Table 34, we display mean scores for mentor-reported Self-Efficacy items over each of the three assessment periods (at baseline, six months and one year into the match) for the entire final sample. Generally, findings indicated overall decline in efficacy within the final sample from baseline to 12 months, with the exception of talking to a child about joining a gang and dealing with a child of a deployed parent (both of were rarely if at all present traits in the mentee cohort). We also observed improved scores in efficacy related to mentoring a child with parents whose primary language was different; a common trait in matches.

Table 34: Mean Self-Efficacy Measures over Time			
MENTOR EFFICACY ITEM	Baseline	6-Month	12-Month
	MEAN (SD)	MEAN (SD)	MEAN (SD)
Positively Impact a child who is in need of an adult role model	8.99 (1.05)	8.66 (1.21)	8.74 (1.14)
Assume complete responsibility for a child’s safety when we are together	9.33 (1.02)	9.76 (1.03)	9.01 (1.11)
Think of fun ways to spend time with a child	8.91 (1.25)	8.36 (1.37)	8.32 (1.25)
Help a child overcome behavioral problems at school	7.95 (1.6)	7.54 (1.45)	7.7 (1.5)
Help a child overcome their anger, aggression, or violent behavior	7.41 (1.78)	7.05 (1.64)	7.25 (1.61)
Help a child overcome their bullying behaviors toward over	7.69 (1.74)	7.46 (1.61)	7.52 (1.58)

children			
Support a child who is being bullied by other children	8.9 (1.19)	8.38 (1.35)	8.41 (1.29)
Recognize signs of alcohol use	7.84 (1.82)	7.8 (1.69)	7.68 (1.75)
Talk with a child about their alcohol use	8.21 (1.75)	7.9 (1.74)	7.81 (1.74)
Recognize signs of sexual abuse	7.13 (2.02)	7.1 (1.8)	6.88 (1.93)
Talk with a child about their sexual activity	7.32 (1.99)	7.05 (1.97)	7.17 (1.83)
Talk with a child about their sexual orientation	7.52 (2.04)	7.45 (1.94)	7.59 (1.88)
Recognize signs of drug use	7.38 (1.91)	7.54 (1.63)	7.26 (1.91)
Talk with a child about their drug use	7.79 (1.92)	7.69 (1.66)	7.5 (1.8)
Recognize signs that a child belongs to a gang	6.44 (2.03)	6.75 (1.89)	6.65 (2.02)
Talk with a child about joining or being a member of a gang	6.98 (2.16)	7.07 (1.93)	7.04 (1.94)
Help a child deal with issues related to having an incarcerated parent	7.25 (2.04)	7.27 (1.73)	7.48 (1.71)
Help a child deal with issues related to having a parent how is deployed for military service	7.77 (1.88)	7.8 (1.63)	7.92 (1.56)
Mentor a child whose ethnic of cultural background is difference from mine.	8.64 (1.54)	8.63 (1.5)	8.64 (1.3)
Mentor a child whose parents' primary language is different than mine	7.19 (2.09)	7.66 (2.01)	7.71 (1.84)
Mentor a child who is underprivileged or in poverty	8.88 (1.38)	8.79 (1.3)	8.73 (1.23)
End the relationship on a positive note	9.43 (1)	9.2 (1.09)	9.14 (1.13)

We then examined the effects of treatment and time for mentors in the Training versus the Control groups, focusing on items related in subsections of the training modules. For example, “recognizing signs of sexual abuse,” “talking with a child about sexual activity,” and “talking with a child about their sexual orientation” were topics directly addressed in the Healthy Sexuality and Youth training module. We anticipated mentors in the Training group would show improved Self-Efficacy comparative to those in the Control Cohort. Results indicate limited to no treatment effect in improving Self-Efficacy across individual question items. As seen in Table 35 below, while mentors in both groups worsened on a number of items (with low effect size measures), treatment on its own was not a significant moderator of mentor Self-Efficacy. In examining the impact of training over time, just one area—“confidence in the ability to talk to a child about their sexual activity”—improved. More detail on significant findings is provided below by broad content area.

Table 35: Impact of Treatment and Time of Mentor Self-Efficacy by Training Topics										
MENTOR EFFICACY ITEM		Training Versus Control Group Comparison								
TRAINING MODULE		Time			Treatment			Time*Treatment		
		F	p	Eta	F	p	Eta	F	p	Eta
VOLUNTEER PRE-MATCH TRAINING & CHILD AND YOUTH DEVELOPMENT	Positively Impact a child who is in need of an adult role model	3.3	.04*	.028	.6	.44	.005	.25	.69	.003
	Assume complete responsibility for a child’s safety when we are together	5.2	.02*	.043	.01	.94	.00	2.66	.07	.02
	Think of fun ways to spend time with a child	10.23	.00*	.08	.07	.79	.001	.77	.46	.006
	Help a child overcome behavioral	1.61	.21	.013	.74	.39	.006	.31	.71	.003

	problems at school									
	Help a child overcome their anger, aggression, or violent behavior	.64	.52	.01	.41	.52	.004	.99	.37	.01
	End the relationship on a positive note	1.3	.27	.011	.24	.623	.002	.05	.92	.00
HEALTHY SEXUALITY AND YOUTH	Recognize signs of sexual abuse	.87	.42	.01	.1	.75	.001	2.2	.12	.02
	Talk with a child about their sexual activity	.37	.69	.003	.01	.94	.00	5.36	.01*	.043
	Talk with a child about their sexual orientation	1.58	.21	.016	1.37	.24	.014	1.94	.147	.019
FAMILY TRANSITIONS	Help a child deal with issues related to having an incarcerated parent	4.21	.02*	.042	.13	.72	.001	.417	.64	.004
	Help a child deal with issues related to having a parent how is deployed for military service	4.1	.02*	.041	.79	.38	.008	.79	.45	.008
NAVIGATING CULTURAL DIFFERENCES	Mentor a child whose ethnic of cultural background is difference from mine.	1.61	.2	.014	.23	.64	.002	.42	.66	.004
	Mentor a child whose parents' primary language is different than mine	15.78	.00*	.15	3.02	.09	.031	.96	.39	.01
	Mentor a child who is underprivileged or in poverty	2.23	.11	.019	.03	.86	.00	.41	.67	.004

Overall Efficacy. We saw significant declines in overall mentor efficacy across all mentors at six months. Both groups, however, did show some improvement between 6 and 12 months, though not statistically significant. Observed gain was not enough to counter the loss early in the match relationship. When isolating individual group impact, we found significant decline in overall efficacy among all groups from baseline to 12 months.

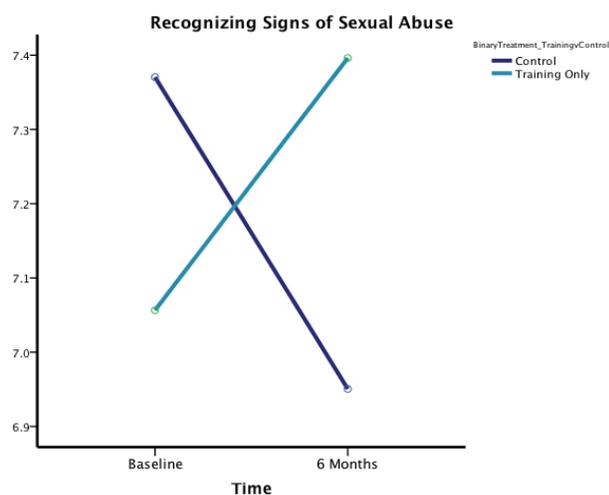


Figure 15: Signs of Sexual Activity

Recognizing Signs of Sexual Abuse. Within the first six months of the match, we observed a significant interaction effect between treatment and time among the Training and Control groups ($F = 7.1$; $p = .009$; $\text{Eta} = .051$). Figure 15 shows the interaction effect. Subsequent independent t-tests at baseline ($p = .253$) and 6 months ($p = .159$) showed the groups did not differ. Rather, the Training group improved, while the Control declined. This trend however, did not persist. At 12 months, the Training group showed significant decline in their responses.

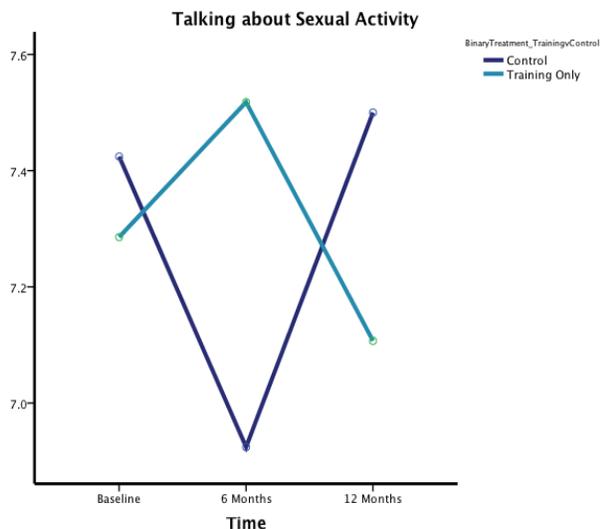


Figure 16. Talking about Sexual Activity

Talking about sexual activity. We observed a significant interaction effect between time and treatment. Upon further investigation, we found the interaction occurred between baseline and 6 months ($F=9.1$; $p=.003$; $\eta^2=.055$) where the Training group clearly showed improved efficacy in their ability to talk about sexual activity. However, at 12 months we observed an opposite effect ($F=9.8$; $p=.002$; $\eta^2=.076$) wherein the Control group seemed to realize a radical increase while the Training group declined.

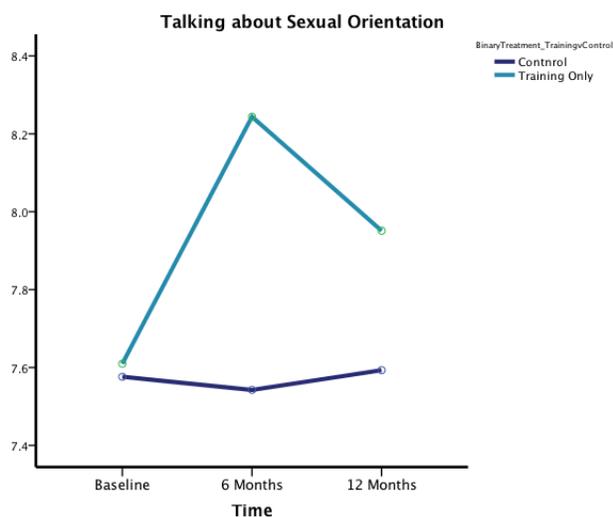
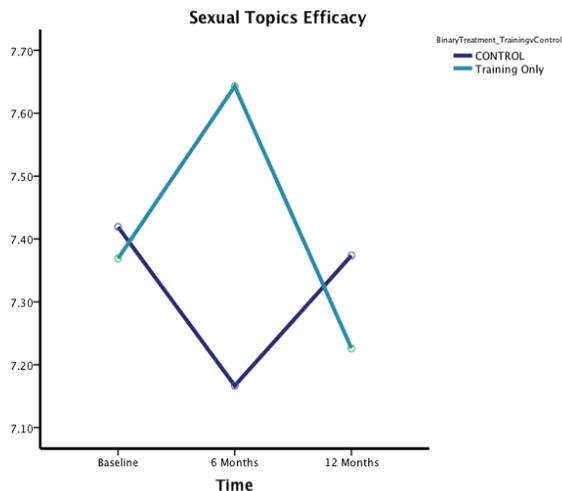


Figure 17. Talking about Sexual Orientation

Talking about Sexual Orientation. Although we did not see significant effects across all three time periods, when observing change between baseline and 6 months only we found significant interaction effects. Here, the Training group improved drastically within the first 6 months in their perception of ability to talk with a mentee about their sexual orientation, while the Control group experienced no improvement. However, efficacy gained within the first 6 months is not maintained among the Training group.

Figures 15, 16, and 17, above, show linear trends for findings related to sexual activity items. Although all trends highlighted may be significant, in all three cases mentors in the Training group experienced drastic improvements in their assessments from baseline to 6-months, while those in the Control worsened or maintained their assessments. This trend, however, did not persist later in the match.



Sexual Topic Efficacy. We combined the three measures dealing with efficacy related to sexual topics based on baseline reliability analysis which suggested high construct reliability ($\alpha=.852$). We then analyzed treatment effects within the first six months of the match (Figure 18). While results did not indicate significant impacts, observed trends persisted.

Figure 18. Self- Efficacy, Sexual Topics

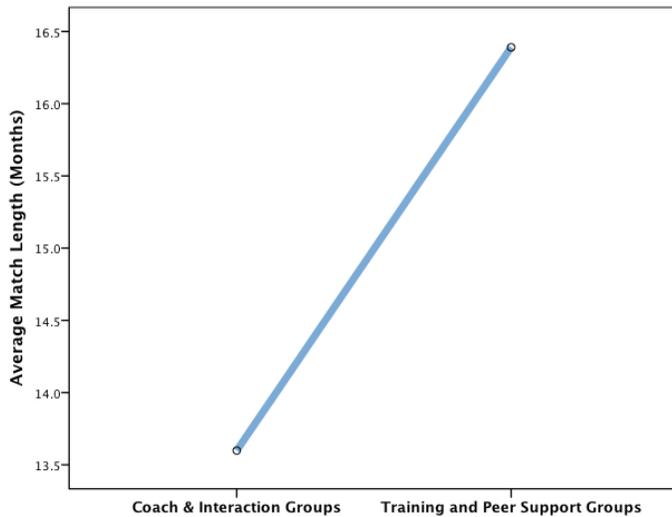
Dealing with Incarcerated parent & Dealing with Deployed Parent. We found significant within-subject effects of time. Both groups improved significantly within the first 6 months of the match relationship and seemed to plateau from 6 to 12 months.

Parents with Different Language. We found a significant within subject effect of time. Both groups improved significantly within the first 6 months of the match relationship and seemed to plateau from 6 to 12 months. Although not significant, we found a similar trend among both groups in their report of efficacy related to working with mentee with a different cultural background.

IMPACT OF TREATMENT ON MATCH LENGTH

Although not explicitly stated as a research question, we also explored the impact of treatment assignment on match length. We asked, “How does provision of on-going Training or Peer support impact match length?” Our hypothesis suggested those receiving ongoing interventions would have improved match length compared to Control group matches. We noted preliminary findings in the project implementation section of this report indicating treatment impacts. First, we found the final study cohort (n = 310) had significantly longer matches than those in the original cohort (n = 459), indicating that matches whose mentors opted out or did not have sufficient exposure their assigned intervention would be more likely to end sooner. However, in both cases, the average match length exceeded 12 months.

In our Outcome Evaluation we conducted more refined analysis in attempts to isolate the effects of the treatment on match length and demonstrated improved match outcomes among treated populations. In the final sample, 190 (61.3%) matches closed by August 2014. Thus, we estimated average match length in months and relative risk of match closure using the sub-sample of (n = 190).



Among the 190 cases which closed by August 2014, the average length in the Control group was 12.64 months. Average length was 16.25 months in the Training group, 16.58 months in the Peer Support group, and 16.06 months in the Interaction group. Figure 19, presented here, shows findings indicating the Training and Peer Support group had significantly longer match relationships than the Control and Intervention groups.

Figure 19. Impact of Treatment Assignment on Match Length

This finding provides us with limited evidence of the impact of on-going support, tempered by the notion that too much intervention may overwhelm mentors. In all cases, the average match length exceeded 12 months.

We also tested the relative risk of early match closure across several match characteristics among matches that had closed by August 2014 (n=190). Table 36 shows these findings, which indicated that treatment, program type, and mentor occupation were significant predictors of early match closure. Matches in the Control group were 2.26 times more likely to close than those across all treatment groups. Summary statistics indicated 52.2 percent of matches in the Control group closed early while only 23.1% in all treated groups closed early (Fisher's Exact = 16.52; $p = .000$). Among these, the Peer Support group had the highest rate of 12-month matches (85%), compared to the Training group (72.2%) and the Intervention group (74.1%). In further analysis, we found that matches within the Control group were also more likely to close early, within the first six months of the match and within the first 3 months of the match, compared with all other treatment groups. Twelve Control group matches (17.4%) closed within six months while only three (5.6%) Training group, two (7.4%) Interaction group, and no Peer Support group matches closed during that time frame ($\chi^2 = 10.8$; $p = .013$). Within the first three months, seven (10.1%) Control group matches closed while only one (1.9%) Training group match and no Peer Support or Interaction group matches closed ($\chi^2 = 9.72$; $p = .021$). As seen in Table 36, findings also indicated Community-Based matches were 1.23 times more likely to close early than Site-Based (Fisher's Exact = 3.38; $p = .046$). Community-Based matches lasted 15.9 months on average while Site-Based matches lasted 14.04 months. Both groups average match length exceeded agency requirements. Matches with student mentors versus community members were 46.9 percent less likely to close early (Fisher's Exact = 5.28; $p = .024$). Here, matches with mentors from the community lasted only 11.6 months on average while matches made with student mentors lasted 15.3 months. 58.8 percent of matches made with a community mentor failed prior to 12 months. Other factors including volunteer gender, ethnicity match, gender match, child school district, child environmental risk level, or child individual risk level were not

significant predictors of risk for early closure.

Table 38: Relative Risk of Match Closure Based on Select Characteristics					
Relative Risk of Closure Due to	Descriptive Statistics			Relative Risk of Early Closure (C.I.)	Fishers Exact p
Treatment Type		Control	Treatment Groups	2.26 (1.52-3.35)	.000*
	Early < 12 Months	36/ 52.2%	28/ 23.1%		
	> 12 Months	33/47.8%	93/ 76.9%		
Program Type		Community-Based	Site-Based	1.227 (1.00-1.51)	.046*
	Early < 12 Months	25/ 27.2%	39/ 39.8%		
	> 12 Months	67/ 72.8%	59/ 60.2%		
Mentor Occupation		Student	Community Member	.531 (.337-.836)	.024*
	Early < 12 Months	54/ 31.2%	10/58.8%		
	> 12 Months	119/68.8%	7/41.2%		
Issues with Match		Mentor or Mentee Moved	Issues with the Match	.699 (.469-1.042)	.054
	Early < 12 Months	30/46.9%	34/53.1%		
	> 12 Months	76/60.3%	50/39.7%		

This analysis, however, was conducted on the limited sub-sample of closed matches (n=190). 120 matches in the final sample had not closed by August 2014. Overall, 64 matches closed within the first year. Among those, 36 (56.3%) were in the Control group, 15 (23.4%) were in the Training group, 6 (9.4%) were in the Peer Support group, and 7 (10.9%) were in the Interaction Group. Chi-Squared results indicated a significant association between treatment and closure in the entire final sample; thus, we rejected a null of independence ($\chi^2 = 15.63$; $p = .001$), 31.3 percent of the 115 members of the Control group in the final sample had closed matches within 12 months. As observed in the sub-sample of 190 closed matches, findings for the entire final sample (n = 310) indicated a significant association between treatment and early closure at 6 months ($\chi^2 = 10.14$; $p = .017$) and at 3 months ($\chi^2 = 9.25$; $p = .026$). In both cases, the Control group had a higher ratio of closed matches than any of the treatment conditions.

To formally confirm these findings, we analyzed the effect of the treatment assignment and a series of other match characteristics on likelihood of match closure within 12 months using a binary logistic regression model. Here, our dependent variable for analysis is a binary indicator

of match closure at 12 months. Matches lasting at least 11.5 months were coded 0, those closing prior to 11.5 months were coded 1. Unlike the relative risk analysis conducted above, the sample for this analysis included the entire final sample population (n = 310), assuming those matches that had not closed by August 2014 would have lasted over one year. Our key independent variable was treatment assignment, a four-level nominal indicator. We specified a simple contrast using the Control group as the reference category. Other variables tested were program type (Community or Site-Based), mentor occupation (student or community member), school district, program transfer, gender match, and ethnicity match. Findings suggested these factors were not significant predictors of the likelihood of early match closure; thus, they were excluded from the final model. We should note here that when running the same model on the sub-sample of 190 closed matches, Community-Based matches were 2.08 times more likely to end early, and community members were 5.5 times more likely than students to be in a match that ended prior to 12 months. Findings indicated members of the Interaction group were equally likely to end early.

The final model (presented in Table 37) is a significant improvement from the null (Model $\chi^2 = 16.45$; $p = .001$) and predicts 79.4 percent of responses correctly. The Hosmer and Lemeshow test is insignificant; therefore we can assume good model fit. The Nagelkerke R-squared is .08 (suggesting a relatively low explanatory value). Findings from the logistic regression model indicated members of the Peer Support group and Interaction group were significantly less likely to end their match early than those in the Control group. Findings also indicated marginally significant differences between the Control and Training groups ($p = .071$). Peer Support members were 80.3 percent less likely to close early than the Control group. Interaction group members were 59.6 percent less likely to close early and Training group members were 46.9 percent less likely. Despite low R-squared estimates, this model provides strong evidence confirming treatment effect on a critical match outcome variable.

Table 37: Impact of Treatment on Likelihood of Early Match Closure				
<i>Match Characteristics</i>	<i>B</i>	<i>Wald</i>	<i>Sig.</i>	<i>Exp(B)</i>
Treatment (Control)	---	10.97	.003*	---
Training	-.633	3.25	.071*	.531
Peer Support	-1.63	11.92	.001**	.197
Interaction	-.906	3.91	.048*	.404
Constant	-1.58	83.99	.000	.207
Model $\chi^2 = 16.49$ $p = .000$				
Pseudo $R^2 = .08$				
N=310				
* p is significant at .05 level **p is significant at .01 level or lower				

IMPACT OF TREATMENT ON MENTEE OUTCOMES

To address our third research question, *Does mentoring relationship quality, as driven by training and support, predict variances in outcomes for mentees at-risk for involvement in the juvenile justice system?*, we isolated the impact of time and treatment over time in youth outcomes reported in the Youth Outcome Survey (ages 8-16) and the Child Youth Outcome Survey (ages 5-7).

Youth Outcomes (Ages 8-16)

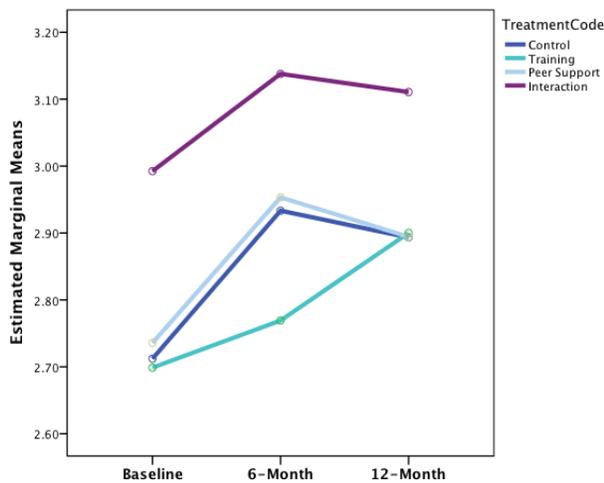
Summary statistics by time period (including baseline, 6-month and 12-month reports) for final YOS constructs are presented for the entire final sample in Table 38. Summary statistics pointed to slight increases overtime in Social Acceptability, School Competence, and Self-Reported Grades. Findings also suggested declines in Overall Depression overtime. Note, the depressive inventory specified scores above 16 as indicative of depression; whereas scores below showed lack thereof. Overall, the sample had low levels of depression at baseline; these declined over time.

Table 38: Youth Outcome Summary Statistics			
Youth Outcome Constructs	Baseline	6-Month	12-Month
	MEAN (SD)	MEAN (SD)	MEAN (SD)
YOS Only Constructs	Baseline	6-Month	12-Month
	MEAN (SD)	MEAN (SD)	MEAN (SD)
Social Acceptability	2.76 (.59)	2.9 (.65)	2.92 (.66)
School Competence	2.89 (.56)	2.98 (.63)	3.05 (.59)
Future Aspirations	3.43 (.75)	3.42 (.8)	3.42 (.79)
Parental Trust	3.71 (.49)	3.72 (.53)	3.72 (.51)
Self-Reported Grades	2.96 (.73)	3.01 (.72)	3.11 (.73)
MATCH PROJECT ITEMS			
Major Life Factors	1.61(.28)	1.63 (.3)	1.63 (.29)
Risky Behaviors- Aggression*	1.23 (.48)	1.22 (.44)	1.23 (.43)
Risky Behaviors- Truancy	2.04 (.88)	2.03 (.84)	2.08 9.83)
Overall Depression	11.68 (8.7)	10.8 (9.28)	9.49 (8)

*Risky Aggressive Behavior is non-normal (exceeds skewness of |2| in all time periods)

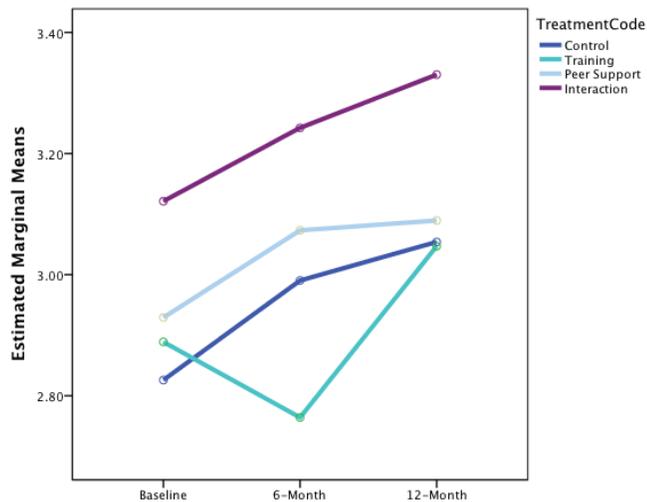
In order to test the impact of treatment assignment on youth outcomes we use a series of Repeat Measures ANOVA tests, reporting F values, significance levels, and effect sizes (measured with an Eta statistic). Findings are reported in Table 39. Line graphs demonstrating change are shown in Figures 20-22. Repeat Measures ANOVA tests report the main within-subjects effect of time, the main between-subjects effect of treatment and the interaction effect, which demonstrates treatment impact overtime.

Table 39: Impacts of Time and Treatment on Youth Outcomes									
Youth Outcomes	Time			Treatment			Time*Treatment		
	F	p	Eta	F	p	Eta	F	p	Eta
YOS Only									
Social Acceptability	15.1	.00*	.069	1.3	.28	.019	.47	.83	.007
School Competence	8.2	.00*	.038	2.3	.08	.032	1.17	.33	.017
Future Aspirations	.77	.47	.004	.07	.98	.001	.9	.49	.014
Parental Trust	.01	.99	.00	1.12	.342	.016	1.16	.325	.017
Self-Reported Grades	1.01	.36	.005	.06	.981	.001	.48	.83	.007
Major Life Factors	.98	.38	.005	2.79	.04*	.04	1.17	.32	.017
Risky Behaviors- Aggression	.305	.74	.002	.88	.45	.013	1.11	.38	.016
Risky Behaviors- Truancy	.156	.855	.001	.259	.859	.004	1.55	.162	.024
Depression	6.11	.00*	.029	2.09	.1	.03	.79	.58	.012



Social Acceptability- We found a significant within-subjects effect of time ($F = 15.1$; $p = .000$; $Eta = .069$) across the entire study cohort. As shown in Figure 20, mentee perceived Social Acceptability increased across all groups and across all time periods, with the exception of the Control group. From 6-12 months, the Control group did not show improvement in Social Acceptability ratings.

Figure 20: Social Acceptance Means by Treatment Type



School Competence - We found a significant within-subjects effect of time ($F = 8.2$; $p = .000$; $\text{Eta} = .038$) for the entire study cohort. As shown in Figure 21, mentee perceived School Competence increased across all groups and across all time periods, with the exception of the Training group. From baseline to six months, the Training group declined (though not significantly). Findings also suggested a marginally significant effect of treatment ($p = .082$). The Interaction and Peer Support groups had higher levels of School Competence across all time periods.

Figure 21: School Competence Means by Treatment Type

Future Aspirations- Although not significant, Future Aspirations among the Training and Peer support groups increased over time, while those in the Control and Interaction groups declined.

Self-Reported Grades- In looking at self-reported grades from six to 12 months only, we found a significant within-subjects effect of time ($F = 4.9$; $p = .028$; $\text{Eta} = .021$) for the entire study cohort. That trend did not persist in the 12-month sample.

Major Life Factors- We found a significant between-subjects treatment effect. The Interaction group had the highest reported occurrence of Major Life Factors relative to the other groups across all time periods. Given other findings suggesting poorer outcomes for this group, we might consider presence of risky life factors a moderating factor.

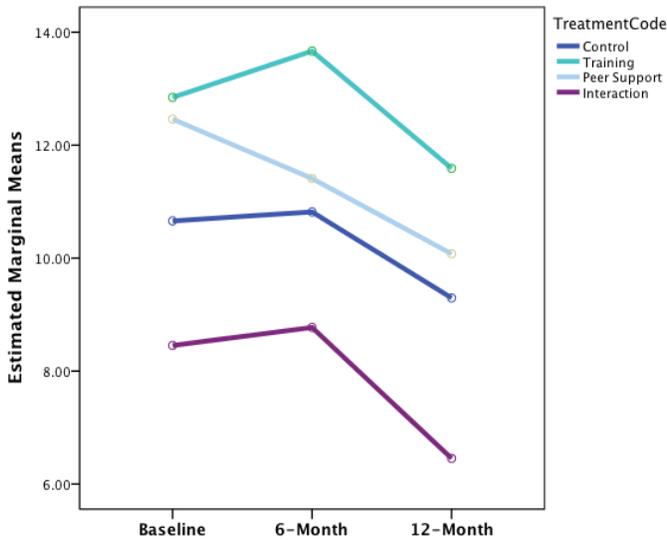


Figure 22: Overall Youth Depression by Treatment Type

Depression- Results indicated a significant effect of time across all groups in overall depression ($F = 6.1$; $p = .000$; $\text{Eta} = .029$) Thus, while we can conclude that mentee depression decreased overtime, there were no differences in decline rates among treatment populations.

Child Youth Outcomes (Ages 5-7)

Next, we analyzed youth outcomes in the CYOS. These were addressed separately due to issues with survey reliability and validity. As a result, the number of valid observations was limited, affecting analysis options. Given the CYOS was a newly developed survey, prior to analysis we addressed data validation concerns. To enhance data quality and reduce measurement error in testing, we adopted several rules for identifying response bias. We established three screening rules for dropping bias respondents, which were applied to the baseline, 6-month, and 12-month assessments (see Table 40). First, we dropped cases in which the child did not comprehend one of the major scales, indicated by the test administrator. Prior to the introduction of each new ordinal scale, children were asked a screening comprehension questions that first explains the new scale and then asks if the respondent understands how to answer. If the respondent indicated that they did not understand the scale, the survey administrator was instructed to note that they did not comprehend the scale, skip that scale, and move on to the next section. Second, we dropped cases in which the child did not seem to understand how to complete a survey or answer survey questions, as indicated by the test administrator. BBBS staff members were trained on survey administration prior to the introduction of the CYOS and were asked to read the instrument aloud to children while providing a laminated placard with color of scales for illustration to the child. All responses were recorded by the test administrator. The administrator then recorded their perception of whether the, "Student seemed to understand the questions?" (yes or no) and whether the "Student seemed to understand how to answer the questions?" (yes or no), once the subject has finished the entire survey. If the administrator indicated the student failed to understand either, we dropped the observation at that time period. Finally, our third screening rule eliminated straight-line respondents, or instances in which the respondent marked the same answer choice in questions 1-9 of the survey, at each time period. If a case was identified as having been straight-lined, that case was dropped from analysis.

Table 40: CYOS Screening Questions				
Screening Rule	Screening questions	Violations		
		Baseline	6-Month	12-Month
1	Student seemed to understand the questions, yes or no?	14	9	2
	Student seemed to understand how to answer the questions, yes or no?			
2	Student understands scale 1, yes or no?	10	11	2
	Student understands scale 2, yes or no?			
	Student understands scale 3, yes or no?			
	Student understands scale 4, yes or no?			
3	Straight Line Answering Questions 1-9.	3	4	3

In addition, internally contradictory responses were identified by analyzing respondents' answers to sets of contradictory items in the baseline survey. Cases with internally contradictory responses were noted but not dropped from analysis. Here, we used two sets of questions to assess sample bias: 1) "I find it hard to make friends" and "I have a lot of friends" 2) "I am very good at my school work" and "I have trouble figuring out answers in school". For the first set, we found only 31 cases (37.3%) differentiated between the questions. In the second set of questions, we found that only 34 cases (40.9%) differentiated. Thus, the majority of respondents were not distinguishing between negatively and positively oriented questions. This was reflected, at least partially, in the unacceptable internal consistency scores for both the Social Acceptance ($\alpha = -.116$) and School Competence ($\alpha = .428$) scales. Thus, we did not analyze these constructs in further testing. Rather, we looked at change across individual survey items.

Moreover, items with low overall response variability (90 percent or more of responses in a single category) were identified and removed from analysis. The following items from the risky index scale assessing perceptions of peer risk were flagged for violation of basic check: Smoke Cigarettes, Take Drugs, Drink Skip School, Hit someone, Break Rules, Lie to Adults, Steal, Tease Others. Lack of response variability indicated these items are not valid indicators of risk for CYOS population. Despite low variability, Table 41 reports frequency of reporting risky behaviors among the cohort. To simplify the scale, we combined all condoning responses ("It's Okay", "It's Sort of Okay", and "It's Perfectly Okay") compared with those who noted the behavior was "Not Okay". Generally, summary statistics presented in Table 41 demonstrate annual declines in the number of participants condoning risky behavior across several indicators.

Risk Factor:	Baseline (n=86)	6-Month (n=57)	12-Month (n=31)
“What do you think when kids your age:”	# (%)	# (%)	# (%)
Smoke Cigarettes	3 (3.6%)	2 (3.6%)	0 (0%)
Take Drugs without permission	3 (3.6%)	1 (1.8%)	1 (3.3%)
Drink Alcohol	4 (4.8%)	3 (5.4%)	0 (0%)
Skip School without permission	2 (2.4%)	4 (7.2%)	1 (3.3%)
Hit someone	3 (3.6%)	2 (3.6%)	0 (0%)
Show up late for school	24 (28.9%)	21 (37.5%)	13 (43.3%)
Break Rules at School	2 (2.4%)	2 (3.6%)	0 (0%)
Lie to Adults	2 (2.4%)	1 (1.8%)	0 (0%)
Disobey Instructions from Adults	1 (1.2%)	4 (7.2%)	2 (6.7%)
Steal Something	0 (0%)	1 (1.8%)	0 (0%)
Tease Others	4 (4.8%)	2 (3.6%)	0 (0%)
Are you teased by other kids?	32 (39%)	22 (40%)	14 (46.7%)
Is there a special adult in your life?	32 (39%)	43 (76.8%)	16 (51.6%)

Despite MSS reports that only six students did not understand the scale used to assess Future Aspirations (4-point likert scale ranging from “Very Sure” to “Not Sure at All”), practice questions for the scale indicated Future Aspiration items were not valid. When asked whether a student knew what high school or college was, 52 respondents answered no on at least one of these. Specifically, 46 (59.7%) answered no on high school (valid n = 77) and 46 (59%) answered no on college (valid n = 78). Given 52 (67%) of children overall failed the cross-validation screening test, future analysis does not include Future Aspirations questions from the CYOS. We recommend not using these items in analysis for children ages five to seven.

Table 42 below presents summary statistics for items retained after applying the data validation rules discussed above. Trends indicated slight gains across several items; however, when tested using a One-Way Repeated Measures ANOVA for within-subject effects of time we accepted the null for change over time across all items.

CYOS Items	Baseline (n=86)	6-Month (n=57)	12-Month (n=31)	Sig.
	MEAN (SD)	MEAN (SD)	MEAN (SD)	
I wish that more kids my age liked me	2.97 (1.19)	3.29 (1.04)	3.1 (1.16)	.717
Making new friends is hard	2.49 (1.23)	2.16 (1.23)	2.23 (1.29)	.891
I have a lot of friends	3.43 (.89)	3.55 (.87)	3.68 (.6)	.553
I would like to have more friends	3.5 (.93)	3.7 (.78)	3.48 (.85)	.077
I am just as smart as other kids	2.93 (1.12)	3.27 (1.04)	2.94 (1.3)	.118
I am very good at my school work	3.51 (.9)	3.57 (.74)	3.52 (.77)	.882
I am slow at finishing my school work	2.3 (1.29)	2.45 (1.29)	1.65 (1.08)	.838
I often forget what I learn	2.45 (1.26)	2.45 (1.26)	2.19 (1.25)	.985
I have trouble figuring out answers in school	2.77 (1.21)	2.59 (.39)	1.97 (1.17)	.468
Perceptions on Truancy	1.02 (.15)	1.5 (.76)	1.53 (.73)	.508
Your parents care about Feelings	3.78 (.59)	3.87 (.39)	3.77 (.62)	.255

When you're angry, your parents try to understand	3.32 (1.05)	3.46 (.98)	3.71 (.82)	.426
Overall Depression	5.37 (3.24)	5.04 (3.22)	3.64 (3.39)	.152

To isolate the effects of treatment assignment on child youth outcomes we first established equivalence among the treatment groups across the outcome indicators at baseline, using a One-Way ANOVA. Our results confirmed the null hypothesis of no difference among treatment groups across all outcome indicators at baseline. Next, we used an ANCOVA test, controlling for the pre-test as a covariate in the model and specifying treatment condition at 12 months as a fixed effect. Here, findings confirmed the null hypothesis of no difference across treatment groups, controlling for the effect of the pre-test, across all items with the exception of “I am slow finishing my school work.” Results for this test are presented below in Table 44 and Figure 23. Findings indicated that members of the Control and Peer Support groups reported less agreement with the statement; thus had higher perceptions of speed in completing schoolwork. However, given other School Competence items did not show a similar trend; we would be hesitant in asserting treatment effect on School Competence based on these findings. Thus, we concluded that time and treatment were not statistically significant predictors of change in child youth outcomes in the sample.

Table 44: Impact of Treatment on CYOS, “I am Slow at Finishing my Schoolwork”

	<i>df</i>	<i>F</i>	<i>Sig.</i>	<i>Eta</i>
Intercept	1	17.2	.001	.489
Pre-Test	1	2.31	.146	.114
Treatment	3	4.14	.021*	.408
R ² = .466				
N=23				
* p is significant at .05 level **p is significant at .01 level or lower				

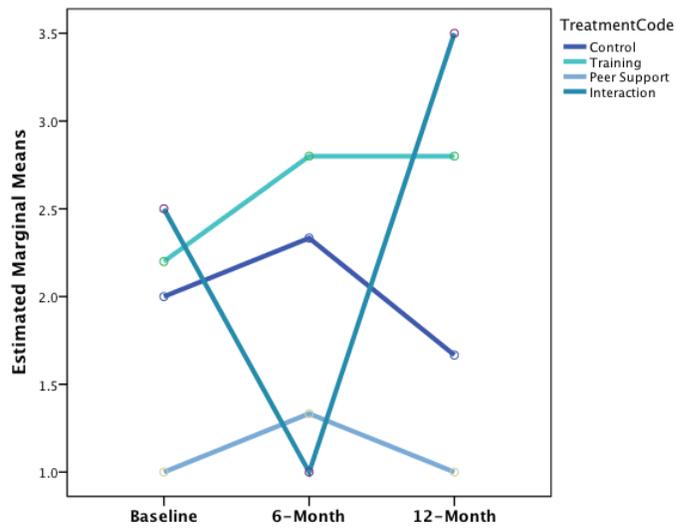


Figure 23: “I am slow in finishing my homework,” by Treatment Type

IV. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

In our analysis, we encountered a number of problems related to existing instrumentation as well as in our attempts to create comparable constructs and measures to use with young children. We also noted several promising findings related to the adoption of new constructs and measures. As a result, we discuss recommendations related to instruments and measures below before turning to conclusions and recommendations from the implementation of the MATCH project and findings from the Outcome Evaluation concerning our primary research questions.

As a single research site, there are number of limitations concerning generalizability of research findings. Research was conducted with a high quality agency that maintains long matches and good results among youth. BBBSHR is a mid-sized agency that consistently surpasses national performance metrics. Thus, there may be some issues with generalizability of findings across agencies with differing agency capacity or organizational outcomes. Furthermore, the study was conducted in a rural, college-town community. Thus, nearly 90 percent of mentors were white, college-aged students and 84 percent were female. Although we did not detect significant differences based on volunteer ethnicity and gender, we would suspect findings would have limited generalizability to more diverse mentor populations (especially those with a higher proportion of community members). Finally, unlike the mentor population, BBBSHR serves a very diverse community, with a rich multi-national/multi-ethnic youth base. The agency also serves a particularly young cohort of children. We would expect to see some differences in risk profile and youth risky indicators in an older cohort. Although findings in this paper do not indicate these factors are significant predictors of match outcomes, further research on older youth populations may be needed to confirm.

INSTRUMENTS AND MEASURES

Strength of Relationship Measures

Based on our analysis of Strength of Relationship for the youth survey, we recommend reviewing psychometric properties of the instrument in a broad-based study and revising the instrument to achieve greater validity. The existing SOR, used by BBBS agencies nationwide, poses a significant problem for mentoring research, particularly in demonstrating change in match strength over time and the impact of interventions designed to impact relationship quality. However, at the agency level, rarely observed low mentee reports of match strength could provide a helpful (though not sufficient) mechanism for identifying matches in need of immediate intervention.

While most analysis used standard mentor Strength of Relationship constructs, adopted by BBBSA, our findings suggested alternative measures of relationship strength. Based on results from a baseline sample factor analysis, we recommended Overall Match Quality and Availability be explored in future research.

Youth Outcomes Measures

Given the low levels of internal consistency of shared construct measures and low child comprehension in taking the CYOS, we recommend cautious application of CYOS in this

format. Still, we strongly believe that developing outcome measures for young children is vital to assess the impact of mentoring programs. Especially for agencies that serve a large number of young children, post-match only testing ignores vital information about social, behavior, or academic changes that have taken place during the foundational years of a match. Moreover, lack of assessment also limits the ability of researchers to determine the true impact of mentoring. Therefore, the development of instruments appropriate for this age group is an area in need of further research. One revision that should be seriously considered, in light of findings suggesting low variability in responses in the CYOS is a scale revision towards reducing four and five point scales to binary scales. The research team is currently using analysis from the CYOS to inform future instrumentation. Additionally, researchers and mentoring agencies should try, when possible, to collect objective measures (e.g. from school data) or to triangulate findings with reports from knowledgeable adults (e.g. mentors, parents, and/or teachers).

Although not directly addressed in this paper, we found there to be several issues with test construction of the Youth Outcome Survey (e.g. lack of explicit time frames and double-barrel framed questions) and would recommend serious revisions to the instrument. As mentioned above, we also recommend that agencies attempt to gather primary data from schools and other sources as well as more comprehensive secondary data from parents.

Other Constructs and Measures

Based on positive findings related to a newly-adopted Depressive Scale (discussed in the Outcome Evaluation findings and recommendations below) we recommend that mentoring agencies routinely include depressive inventories in youth outcome assessments.

We utilized a Mentee Risk Index approach developed by Herrera, DuBois, and Grossman (2013) to capture, in a single measure, a range of mentee baseline individual and environmental risk levels. In order to use this index we added several new indicators to the child enrollment forms including family income questions and inserts to the Parent-Child Interview form. We strongly recommend agency review of these measures and inclusion in baseline data collection. This approach can be effective in describing cohort characteristics and prescribing early intervention programming for at-risk mentees. Moreover, while our measures differ slightly from those used by Herrera et al., our study results confirm their findings that both high and low-risk youth “had relationships of similar strength and duration and derived similar benefits from program participation” (2013, p.2). We observed no concrete differences in mentor perceptions of Strength of Relationship or match length directly related to youth risk levels at baseline.

We incorporated a mentor Self-Efficacy inventory (Mentor Training Needs) and motivation inventory (Reasons for Being a Mentor), which were administered at baseline. The efficacy inventory was then administered every six months to track progress during the match relationship. While full analysis of these assessments is not included in this report, preliminary findings are discussed below (see Outcome Evaluation). We recommend others consider adopting measures to better assess mentor needs, preparedness, and motivations.

PROJECT IMPLEMENTATION

Volunteer Recruitment

The volunteer tracking system developed by BBBSHR staff during the initial phase of the research study proved critical in managing the increased recruitment targets and meeting enrollment goals. We believe that mentoring agencies would benefit from incorporating similar data-driven management techniques into standard operating procedures. Still, a particular recruitment challenge that persisted throughout the research study was how to increase the number of male and Hispanic populations. More research is needed to identify strategies that work for recruiting ethnically diverse and male mentors.

Implementation of the Enhanced Mentor Training and Peer Support Interventions

Training modules for the study were hosted by a newly-created Big Brothers Big Sister of America learning management system. Throughout the Implementation Analysis we note several challenges as well as several benefits of working with BBBSA's IMPACTU system. We would recommend that researchers be cautious in relying too heavily on untested technology platforms for critical components of study implementation. Incorporating flexible timelines and additional mechanisms for tracking key program components can help provide safeguards should problems emerge.

Treatment utilization was a significant challenge to study implementation. Several efforts were made to increase utilization throughout the study period, however, problems with utilization persisted. Study mentors who completed training modules and elected to take the training assessment surveys gave positive evaluations for all original modules. Based on overall ratings, we recommend using self-guided and engaging training modules. However, we did not experience increased participation driven by improvements in module delivery. Moreover, our assessment of differences in Strength of Relationship between mentors who participated in the Enhanced Mentor Training Intervention versus those assigned but who did not participate found that non-intervention Training group mentors reported higher Connectivity with their mentees than mentors who had been exposed to the intervention. This may be due to self-selection; mentors experiencing difficulties in their matches may have been more inclined to take training. The fact that this result was not evident when analyzing between-group Strength of Relationship measures may be due to this bias.

Similarly, we encountered low levels of treatment utilization among mentors in the Peer Support Intervention. Moreover, among those that participated with the intervention, we found declining levels of levels of participation as the match progressed. We also experienced unanticipated difficulties in recruiting Coaches to support the one-on-one mentor-Coach model that was initially planned. Beyond lack of motivation and interest, agency staff suggested that, despite clear guidelines, mentors may not have adequately distinguished between the roles of their Coach and their Match Support Specialist. Still, we found higher levels of satisfaction with Coaches among those who received the intervention compared to the non-intervention cohort. Despite these trends, we did not observe differences in Strength of Relationship ratings between these two cohorts.

Findings from an analysis of the variables associated with treatment utilization were limited and did not provide a clear roadmap for predicting utilization factors. Thus, further research should be done to isolate mentor characteristics that predict increased engagement.

THE IMPACT OF INTERVENTIONS ON PARTICIPANT OUTCOMES

Impact of Treatment on Strength of Relationship

Initial results from our summary statistics on mentor-reported Strength of Relationship items and constructs demonstrated deflation in confidence among mentors, especially related to finding things to do with the mentees and handling more complex challenges near the 6 month mark of the relationship. This pattern of decline, however, was often recovered (for matches that persisted) by the 12-month observation. The Control, Peer Support, and Training groups all experienced significant declines in Lack of Frustrations and Availability over time (the Interaction group was not tested due to a low number of observations in the final sample). The only observed between-subjects treatment effect was seen in increased reported Connectivity in the Control group when compared with the Training group. There were no significant interaction effects between time and treatment. We believe declines in Frustration and Availability throughout the match, support at least theoretically the need for ongoing training and support rather than a pre-match training only approach. Because we observed higher Connectivity scores among the non-intervention Training group members (which were dropped from the final sample), we might conclude that differences in mentor Connectivity ratings may be driven by a self-selection bias. Thus, those with high match Connectivity ratings who were assigned to the Training intervention chose not to take the training due to perceptions that the match was going well, affecting mean group Connectivity overall. We recognized that issues with self-selection bias among non-intervention mentors (in all groups) may have far reaching affects across study findings, which we did not fully capture in analysis.

Impact of Treatment on Mentor Self-Efficacy

In analyzing change in mentor Self-Efficacy, we found significant main within-subject effects of time across several key efficacy indicators. In most cases, mentor efficacy worsened over time. We attributed this to a phenomena commonly observed by our agency partner wherein mentors began to realize greater challenges in working with their mentee as the relationship developed. In some ways, results in assessing mentor self-efficacy items and constructs mirror those we observed in assessing mentor-reported Strength of Relationship findings. Based on narrative data provided by agency staff, mentors were more likely to note challenges in deciding how to spend time with their mentees as well as how to combat feelings of boredom or lack of interest. In more serious cases, mentors noted having struggled with how to handle complex family and school issues. Higher efficacy ratings at baseline may reflect mentor overconfidence or naiveté. This confirms the need for post-match training and support throughout the match. Our findings, however, did not indicate many significant improvements in efficacy among mentors in treatment groups. There were limited findings pointing to improvements in sexual topics efficacy from baseline to 6 months among mentors in the Training group. Here we observed possible but narrow benefits of on-going training related to the Healthy Sexuality and Youth module. Effects of mentor training and support on improved mentor self-efficacy are an area for future research.

Impact of Treatment on Match Length and Match Closure

Match closure results were promising. Findings present the clearest evidence in support of the effect of Enhanced Mentor Training and Peer Support interventions on match outcomes. Among matches that were closed by the end of the study period (n=190), we observed lower match length in Control and Intervention groups. In addition, matches made with community mentors were 11.6 months long compared with 15.3 months among student matches. This was the only subgroup with a lower than 12 months average match length. 58.8 percent of matches made with a community mentor failed prior to 12 months. In further discussion with agency staff, we learned that community members were instructed to make a one-year commitment during enrollment whereas student volunteers were told they needed to commit to at least three full semesters. This could account for systematic differences in match length. Given this finding, we might conclude that expectations set at the time of enrollment matter in terms of incentivizing volunteer engagement. Although this recommendation may only be relevant for sites experiencing these trends, we would recommend additional support for matches made with community mentors and enhanced early match expectations. One limitation, however, to these findings is the fact that only 190 of 310 matches in the final sample had closed by the end of the study period. Thus, we would recommend further analysis once the remaining matches have closed to confirm that these predictive factors apply to the full sample population.

Among the entire final sample population (n=310), findings in a binary logistic regression model indicated that treatment type was a significant predictor of the likelihood of early match closure. Members of the Control group were statistically more likely to experience early closure than those in the Peer Support and Interaction groups. They were also substantively more likely to close than matches in the Training group. This trend persisted in analysis of 6-month and 3-month early closure data. This finding presented our strongest evidence in support of ongoing enhanced training and support activities. Although all groups experienced average match lengths longer than 12 months, we can conclude that enhanced support might have a positive impact on the weakest matches. Given existing research which links early match closure to poorer youth outcomes, this finding is particularly important. Although beyond the scope of this paper, we would recommend further exploration of match characteristics among the weakest matches (those closing prior to 6 months) in an effort to create targeted interventions.

Additionally, among the 190 closed cases in the final sample at the time of the study end date, family-motivated reasons for closure (moving or noted issues with the match) accounted for half of the reasons recorded by the agency for early match closure. Although this study was focused on mentor interventions, these findings indicate that further research is needed to identify best practices in family enrollment screening and family-directed training to prepare for and manage issues that arise within the match relationship. Analysis of match length indicated that treatment type, program type, and mentor occupation were also related to early closure.

Impact of Treatment on Youth Outcomes

Results from the evaluation on youth outcomes (YOS) presented limited evidence in support of the overall effect of mentoring. Over time, we observed significant improvements in youth-reported Social Acceptability, School Competence, and Overall Depression. In looking at six to twelve month data, we also observed significant improvements over time in Self-Reported Grades. Depressive scale findings are particularly promising given the links between youth

depression and delinquent behavior, especially among girls (Travis, 1999). This also confirms the need for broader inclusion of depressive inventories in youth outcome assessment. Despite positive signs for the impact of youth mentoring more generally, we did not find evidence to confirm the impact of the treatment across any construct measure. As noted in earlier conclusions, however, we recommend serious revisions to the YOS instrument, which may improve overall validity. We also suggest researchers and practitioners consider collecting primary data to explore youth outcomes along with child-reported data. Beyond general issues with the YOS, we believe this is an area future consideration in exploring longitudinal data. Youth outcomes may not be observed during the short-term outcome evaluation period; rather, they may be observed among youth over a longer time horizon.

Results from the evaluation of child outcomes (CYOS) largely confirmed a null hypothesis of no impact. Findings showed no meaningful differences between treatment groups across several key items. Rather than infer, however, that the treatment condition is not affecting youth outcomes, we believe there are systematic issues with data validity that should be further explored. Moreover, a low number of observations at 12 months severely limited our ability to fully explore the data. This could be overcome by combining responses on the CYOS with their corresponding anchor items on the YOS, which would involve further psychometric testing. In this study, nearly all seven year-old respondents took the CYOS at baseline and graduated to the YOS by their 12-month assessment period. Thus, we would recommend further psychometric testing to confirm this intuition.

Summary

In sum, major results from the Outcome Evaluation lead us to cautiously recommend Enhanced Mentor Training and Peer Support. We believe limitations due to large-scale lack of treatment exposure among those assigned to our interventions presented the greatest challenge to this conclusion. Moreover, limited access to valid outcome measures made asserting causal influence difficult; at least in part, this stemmed from our reliance on inflexible nationally-adopted instruments. Findings related to the positive impact of the intervention on early match closure rates and, more generally, the decline in mentor self-reported Strength of Relationship and Efficacy across all groups points to the need for ongoing training and support.

While we believed that online training modules would offer the most flexible mode for training delivery and would therefore elicit greater buy-in, low participation rates (even after persistent follow-up efforts) lead us to wonder whether another mode of delivery or less flexible standards for completion would be more effective. For example, we have considered in-person individualized or group-based training as well as mandatory training assignment for mentors. When discussed with agency staff, they expressed strong opposition to both alternatives. They noted that in-person modalities would be infeasible logistically, especially for small and mid-sized agencies. Moreover, in the event that mentors did not take required training, agency recourse resulting in volunteer termination would have negative consequences for mentees, leading to poorer youth outcomes. Further research may explore these questions through a meta-evaluation of recent studies on the impact of enhanced training using a variety of modalities. While we are not ruling out the need for mandatory training assignment, results point to the need to further examine mentor motivation and optimal incentives for training participation.

Unlike the Training intervention, our one-to-one Peer Support program was extremely logistically demanding on agency staff in terms of time and resources dedicated to Coach recruitment and follow-up. Thus, we would not recommend a compulsory model for one-to-one Peer Support. Rather, we believe having access to a Peer Support base during rough times in the match relationship would present a benefit to mentors (especially during the 6-month decline period). Mentors may be more likely to talk with more experienced peers than with their Match Support Specialists about complex challenges they are facing with their mentee as well as their own issues with lack of availability.

Finally, findings regarding the Interaction group did not support providing mentors with both the Peer Support and Enhanced Mentor Training. We did not detect any additional benefits of being assigned both interventions on any of the outcomes assessed, though the high threshold for treatment exposure in the Interaction group left us with a low study n in the final study sample and prevented rigorous analysis. Additionally, dual interventions would be more taxing on agency resources. Although particular mentors might gravitate toward one mechanism of match support, mentoring agencies would need to weight the uncertain added value against increased resources required for program implementation.

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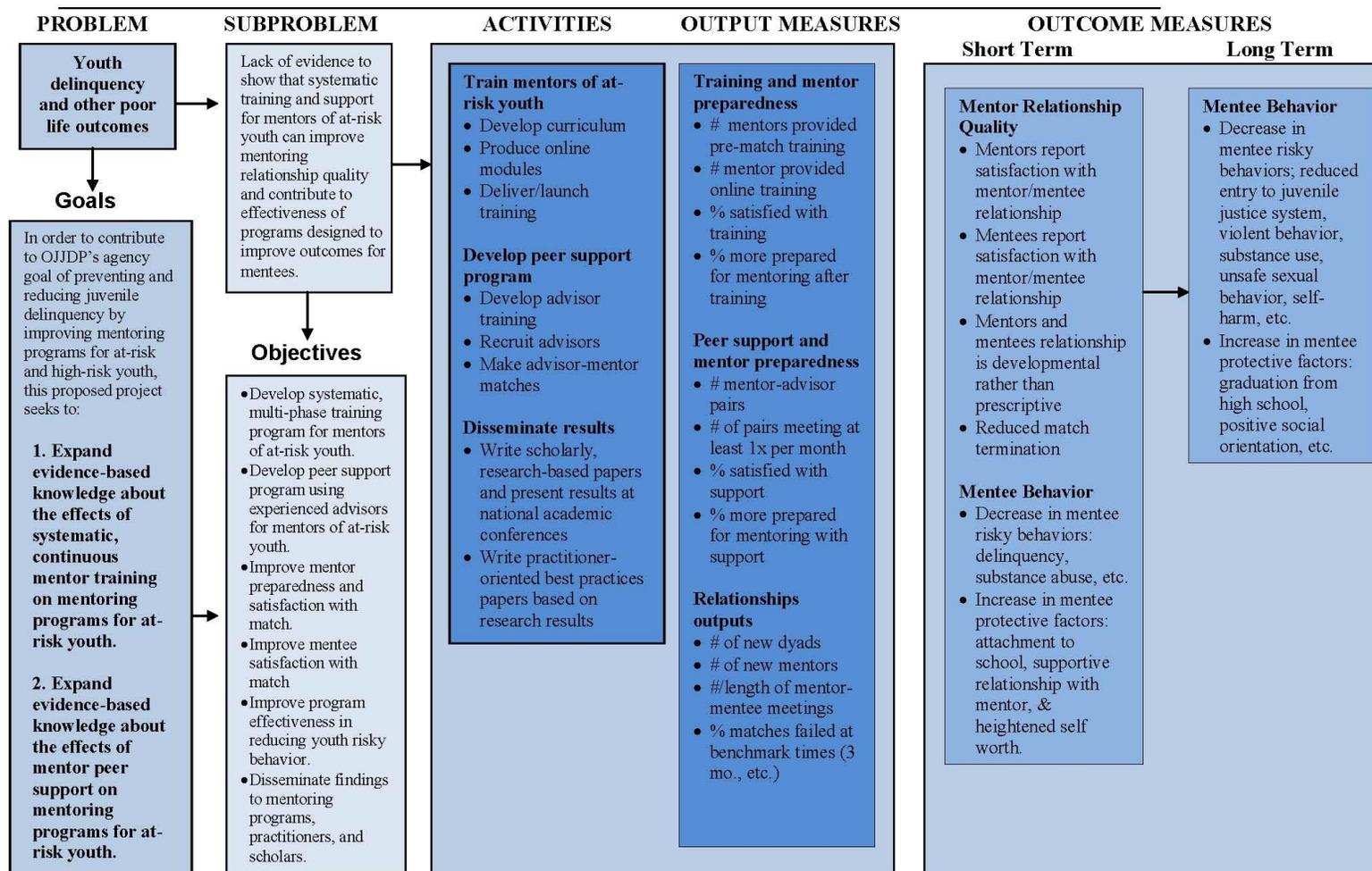
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Appendix A: Logic Model

TESTING THE IMPACT OF MENTOR TRAINING AND PEER SUPPORT on the Quality of Mentor-Mentee Relationships and Outcomes for At-Risk Youth



Appendix B: Constructs and Measures

Constructs	Variable Items	Variable Description	Data Source	Relevant Outcome
STRENGTH OF RELATIONSHIP FOR YOUTH (SORY)				
Centeredness on Youth's Developmental Needs	1. My Big gives me lots of good ideas about how to solve a problem. 2. My Big helps me take my mind off things by doing something with me. 9. When something is bugging me, my Big listens while I talk about it.	Never True, Hardly Ever True, Sometimes True, Most of the Time True, Always True, I Don't Know [range: 1-6]	SORY-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Youth Strength of Relationship (at 3 months)
Conflict	3. When I'm with my Big, I feel ignored. 4. When I'm with my Big, I feel mad. 6. When I'm with my Big, I feel disappointed. 8. When I'm with my Big, I feel bored.	Never True, Hardly Ever True, Sometimes True, Most of the Time True, Always True, I Don't Know [range: 1-6]	SORY-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Youth Strength of Relationship (at 3 months)
Competence	5. When I am with my Big, I feel safe.	Never True, Hardly Ever True, Sometimes True, Most of the Time True, Always True, I Don't Know [range: 1-6]	SORY-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Youth Strength of Relationship (at 3 months)
Centrality	7. My relationship with my Big is very important to me.	Never True, Hardly Ever True, Sometimes True, Most of the Time True, Always True, I Don't Know [range:1-6]	SORY-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Youth Strength of Relationship (at 3 months)
Closeness	9. How close do you feel to your Big?	Never True, Hardly Ever True, Sometimes True, Most of the Time True, Always True, I Don't Know [range:1-6]	SORY-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Youth Strength of Relationship (at 3 months)
	1. What kinds of activities do you do with your Big? (think of the last three months):	---	SORY-3 month, 6 month, 9 month, 12 month	
	2. What kinds of things do you talk about with your Big?	---	SORY-3 month, 6 month, 9 month, 12 month	

	(think of the last three months):			
STRENGTH OF RELATIONSHIP FOR MENTOR (SORM)				
Compatibility	<p>3. My Little and I are interested in the same things.</p> <p>8. I sometimes feel frustrated with how few things have changed with my Little.</p> <p>9. My Little and I are sometimes at a loss for things to talk about.</p> <p>12. I get the sense that my Little would rather be doing something else.</p> <p>13. My Little has trouble sticking with one activity for very long.</p>	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Mentor Strength of Relationship (at 3 months)
Competence-Lack of frustration	<p>2. I expected that being a Big would be more fun than actually it is.</p> <p>5. Being a Big is more of a time commitment than I had anticipated.</p> <p>6. I feel overwhelmed by my Little's family difficulties.</p> <p>10. It is hard for me to find the time to be with my Little.</p>	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Mentor Strength of Relationship (at 3 months)
Competence-Confidence	<p>1. I am enjoying the experience of being a Big.</p> <p>4. I feel confident handling the challenges of being a mentor.</p> <p>7. My Little has made improvements since we started meeting.</p> <p>11. I think my Little and I are well-matched.</p>	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Mentor Strength of Relationship (at 3 months)
Closeness	<p>14. How close do you feel to your Little?</p>	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Mentor Strength of Relationship (at 3 months)
Centeredness on Youth's Developmental Needs	<p>15. Which of the following best describes how decisions are usually made about how you and your Little will spend</p>	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-3 month, 6 month, 9 month, 12 month	Intermediate Outcome-Improved Mentor Strength of Relationship (at 3 months)

	your time together?			
	1. When I am with my Little, we do the following activities (think of specific activities in past three months)	---	SORM-3 month, 6 month, 9 month, 12 month	
	2. When I am with my Little, we talk about the following things (think of specific conversations you had in the past three months)	---	SORM-3 month, 6 month, 9 month, 12 month	
	3. Mentors and Littles frequently face challenges in their relationship. What challenges have you faced in the past three months? And, how have they been resolved? (Be specific)	---	SORM-3 month, 6 month, 9 month, 12 month	
COACH SATISFACTION (Coach Only)				
	17. My Coach provides me with strategies for being a more effective Big.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	18. My Coach provides me with strategies for being a more effective Big.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	19. My Coach seems concerned about my relationship with my Little.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	20. I feel disappointed in my relationship with my Coach.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	21. My relationship with my Coach is very important to me.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	22. I feel comfortable talking to my Coach about my match.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	23. I feel like my Coach is there for me when I need them.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
	28. In the past 6 months, how often have you been in contact with your Coach (List the number of times for	___ In person ___ By email ___ By phone	SORM-6 month, 12 month	

	each method of contact)?			
	15. If I had more training from BBBS I would be a more effective Big. 16. If I had more support from BBBS I would be a more effective Big.	Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, I Don't Know [range: 1-6]	SORM-6 month, 12 month	
MENTOR EFFICACY SCALE ("TRAINING NEEDS")				
	1. Positively impact a child who is in need of an adult role model	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	2. Assume complete responsibility for a child's safety when we are together	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	3. Think of "fun" ways to spend time with a child	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	4. Help a child overcome behavioral problems at school	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	5. Help a child overcome their anger, aggression, or violent behavior	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	6. Help a child overcome their bullying behaviors toward other children	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	7. Support a child who is being bullied by other children	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	8. Recognize signs of alcohol use	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	9. Talk with a child about their alcohol use	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	10. Recognize signs of sexual abuse	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	11. Talk with a child about their sexual activity	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	12. Talk with a child about their sexual orientation	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	

	13. Recognize signs of drug use	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	14. Talk with a child about their drug use	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	15. Recognizing signs that a child belongs to a gang	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	16. Talk with a child about joining or being a member of a gang	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	17. Help a child deal with issues related to having an incarcerated parent	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	18. Help a child deal with issues related to having a parent who is deployed for military service	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	19. Mentor a child whose ethnic or cultural background is different from mine	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	20. Mentor a child whose parents' primary language is different than mine	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	21. Mentor a child who is underprivileged or in poverty	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
	22. End the relationship on a positive note	Cannot do at all thru Moderately confident thru Highly confident [range:1-10]	SORM-6 month, 12 month	
CHILD YOUTH OUTCOMES SURVEY (CYOS)				
Social Acceptability	1. I wish that more kids my age liked me 2. Making New Friends is Hard 4. I would like to have a lot more friends	Not At All True, Not Very True, SORT of True, Very True [range: 1-4]	CYOS-baseline, 6 month, 12 month	Long-term outcomes-Reductions in anti-social behavior; academic achievement; delinquency avoidance
School Competence	5. I am just as smart as other kids 6. I am very good at my school work. 7. I am pretty slow in finishing my schoolwork	Not At All True, Not Very True, SORT of True, Very True [range: 1-4]	CYOS-baseline, 6 month, 12 month	Long-term outcomes-Improved school performance; academic achievement

	8. I forget what I learn			
Educational Expectations	10. Finish high school 11. Go to College	Not At All True, Not Very True, SORT of True, Very True [range: 1-4]	CYOS-baseline, 6 month, 12 month	Long-term outcomes-Reductions in youth risk factor profile; academic achievement
Risky Attitudes (Toward Friends)	15. Been absent from school 16. Hitting someone 17. Show up late for school 12. Use tobacco (cigarettes, cigars, smokeless or chewing tobacco) 18. Break rules in school	It's Not Okay, It's SORT of Okay, It's Mostly Okay, It's Perfectly Okay [range: 1-4]	CYOS-baseline, 6 month, 12 month	Long-term outcomes-Increased school attendance (2 items); reductions in youth risk profile (4 items); reductions in youth substance use (1 item); delinquency avoidance (4 items)
Parental Trust	23. My parents care about my feelings 24. When I am angry, my parents try to help	Hardly Ever, Not Very Often, Sometimes, Pretty Often [range: 1-4]	CYOS-baseline, 6 month, 12 month	Long-term outcomes: Increases in youth protective factors; academic achievement; delinquency avoidance
Risky/Antisocial Behavior (Nonviolent)	18. Break the rules at school 19. Told a lie to my parents Been teased at school Tease Someone at School Break Rules at home 12. Smoke Cigarettes 15. Skip school without permission 17. Show up late for school	It's Not Okay, It's SORT of Okay, It's Mostly Okay, It's Perfectly Okay [range: 1-4]	CYOS-baseline, 6 month, 12 month	Long-term outcomes-Reductions in antisocial behavior
Relational Adult	31. Right now in your life, is there a special adult (<u>not</u> your parent or guardian) who you often spend time with? A special adult is someone who does a lot of things for you. For example someone (a) who you look up to and encourages you to do your best, (b) who really cares about what happens to you, (c) who influences what you do and the choices you make, and (d) who you can talk to about personal problems?	No, I don't have a special adult in my life right now; Yes, I do have a special adult in my life right now [range:1-2]	CYOS-baseline, 6 month, 12 month	
	29. Do other kids, at school or in your neighborhood at home,	No, I don't get picked on/teased.; Yes: I do get picked on/teased.	CYOS-baseline, 6 month, 12 month	

	tease you or pick on you?	[range:1-2]		
YOUTH OUTCOMES SURVEY (YOS)				
Social Acceptability	1. I am always doing things with a lot of kids 2. I wish that more people my age liked me 3. I find it hard to make friends 4. I would like to have a lot more friends 5. I am popular with others my age 6. I have a lot of friends	Not at all true; Not very true; SORT of true; very true [range:1-4]	YOS- baseline, 6 month, 12 month	Long-term outcomes-Reductions in anti-social behavior; academic achievement; delinquency avoidance
School Competence	7. I have trouble figuring out the answers in school 8. I feel that I am just as smart as other kids my age 9. I am very good at my schoolwork 10. I'm pretty slow in finishing my schoolwork 11. I often forget what I learn 12. I do very well at my class work	Not at all true; Not very true; SORT of true; very true [range:1-4]	YOS- baseline, 6 month, 12 month	Long-term outcomes-Improved school performance; academic achievement
Educational Expectations	13. Finish High School 14. Go to College 15. Finish College	Not at all sure; not really sure; mostly sure; very sure [range:1-4]	YOS- baseline, 6 month, 12 month	Long-term outcomes-Reductions in youth risk factor profile; academic achievement
Grades	16. Mathematics 17. Reading or Language Arts 18. Social Science 19. Science	Not good at all (F); Not so good (D); Good (C); Very good (B); Excellent (A) [range:1-5]	YOS- baseline, 6 month, 12 month	Long-term outcomes-improved school performance; academic achievement
Risky Attitudes (Toward Friends)	20. Use tobacco (cigarettes, cigars, smokeless or chewing tobacco) 21. Take drugs that aren't given to them by a doctor or parent 22. Drink alcohol without their parents knowing 23. Skip school without permission 24. Hitting someone because	It's okay, It's SORT of okay; It's mostly okay; It's perfectly okay [range:1-4]	YOS- baseline, 6 month, 12 month	Long-term outcomes-Increased school attendance (2 items); reductions in youth risk profile (4 items); reductions in youth substance use (1 item); delinquency avoidance (4 items)

	<p>they didn't like something they said or did</p> <p>25. Break rules in school</p> <p>26. Show up late for school</p>			
Parental Trust	<p>33. My parents respect my feelings</p> <p>34. My parents accept me as I am</p> <p>35. When I'm angry about something, my parents try to be understanding</p>	<p>Hardly ever; Not very often; Sometimes; Pretty often [range:1-4]</p>	<p>YOS- baseline, 6 month, 12 month</p>	<p>Long-term outcomes- Increases in youth protective factors; academic achievement; delinquency avoidance</p>
Truancy	<p>36. Been Absent from School</p> <p>37. Been Late for school</p>	<p>Never; I have done this, but not in the last 30 days; I did it 1-2 times in the last 30 days; I did it 3 or more times in the last 30 days [range:1-4]</p>	<p>YOS- baseline, 6 month, 12 month</p>	<p>Long-term outcomes-Increased school attendance</p>
Environmental Risk Factors	<p>38. Broken up with a boyfriend or girlfriend</p> <p>39. Close friend moved away</p> <p>40. Been picked on at school or in neighborhood</p> <p>41. Know someone who was hurt badly or became ill</p> <p>42. Know someone who died</p>	<p>Yes; No [range:1-2]</p>	<p>YOS- baseline, 6 month, 12 month</p>	
Risky/Antisocial Behavior (Nonviolent)	<p>20. Use tobacco (cigarettes, cigars, smokeless or chewing tobacco)</p> <p>21. Take drugs that aren't given to them by a doctor or parent</p> <p>22. Drink alcohol without their parents knowing</p> <p>23. Skip school without permission</p> <p>25. Break rules in school</p> <p>26. Show up late for school</p> <p>55. Participated in gang activity</p>	<p>It's okay; It's SORT of okay; It's mostly okay; It's perfectly okay [range:1-4]</p> <p>Never; Yes, 1 to 2 times; Yes, 3 to 4 times; Yes, more than 5 times [range:1-4]</p>	<p>YOS- baseline, 6 month, 12 month</p>	<p>Long-term outcome-reductions in relationship (at 3 months)</p>
Psychological Well-being	<p>57. I am bothered by things that usually don't bother me</p> <p>58. I lose my appetite</p> <p>59. I am not able to feel happy,</p>	<p>None of the time; Some of the time (1-2 days); Occasionally (3-4 days); Most of the time (5-7 days) [range:1-4]</p>	<p>YOS- baseline, 6 month, 12 month</p>	

	<p>even when friends and family tried to help me feel better</p> <p>60. I feel I am just as good as other kids</p> <p>61. I can't pay attention to what I am doing</p> <p>62. I feel unhappy</p> <p>63. I feel like I am too tired to do things</p> <p>64. I feel like something good is going to happen</p> <p>65. I feel like things don't work out right</p> <p>66. I feel scared</p> <p>67. I am sleepless</p> <p>68. I am happy</p> <p>69. I talk less than usual</p> <p>70. I feel lonely, like I don't have any friends</p> <p>71. I feel like kids are unfriendly to me</p> <p>72. I have a good time</p> <p>73. I feel like crying</p> <p>74. I feel sad</p> <p>75. I feel that people don't like me</p> <p>76. It is hard to get started doing things</p>			
Relational (Adult)	<p>56. Right now in your life, is there a special adult (<u>not</u> your parent or guardian) who you often spend time with? A special adult is someone who does a lot of things for you. For example someone (a) who you look up to and encourages you to do your best, (b) who really cares about what happens to you, (c) who influences what you do and the choices you make, and (d) who you can talk to about personal problems?</p>	<p>No, I don't have a special adult in my life right now; Yes, I do have a special adult in my life right now [range:1-2]</p>	<p>YOS- baseline, 6 month, 12 month</p>	

Relational (Peer Group)	43. Been arrested for a crime, offense, and/or a violation 44. Smoked a cigarette 45. Had a drink of alcohol 46. Taken drugs without prescription 47. Volunteered in the community 48. Participate in clubs or other organized activities 49. Teased or bullied someone at school 50. Been teased or bullied at school 51. Wanted to hurt or fight someone 52. Been in a fight 53. Thought about hurting myself 54. Had a failing grade in one of my classes 55. Participate in gang activity	Never; Yes, 1 to 2 times; Yes, 3 to 4 times; Yes, more than 5 times [range:1-4]	YOS- baseline, 6 month, 12 month	
DEPRESSIVE SCALE				
See Risk Index				
ADDITIONAL PARENT/GUARDIAN ENROLLMENT & INTERVIEW FORM QUESTIONS				
	1. Does your child have a physical disability or impairment?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	2. Does your child have a learning disability?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	3. Does your child have any behavioral or emotional issues?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	

	4. Does your child have an ongoing illness or health problem (including asthma)?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	5. Has your child ever been pregnant?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	6. Is your child currently raising a child of his/her own?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	7. Has your child experienced any history of physical, sexual, or emotional abuse?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	8. Has your child ever been arrested?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	9. Has your child ever served time in a juvenile detention center?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	10. Parent Marital Status	Single, Married, Separated, Divorced, Widowed [range:1-6]	BBBSHR Parent/Guardian Enrollment Form	
	11. Family Size	---	BBBSHR Parent/Guardian Enrollment Form	
	12. Highest grade completed by mother?	Elementary-6 th , Secondary, High School Sip/GED, Some College, Associates Degree, Bachelor's Degree, Some Graduate, Graduate Degree, No Formal Schooling [range: 1-9]	BBBSHR Parent/Guardian Enrollment Form	
	13. Highest grade completed by father?	Elementary-6 th , Secondary, High School Sip/GED, Some College, Associates Degree, Bachelor's Degree, Some Graduate, Graduate Degree, No Formal Schooling [range: 1-9]	BBBSHR Parent/Guardian Enrollment Form	
	14. Does your family receive food stamps?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	

	15. Does your family receive TANF (cash assistance)?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	16. Does your family receive free/reduced lunch?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	17. Does your family receive WIC?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	18. Does your family receive Social Security?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	19. Does your family receive subsidized housing/section 8?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	20. Does your family receive Medicaid? (adults)	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	21. Does your family receive Medicaid/FAMIS? (children)	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	22. Does your family receive disability?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	23. Total current annual gross household income (before taxes)	---	BBBSHR Parent/Guardian Enrollment Form	
	24. Do any of the child's parents/guardians have a history of substance abuse?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	25. Do any of the child's parents/guardians have a history of mental illness?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	26. Do any of the child's parents/guardians have a significant physical disability?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	27. Do any of the child's parents/guardians have an ongoing illness or health problem?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	28. Are any of the child's parents/guardians out of work/unemployed?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	

	29. In the last six months, has the child changed schools?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	30. In the past year, did you own your own home/apartment?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	31. In the past year, was your family homeless?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	32. In the past year, did the family move?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	33. In the past year, did a parent/guardian move out of the home?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	34. In the past year, did parents or guardians separate or get divorced?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	35. In the past year, did a parent or guardian remarry?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	36. In the past year, was a parent or guardian on active duty in the military?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	37. In the past year, was a parent or guardian deployed in military service?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	38. In the past year, was a parent/guardian in prison?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	39. In the past year, was a parent or guardian unemployed?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	40. In the past year, did a parent or guardian start a new job after time off work?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	41. In the past year, did anyone in the household have a baby?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	42. In the past year, did a parent or guardian die?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
	43. In the past year, did anyone else in the family die?	Yes, No [range: 1-2]	BBBSHR Parent/Guardian Enrollment Form	
SCHOOL DATA				
See Risk Index				

REASONS FOR BEING A MENTOR

<p>Values</p>	<p>3. I am concerned about those less fortunate than myself. 9. I am genuinely concerned about the particular child I am mentoring. 16. I feel compassion toward people in need. 19. I feel it is important to help others. 22. I can do something for a cause that is important to me.</p>	<p>Not at All Important/Accurate for You thru Moderately Important/Accurate for You thru Extremely Important/Accurate for You [range:1-10]</p>	<p>Reasons for Being a Mentor Survey- Pre-Match</p>	
<p>Understanding</p>	<p>12. I can learn more about the cause for which I am working. 14. Mentoring allows me to gain a new perspective on things 18. Mentoring lets me learn things through direct, hands on experience. 25. I can learn how to deal with a variety of people. 30. I can explore my own strengths.</p>	<p>Not at All Important/Accurate for You thru Moderately Important/Accurate for You thru Extremely Important/Accurate for You [range:1-10]</p>	<p>Reasons for Being a Mentor Survey- Pre-Match</p>	
<p>Social</p>	<p>1. Mentoring can help me to get my foot in the door at a place where I would like to work. 10. I can make new contacts that might help my business or career. 15. Mentoring allows me to explore different career options. 21. Mentoring will help me to succeed in my chosen profession. 28. Mentoring experience will look good on my resume.</p>	<p>Not at All Important/Accurate for You thru Moderately Important/Accurate for You thru Extremely Important/Accurate for You [range:1-10]</p>	<p>Reasons for Being a Mentor Survey- Pre-Match</p>	
<p>Protective</p>	<p>7. No matter how bad I've been feeling, mentoring helps me to forget about it.</p>	<p>Not at All Important/Accurate for You thru Moderately Important/Accurate for You thru</p>	<p>Reasons for Being a Mentor Survey- Pre-Match</p>	

	9. By mentoring I feel less lonely. 11. Serving as a mentor relieves me of some of the guilt over being more fortunate than others. 20. Mentoring helps me work through my own personal problems. 24. Mentoring is a good escape from my own troubles.	Extremely Important/Accurate for You [range:1-10]		
Enhancement	5. Mentoring makes me feel important. 13. Mentoring increases my self-esteem. 26. Mentoring makes me feel needed. 27. Mentoring makes me feel better about myself. 29. Mentoring is a way to make new friends.	Not at All Important/Accurate for You thru Moderately Important/Accurate for You thru Extremely Important/Accurate for You [range:1-10]	Reasons for Being a Mentor Survey- Pre-Match	
MENTEE RISK INDEX				
Individual Risks				
Academic Challenges				
	Failing two or more classes	HCPS-A, B, C, D, F; ESN RCPS-A, A-, B, B-, C, C-, D, D-, F; ESN	Grades at baseline, all subjects	
	Child Learning Disability	Yes; No [range:1-2] If yes, please explain	Enrollment Forms	
	SPED Disability Code		School Information	
	More than 9 days absent per quarter (=3x a month)	---	School Grade Data-3 months, 6 months, 9 months, 12 months	
	Learning English Proficient (LEP)	Yes; No [range:1-2]	School Information	
	Retained Previous Year	---	Previous Year School Data	
Problem Behavior				
	44. Smoked a cigarette 45. Had a drink of alcohol 46. Taken drugs without a prescription	Never; Yes, 1 to 2 times; Yes, 3 to 4 times; Yes, more than 5 times [range:1-4]	YOS- baseline, 6 month, 12 month	
	In School Suspension	---	School Information	
	Out of School Suspension	---	School Information	

	Child Arrested	Yes; No [range:1-2]		
	Child Juvenile Detention	Yes; No [range:1-2]		
	55. Participated in Gang Activity	Never; Yes, 1 to 2 times; Yes, 3 to 4 times; Yes, more than 5 times [range:1-4]	YOS- baseline, 6 month, 12 month	
	49. Bullied Others	Never; Yes, 1 to 2 times; Yes, 3 to 4 times; Yes, more than 5 times [range:1-4]	YOS- baseline, 6 month, 12 month	
Mental Health Concerns				
Depressive Scale	57. I am bothered by things that usually don't bother me 58. I lose my appetite 59. I am not able to feel happy, even when friends and family tried to help me feel better 60. I feel I am just as good as other kids 61. I can't pay attention to what I am doing 62. I feel unhappy 63. I feel like I am too tired to do things 64. I feel like something good is going to happen 65. I feel like things don't work out right 66. I feel scared 67. I am sleepless 68. I am happy 69. I talk less than usual 70. I feel lonely, like I don't have any friends 71. I feel like kids are unfriendly to me 72. I have a good time 73. I feel like crying 74. I feel sad 75. I feel that people don't like me 76. It is hard to get started doing things	None of the time; Some of the time (1-2 days); Occasionally (3-4 days); Most of the time (5-7 days) [Range:1-4]	YOS- baseline, 6 month, 12 month	
Environmental Risk				
	Changed Schools	Yes; No [range:1-2]	Enrollment Forms	

	Moved	Yes; No [range:1-2]	Enrollment Forms	
	Parents marital status	Single; Married; Separated; Divorced; Widowed [range:1-5]	Enrollment Forms	
	Did anyone in the household have a baby?	Yes; No [range:1-2]	Enrollment Forms	
	Someone moved out of the home		Enrollment Forms	
	Primary parent unemployed in the past year	Yes; No [range:1-2]	Enrollment Forms	
	Primary parent unemployed in the last 6 months	Yes; No [range:1-2]	Enrollment Forms	
	Did a parent or guardian start a new job after time off work?	Yes; No [range:1-2]		
Low Income				
	Food Stamps	Yes; No [range:1-2]	Enrollment Forms	
	TANF	Yes; No [range:1-2]	Enrollment Forms	
	Free or Reduced Lunch	Yes; No [range:1-2]	Enrollment Forms	
	WIC	Yes; No [range:1-2]	Enrollment Forms	
	Adult on Medicaid	Yes; No [range:1-2]	Enrollment Forms	
	Subsidized Housing/Section 8	Yes; No [range:1-2]		
	Family Income Level	9,999 or below; 10,000 to 19,999; 20,000 to 29,999; 30,000 to 39,999; 40,000 to 49,999; 50,000 to 59,999; 60,000 to 69,000; 70,000 to 79,999; 80,000 to 89,999; 90,000 to 99,999 [range:1-10]	Enrollment Forms	
Family Risk/Stress				
	Parent or guardian currently incarcerated	Yes; No [range:1-2]	Enrollment Forms	
	Primary parent has a substance abuse problem	Yes; No [range:1-2]	Enrollment Forms	
	Moved in past year	Yes; No [range:1-2]	Enrollment Forms	
	Moved in past six months	Yes; No [range:1-2]	Enrollment Forms	
	Was your family homeless in past year	Yes; No [range:1-2]	Enrollment Forms	
	Was your family homeless in past six months	Yes; No [range:1-2]	Enrollment Forms	
	Custodial parent education less than high school	Elementary-6 th ; Secondary; High School Dip/ GED; Some College; Associates Degree; Bachelor's Degree; Some Graduate; Graduate Degree	Enrollment Forms	

		[range:1-8]		
	Was a parent or guardian on active duty in the military?	Yes; No [range:1-2]	Enrollment Forms	
	Was a parent or guardian deployed in military service?	Yes; No [range:1-2]	Enrollment Forms	
Peer Difficulties				
	30. Being bullied or teased	No, I don't get picked on/teased.; Yes: I do get picked on/teased. [range:1-2]	CYOS- baseline, 6 month, 12 month	
	50. Being bullied or teased	Never; Yes, 1 to 2 times; Yes, 3 to 4 times; Yes, more than 5 times [range:1-4]	YOS- baseline, 6 month, 12 month	
VOLUNTEER TRAINING – ONLINE MODULES EVALUATION				
	1. Are you a Big at Big Brothers big Sisters of Harrisonburg-Rockingham County?	Yes, No [range:1-2]	Module Assessment	
	2. Did you complete the training module?	Yes, No, Don't Know [range: 1-3]	Module Assessment	
	3. To what extent do you agree with this statement: Accessing the training module was easy	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	4. To what extent do you agree with this statement: Video components seemed to work well	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	5. To what extent do you agree with this statement: audio components seemed to work well	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	6. To what extent do you agree with this statement: concepts were clearly presented	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	7. To what extent do you agree with this statement: the training module was formatted in a way that helped me understand the	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	

	material			
	8. To what extent do you agree with this statement: I found the material to be engaging	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	9. To what extent do you agree with this statement: the material seemed repetitive	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	10. To what extent do you agree with this statement: I learned new things	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	11. To what extent do you agree with this statement: this material would be helpful in a mentoring relationship	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	12. To what extent do you agree with this statement: this training module was a waste of my time	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	13. To what extent do you agree with this statement: this training should be required for all mentors	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	14. To what extent do you agree with this statement: the material covered will help me be a better Big	Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Don't Know [range: 1-6]	Module Assessment	
	15. Approximately how long did it take you to complete this training module?	Less than 30 minutes, 30-59 minutes, 60-89 minutes, 90-119 minutes, 120-149 minutes, 150-178 minutes, More than 180 minutes [range:1-7]	Module Assessment	
	16. Do you have any suggestions to improve this training module?	---	Module Assessment	
	17. What did you learn about the role of movement in child development?	Incorporating movement is essential for cognitive and physical development, constant movement is a clear sign that a child has a hyperactivity disorder, lack of movement can	Module Assessment	

		create musculoskeletal dystrophy, encouraging movement in a match relationship increases liability of the agency [range: 1-4]		
	18. The ability of some children to thrive even in the face of life challenges demonstrates which of the following youth development concepts?	Primacy, Cognition, Resiliency, Perseverance [range: 1-4]	Module Assessment	
	19. The training mentioned the Five Cs of youth development outcomes. The Five Cs are	Competitiveness, Cognition, Creativity, Care and Command; Cheerfulness, Cleverness, Companionship, Cooperation, and Clarity; Competence, Confidence, Connection, Character, and Compassion; Consideration, Collaboration, Coalescence, Charity, and Chastity [range 1-4]	Module Assessment	
	20. Decisions in a mentoring relationship can be made in a number of ways. Which type of decision making is most desirable in a strong, healthy relationship?	Collaboration, Coercive, Prescriptive, Strategic [range: 1-4]	Module Assessment	
	21. Which of the following is not a strategy to improve the effectiveness of communication between you and your little?	Make eye contact with your Little during conversation, watch for nonverbal cues that your Little may provide, Demonstrate empathy and respect in all interactions with your Little, Ask specific questions that make your Little commit to an answer, encourage problem-solving by your Little when he/she faces adversity [range: 1-5]	Module Assessment	
COACH FOLLOW-UP QUESTIONNAIRE				
	1. Have you made contact with [Big First Name]?	Yes, No [range: 1-2]	Coach Follow-up Form	

	2. Are you and [Big First Name] well-matched?	---	Coach Follow-up Form	
	3. Do you have any comments or concerns about the Coaching Process?	---	Coach Follow-up Form	

Appendix C: Match Closure Analysis (Full Sample)

By August 2014, as we were nearing the end of the research study, 279 of 459 of matches in the sample (60.8 percent) had closed (see Table C1). The remaining 180 matches remained open, and were matched for over one year. Among those that closed, the average match length was 13.3 months (sd = 6.83), ranging from 1 to 29 months. The number of matches that closed in less than one year was 117 out of 459 (25.5%); 49 (10.7%) of those closed within six months of the match date and 19 closed within the first 3 months.

Match Length (months)	Number	Percent
Match Closed < 6 Months	49	10.7%
Match Closed >6 Months, < One Year	68	14.8%
Match Lasts > One Year	342	74.5%

Four reasons were cited for match closure (see Table C2). Matches most frequent closed because mentor reported having issues with the match or that they lost contact with their little or the agency (35.6 percent). Common reasons reported by volunteers include unrealistic expectations, feelings of incompatibility, time constraints. A similar proportion of closures (35.5 percent) can be attributed to a volunteer moving. Matches also closed because a child's family moved (17.2 percent) or because the mentee had issues with the match or lost contact with their mentor. Here, common reasons include child-reported incompatibility, child lost interest, or child/family lost contact with their mentor or the agency.

Cause	Frequency	Percent
Child Moved	48	17.2%
Volunteer Moved	99	35.5%
Child/Family: Issues with Match/ Lost Contact	33	11.8%
Volunteer: Issues with Match/ Lost Contact	99	35.6%

Tables C3 and C4 look more closely at reasons for match closure and compare matches that closed early (prior to one year) and those that made it to the one year mark. A significantly higher proportion of early match closures were due to issues with the match (as reported by either the mentor or mentee) rather than to a move.

	Child Moved	Volunteer Moved	Child/Family: Issues with Match/ Lost Contact	Volunteer: Issues with Match/ Lost Contact	Total
Closed Early <One Year	28.2%	12%	21.4%	38.5%	117/ 100%
Closed After One Year	9.3%	52.5%	4.9%	33.3%	162/ 100%

Table C4: Relative Risk of Match Closure					
Relative Risk of Closure	Descriptive Statistics		Relative Risk of Early Closure (C.I.)	Fishers Exact p	
Reason for Closure	Moved	Issues with the Match	.640 (.597-1.022)	.000**	
	Early < 12 Months	47/40.2%			70/59.8%
	> 12 Months	100/61.7%			62/38.3%

Characteristics Associated with Early Match Closure

We examined a number of mentee, mentor, and match characteristics to find three factors associated with early match closures: treatment type (a binary predictor), program type, and mentor occupation. These are reported below in Table C5. First, when compared with those in the control group, matches in treatment groups were significantly less likely to close early ($p = .035$). Second, a significantly higher proportion of Community-Based matches lasted longer than one year, compared with matches in the Site-Based program ($p = .031$). Finally, students were significantly less likely to be in a match that closed early versus volunteers from the community. We also tested a number of other factors, however, none were significant predictors of match length. These included gender volunteer gender ($p=.534$), ethnicity ($p=.798$), and education level ($p=.388$); mentee gender ($p=.225$), ethnicity ($p=.659$), individual risk level ($p=.288$), environmental risk level ($p=.149$), grade ($p=.619$), and school district ($p=.2$); and the whether the mentor and mentee had the same gender ($p=.197$) or ethnicity ($p = .388$).

Table C5: Factors Associate with Relative Risk of Closure					
Relative Risk of Closure Due to	Descriptive Statistics		Relative Risk of Early Closure (C.I.)	Fishers Exact p	
Treatment Type	Control	Treatment Groups	.781 (.597-1.022)	.035*	
	Early < 12 Months	36/52.2%			81/38.8%
	> 12 Months	33/47.8%			128/ 61.2%
Program Type	Community-Based	Site-Based	1.227 (1.00-1.51)	.031*	
	Early < 12 Months	52/ 36.4%			65/ 48.1%
	> 12 Months	91/ 63.6%			70/ 51.9%
Mentor Occupation	Student	Community Member	1.669 (.980-2.842)	.018*	
	Early < 12 Months	101/39.9%			16/ 64%
	> 12 Months	152/ 60.1%			9/36%

Appendix D: Mentor Recruitment Tracking

JMU Recruitment/Match Status

Updated Monday, October 22

Week Ending Goal: 22 Interviews For Next 9 Weeks (Total: 196)	Aug 31	Sept 7	Sept 14	Sept 21	Sept 28	Oct 5	Oct 12	Oct 19	Oct 26	Nov 2	Nov 9	Nov 16
<i>Enrollment Specialist 1</i>	3	3	6	6	7	6	7	7	9	9	8	8
<i>Enrollment Specialist 2</i>	6	3	6	7	7	4	8	5	7	7	10	6
<i>Enrollment Specialist 3</i>	4	6	3	6	5	6	9	8	7	0	5	4
Total Completed: 138	13	12	15	19	19	16	24	20	23	16	23	18
Total Scheduled: 218												

2685 Presented To, 870 Reply Cards (32%)

Current Agency Activities

Reply Cards Not Contacted:	0	25% Inquiry After Contact Reply	0
Current Inquiries:	56	60% Follow Through Inquiry Process	32
Enrollment Process:	115	Almost All Follow Through Enrollment	115
To Be Matched:	51	Volunteers Waiting to be Matched	51

Hopeful Total: 198

Approximate Matches Made In Grant to Date: 187

Appendix E: Memorandum of Understanding with BBBSA

Memorandum of Understanding

Development of Mentor Training Materials

by the

Applied Research & Evaluation Team at James Madison University

for distribution by

Big Brothers Big Sisters of America

This agreement is entered into on January 9, 2012. The parties to the Memorandum of Understanding (MOU) are the Applied Research and Evaluation Team at James Madison University, hereafter ARET, and Big Brothers Big Sisters of America, hereafter BBBSA.

Purpose: The Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the U.S. Department of Justice has provided grant funding to ARET (Grant #: 2011-JU-FX-0002) under the *Research on Best Practices for Mentoring* program. These funds are dedicated to research at BBBSA's affiliate in Harrisonburg-Rockingham County (VA) designed to measure the effect of training and support on the effectiveness of volunteer mentors for youth. As part of the research project, ARET is developing an online training program. By coordinating ARET's development of training with BBBSA's national training needs and priorities, there is an opportunity to expand the reach of the OJJDP-funded training materials, both geographically and temporally. This agreement outlines the scope of collaboration between BBBSA and ARET related to the OJJDP-funded training program.

JMU Responsibilities:

1. In accordance with the defined deliverables in ARET's agreement with OJJDP, the research team will develop six online training modules of 15-25 minutes in length. Modules will be interactive, multimedia productions integrated in a standardized format. Preliminary content is outlined below:
 - a. Child and Youth Development-A general introduction (**Module #1**) to major concepts in the field of child and youth development with an emphasis on relevance to mentoring relationships. Introduces topics of developmentally appropriate activity selection, age appropriate communication, and the relational needs of mentees. Module #1 will be supplemented by 3-4 breakout modules (collectively, **Module #2**), allowing mentors to

- gain a deeper understanding of information and strategies pertinent to the age of their specific mentees.
- b. **Youth and Sex: Module #3** will highlight issues related to sexuality in pre-teen and teenage youth. Specifically, the module will have two independent subcomponents providing information about sexual identity development (e.g., sexuality and sexual orientation) and sexual behaviors (e.g., risky sexual behaviors, sexually transmitted diseases, and early parenthood), respectively.
 - c. **Family Transitions:** After a brief introduction exploring family dynamics, parental support, and the effect of family structure on youth development and behavior, three modules will explore specific topics:
 - i. **Module #4** will highlight family transitions and the stresses for youth that accompany loss of a parent to death, divorce, or abandonment.
 - ii. **Module #5** will look at the specific challenges for children in families adapting to the military deployment of one or both parents.
 - iii. **Module #6** will discuss the needs of children in families where one or both parents are incarcerated.

The table below provides a crosswalk showing the bundling of modules for BBBSA that will be delivered as independent modules for OJJDP. Content is the same on both sides of the table, but selected modules will be combined to conform with BBBSA training priorities.

BBBSA Deliverables	OJJDP Deliverables
Module #1: Child & Youth Development	Module #1: Child & Youth Development Overview Module #2: Developmental Level Breakout Content (3-4 sub-modules)
Module #2: Youth and Sex	Module #3: Youth and Sex
Module #3: Family Transitions	Module #4: Family Transitions Module #5: Military Deployment of Parents Module #6: Incarcerated Parents

2. ARET will develop its online course modules using approved BBBSA branding standards to coordinate with existing training products.
3. ARET will provide its completed modules, see above, to BBBSA at no cost and will not limit the use of these materials.
4. ARET will incorporate at least three BBBSA-owned modules into its training program for testing at the BBBS affiliate in Harrisonburg-Rockingham County (VA). Feedback on effectiveness and usability for the BBBSA-owned modules will be provided by ARET at the conclusion of the study period.
5. ARET will disseminate results of the training research to stakeholders, the academic community, and professional networks. ARET reserves the right to publish the results of all evaluation and research related to the training program implemented in Harrisonburg-Rockingham County. Publications of aggregate data by ARET and its affiliated faculty may appear in scholarly journals, books, professional resource, general media, and in government reports and documents. Acknowledgement will be given in all published material for use of training materials developed by other BBBSA partners.

BBBSA Responsibilities:

1. BBBSA will provide ARET access to its developed courses by January 15, 2012 to enable ARET to select material for inclusion in its training program. ARET will utilize at least three modules owned by BBBSA, in whole or in part, with the acknowledgement that these modules will be used in ARET’s training research.
2. BBBSA will host online training for the ARET research project through BBBSA’s learning management system and portal, IMPACTU or subsequent systems. Hosting will include provision of trainee authentication, scheduling and completion notification, collection of results from embedded assessment for individual mentors, and staged, adaptive release of materials based on completion. The launch of the ARET materials through IMPACTU will occur on or before February 1, 2012.
3. In the event that BBBSA should desire to publish works based, all or in part, on the ARET training materials or the data generated through the implementation of the training, BBBSA will work collaboratively with ARET and provide acknowledgement of ARET researchers in published materials. BBBSA will grant ARET primary access to data collected from its modules hosted on IMPACTU. In the event that BBBSA discontinues use of IMPACTU, all data related to the ARET modules will be provided to ARET prior to discontinuance.
4. BBBSA will provide administrative access to ARET researchers to facilitate testing of the portal and interface; auditing of mentor training completion and compliance; direct downloading of assessment data; and modifying content.

Terms of Agreement:

This agreement shall be effective from January 15, 2012 until terminated by mutual agreement of the parties on or after September 30, 2013, or until either party hereto shall cancel it by giving the other party notice sixty (60) days in advance of the desired date of cancellation. Nothing in this agreement may be considered a contract. The agreement may be modified only with the consent of both parties.

Signatures:

_____	_____	_____	_____
Dr. Amanda Jimeen Cleveland	Date	John Kulikowski	Date
_____	_____	_____	_____
Dr. Gary R. Kirk	Date	Beth Rose-Kearns	Date
_____	_____	_____	_____
Dr. Liliokanaio Peaslee	Date		Date

Appendix F: Training Module Evaluation

OVERVIEW

This research project included the production of six online mentor training modules that were randomly assigned to mentors in the Enhanced Mentor Training and Interaction Intervention groups. For ease of delivery, topics were combined into four distinct modules: 1) *Welcome to BBBSHR*, 2) *Child and Youth Development*, 3) *Family Transitions*, and 4) *Healthy Sexuality and Youth* (descriptions of the modules can be found in the body of this report). Mentor training also included two externality-produced modules, including a Volunteer Pre-Match training created by iRT and a module on cultural competency, *Navigating Cultural Differences*, created by research staff at Big Brothers Big Sisters of America. All modules were made available to mentors in the two treatment groups through Impact U, a learning management system hosted by Big Brothers Big Sisters of America. Surveys of the three substantive modules produced by the research team (*Child and Youth Development*, *Family Transitions*, and *Healthy Sexuality and Youth*) were collected from research participants. Following the completion of each module, participants were directed to an online evaluation to provide feedback related to the module’s accessibility and usefulness in the match relationship. While BBBSA made training available to staff at Big Brothers Big Sisters Harrisonburg Rockingham County and at other agencies, data was filtered and includes only responses from mentors the research study. Results are presented below.

Table F1: Feedback on the Accessibility and Usefulness of the CYD Module

Question	Total Responses	Mean	Standard Deviation	Min Value	Max Value
Accessing the training module was easy	100	4.5	0.72	2	5
Video components seemed to work well	100	4.45	0.74	2	5
Audio components seemed to work well	100	4.5	0.64	2	5
Concepts were clearly presented	100	4.46	0.64	2	5
The training module was formatted in a way that helped me understand the material	100	4.35	0.61	3	5
I found the material to be engaging	100	3.89	0.89	1	5
The material seemed repetitive	100	3.09	1.1	1	5
I learned new things	100	4	0.86	1	5
This material would be helpful in a mentoring relationship	99	4.33	0.67	2	5
This training module was a waste of my time	100	2.35	1.1	1	6
This training should be required for all mentors	100	3.63	1	2	6
The material covered will help me be a better Big	99	4.01	0.79	2	6

EVALUATION OF THE CHILD AND YOUTH DEVELOPMENT MODULE

Table 1 presents basic descriptive statistics for the evaluative responses on the Child and Youth Development (CYD) survey. These questions employ a Likert Scale, with six response options corresponding to level of agreement or disagreement with the given statements below: 1-“Strongly Disagree,” 2-“Disagree,” 3-“Neither Agree nor Disagree,” 4-“Agree,” and 5-“Strongly Agree,” allowing for 6-“Don’t Know.”

Responses to four questions related to whether mentors were exposed to new material or thought the training would be useful in the course of their match are provided below. First, mentors were asked to what extent they agreed with the statement “I learned new things,” The mean response was a 4, “Agree,” and a relatively low standard deviation of 0.86 reflects minimal dispersion around this value. Figure 1 depicts the distribution of responses recorded for this question, with 82 percent of respondents agreeing or strongly agreeing that they “learned new things” from the CYD training.

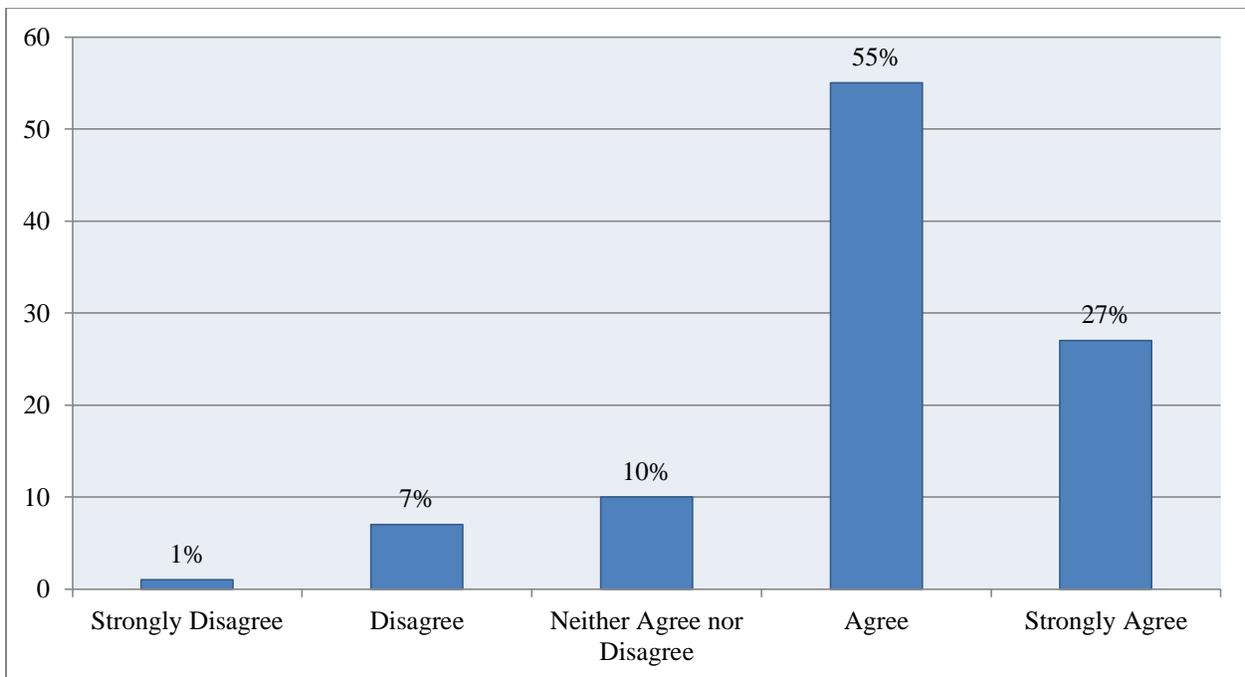


Figure F1: Percent Agreeing “I learned new things,” CYD

Next, respondents were asked to what extent they thought “This material would be helpful in a mentoring relationship.” The mean response of 4.33 was slightly higher than the previous question, and also had a lower standard deviation (0.67). 90 percent of respondents either agreed or strongly agreed that the material in the CYD module would be helpful in their mentoring relationship. The full range of responses is presented in Figure 2.

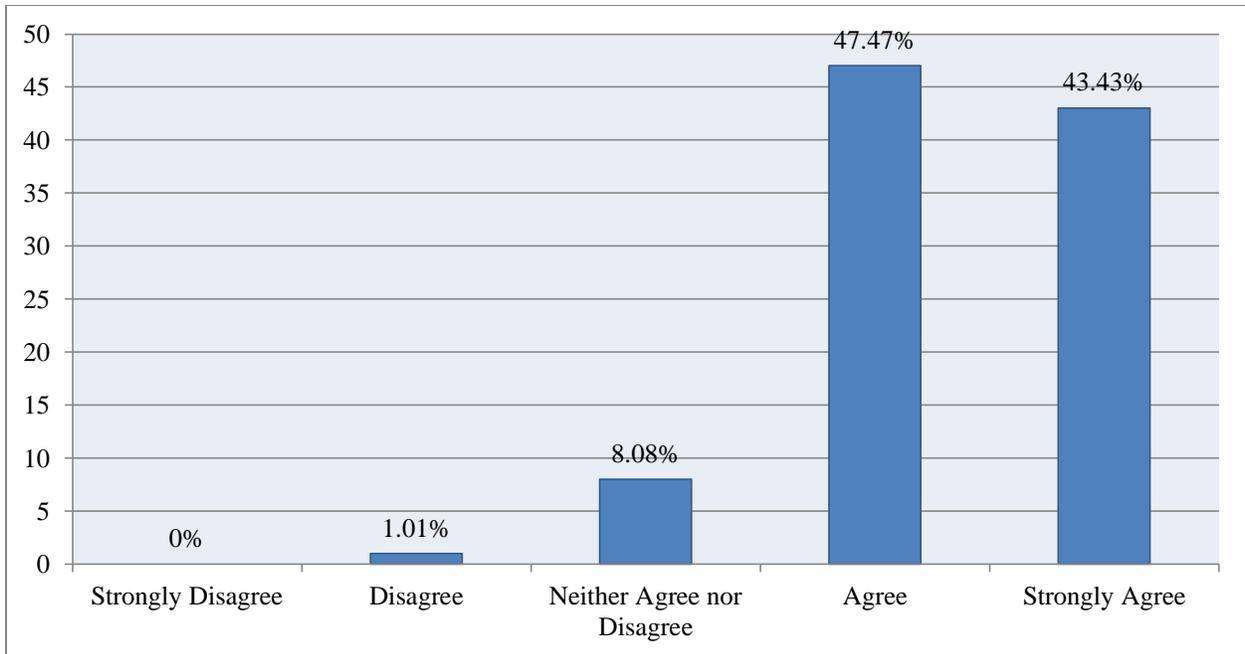


Figure F2: Percent Agreeing “This material would be helpful in a mentoring relationship,” CYD

A third question asked respondents to evaluate to what extent “This training should be required for all mentors.” The mean response of 3.66 was notably lower than the previous question with a respectively higher standard deviation (1). 53 percent of respondents either agreed or strongly agreed that the material in the CYD module should be required in training of all mentors, while 32 percent neither agreed nor disagreed. The full range of responses is presented in Figure F3.

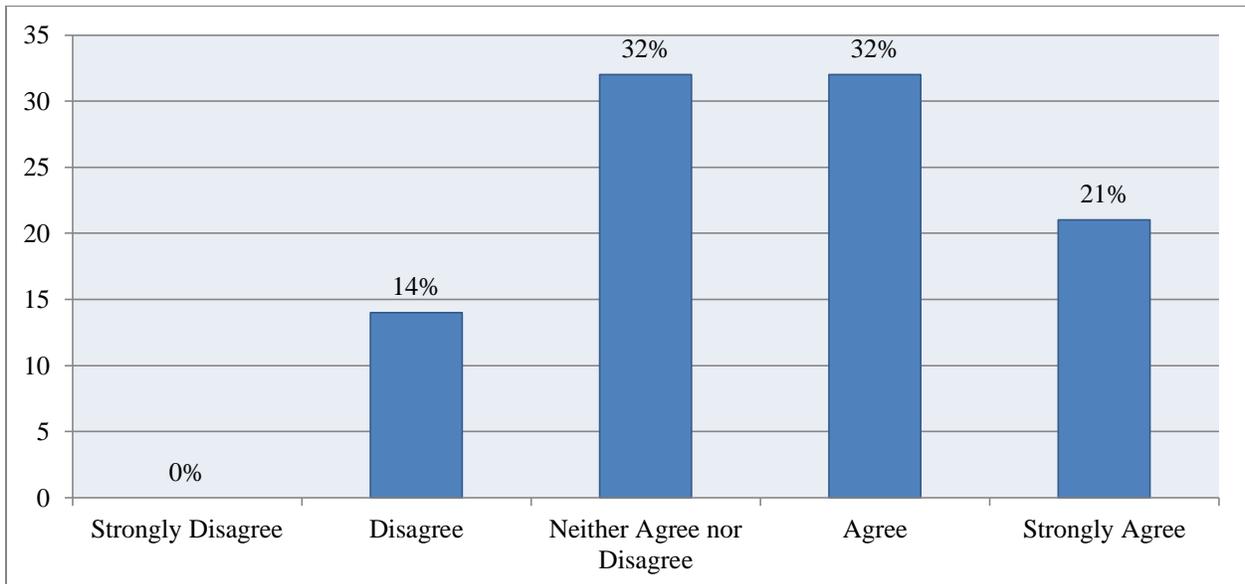


Figure F3: Percent “This training should be required for all mentors,” CYD

Finally, mentors were asked to assess their level agreement with the statement “The material covered will help me be a better Big.” The mean response of 4.01, which falls between “Agree” and “Strongly Agree,” is almost identical to the first question. The standard deviation (0.79)

reflects only slight dispersion around this value. 73.73 percent of respondents either agreed or strongly agreed that the CYD training material will help them to be a better Big, while 23.23 percent neither agreed nor disagreed. The full range of responses is presented in Figure 4.

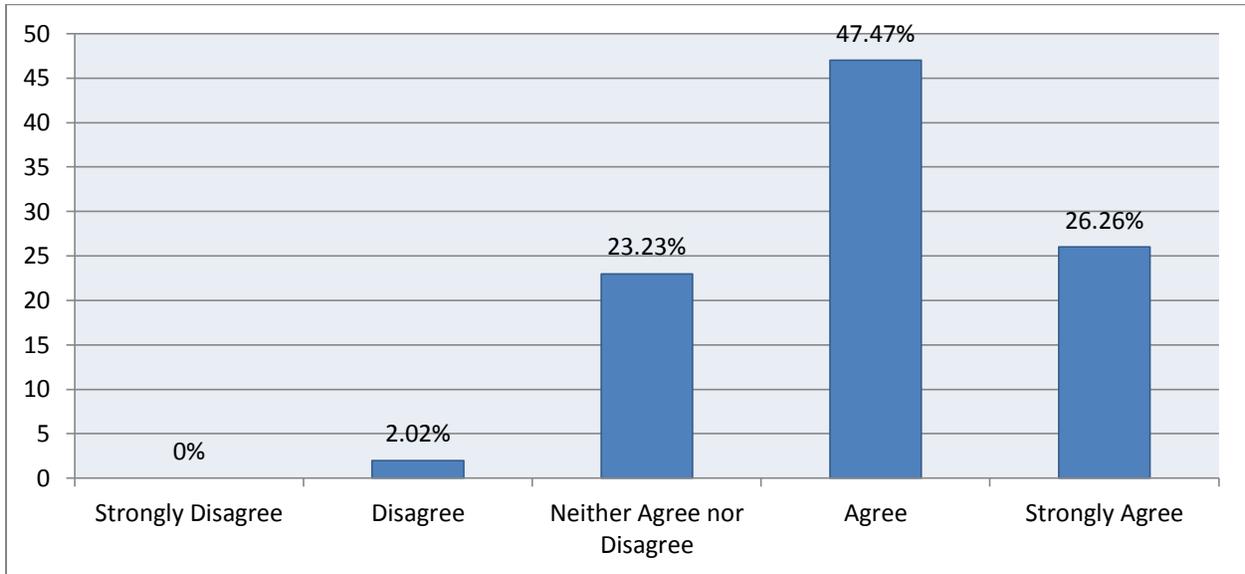


Figure F4: Percent Agreeing “The material covered will help me be a better Big,” CYD

The time it took each respondent to complete the survey is recorded below in Table F2. Most often, it took respondents 30-59 minutes to complete the survey. Responses ranged from less than 30 minutes to more than 180 minutes.

Table F2: Time Taken to Complete CYD Module		
Time to Complete	Response	%
Less than 30 minutes	21	21%
30-59 minutes	44	44%
60-89 minutes	34	34%
90-119 minutes	0	0%
120-149 minutes	0	0%
150-179 minutes	0	0%
More than 180 minutes	1	1%
Total	100	100%

EVALUATION OF THE FAMILY TRANSITIONS MODULE

Table 3 below presents basic descriptive statistics for the evaluative responses on the Family Transitions (FT) survey. These questions employ a Likert Scale, with six response options

corresponding to level of agreement or disagreement with the given statements below: 1-“Strongly Disagree,” 2-“Disagree,” 3-“Neither Agree nor Disagree,” 4-“Agree,” and 5-“Strongly Agree,” allowing for 6-“Don’t Know.”

Table F3: Feedback on the Accessibility and Usefulness of the FT Module					
Statement	Total Responses	Mean	Standard Deviation	Min Value	Max Value
Accessing the training module was easy	59	4.54	0.6	2	5
Video components seemed to work well	59	4.46	0.6	2	5
Audio components seemed to work well	59	4.53	0.54	3	5
Concepts were clearly presented	59	4.54	0.5	4	5
The training module was formatted in a way that helped me understand the material	59	4.47	0.57	3	5
I found the material to be engaging	59	4.22	0.67	3	5
The material seemed repetitive	59	2.92	1.02	1	5
I learned new things	59	4.22	0.67	2	5
This material would be helpful in a mentoring relationship	58	4.4	0.53	3	5
This training module was a waste of my time	59	2.29	0.93	1	5
This training should be required for all mentors	59	3.9	0.8	2	5
The material covered will help me be a better Big	59	4.29	0.64	3	6

Responses to four questions related to whether mentors were exposed to new material or thought the training would be useful in the course of their match are provided below. First, mentors were asked to what extent they agreed with the statement “I learned new things,” The mean response was a 4.22, a value between “Agree” and “Strongly Agree.” A relatively low standard deviation of 0.67 reflects minimal dispersion around this value. Figure 5 depicts the distribution of responses recorded for this question, with 89.82 percent of respondents agreeing or strongly agreeing that they “learned new things” from the FT training.

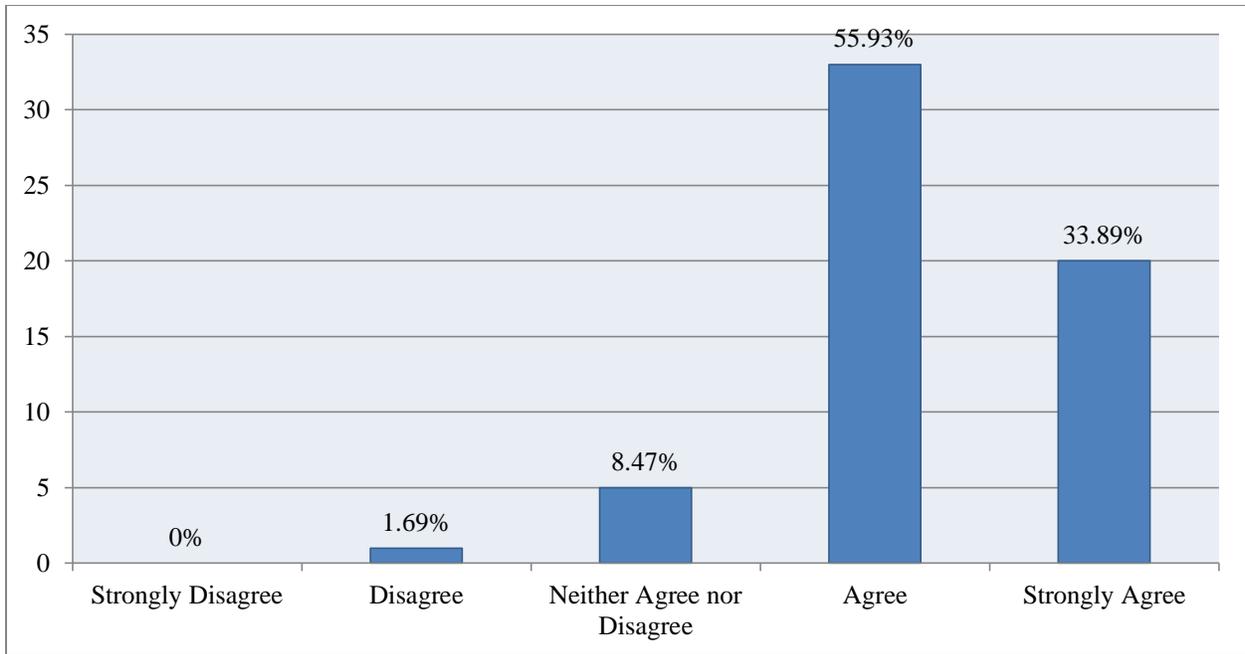


Figure F5: Percent Agreeing “I learned new things,” FT

Next, respondents were asked to what extent they thought “This material would be helpful in a mentoring relationship.” The mean response of 4.4 was slightly higher than the previous question, and also had a notably low standard deviation (0.53). As depicted in Figure 6, 98.28 percent of respondents either agreed or strongly agreed that the material in the FT module would be helpful in their mentoring relationship.

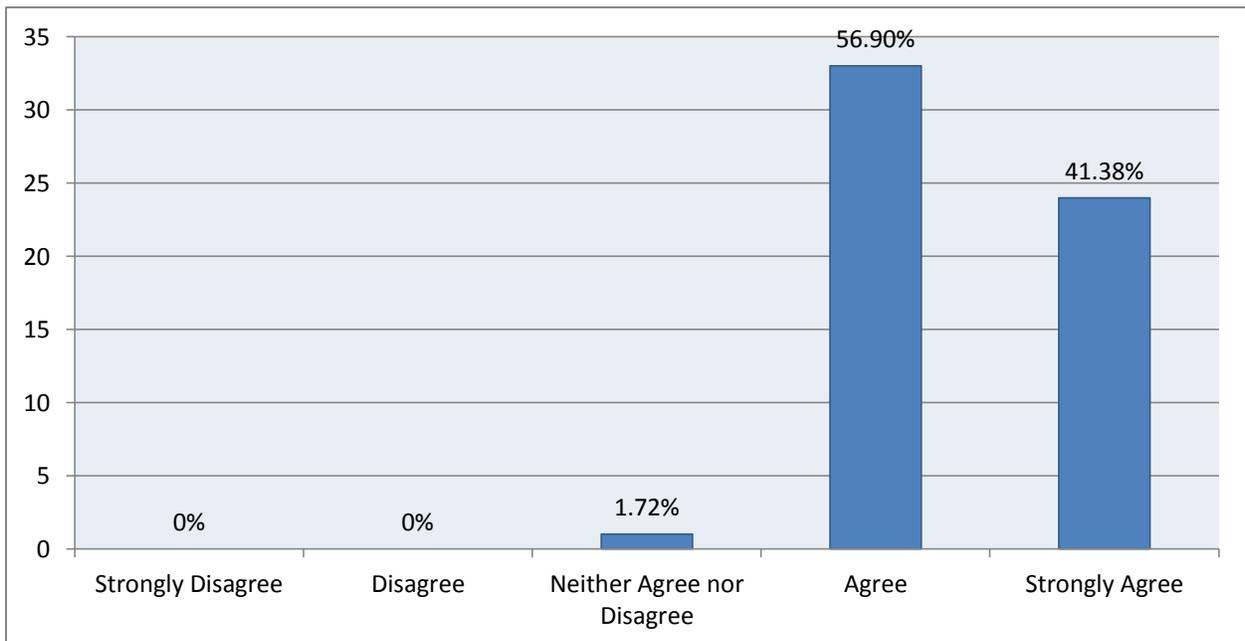


Figure F6: Percent Agreeing “This material would be helpful in a mentoring relationship,” FT

Figure F7 presents responses to “This training should be required for all mentors.” The mean response of 3.9 was lower than the previous questions with a standard deviation of 0.8. 66.1 percent of respondents either agreed or strongly agreed that the material in the FT module should be required in training of all mentors, while 32.2 percent neither agreed nor disagreed.

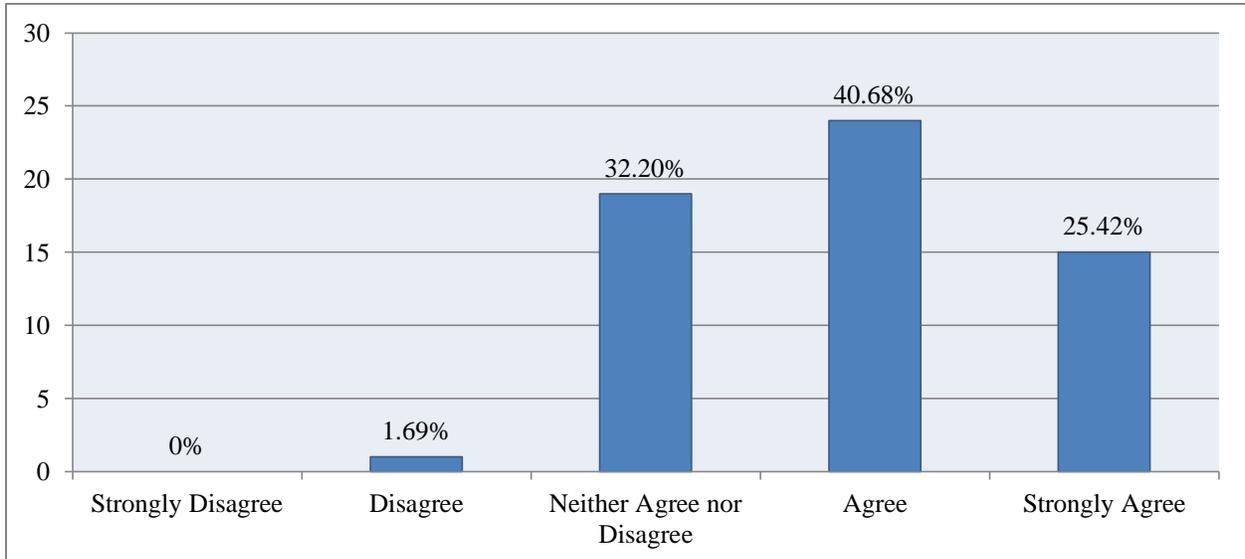


Figure F7: Percent Agreeing “This training should be required for all mentors,” FT

Finally, mentors were asked to assess their level agreement with the statement “The material covered will help me be a better Big.” The mean response of 4.29, which falls between “Agree” and “Strongly Agree,” is almost identical to the first question. The relatively low standard deviation of 0.64 reflects minimal dispersion around this value. 89.83 percent of respondents either agreed or strongly agreed that the FT training material will help them to be a better Big. The full range of responses is presented in Figure 8.

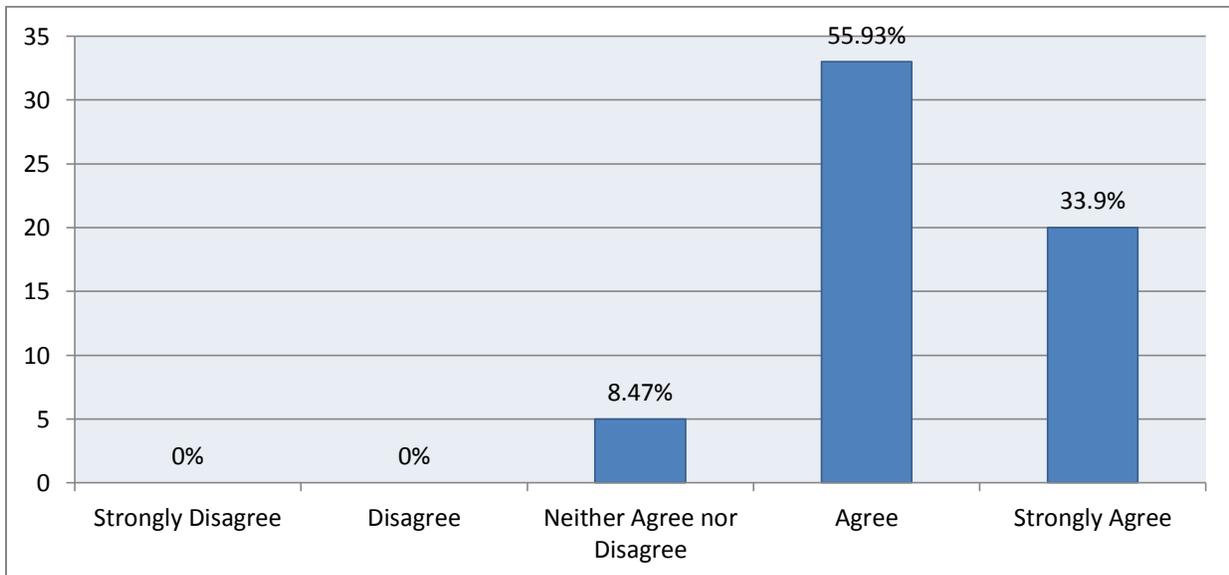


Figure F8: Percent Agreeing “The material covered will help me be a better big,” FT

The time it took each respondent to complete the survey is recorded in the following table. Almost all respondents finished in less than 59 minutes, with 41 percent completing the survey in less than 30 minutes, with 54 percent completing the survey in the time frame between 30 and 59 minutes. 3 percent of respondents spent between 60 and 89 minutes on this survey, and only 2 percent respondents spent between 120 and 149 minutes on this survey.

Table F4: Time Taken to Complete FT Module		
Time to Complete	Response	%
Less than 30 minutes	24	41%
30-59 minutes	32	54%
60-89 minutes	2	3%
90-119 minutes	0	0%
120-149 minutes	1	2%
150-179 minutes	0	0%
More than 180 minutes	0	0%
Total	59	100%

EVALUATION OF THE HEALTHY SEXUALITY AND YOUTH MODULE

Table 5 below presents basic descriptive statistics for the evaluative responses on the Healthy Sexuality and Youth (HSY) survey. These questions employ a Likert Scale, with six response options corresponding to level of agreement or disagreement with the given statements below: 1-“Strongly Disagree,” 2-“Disagree,” 3-“Neither Agree nor Disagree,” 4-“Agree,” and 5-“Strongly Agree,” allowing for 6-“Don’t Know.”

Table F5: Feedback on the Accessibility and Usefulness of the HSY Module					
Question	Total Responses	Mean	Standard Deviation	Min Value	Max Value
Accessing the training module was easy	54	4.57	0.69	1	5
Video components seemed to work well	54	4.44	0.82	1	5
Audio components seemed to work well	54	4.5	0.72	1	5
Concepts were clearly presented	54	4.56	0.69	1	5
The training module was formatted in a way that helped me understand the material	54	4.56	0.74	1	5

I found the material to be engaging	54	4.07	0.82	1	5
The material seemed repetitive	54	3.02	1	1	5
I learned new things	54	3.83	0.99	1	5
This material would be helpful in a mentoring relationship	54	4.2	0.79	1	5
This training module was a waste of my time	54	2.43	1.07	1	5
This training should be required for all mentors	54	3.91	1	1	5
The material covered will help me be a better Big	54	4.15	0.9	1	6

Responses to four questions related to whether mentors were exposed to new material or thought the training would be useful in the course of their match are provided below. First, mentors were asked to what extent they agreed with the statement “I learned new things,” The mean response was a 3.83, a value between “Neither Agree nor Disagree” and “Agree,” and a standard deviation of 0.99 reflects some dispersion around this value. Figure 9 depicts the distribution of responses recorded for this question, with 70.37 percent of respondents agreeing or strongly agreeing that they “learned new things” from the HSY training.

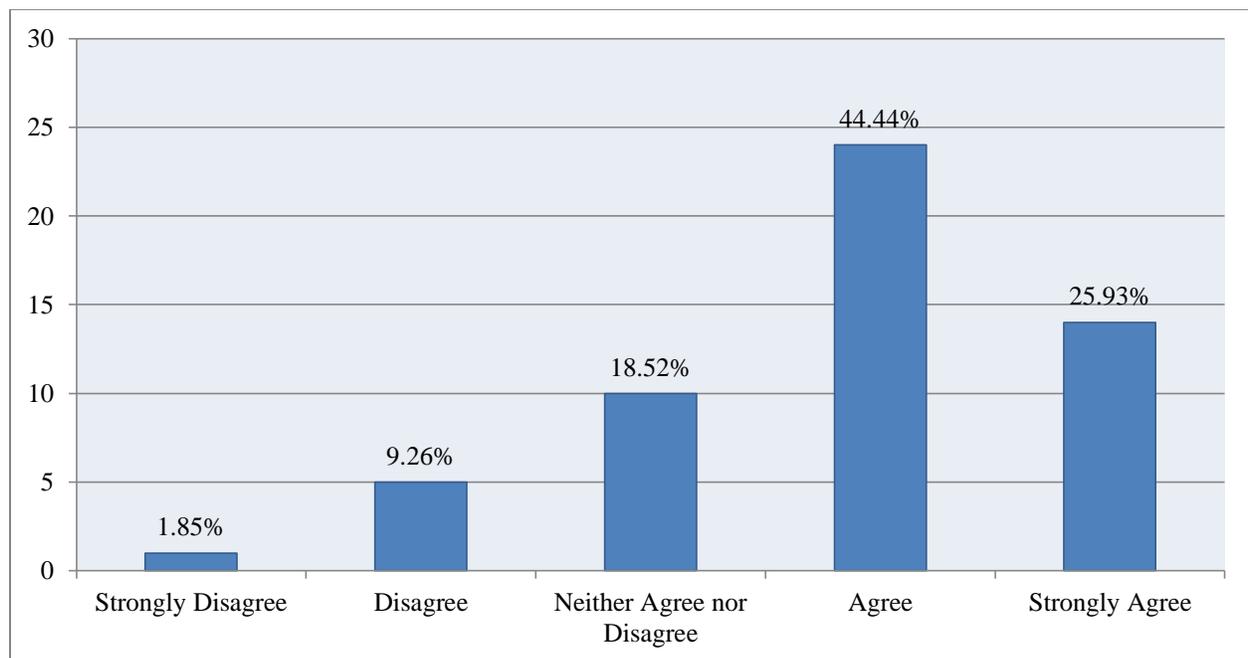


Figure F9: Percent Agreeing “I learned new things,” HSY

Next, respondents were asked to what extent they thought “This material would be helpful in a mentoring relationship.” The mean response of 4.2 was slightly higher than the previous question, and also had a lower standard deviation (0.79). 90.75 percent of respondents either

agreed or strongly agreed that the material in the HSY module would be helpful in their mentoring relationship. The full range of responses is presented in Figure 10.

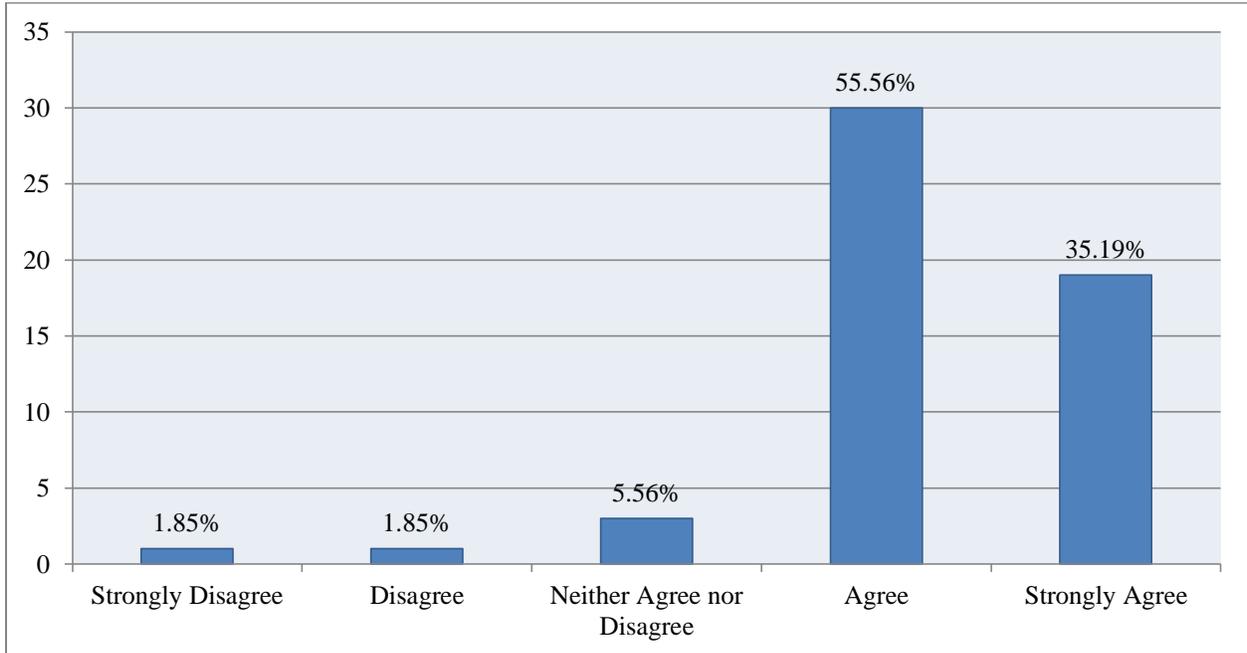


Figure F10: Percent Agreeing “The material would be helpful in a mentoring relationship,” HSY

Mentors were asked to evaluate to what extent “This training should be required for all mentors.” The mean response of 3.91 was lower than the previous questions with a higher standard deviation, respectively, of 1.66. 68 percent of respondents either agreed or strongly agreed that the material in the HSY module should be required in training of all mentors, while 25.93 percent neither agreed nor disagreed. The full range of responses is presented in Figure F11.

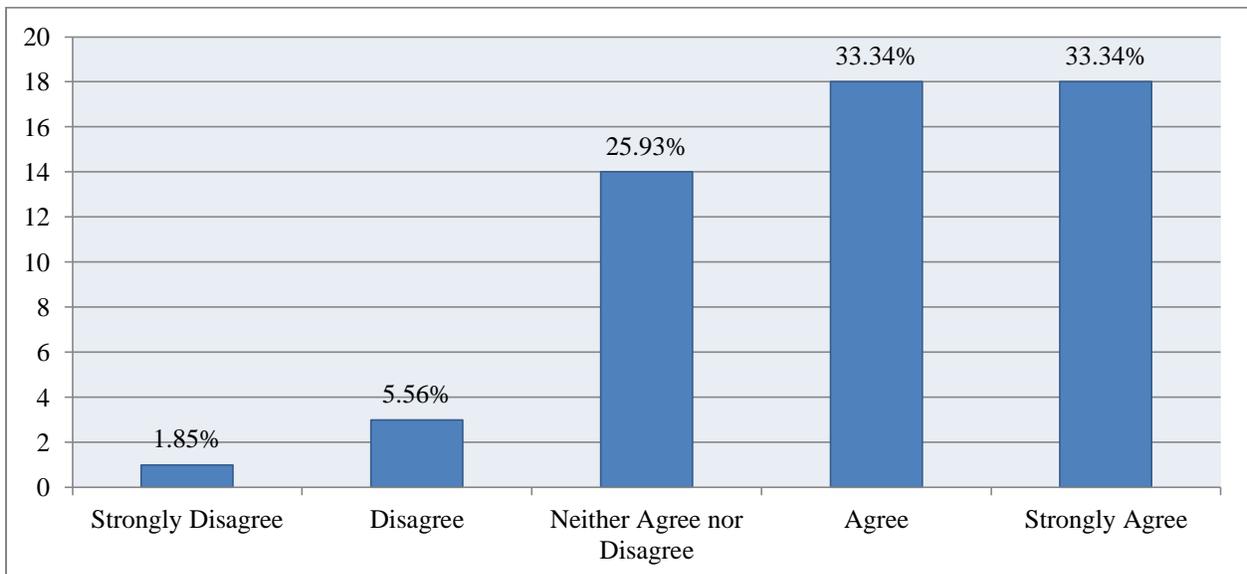


Figure F11: Percent Agreeing “This training should be required for all mentors,” HSY

Finally, mentors were asked to assess their level agreement with the statement “The material covered will help me be a better Big.” The mean response of 4.15, which falls between “Agree” and “Strongly Agree,” with a standard deviation of 0.9. 79.63 percent of respondents either agreed or strongly agreed that the material will help them to be a better Big (see Figure F12).

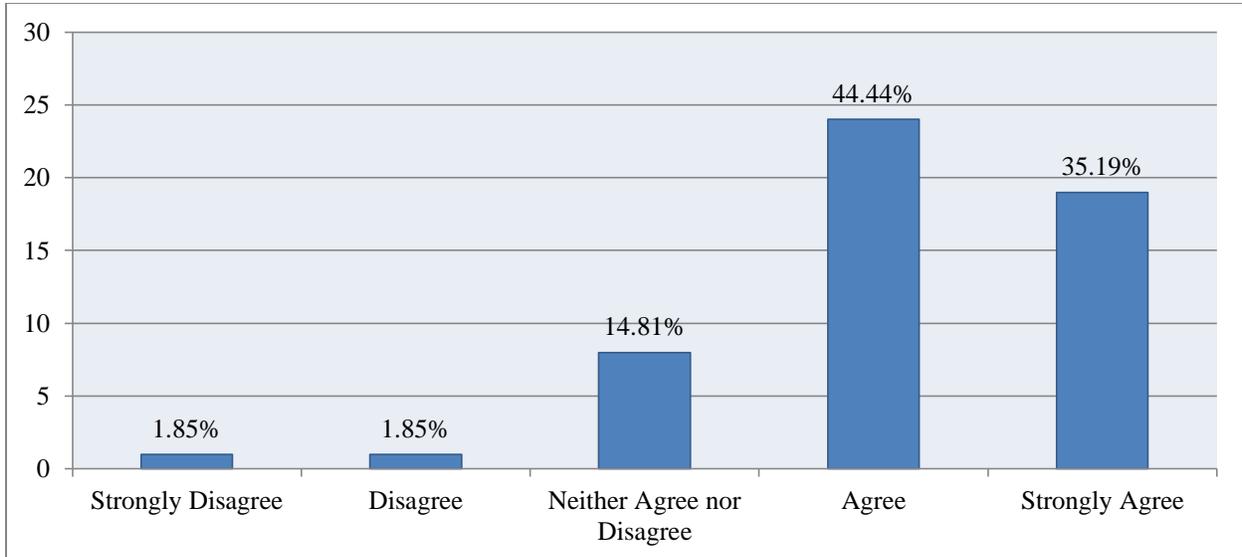


Figure F12: Percent Agreeing “The material covered will help me be a better Big,” HSY

The time it took each respondent to complete the survey is recorded in the Table F6. Nearly half finished in 30-59 minutes; no mentor spent longer than 89 minutes completing the module.

Table F6: Time Taken to Complete HSY Module		
Time to Complete	Response	%
Less than 30 minutes	15	28%
30-59 minutes	26	48%
60-89 minutes	13	24%
90-119 minutes	0	0%
120-149 minutes	0	0%
150-179 minutes	0	0%
More than 180 minutes	0	0%
Total	54	100%

Appendix G: Coach Roles and Responsibilities



Mentor-Coach Roles and Responsibilities

What is a Coach?

A Coach is someone who has already been a successful BBBSHR mentor and volunteers to be paired with new a Big. Coaches do not replace Match Support Specialists and do not have to know everything about mentoring! They have valuable firsthand experience about what it's like to be a mentor and can provide Bigs with additional problem-solving, helpful advice, or just someone to talk to about their experiences.

What should I do?

Reach out and introduce yourself! You should contact your assigned Big by email or phone within the first two weeks that you are matched with them. Coaches should be willing and able to spend at least one hour per month with their Bigs throughout the course of the year. The level and type of support you need to provide may vary. Some Bigs may prefer limited interaction while others may want to meet on a regular basis. You can meet with your Big in whatever way works best for both of you. That could be by email, by telephone, or in person. However, we do encourage you to have some face-to-face interaction so that you can get to know one another better. Beyond that, what you do is up to you: meet for coffee, take a walk, go bowling...have fun!

What else should I know?

As part of BBBSHR's commitment to better understand the relationship between our Bigs and their Coaches, you will receive a brief survey every three months of your relationship. This survey will ask you questions about how much time you spend with your Big, the kinds of things you do together, and how the relationship is going. Please use the attached activity log each time you meet with your Big to keep track of when you meet, for how long, what you do, and the kinds of things you talk about. This way you will be able to better recall this information when surveyed.

What if I have questions?

Your existing BBBSHR match specialist is available to answer questions and help guide you through the process of being a Coach. Call BBBSHR at (540) 433-8886.

Thanks for being a BBBSHR Coach!

Appendix G: Training Module Hard Copies

Welcome

To BBBS Harrisonburg-Rockingham



Hello New Mentors!

Thank you for *your* commitment to the Big Brothers Big Sisters Program.

In this training module, you will be introduced to the staff at Big Brother's Big Sisters Harrisonburg Rockingham County. Our staff is looking forward to working with you throughout the course of your new relationship. We are here to support you as you **START SOMETHING BIG.**



Sue Totty, Executive Director

susan@bbbshr.org

I'm Sue Totty. I'm the Executive Director of Big Brothers Big Sisters of Harrisonburg-Rockingham County. I've been fortunate to have this position for the past year. With a little over 30 years of experience in the nonprofit world, I felt very fortunate when I relocated to Harrisonburg to have the opportunity to lead a dynamic organization. Big Brothers Big Sisters of Harrisonburg has been around for 35 years and has been doing an excellent job. I knew that I would have an opportunity to come and work with the staff and the volunteers and the community.

It's been said that Harrisonburg is a small city but with some really big

Start Something Big!

city problems. There are 51 different languages spoken in our city schools. While that offers great richness to our community, it also offers a lot of issues. We have a lot of families that are unemployed. We have 25% of children in our city schools living at poverty level and a large percentage of those are also in single-family households.

Therefore, we have children that get involved in some risky behaviors, they have problems with truancy, not being in school, not being as engaged in the academics as we would hope and as we know is necessary for kids to be successful. That's where Big Brothers Big Sisters steps in. We're able to step in and match mentors like you with children, providing sometimes only an hour a week, but assisting them on their journey and their transition to be successful adults.

We know that becoming a new mentor can be a bit overwhelming, especially at

the beginning when you're building your relationship. That's why we're really excited to partner with Big Brothers Big Sisters of America with the new development of six new online videos that will help you gain more confidence and more information in dealing with your little as you're matched. These online videos are going to cover a wide variety of aspects, everything from dealing with cultural diversity, how to talk to your little about risky behaviors such as drug and alcohol abuse that they might be seeing, or just other things on how you can help build your little's confidence and assist them in their academics. We hope that these training videos will be an opportunity for you to build upon your relationship and enhance your whole volunteer experience at Big Brothers Big Sisters.

Meet Our Staff!



Lisa Stefancin

Match Support Specialist

lisa@bbbshr.org

540-433-8886

I am Lisa Stefancin with Big Brothers Big Sisters of Harrisonburg Rockingham County, and this is my fifth year as a match support specialist. Once a match has been made in enrollment, based on the volunteer's preferences, that match will then be assigned to a match support specialist. At that time, the match support specialist will make an appointment with the volunteer to go over any final paper work and to answer any final questions. Then we will take them out to meet the Little Brother or Sister and their family. Matches are made with the goal of positively impacting the youth in our community. We want each match to be successful.



Carmen Wyse

Match Support Specialist

carmen@bbbshr.org

540-433-8886

My name is Carmen and my job is a match support specialist. I match Bigs with Littles and then monitor your relationship through the life of your match. You can expect me to be in touch with you every month or so, just to see how things are going. But, I see my relationship with Bigs as a partnership. Anytime you have a question, concern, want to brainstorm about something, or have a good story to share please be in touch.

Lindsey Douglas
Resource Development
lindsey@bbbshr.org
540-433-8886



Hi, this is Lindsey, Resource Development Director. Thanks for deciding to become a big and join us in providing a mentor for every child facing adversity in Harrisonburg and Rockingham County. One of the most important aspects of my role is volunteer recruitment. At any point in time, there are between 80 -100 children who are on our waiting list for mentors. How can *you* help? You can share with others about your experience and encourage them to volunteer, or contact your club, organization, or workplace and have us come in and share about volunteer opportunities. Thanks again for deciding to become a mentor and welcome to Big brothers Big Sisters of Harrisonburg-Rockingham County!



Molly Jackson
Match Support Specialist
mollyj@bbbshr.org
540-433-8886

Hi my name is Molly Jackson and I am a Match Support Specialist for Big Brothers Big Sisters of Harrisonburg-Rockingham County. As a Match Support Specialist, I will help you build and maintain your relationship with your little. I will also be checking in with you regularly to see how things are going and offer my support.

Becky Bonds
Enrollment Specialist
becky@bbbshr.org
540-433-8886



Hi my name is Becky, and I am an enrollment specialist here with Big Brothers Big Sisters. I work with potential Bigs who come in for the process. We do a brief orientation to kind of get you acquainted with the program and what we expect of our Bigs. And, then, we go through an interview process where I ask questions to get to know you a little bit better so that we can make a really great match

for you; a successful match that will be beneficial to both you and the Little. We do home visits as well, just to make sure that where you live is an appropriate environment for the child if you will be in the community based program. We work through that process with you until you get matched, then we transfer that upstairs to our match support specialists.

Lisa Hawkins Shank,
Enrollment & Match Support
Specialist
lisas@bbbshr.org
540-433-8886



My name is Lisa Hawkins Shank, I fill two roles here at BBBS. One is with enrollment of children that come from Spanish-speaking families and the other is as a Match Support Specialist for matches in our community based program. During the time that you are matched here at Big Brothers Big Sisters, you may interact with me if I am your Match Support Specialist and if you

have a child coming from a Spanish-speaking family. You can expect to receive monthly contact from me and during that time I will help you with any issues that might come up with your match. I will provide ideas for you for things you can do with your little and generally be there just to encourage you and to support you with anything that might come up.



Michelle Wescott
Enrollment Specialist
michelle@bbbsshr.org
540-433-8886

I'm Michelle from Big Brothers Big Sisters and my position is Enrollment Specialist, which means I meet with applicants initially to discuss the different programs we have in order to find the best fit for them. I also help applicants fill out all the required paperwork. We go through an orientation where I share more about the agency, the matching process, and how we will support them during the time that they are matched.



Holly Harold
Match Support Specialist
holly@bbbsshr.org
540-433-8886

My name is Holly Harold and I am a Match Support Specialist here at Big Brothers Big Sisters. I am one of the individuals responsible for providing match support to ensure the child's safety and positive impact for the youth in our community, constructive and satisfying relationships between children and volunteers, and a strong sense of affiliation with Big Brothers Big Sisters for the volunteers.

Heather Smith
Match Support Specialist
heather@bbbshr.org
540-433-8886



My name is Heather Smith, I am a bilingual Match Support Specialist here at Big Brothers Big Sisters. I have been working with the agency since about the middle of September so I am relatively new to the agency, but I am really excited about the work that we're doing. To give you an idea of what to expect with us as Match Support Specialists, once you complete the enrollment process, your file will be passed to one of us as a Match Support Specialist. We are

responsible for taking you out to meet your little either at the little's school or at their home. After that, you can expect to be in contact with us at least once a month- we will give you a call or send you a quick email just to make sure everything is okay and to give you the opportunity to express any concerns or questions you might have. Also, we just want you to know that we have an open door policy so you don't have to wait for us to contact you. You can always let us know if you have any needs or concerns. I look forward to working with you!

The Role of the Match Specialist



Emily Dovel emily@bbbshr.org
Program Director 540-433-8886

My name is Emily Dovel, I'm the Director of Programs at Big Brothers Big Sisters and also a Match Support Specialist. Like all volunteers, once you get matched at Big Brothers Big Sisters, you will be assigned a Match Support Specialist. A Match Support Specialist will continue with you through the life of your match. They will help you with activity ideas, they will help you to problem solve, and they will help you with communication with the parents. They are there to support you throughout the duration of your

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Alex & Emily

Meting with Match Support

Emily: Hey Alex, how are you?

Alex: Hello Emily, how are you doing today?

Emily: Good, it's good to see you.

Alex: I wanted to come in and talk to you about my little. I've been having issues in the household and I'm curious if there's any advice you can give me about my role and where my role stops.

Emily: That's always a tough issue for mentors because you're with a child for a couple hours a week and you're not the parent and so you're not with them 24/7. I think it's really tough to figure out what those boundaries are. I think part of that is just being there and being a really good positive influence, being consistent with him, and hopefully teaching him some of those values that you'd want to instill in him, but knowing that when he goes home after he's been with you, you can't be there to monitor what he's doing, and if the family is instilling those values as well. It's always tough because you have an environment where they're with the family for a lot of time, most of their day, but then they're with you a couple hours a week.

Alex: Okay, well that's all I have for today.

Emily: Thank you for coming in and let me know if there's anything more I can do for you.

Completing the S.O.R.

During the time that you're a volunteer, you will be required to fill out some surveys called the Strength of Relationship survey. This is really a survey that focuses on the strength of the match and also the impact that you're having on the child. These surveys will be given approximately every three months. It's very important to fill these surveys out in a timely manner.

Keeping in Touch

At BBBSHR mentors are required to complete Strength of Relationship surveys every three months. This gives the staff an opportunity to keep in touch with you and track the development of your match more regularly. The Strength of Relationship survey will assess your view on how the match is going, as well as the support and training you have been provided by BBBS.

We have also provided you with an Activity log to help you keep track of the kinds of things you are doing every week with your Little and issues you encounter. Keeping a journal or log of activities will help you capture special moments in your relationship. Also, be

sure to look for special events and activity updates sent to you by email and posted on our website which is listed below. We hope our activities will provide you with fun things to do with both your little and other matches in the program

<http://www.bbbshr.org/>



Big Brothers Big Sisters



Child and Youth Development



What?

Four chapters on child and youth development

Why?

Effective research-based strategies for mentoring

How?

Complete the survey
Revisit the training regularly

Part 1: Child and Youth Development

Individuals go through a number of growth periods as they transition over the life course. Throughout childhood and adolescence, children experience growth across a number of different domains. These include physical change, cognitive capacity, language ability, social and emotional maturation, and moral development.

A child's development results from interactions and experiences within their family and other social contexts. These interactions don't only impact children's socialization but also biological processes, like brain development. Since children have different experiences, they progress developmentally along different paths. These paths aren't stagnant, which allows external influences to redirect a child into

either a healthy or an unhealthy path.

It is important to remember that children develop at different speeds. Although this module will describe age-related benchmarks, there might be significant variance among individual children within the same age group. Two 8 year olds, for example, may vary in size, cognitive abilities, and reasoning skills. This is particularly the case for youth going through puberty. Boys and girls also develop at different rates, with girls typically maturing and reaching many developmental benchmarks before boys.

Our focus is on the development of children ages 5 and up. Throughout the training, we will talk about children as "elementary aged" or in "middle



childhood." This generally refers to kids in the 6-10 year age range, while "early adolescent," means youth ages 11 –14, and older adolescents, ages 15 and above. We have organized this training by domain type. In the attachment section you will find handouts that break each of these processes down by age.

Next, we'll take a closer look at some of the primary developmental domains in children and youth.



Cognitive Development

Cognitive development considers how children learn and process information such as learned language skills, thinking, reasoning, problem solving, and memory development. Cognitive growth begins early in life and continues into adulthood.

Beginning at age six, most children begin to develop reasoning skills that are later sharpened throughout middle childhood, when fundamental skills like reading, writing, and arithmetic are learned. Throughout middle childhood children also begin to develop self-awareness, the ability to retrieve information to solve problems, and the ability to intentionally plan, evaluate, and modify their actions.

Children at this age have not yet developed theoretical or abstract thinking. They think in very concrete terms and their ideas are rooted in the present. To help them understand a concept or an idea, young children benefit from having ideas introduced that use symbols or stories to illustrate concepts. As children get a little older and enter into early adolescence, they begin to develop

the ability to reason and to understand concepts in more of an abstract sense.

Adolescents also undergo significant changes in rational thinking, their ability to multitask and sustain attention for prolonged periods of time increases. We often expect preteens and especially teens to act and think like adults; however, even though the brain is full-sized by adolescence, it is not fully developed until the early 20s. This includes the parts of the brain responsible for executive functioning, which controls impulses, decision-making, and emotional regulation. Although adolescents are physically capable of carrying out the same tasks as adults, they don't exercise the same amount of discretion or consideration of consequences, and are more likely to engage in risky or reckless behavior.

Cognitive Development through Problem-solving

One way to support your Little's cognitive development is by modeling and teaching good problem-solving.

Dr. Deborah Kipps-Vaughan, James Madison University:

Problem-solving basically means being able to come up with what your options are and making a plan and following through on that and seeing how it works. One basic problem solving approach you can use is having the child decipher, what are the facts, what is the problem, and how do you feel about it. The next step is to say "What is the worst thing that can happen and what is the best thing that can happen in this situation?" Next you can say, "Let's come up with a list of all the things that we can possibly do to solve this problem." Choose one and see how it works.

Developing a plan is useful as a mentor. Consider, "Well how do I do my problem-solving? What are the steps that could help my mentee?"



Common Risk Factors

With younger children, when you're working on problem-solving you may have to help them with generating their solutions and keep it really simple.

When children are emotionally involved they have a lot of difficulty with problem-solving strategies. As a mentor it is best to be sensitive, thinking "Does this child seem ready for problem solving?" So with children ages 6 thru 8 it better to focus more on identifying the problem and naming what the problem is. Help the child do that and then think of two or three things that you can do to help the child generate what those are; you may have to help lead them into choosing one that's most likely to work for them.

Healthy children are typically socially and emotionally well-developed by age 9 and 10. They can begin engaging in problem-solving such as generating options, brainstorming, making their own choices and seeing how it works. However, if the child is socially or emotionally delayed, you are going to have to monitor when the child is ready to problem solve. This may not occur until a later age, 11 or 12; but talking about it, using the words problem-solving, naming the problem, and helping them understand that they have the ability to choose from many choices when a problem occurs is a good process to

lead younger children through. These lessons will follow them into their older years.

Social & Emotional Development

The growth in complex reasoning that accompanies cognitive development also allows for social, emotional, and moral reasoning to occur. This includes labeling and managing emotions, developing empathy, making good decisions, and developing skills for maintaining positive relationships. People don't naturally possess all of these abilities. Instead, they need to be practiced and taught so that children may grow up to lead ethical and responsible lives.

You can help your Little develop these skills by providing them with a chance to have fun, escape from daily stresses and by helping them learn how to regulate their emotions. Importantly, by developing a close and emotionally-rewarding experience with your Little, your own relationship can begin to negate negative experiences that they may have had with parents or other adults.

This can make them more likely to seek emotional support when faced with stressful events or other challenges, and therefore better able to deal the effects of a negative environment. Social and emotional learning also contribute to academic learning. When students have their basic social and emotional needs met, they are better prepared to learn.

In elementary school, children are beginning to develop an understanding of their own initiative or agency: that they can have a plan, see it through and make it happen. They realize that they can act on the world and they have some control over the things that happen around them.

As a mentor, you can help your Little develop a sense of agency and competency by giving them the opportunity to show-off and to teach you. For example, if you are playing a game or participating in something, make sure they have opportunities to be successful with it and win. Reinforce that they had an idea and made something happen so they get a sense that they are competent.

Dr. Deborah Kipps-Vaughan, James Madison University:

As kids get a little bit older, the social and emotional piece really becomes more about them finding their own identity. Helping them sort through and expecting that they may be trying out different ways of being is recommended when dealing with older youth. As a mentor it is best to be tolerant of a young teenager trying different hairstyles or liking different kinds of music, or maybe even hanging around different groups of kids and knowing that is something that you have to do to find yourself. You have to try on different things.

It is important to remember not to be

quick to judge but particularly not to criticize. That's the other piece in the search for who you are. Teenagers are hypersensitive to criticism, so something that's just meant as some advice can be taken as "Oh! I cannot do anything right." That's the teenage response. So you have to really be cautious about how you share information and give advice. You want to present in a way that is less likely to be perceived as critical because that breaks the communication and can interfere with the relationship between you and your Little.

Positive Identify Development

Although autonomy is important to adolescent development, youth still need supportive relationships with adults. Through these relationships, youth explore their identity and develop relational skills. Social relationships also help form moral identity, which in turn influences moral action and leads to positive behavior. Moral development in younger children primarily means following the rules. They are usually responsive to what it means to be a "good boy" or a "good girl." Adolescents, on the other hand, are better able to see morality from a more conceptual perspective, for example, identifying the right course of action if they believe a rule to be unjust.

Low-income children and youth sometimes have few positive adult role models outside their immediate family. Even with middle class kids, adult occupations and skills often seem far out of reach. By serving as a role model, mentors can contribute to youths' positive identity development. You can help shift your Little's ideas about their current and their future identity. Help

show them their "possible selves"— what they might become, what they would like to become, and what they fear becoming.

Mentors can also facilitate positive identity development by having high expectations and letting young people know that you believe in them. Significant people in youths' lives act as social mirrors. Your Little will integrate how they think you view them into their sense of self.

When teens are able to develop positive relationships with adults based on mutual respect, they are more likely to develop positive moral and ethical identities. Therefore, one way to facilitate moral behavior is to exhibit respect for youth while also expecting respect in return. You can demonstrate respect through active listening, being kind, and offering support when needed. You can demonstrate the concept of self respect by expecting that others will be respectful and not tolerating disrespect from others, including your Little. Importantly, you can also demonstrate respect for your Little by respecting their needs and soliciting their input in the things you do and talk about.

Social and Emotional Development through Targeted Praise

Dr. Deborah Kipps-Vaughan, James Madison University:

A mentor, who wants to go in and do a really great job of mentoring and having a great relationship with their mentee, may naturally find themselves offering up a lot of “Wow! You did a great job with that. I really like that shirt you’ve got on today. Man! You’re a lot of fun to be with,” just using positive remarks in a broad way. It may be more helpful to use your praise more selectively and in a more meaningful way, being very specific about something you’re praising the child for.

I’m not saying holding back on being excited, exuberant about your time together but also to be sure to comment on “You know, when you looked at your Mom and said you’re sorry, I was really impressed with how mature that was.” Finding those little pieces to comment on so that the child is like “Wow. It’s not just ‘Hey, I’m me! So I’m wonderful’ but I made a good choice and it was acknowledged and recognized by my mentor. That’s what builds character and a sense of self and being worthwhile and capable is that I’ve done something that showed I used good decision-making skills and acted on it and it was acknowledged.

And so if mentors can keep in mind, that when praising and responding to children you want to do it in a way that’s about who they are as an individual and their individual characteristics. Not necessarily what they have on, what they look like whether it’s girls or boys, but particularly with little girls. If it’s always about how you look then girls have a tendency to

start thinking that’s one of the most important things about who I am and this is how I can be appealing to my friends is by the way I look. So I’m going to spend a lot of time thinking about that as a part of my identity.

We want girls to, as well as boys, thinking about how I think and how I create things and what are my talents and what is it that I try hard to do, what is it about my sense of humor, all those things that are just critical aspects about who we are in terms of personality and character. So if mentors when they’re responding, maybe catching themselves not always zoning in on the easy more noticeable things to compliment or respond to but really put some thought into who this person is.

And the more you do that, the more you’re connecting with that child or adolescent that you’re working with. Getting into their head, thinking about who they are, then they’ll get a sense that this person understands me. And as a mentor, if you can offer the opportunity for a child to feel understood, then they will feel connected and that’s a real relationship. And that’s the most valuable piece that you can bring, for the whole mentoring experience.

Emotional Self-regulation and Anger Management

When working with younger children to deal with their emotions, keep in mind that until the age of 10 or 11 children have a difficult time recognizing complex emotions and are not able to take the perspective of someone else. While younger children often learn how they are expected to respond to the question, “How do you think that made him feel?”

they are not actually able to understand someone else’s feelings at this point.

One emotion that can be difficult for mentors to address is anger, however, helping young people learn how to manage their anger is important for emotional self-regulation and later success.

Dr. Deborah Kipps-Vaughan, James Madison University:

Mentors may find themselves in situations where children or adolescence become angry on the spot about a particular event or situation or that the child has had something happen before their time together where they’re already angry. And children have different ways of responding. One may be more internalized that they have a tendency to be self-defeating. Making statements about themselves not being liked or being able to do things or just being more quiet with it. Some children do not verbalize their feelings of angry readily and just appear more sad.

Anger is a secondary emotion. That means there is always another, primary emotion behind the anger. That is typically either fear, feelings of disappointment or being threatened. So helping the child being open and free to express their feelings. Encouraging feelings, ya know, using their words is important. So the mentor can respond by just making a “you’re looking kind of sad today” or “it seems something isn’t quite for you right today” can be really helpful. Just acknowledging it. Even if the child doesn’t respond and say “yeah, this is what happened.” The fact that you acknowledged it, may lead to future expressions of being able to talk about

(Continued)

what their feelings are.

What's probably more of a concern is when children are expressing their anger in a more externalized way. So they may become aggressive. They appear violent, throw things, and use their words in inappropriate ways. It's important for the mentor to, number one, not to take that personally. Even if the child is angry with the mentor but knowing that, "okay this is hurting my feelings too," but trying to remove themselves so they can be responsive to setting the limits and acknowledging the feelings. That's really the best combination for the mentor to take. Accept the feelings the child is having, "You're very angry by this, I can see how mad you are and we're going to have to take some time to cool down. Why don't you go swing over here and I'm going over here or take a short walk. Or let's just walk together but see if we can do that without talking for one minute. Now I'm going to time us to see if we can." "

If it becomes a situation where the child is becoming violent in some way, it may be important to set the limits by saying "You know, this is a good time for us to end our visit today and we can start all over again next week, I'm going to pick you up at our time." So responding both with understanding the feelings and setting some limits.

Within the area of helping children when they are angry, there are specific things a mentor can do. They can offer opportunities to encourage their expression but then they can also model their own response to anger. Modeling things like problem solving,

cooling down, or distracting themselves. So this is a great teaching opportunity that a mentor has with a child, if they become angry. The mentor would need to know is this the best time to try to think about how to solve this problem. So you have to know that there is a problem to be solved. Sometimes there isn't. Sometimes it's better to say "Hey, you know what, I'm not sure if there's much we can do about that. Let's think of something we'd like to do for fun" or just offer a distraction. Those are two primary avenues for children to learn when they're angry to either solve the problem or to distract themselves by going and shooting a basketball or listen to some music or drawing some pictures.

Physical Development

Children and youth are undergoing significant physical changes that not only transform their bodies but also impact their social and emotional wellbeing.

During middle childhood, children continue to improve gross motor skills like running, jumping, and throwing. Different rates of growth impact coordination and athletic ability, which can influence children's sense of competency. Children with poorly developed gross motor skills are more often teased and rejected by their peers. Elementary aged children are also honing fine motor skills, including hand-eye coordination. Since these skills are needed for writing and drawing, young people with poorly developed fine motor skills often experience academic problems.

As a mentor, it can be helpful to incorporate activities that allow your Little to improve gross motor skills (for example, playing sports or other physical activity) and activities that promote fine motor skills, like playing board games, putting together puzzles, or playing an instrument.

The hormones associated with puberty in

early adolescence bring with them growth spurts, the development of primary and secondary sex characteristics, fertility, and increased sexuality. Girls develop earlier than boys and generally begin to go through puberty between 8 and 13, and boys, nearly two years later.

Many young people are very concerned with their appearance and are self-conscious from changes in their skin or bodies. Body parts develop at different rates—for example, hands and feet faster than arms and legs—bringing with them awkwardness and coordination problems. Your Little might worry about being too tall or too short, too fat or too thin. Girls in particular often experience negative body image due to increasing body fat. Early maturing girls have the lowest self-esteem and are more likely to engage in risky behavior and find themselves in adult situations that they might not be emotionally ready for.

Along with insecurities from physical development, new hormones can bring with them emotional changes, including mood swings, sadness, and irritability. This is a trying time for young people, and they often need reassurance that different growth rates are normal and extra patience and understanding from adults, including mentors.

The Importance of Movement

Dr. Deborah Kipps-Vaughan, James Madison University:

Along with physical development, it's key to remember with younger kids, they need to move because of basic development of bones and muscles around 6, 7, 8, 9, and even 10 years old. It is much harder for a child to sit and be still, whereas when you're 30 years old, you would rather sit and it takes work to move a lot and be more active. For children it's the opposite and they really do need to be moving almost constantly. So if they're in school all day, they're already working against that natural tendency to need to move. So after school and on weekends we really want to involve them in activities that allow for a lot of physical movement.

Physical development is more critical to overall sense of self and not just the need to move but also the role that it plays in social, emotional, and cognitive development. In terms of social and emotional development, what we are beginning to understand is that movement is pretty much how we engage with each other as children and that in turn lets us know about social boundaries, what am I good at, how can I interact with others in a way that works well and builds friendships with peers.

So movement is really very broad in terms of affects and relationships. There's also been some research that lets us know how important physical development is for learning and thinking. So having that opportunity to meet those physical needs also sends chemicals- those endorphins to the brain, that support motivation, and in turn attention span. So, getting enough physical activity actually helps the brain function better, during those early childhood years, well actually throughout life, but it's critical during the early elementary years. It can promote brain

chemistry that promotes good thinking, and particularly motivation and attention, so move!

Part II: Risk, Resiliency, and Positive Youth Development

Youth at Risk

Many children and youth progress developmentally without significant problems. Others, however, face major barriers in transitioning through childhood, adolescence and into adulthood and are at risk for poor developmental and life outcomes. Of particular concern is when young people engage in risky behavior. This includes negative outcomes like truancy, dropping out of school, abusing alcohol or drugs, having unprotected sex or getting pregnant, delinquency, gang involvement, or violence toward others or oneself.

Although it is not always easy to predict which young people will face these challenges and which will not, researchers have identified a variety of individual, family, social, and community risk-factors that are associated with risky behavior in children and youth. Such risks include poor academics and weak attachment to school, risky peer group behavior, a volatile temperament with poor self-regulation and impulse control, youth with physical, emotional, or mental impairments, experiencing trauma or abuse, growing up in poverty, in a single parent family, in foster care, homeless, or involved in the juvenile justice system. High levels of community crime and unemployment also increase risk. Further, risk-factors have a multiplicative or cumulative effect: the more risk factors to which a young person is exposed, the greater the likelihood of risky, unhealthy, or delinquent behavior.

On the other hand, having a supportive

relationship with a caring adult can act as a protective factor, better enabling a child to persevere in the face of adversity. Mentoring is an important intervention in the lives of at-risk children and youth to lead them away from risky or antisocial conduct and toward healthy, prosocial behavior.

Risk and Resiliency

Dr. Andrew Hahn, Brandeis University:

Risk and resiliency are concepts that are important to understand. Risks are more widely recognized and easy to see when they occur: truancy at school, joblessness, hanging around the street corners, experimenting with adolescent activities resulting in teenage pregnancy.

Resiliency, another word that begins with "r", is more difficult to see and to feel, get your arms around. The questions that researchers posed over many years is, "Why do some kids end up being healthy and successful and integrated into the mainstream of society and other kids have nothing but difficulty integrating themselves and moving from the margin to the mainstream? Why do some kids succeed and other don't?" a very consistent answer that appeared from very sophisticated research was resiliency. Some young people just are able to weather the storm.

Then the question becomes, "what accounts for their success in the adult years?" The secret thread that can be seen through many of these children is the involvement of caring adults and consistent relationships. Someone, somehow was able to connect with the young person, give them a sense of belonging, give them a sense of self worth. So the whole mystery of resiliency churns on the notions of caring adult relationships and providing role models and assistance in strategic times when needed.

Youth Resiliency

Researchers have found that resiliency—the ability of children and youth to thrive in adverse conditions—is associated with personal assets or competencies. The more assets a young person has, the more resilient they will be in avoiding risky behavior.

Mentors can be most effective when they take what is known as a “positive youth development” approach in working with Littles. A positive youth development approach emphasizes helping youth build assets and recognizing their strengths. In fact, Big Brothers Big Sisters’ one-on-one mentoring model is built around just such an approach to youth development!

Five key outcomes are particularly important in positive youth development. They are known as “the 5 Cs”

The first is *competence*, or having a positive view of one’s actions in specific areas, including social, academic, cognitive, and vocational skills.

Second, young people need *confidence*, an internal sense of overall positive self-worth and self-efficacy; positive identity; and belief in the future.

They also need positive bonds, or *connections* with people and institutions—peers, family, school, and community—in which both parties contribute to the relationship.

A fourth category, *character*, involves respect for societal and cultural rules, possession of standards for correct behaviors, a sense of morality, spirituality, and integrity.

Lastly, healthy young people need *compassion*, or a sense of sympathy and empathy for others.

The Search Institute has identified more than 40 developmental assets that help young people face the challenges and opportunities ahead of them. These are

broken down by age and included in the attachments section of this module. Unfortunately, studies have shown that most children and youth report having less than half of the recommended assets.

Mentoring as Positive Youth Development

Dr. Andrew Hahn, Brandeis University:

Where does Big Brothers Big Sisters fit? In almost every way in the positive youth development movement this organization and the role of mentoring, which is so significant in this organization, plays a critical role. Mentoring is a particularly youth strategy that builds directly on the competencies that people have said are important for promoting healthy development in young people.

Mentoring is important in rebuilding the social fabric that is often missing in young people’s lives—lack of role models, lack of consistency with adults in the community. So mentoring can play a critical and important role. Good mentoring programs have been linked to reductions in substance abuse and other kinds of other human capital outcomes like satisfying jobs and productive roles in society. So mentoring is a wonderful intervention that builds on many of the competencies that young people are said to need and often bring to the table.

What Makes an Effective Match?

We know that mentors can make a tremendous difference in the lives of children and adolescents. However, not all matches are equally successful in this endeavor. How can you as a mentor create a strong and meaningful relationship with your Little?

One important factor is having frequent and consistent contact with your Little,

something we talk about later in this module. Research has also found that the kinds of interactions between Bigs and Littles and the kinds of activities that they do together can impact the strength of their relationship. In particular, relationships that develop strong emotional connections can lead to better youth outcomes. Since it takes time to build closeness, trust, and respect, much of your time with your Little should be directed towards relational activities. These include time spent hanging out and having fun, having casual conversations, talking about family and friends, and listening and learning about your Little’s interests.

Early on, it’s important to emphasize friendship not performance. Relationships where mentors are too focused on changing their Little’s behavior and expect to see changes quickly can be frustrating for both the Big and the Little. This can set the relationship up for failure, risking early match termination and negatively affecting your Little.

However, once a strong foundation is established, your Little is likely to become more receptive to goal-oriented conversations and activities. The most successful matches are those that are eventually able balance relationship building with helping the Little learn new skills and competencies.

Some studies have shown that skill-oriented activities may work better for adolescents, however, the age, gender, and background of your Little may determine whether and when relational or skill-building is more successful. For example, youth who have had positive relationships with parents and other adults may be more receptive to goal-directed activities. Those who have had attachment problems or negative experiences will need to focus more on relational aspects. Remember, if one strategy does not seem to be working, you can shift your approach and try something else!

Importantly, more successful relationships tend to be youth driven rather than mentor driven. This means intentionally involving your Little in decision making about activities, what you talk about and how you talk about it, and the role that you might play in their life. This doesn't mean letting your Little make all the decisions. In fact, Littles in matches that practice collaborative decision making report more satisfaction than those where either the Big or the Little makes all the decisions.

Part III: Effective Communication, Goals, and Activities

The Importance of Good Communication

In order to develop a close relationship with your Little it is important to have good communication skills.

Dr. Andrew Hahn, Brandeis University:

Mentors, by virtue of meeting young people and talking with them and understanding their challenges and their inhibitions, their dreams, can focus on communication skills. Young people see how the mentors communicate and how they communicate with their mentors reinforces the competency of strong communication skills.

Remember:

Active listening is an important part of effective communication. We often get distracted when others are talking to us, or, as they are talking are trying to formulate our own response rather than really listening to the speaker. Using active listening can signal to your Little that you are really interested in what they have to say, and can help you avoid misinterpreting what they tell you.

First, unless it's clear that your Little wants to avoid looking at you when talking about a sensitive or embarrassing

subject, try to maintain eye contact. Give your Little plenty of time to verbalize their thoughts—don't be afraid of silence. As Sammie and Pedro explain, it can sometimes be difficult for children and adolescents to find the right words to express themselves.

Sammie and Pedro:

Sammie: I don't feel comfortable talking to people who are adults because I don't feel they understand as much. If you ask them something, they're just like, I feel like they just keep asking questions and you don't want to answer. Like I don't want to answer questions sometime. Like sometimes, like if somebody is telling you something like sometimes it would be nice if they would wait to make a conclusion. Sometime most people you talk to they already have a conclusion made and they don't wait until you finish telling them.

Pedro: When they ask questions towards us or about us, it's hard for us to put it in words. They keep asking and asking "what's wrong? What's wrong?" but they just don't understand that it's just hard to say what we feel. It's hard to find the right words without saying something dumb or saying something different than what you're feeling.

Remember:

Using nonverbal cues, such as nodding, can indicate that you are listening. It can be helpful to repeat back what your Little has told you to make sure you really get what they are saying. You can also try to express their words in terms of feelings. For example, "it sounds like you are really frustrated that your parents are being so strict." This approach can also help your Little better identify and verbalize their feelings, which is an important part of learning emotional self-regulation.

Try to express empathy for what your little is telling you and respect their ideas, even if you think that they are in the wrong or blowing a situation out of

proportion. While it can be helpful to use open-ended questions to get your little talking, as Sammie indicates, it's also important to read your Little and recognize when you are pushing too hard. Your Little will talk to you when they are ready.

Lastly, although it's natural to want to give your Little advice and try to make things better, try not to be overly prescriptive and tell them what you think they should do. Instead, use the strategies discussed earlier to encourage your little to engage in problem-solving.

Talking about Difficult Subjects

Good communication can be particularly difficult when you and your Little are talking about sensitive subjects. These range from delicate topics that might be uncomfortable for you to discuss, issues that involve your Little in risky behavior, or conversations that indicate that your Little is going through crises that require an immediate, professional response. Regardless of whether you are talking about a delicate situation, an issue of concern, or a crisis, try to be consistent in your communication style and demonstrate respect for your Little. And make sure to use the strategies for effective communication from the previous page.

Delicate topics include questions about sex, peer pressure, hygiene, behavior, alcohol and drugs, poor school performance, self-image and personal insecurities, or issues of class and cultural identity. You should generally let your Little initiate these kinds of conversations and emphasize confidentiality. Your match support specialist is available to talk with if you are uncertain how to deal with issues that arise.

While mentors may be able to deal with delicate topics on your own, *issues of concern* should be discussed with your match specialist. These include unsafe sex, fist fighting, minor delinquent behavior, and drug and alcohol use. While you do not have to like or agree with what your Little is doing, it is important to accept your little and their behavior without judgment. It's also important to separate your Little from their behavior. Following Big Brother Big Sisters positive youth development approach, it is often more effective not to focus too much on changing behavior—especially by lecturing them-- but instead by helping them develop competencies and a positive outlook so in the future they can better think through the

consequences of their actions and make better decisions.

In some matches, crisis situations may arise where there is direct harm to your Little. Such situations may require direct and immediate intervention. These include child abuse and neglect, abusive relationships, pregnancy and STDs, health problems, drug and alcohol abuse, violence, arrest or ongoing delinquency, depression and suicidal behavior, mental illness, and other trauma. As a mentor, you should never try to handle crises alone! Talk to your match specialist immediately so that they can connect your Little and their family with professionals who are trained to intervene in these kinds issues.

Activities to Support Child and Youth Development

When choosing things to do with your Little, it's important to emphasize low cost activities. Look at this scenario with Libby and her little Emanuel.

Emanuel:

Well, I like having Libby because we go place because my parents don't have enough money to go there. But like Libby, she takes me somewhere I want and we have fun and we go places I haven't been before. So I just go places I haven't ever been before like she is the one who first took me to the children's museum.

Lisa Hawkins Shank, BBBS Enrollment and Match Support Specialist:

We really encourage mentors to choose low-cost to no-cost activities. Partially, so they're building a relationship, which is based more on friendship, but also I try to tell Bigs at the start of the match, we also encourage low cost/no cost because many of the Littles in our program do come from homes where there is not a

lot of extra economic means. Teaching your Little how to have fun, to learn, and to grow without having to spend lots of money, is a bigger benefit for the child and their family in the long run.

Emanuel: I remember one time I went tubing at your brother's, Neil.

Libby: Right we went tubing at Neil's, at the river.

Emanuel: Yeah! And then he helped me make a boat and then we sailed it.

Activities that Have a Lasting Impact

Dr. Joann Grayson, James Madison University:

I think it's important for mentors to remember to seek skill-building activities that will enhance the child once you leave. You're not always going to be there for that child, so what you leave with this child might be skills that you taught them. As opposed to simply entertaining the child, like, taking them out for ice cream and giving them things. Those are nice to do occasionally but if they're the total fare then, the child becomes dependent and is likely to feel depressed rather than empowered, when the mentor leaves.

So teach them things. Teach them how to use the library. Teach them a sport or a skill. If you like baseball or skating, teach them that. If you're a great cook, teach them how to cook and help them to put together some recipe books. Teach them chess or checkers, if you like playing those particular games.

Helping that child join a group is going to be one of the best things a mentor can do. 4-H meets once a month, if you can take them to a meeting, get them integrated into 4-H club, then they'll have a support group, once you leave. Or you can get them involved in scouting or some other type of group. That will provide them with friends and will live on after them.

We know that children who are well integrated into their school are the children who do the best. So if you can get that child involved in a school club or a school activity, help and support and mentor the child while they're at that activity. That would be good.

Think about learning activities, such as going to Eastern Mennonite's Natural History Museum or JMU's Arboretum to identify plants, not just to prattle down the path. The downtown Children's Museum or Frontier Culture Museum are good to go to as well.

One of the very best things you can do would be to help the child to volunteer. In our summer mentoring program the mentors help the older children volunteer and they're giving back to the community, they're learning skills, they're getting a job reference perhaps, when they go for job. So we had mentors who went through the SPCA training with the child. And they both worked together at the SPCA. If you're under 14, I think you have to have an adult working with you, if you work at SPCA

We had children who helped with the recycling, can-smashing, and other activities down at the recycling center they volunteered at. We had children who helped take the dogs into the nursing homes, so the elderly people could pet dogs and cats. And also children who learned a dance and took it around to the nursing homes so the nursing home clients could enjoy watching children dance. So, volunteer in a nursing home with your child. See what volunteer activity you can do. If you're volunteering you feel like you're contributing something, you feel important, and you're making very good contacts.

Introducing Your Little to New Activities

When introducing new activities in your

match, it is important not to overwhelm your Little and to set them up for success.

Lisa Stefancin, BBBS Match Support Specialist:

I recently matched a 70-year-old volunteer with a little, 8-year-old Caucasian boy that is academically challenged. He is receiving special services. So...just even taking him to the park is something brand new. He's never even been to a park before. And I don't know if it's just the way that the little boy is because of his challenges but he likes the repetition. So very week they have to go to the park and count the stairs again to make sure that there are still 69 stairs; they go up and have to come back. And he was afraid of heights; so for him to go all the way to the top is a major accomplishment.

He comes up with a lot of ideas, and that was one problem. I think he's just overwhelming the boy, who's never done anything. He gives him too many thoughts of things to do. So, I suggested to him, just suggest a couple of things, "Which would you like to do, of these things. Which of these things would you like to do?" And that's working better.

Dr. Deborah Kipps-Vaughan, James Madison University:

Mentors will have opportunity to expose children to new opportunities and engage in activities that maybe they never had the chance to partake in. When we're doing that has to be done in a way that allows the child to feel excited, interested, and comfortable rather than threatened or unsure. Children going into a new environment or new activity, doing something they're not used to can create a lot of fear and uncertainty.

So beginning with initially having activities that are familiar and where the child already feels some competency initially, I think is very important before coming with "Oh! He's never had the

chance to go canoeing, that's going to be a lot of fun."

To do that, you would want to work your way into those types of activities when you know the child can be responsive and feel good and excited about it rather than "Oh no, I'm not going to know what to do. What am I going to do about that?"

We want children to feel in control of the relationship, to a certain degree. That's a way of encouraging their development in terms of which they are feeling good about themselves, that they're the ones showing how to do something, teaching demonstrating something. You want the child to have opportunities to do that prior to you taking the lead roles as the mentor in a new activity. Plus introducing the activity in any way that you can, and not just assuming "it'll be fun, it'll be okay."

Think a little bit about what does this child need to know to be successful at this. What can you expose them to whether it's watching a movie about it or going and visiting the site first before you actually go and do whatever it is can be helpful. Talking about if there is any skill involved and practicing that skill prior to actually going. Are all good ways, to give them opportunities to do new things and still experience success with it.

Setting Goals with your Little

It is important for young people to learn how to set goals. You can work with your Little to set goals, make a plan, follow through, and evaluate their progress. Goals should be age and developmentally appropriate, so keep in mind the lessons learned in Part I. Many children and youth have not had a lot of experience or success in setting and achieving goals. Make sure you have established a strong personal connection with your Little before spending too much time on goal-setting.

Carmen Wyse, BBBS Match Support Specialist:

I think kids in our program, often don't have a clue what setting goals even means. So for younger kids, I think, you cannot talk to them about, ya know, "let's set some goals." But what you can say is "Huh, that spelling test did not go so well, did it? Well, I know you can do better. Let's work really hard at these spelling words and I bet you can get 10 of them right, next week." The kid doesn't know it's a goal setting, but it is. I think encouraging them that way.

Like we shared earlier, we have a wealth of resources in this community and most of the kids that we work with don't have people in their families who have gone to college, who don't know anything about college. So just taking those kids onto college campuses and showing them what it's like and then having follow-up conversations. "You know, what do you want to be when you grow up?" And then starting to back up and think "What do you have to do to get there?" Even with little kids, just taking them onto the college campuses and starting them to see what other world is out there. Can be huge in looking at goal setting.

Part IV: Match Stages

Stages in the Mentoring Relationship

Every mentoring relationship is unique; however, all matches tend to follow some common trajectories. Like all relationships, mentoring has a beginning, middle, and an end. How you and your Little relate to each other will change over time as you get to know one another. Your relationship may also change as your Little matures biologically, cognitively, and socially. Finally, your own maturation may also influence the dynamics of your relationship.

Being aware of this process can help you better navigate your relationship. It's also important to remember that not only will your impact on your Little grow as your relationship matures, but that matches that are short-lived can actually result in negative outcomes for youth.

We turn next to the stages in mentoring relationships, including the initiation of the match, growth and maintenance, and finally, decline and dissolution.

The Initiation Phase

While we often think about the beginning of a relationship as, well, the beginning, in some mentoring relationships this first phase can actually last up to six months or even a year!

This is the most important stage in your match. The connections you forge early on set the stage for the rest of your relationship with your Little. Here you start to get to know your Little, develop rapport, and build trust.

However, this can also be a challenging time for new mentors. During this period, your Little might be reluctant to trust you, may be uncommunicative, and may fail to keep appointments or return

phone calls.

Mentors who push too hard to get their Little to reveal personal information or focus too much on changing their behavior are likely to be met with resistance. You can try to form a good foundation by recognizing your shared interests and showing your Little that you are interested in who they are, not who you think they *should* be. It's particularly important in this first phase to be predictable and consistent in your match. As Dr. Kipps-Vaughn explains, this means more than just keeping scheduled appointments with your Little.

The Beginning of Your Match

Dr. Deborah Kipps-Vaughan, James Madison University:

When mentors are first meeting their mentee, working with someone new, there is really no way to know how the child or adolescence is going to respond initially. It's going to be based on their sense of the world and their experiences with others in terms of developing trust. And also it's going to be based on their own sense of themselves. How comfortable they are, how much of a sense of worth they have, and be expected to be received well. So there is a lot going on with the individual child that has nothing to do with the mentor. Disappointment specifically abandonment by others that they did trust, then they're going to be cautious. "Are you going to provide me with the kind of safe environment that I'm going to be able to respond and now I'm okay in this relationship?"

When I say safe environment I'm not talking about the fact that there aren't fires and knives and sharp scissors that kind of thing, a safe environment emotionally. That means, it's important for the mentor to be very consistent in

those encounters with the individual. The child needs to see that every time you come I'm going to have the same kind of experience. You're not going to be really nice one day and kind of moody another time they see you. But a consistency in terms of how you present yourself as the mentor. It's very important. Even kind of dressing the same can be helpful. If you are mentoring a child who has had some previous negative experiences, providing as much consistency across the board is important. There should be a routine to your visits— there's a beginning, there's middle, there's an end.

Additionally, if you're providing a safe experience for the child, the child's going to respond may not be initially but it will happen. In order to prevent being put off by the lag in responsiveness, give the child time to know that this is a safe situation, which will grow into what they need.

The Beginning of a Match

Being predictable and consistent is especially important when young people try to test the relationship by acting out or pushing the mentor away.

Emily Dovel, BBBS Program Director:

I have had some situations where Littles have kind of pushed Bigs away. It's been more in the beginning of relationships because they are really trying to test the Big to see if they're going to stick the relationship out. And if they behave poorly or really test that Big, is that Big going to continue to come back? Is the Big going still be consistent and want to be with them?

Remember:

Mentors need to show that they are invested in the relationship, and will stick it out even when things are tough. This commitment is a key to the development of a meaningful and effective relationship

with your Little and signals to your Little that they can come to you with both the good stuff and the bad.

Establishing confidentiality with your Little can help you gain their trust. You should let them know that what they share with you will be confidential, as long as you don't think that they are being harmed or are intending to harm themselves or someone else. It's really important to stress this point early in your relationship. That way if in the future you think they are not safe and need to break their confidence, the young person will not feel totally betrayed.

While this first stage should primarily be about building rapport with your Little, it is good to talk about goals for your relationship. You can ask your Little why they wanted a Big and what they hope to get out of the relationship. You can also begin to help your Little set personal goals, just be sure to keep in mind the kinds of things that we've talked about in this training. Also remember that it may also be difficult for young people to put their thoughts into words, or they might not have a specific reason for wanting a mentor.

It can also be important to set your own personal boundaries early in the relationship. These include how much time you are willing to commit each week, how much money you are willing to spend with your Little, what kind of behavior you will tolerate from your Little, and how much and what kind of interaction you want to have with their family. Your ability to establish appropriate boundaries can help your Little feel safe, develop a sense of trust and, even learn how to set their own boundaries.

As you build your mentoring relationship, don't hesitate to reach out to your match support specialist. He or she can give you ideas for age-appropriate activities, help you make sense of the issues you encounter in your match, and assist you in solving problems that arise.

The Middle of the Match

Once trust between you and your Little has been established, your relationship can move into its next phase. Every match reaches this stage at different times and there is no clear cut line dividing one from the other.

During this second stage you will begin to develop a genuine closeness with your Little. Once this occurs you can start working toward the goals you set during the first stage of your relationship. You can begin to address objectives beyond relationship building, such as academic improvement and making healthy choices. However, make sure you continue to build your relationship, and don't forget to have fun! As noted earlier the most successful relationships strike a balance between relationship-oriented and goal-oriented activities.

All relationships have their ups and downs. While we all hope for smooth sailing, don't be surprised if your relationship is rocky at times. It doesn't mean that something is wrong in your relationship. Although rough patches could indicate temporary strain in your match, it is more likely that they reflect other challenges in your Little's life.

Even though your relationship is well underway at this point, many Bigs continue to benefit from frequent communication with match support specialists.

Age Transitions

Mentors who stay in their matches over the long term can have much more significant impacts than those that last just a year or two. They often discover shared interests as their Littles mature and are able to witness more substantial changes in their behavior and competencies. However you should also be prepared for additional challenges

that could arise as your Little gets older.

Transitions from elementary to middle school can be particularly challenging for youth. It is often a period of declining interest in school and a reduced sense of self efficacy. Such transitions can also place strain on a match as young people begin to seek more independence from adults and more approval from peer groups.

Carmen Wyse, BBBS Match Support Specialist:

One of the things, we see a lot, I think, in the schools, is little girls, who are in the first or second grade get really excited about having a Big Sister and they are thrilled to spend time with that Big Sister. As time goes on, in third and fourth grade, those little girls really, there are a lot of issues with girls at that age. They really want to spend time with their peers and a Big Sister might not be so cool anymore.

I think there are several ways to deal with that. I think the Big can tell the Little, "Look you can have every other day to spend with your friends and I am making a special trip over here because I want to spend time just with you. And let's think of some fun things that you and I can do together."

Another thing that can happen is you can find a balance of bringing friends along and doing one-on-one and sometimes that works. Maybe for the first part of their time together, they go eat lunch together and play a game, do a craft together or something and then the go to the playground and play with their friends for the second half. Or maybe they decide that every other time they're going to bring a friend along to do the craft project or the game together.

The other thing is that when a match has been together for a couple years at school, maybe it's time to look at a transition to the community based program. And then the Little can kind of get the best of both worlds.

Lisa Hawkins Shank, BBBS Enrollment and Match Support Specialist:

Also sometimes as our Littles get more into from middle school and high school.... they start to get more involved in sports teams or drama, as in theater drama, they can be involved in other drama too, but theater or just different competition or clubs.

If there is ever an opportunity for a Bigs to attend a sporting event or a play or something like that, I actually encourage the Bigs to go ahead and do that. Sometimes their Littles get busier and don't have as much time to spend with their Big. Even though the Big might not feel it's one-on-one attention, it sends a tremendous message to their Little, that they're there supporting them in their endeavors.

Ending the Match on a Positive Note

Whether a match ends early because two people just don't "click," or after many years, young people need adequate closure to deal with the end of the relationship. While closure is important in any relationship, it is particularly critical in mentoring. Even if your match ends because of unavoidable change in life circumstances, for example, you or your Little talk about doves, your Little might feel significant personal loss and disappointment.

Emily Dovel, BBBS Program Director:

Probably one of my most challenging matches was with a Big Brother who college student and a Little Brother who was about 10 years old. He had previously been matched with a Big Sister before and so he was real excited about having a Big Brother.

And the match was going really well for the first couple months and then all of sudden the Big started not having contact with the family or myself. And it was one

of those situations where this child really needed a positive, male role model in his life. He came from a single-parent home. He was really lacking that. He was going through counseling for behavioral problem some things like that.

And the Big basically just stopped showing up. The parent would call, the child would call the Big, I would call the Big, but we couldn't get in contact with him. This probably lasted, two month until I finally got a hold of the Big and I found out he had been expelled from school and never had any closure with the Little. It can really affect that child, in a lot of ways, not having any kind of closure.

Remember:

Many of the children and youth served by Big Brothers Big Sisters have experienced inadequate support and connections from other adults and have been let down in their own relationships. Make sure that your Little knows why the match is ending and that it wasn't a result of something they did. This can improve the likelihood that they will have other positive relationships in the future.

When a match comes to a close, help your Little to identify their natural emotions, such as sadness, anger, denial ,or resentment. You can also help your Little to express their feelings about the relationship ending by first modeling appropriate behavior. Let your Little know how you are feeling and then let them do the same.

Be respectful of your Little; don't wait until your very last meeting to say goodbye. Instead, bring it up as soon you know that the relationship will be coming to a close to give your Little time to process this change. Plan something fun on your last day together to end your match on a positive, healthy note.

Keeping in Touch

While a match closure can be a particularly difficult transition, other interruptions or inconsistencies in mentoring can also be hard on children and youth. Many matches will encounter periods when they are unable to meet in person. This will certainly be the case for matches in the school-based program and also for many college-aged community-based mentors, who leave the town during the summer months. Other mentors may take a long vacation or have to leave town for work or family responsibilities. If this occurs, be sure to talk to your Little about your schedule and make plans to stay in touch. Although some interruptions are impossible to avoid, they should be kept to a minimum, especially in the beginning stages of your relationship.

Bigs can also talk to their Littles or match specialists about staying in touch once their match has officially come to an end.





Family Transitions



What?

Five chapters on major family transitions

Why?

Effective research-based strategies for mentoring

How?

Complete the survey
Revisit the training regularly

Discover for yourself: Family Systems

Protective factors decrease the likelihood that all family members will develop emotional or behavioral problems when a stressor occurs. These can include a healthy parent and child relationship, stability, active community support networks, and higher education and income levels in the household.

Major disruptions, adversity, or **family stressors**, like poverty, marital discord, lack of stable housing, unemployment, incarceration, displacement, illness or death in the family, or a temporary loss or permanent separation, interrupt the family system.

Risk factors increase the likelihood that all family members will develop emotional or behavioral problems when a stressor occurs.

Families have basic **roles, rules and consistent patterns** that define the system. Roles can range from very basic, like “mother”, “father”, “aunt” or “grandparent,” or they can be more complex and emotional. Family rules can dictate a variety of family interactions like how people respond to anger, sadness, and disappointment, and how decisions are made. Rules help children understand how they can behave, who they can talk to, and how they should express themselves.

According to research, families thrive and depend upon stability. Once the rules and roles are established, families are resistant to change and particularly vulnerable when major changes occur.



Resilience can be understood as the ability to “bounce back” when a stressor occurs. Family protective factors can promote well-being among family members and make resilience more likely.



Impact of Major Transitions

Children are especially impacted when major family transitions occur. Children learn family roles and rules early on and, like other members of the family, begin to depend upon the regularity of family interaction.

As such, children are particularly vulnerable to developing academic, emotional, and behavioral problems during and after major family disruptions.

In the following chapters you'll learn more about how specific transitions may impact your Little and how you can help them better cope with these changes.

Several of the children served at Big Brothers Big Sisters Harrisonburg Rockingham County have experienced or are currently major family transitions. In the following chapters, you will learn more about how transitions like immigration, parental incarceration, and deployment can impact your little and his or her family system. You will understand what the dominant risk factors are for each type of major family transitions and

how they may impact your little. Finally, this module will help prepare you for promoting healthy resiliency for both your little and their family.

Immigrant and Refugee Families

Learn more about how to effectively work with children in immigrant and refugee families.

- a. Immigrant - A person who leaves one's country to settle permanently in another. Commonly understood as having four main types:
- b. Permanent Resident - noncitizens residing in the US with permission.
- c. Naturalized Citizen - persons who were born as noncitizens and were granted citizenship through a process.
- d. Refugee - persons who have fled their country due to fear of

persecution who are unable or unwilling to return and have been granted permission to reside in the US.

- e. Undocumented Immigrant - persons who are in the country illegally.

Interesting Facts:

- 13% of the U.S. population is immigrants.
- Among the refugees in Virginia, 11% are located in the Shenandoah Valley.
- 18% of children in Rockingham County are Refugees.
- 18% of children in Virginia are Immigrants.



Common Risk Factors

Research has shown that immigrant and refugee families are highly susceptible to several risk factors. Risks factors increase the likelihood that individuals will develop psychological, emotional, or behavioral problems over time or when stressors occur. Here you can learn more about the common risk factor:

- Low education
- Acculturation issues
- Poverty
- Lack of supervision
- Instability and frequent moving
- Dangerous living conditions
- Unsafe neighborhoods

Acculturation

What is Acculturation?

Acculturation is the process of cultural and psychological change which occurs when individuals of dissimilar cultural backgrounds meet; or the process of adopting a surrounding culture. There are three dominant types:

- Behavioral (language use and daily habits)
- Cognitive (adherence to values, beliefs and traditions)
- Affective (individual identity)

Immigrant and refugee families must undergo the process of acculturation. At one time, scholars believed that acculturation developed over time; those exposed to the new cultural surrounding the longest would be more adapted. Thus, older and second-generation immigrants would be most likely to demonstrate more acceptance of the dominant culture than newer arrivals. However, research shows this model is not entirely accurate.

Factors Affecting Acculturation

More recently, we see acculturation as multi-dimensional. The degree to which an individual or family adapts to the new environment can be driven by several factors, not simply the length of time they have spent in a new country. Common factors that affect acculturation are:

Age:

Children and teens acculturate at a faster rate than older adults.

Education Level & Economic Status:

Households with higher education & income levels acculturate at a faster rate and are more likely to demonstrate healthy adaptation.

Neighborhood Composition:

Families in integrated communities, versus segregated, adapt at a faster rate.

Presence of Family Networks:

Having an extensive support system nearby promotes healthy adaptation.

Acceptance by the Surrounding Community:

Immigrants entering accepting communities acculturate at a faster rate and demonstrate healthy adaptation.

Strategies for Acculturation

Integration: Maintaining one's original culture while engaging in daily interactions with other groups.

Fact: Research shows that integration, or being involved in both cultures on some level, has the best impact on the child's psychological and social well-being.

Separation: Holding onto the original culture and resisting the new culture.

Assimilation: Embracing the new culture and not maintaining the original culture.

Fact: Assimilation and separation are also connected to lower self-esteem and higher stress levels in youth.

Marginalization: Having little interest in adopting the new culture, but not having the ability to maintain the original culture.

Fact: According to research, marginalized children are most at risk of poor adjustment.

Understanding Impacts

Academic Stress: According to the Urban Institute, in 2009 over 23% of children of immigrant parents were limited English proficient. 23% were living in isolated linguistic households, and 43% of their parents had earned a high school diploma or less.

These factors, combined with the stress of acculturation, can severely impact a child's motivation and ability to perform well in school.

Behavioral Issues: Immigrant children are at greater risk of developing emotional and behavioral disorders than their nonimmigrant counterparts.

Why? Immigration is a major family transition that fundamentally disrupts established lifestyle and language patterns and can also represent a loss of extensive family networks. Children are especially impacted when this occurs.

Psychological Issues: Compounding risk factors, disproportionate exposure to traumatic events and stressful

acculturation increase the need for psychological support among immigrants and their families.

However, according to the American Psychological Association, immigrant families often lack access to culturally and linguistically appropriate psychological and mental health services.

What can you do?

- Encourage your Little to become involved in clubs, school events, and social organizations to encourage healthy integration into the new culture.
- Expose your Little to new activities that they have not been able to do with their families.
- Encourage your Little to embrace their original cultural heritage.
- Have your Little teach you something about their cultural heritage
- Take trips or plan activities to celebrate their culture.
- Stay in contact with parents and your match support specialist.
- Encourage your Little to accept the best of both worlds.

Parental Incarceration

Understand the risks and impacts children with incarcerated parents, siblings, or extended family may be facing. Explore strategies for effective mentorship.

Who's impacted by incarceration?

Approximately **2** out of every **100 children** living in the **United States** have a mother or father in a **prison** setting.

Understanding the Risks

Prior to arrest, children of incarcerated parents are an at-risk population. Research shows increased likelihood of the following risk factors:

- Living in an unsafe neighborhood
- Exposure to substance abuse or criminal activity in the household
- Living in unstable housing conditions
- Exposure to domestic violence and/or other forms of abuse
- Living in poverty
- Low household education levels

Accumulation of Risk

Accumulation of risk occurs when an individual faces several risk factors. If present, individuals are far more likely to exhibit negative outcomes. Research has proven that children with incarcerated parents have accumulated risk. The majority of these children face four or more major risk factors at the time of parental arrest.

What are the Impacts of Parental Imprisonment?

Common Immediate Impacts:

- Economic loss
- Shame
- Unstable housing, change of caregivers
- Academic and behavioral issues at school
- Damaged self-image
- Increased incidence of mental health issues.

Long-Term Impacts:

- Children of prisoners are six times more likely to be involved in juvenile and adult criminal justice systems.
- Children of prisoners are more likely to live in poverty or experience substance abuse issues as adults.

Did You Know?:

1. Children with incarcerated mothers are more likely to suffer negative impacts than those with incarcerated fathers.
2. Children with a strong connection to the incarcerated parent have increased delinquency rates and are more likely to be incarcerated in the future.
3. Given an incarcerated parent, boys are more likely to show signs of anti-social behavior and delinquency than girls.
4. Children and families will often continue to experience negative

impacts once a parent is released. Court costs, parole and probation terms and community stigmatization can worsen conditions for the family.

Mentoring Works

Mentoring is proven to be effective in combating the negative impacts of parental imprisonment. What can you do?

1. Help your Little avoid polarizing worldviews. Research shows that children of prisoners often have two distinct views. They may deal with stigmatization, a constant feeling that there's something very wrong with them and their family. Or, they may deal with normalization, the sense that there's nothing wrong with imprisonment, which can lead to the expectation that they will go to jail in the future. Effective mentors help children avoid polarized worldviews, see a productive future and maintain a healthy relationship with caregivers and the incarcerated parent.

2. Meet regularly and stick around. This can establish trust and provide much needed structure for your Little. Research shows that ending a match prematurely can have a negative impact on children.

3. Form a good alliance. Consider reaching out to the primary caregiver to form a friendship.

4. Recognize stressful times. Visitation, holidays, and major family occasions can be very stressful for children with an incarcerated parent. You may observe behavioral changes or lack of interest in meeting during these times.

5. Be ready, be willing, have the door

(Continued)

open. Don't force the conversation or assume problems you may be observing are due to the incarceration. Be willing to talk about issues openly, without judgment.

Military Deployment

Learn more about how children and families are impacted by military deployment and what you can do as a Big to work with a child with an active duty or deployed parent.

Phases of Deployment:

1. Pre-Deployment

Military families are vulnerable to particular family stressors including frequent moving, separation, and re-organization of rules, roles and responsibilities. These stressors are often present prior to deployment activity. As deployment nears, emotional stress in the household heightens; children can begin to exhibit negative behavior or feel depression.

Mentors can help during this phase by talking honestly about the upcoming deployment and planning activities with the Little and their family to embrace the change (like helping pack or mapping the trip).

2. Deployment

Deployment severely disrupts the family system. Feelings of fear, depression, anxiety, financial stress and more can overcome children and spouses.

Adolescent children are particularly at

risk; they may be coping with several stressors common to their development phase. Having an established community of support is key during this time. Children should be exposed to peers who have similar experiences. Mentors can also help adolescents by focusing on skill-building exercises, helping children recognize areas where they maintain control and personal responsibility, and working on personal wellness during this time.

3. Sustainment

While the deployed parent is away, families must find a way to survive and thrive. As roles and responsibilities change, children may be experiencing greater responsibility, change in caregiving, as well as sadness of missing a loved one.

Sporadic and limited communication capability can aggravate a child's efforts to maintain their bond with the parent during deployment. Effective mentorship strategies during this time include working with parents.

4. Reunion

It is a common misconception that when a deployed parent returns home, families difficulties are immediately resolved. Although research has shown higher levels of depression during deployment, reunion and post-deployment offer serious challenges which can include coping with any possible physical or mental conditions the returning family member may have, shaping new rules and responsibilities in the household, and re-establishing social support and community.

Children often experience a "honeymoon" period of extreme excitement followed by a period of re-defining a relationship with a parent.

Knowing Can Help

Don't assume your Little or their family will be negatively impacted by the transitions. Many families are thriving under the stress of deployment.

Be Ready, Be Willing, Have the Door Open.

Research has shown that stressing personal responsibility, setting expectations, and helping identify limits and boundaries help military children rebound from the negative impacts of deployment.

Try a play-based intervention. Children can work through stressors effectively through play. See the attachments for ideas about games and play proven to positively impact children of deployment.

Resilience

What is resilience? And, how can you promote resilience during major transitions for both your Little and their family?

Resilience can be understood as the ability to "bounce back" when a stressor occurs.

A consistent, long-term mentoring relationship has been proven to be an effective protective factor in promoting resiliency.

Four Keys to Promoting Resiliency

Listening. Not just in terms of hearing, but actively listening, non-judgmentally. When listening try to understand, put yourself in their shoes.

Respecting. Once your Little opens up to talk, it is important to demonstrate respect for their issues and any issues in the family. Look for opportunities to make their experience feel positive or increase their self-esteem.

Reflecting. Allow your Little to reflect on what's going on in their life. Simply asking the Little to tell you what's happening or give you an update can help in the reflection process. Afterward, you should reflect on what you heard by repeating back what you learned or sharing a similar story about a family transition you encountered.

Problem Solving. Let's put our heads together. Ask your Little to join in helping to solve the problems they are facing rather than give them a solution. Foster ownership by setting mutual goals to solve problems.

Credits

Carmen Wyse, Match Support Specialist, Big Brothers Big Sisters Harrisonburg-Rockingham County

Dr. Anne Loper, Professor of Psychology, University of Virginia

Dr. Anne Stewart, Professor of Graduate Psychology, James Madison University

Dr. Joanne Grayson, Professor of Psychology, James Madison University

Heather and Destiny, Big and Little with Big Brothers Big Sisters Harrisonburg-Rockingham County

Holly Harold, Match Support Specialist, Big Brothers Big Sisters Harrisonburg-Rockingham County

Lisa Hawkins Shank, Enrollment and Match Support Specialist, Big Brothers Big Sisters Harrisonburg-Rockingham County

Pedro and Sammy, Harrisonburg Youth Council

Robert Borge, Graduate Assistant/ Producer, James Madison University



Healthy Sexuality and Youth



What?

Three chapters on issues that can affect sexual health in youth

Why?

Effective research-based strategies for mentoring

How?

Complete the survey
Revisit the training regularly

Let's get started!

For many people, sex is hard to talk about...that's mainly because we are brought up to think of sex as a private matter and don't have experience talking about it openly. There can be a stigma associated with talking about sex and sexuality. The barrier to talking about sex that many adults feel may not be as developed in children and adolescents. So, topics related to sex may come up during normal conversations between a Big and a Little.

Since these conversations can be difficult without proper information, it is important to become an educated Big. In the material that follows, you'll learn a bit about the many facets of sexuality and youth. You'll also gain some information and tools that will help you in developing a strong relationship with your Little.

This information is incredibly important! Youth today are reaching sexual maturity earlier and are confronted with unprecedented amounts of information about sex via the internet, television, and music. This creates many opportunities for misconceptions about sex and prematurely pushes some children into risky situations that may have long-term consequences for which they are unprepared.

You may never need this information, but it is best to be prepared. In many situations, responding negatively or avoiding the subject altogether can be damaging to your Little.

The module covers three major topics:

- Child Sexual Abuse
- Sexual Activity and Risky Sexual Behavior, and
- Gender Identity and Sexual Orientation.



In the face of alarming rates of child sexual abuse, widespread sexually transmitted infections, rising numbers of adolescent parents, and disheartening cases of bullying and intimidation of gay and questioning youth, these topics have relevance to your mentoring relationship AND to society as a whole.



What is Sexuality?

It's a fact. Everyone is sexual. It's a part of the personality of each individual. It's reflected in everyone's behavior. And, it's expressed through physical characteristics.

But, we typically don't think of children and youth as sexual beings.

The information that follows will describe ways that sexuality may influence the life of your Little. It will also help you prepare to talk about topics that may come up in your relationship with your Little.

Before we begin, it is important to understand what is meant by sexuality. So, let's start by outlining the components that make up an individual's sexuality.

The first component is anatomy and physiology. This includes the genitals and secondary sexual characteristics—like breasts, body hair, and hormones (the chemicals that influence everything from physical development to behavior.)

The second component is feelings and needs. This component includes the

emotion of love; also, it includes things like a person's perception of her own body and her self-esteem.

Third, are sexual feelings. Sexual feelings are the attractions that a person feels to others.

Fourth, are sexual expressions. This component is the way that humans communicate their attraction to others and ways that they show affection.

The fifth component is sexual values and beliefs. A person's beliefs about sex and sexuality are formed during their development and are influenced by social and cultural norms, especially the values and beliefs of his family.

Sexual behaviors are the sixth component. This component is the physical manifestation of sexuality. It includes erotic actions like kissing, touching, and intercourse.

The final component is gender roles. Gender roles, which are learned through social interactions and influenced by biology, are

the ways that a person acts. Different cultures define gender roles in different ways. For example, American culture in the early twentieth century relegated supporting a family financially to men and maintaining the home and raising children to women.

Child Sexual Abuse

Topics in this chapter include:

- Consequences of Sexual Abuse
- Definitions of Abuse
- Victim and Abuser Information
- Signs of Abuse
- Responses to Abuse



Facts about Abuse

Sexual abuse of children might be more common than you think. The U.S. government reports that over 63,000 cases of child sexual abuse were reported in a recent year. This number actually severely underrepresents the number of abuse cases, since evidence suggests that only 1 in 10 cases of child sexual abuse are reported to authorities. Many victims either never report their sexual abuse or don't report it until they are much older, often as adults.

In fact, experts believe that as many as 1 in 4 girls and 1 in 6 boys will be sexually abused or sexually assaulted before they turn 18.

Child victims often feel ashamed of the events associated with their abuse. Child molesters often threaten the safety of a child's family, friends, or pets if they disclose the abuse to anyone. It is not uncommon for a child to blame herself for being sexually abused.

There is some good news—the number of children who are sexually abused has slowly decreased over the last two decades.

The bad news, however, is that victims of sexual abuse often

carry a psychological or physical burden with them for the rest of their lives. Survivors are more likely to become excessive alcohol or drug users later in life. Girls are more likely to develop eating disorders as adolescents.

Survivors are more likely to have suicidal thoughts—in fact, 20% of male victims attempt suicide.

What is Sexual Abuse?

What does sexual abuse mean?

There are two main categories of sexual abuse. Both include behaviors that are serious and criminal.

The first category is non-contact abuse. This type of abuse is often a pathway to abuse that involves physical contact.

Non-contact abuse can take many forms:

These include:

Voyeurism—The act of spying on a child who is naked or engaged in a private activity. Voyeurs are often referred to as Peeping Toms.

Exhibitionism—The act of exposing the genitals to a child.

Forcing a child to touch someone else in a sexual way.

Forcing a child to masturbate.

Forcing a child to watch others engaged in sexual activity.

Forcing a child to watch pornography

Producing videos or photographs of children in sexual situations or without clothing.

Forcing a child to engage in prostitution.

Contact sexual abuse is the second category. This type of abuse involves physical contact between the abuser and the child victim.

There are several ways that contact abuse can occur.

These include:

Touching a child's genitals, either through clothing or without clothing.

Touching a child's breasts

Forcing a child to touch the abuser

Oral sex

Penetration of the vagina or anus with a body part or another object.

Who are the Victims and Abusers?

Now that we know what sexual abuse is, you're probably wondering who is most likely to become a victim and who are typical abusers.

Well, the short answer is that it's hard to say. We know that almost any child could become a victim in the wrong circumstances. We also know that abusers come in many forms.

Here are a few things we know about child sexual abuse victims:

Girls are more likely to be victims, but boys are abused too.

Age does not seem to matter. After age 3, risk of victimization seems to be fairly even across 3-18 range.

Race of the victim does not seem to be important, but there is significant evidence to suggest that children from lower income families are at greater risk. This may be because children from lower income families tend to spend more time alone instead of in supervised care while parents away from home working.

Some things we know make a child more likely to become a victim. These include:

Children who are abused or neglected in nonsexual ways are at a greater risk of being sexually abused.

Children who live in unstable homes—where a parent suffers from drug or alcohol addiction, where parents reject children, or where parents are experiencing severe marital conflict—are more likely to be victims of sexual abuse.

Increasingly, sexual solicitation happens on the internet; so, children who spend a lot of unmonitored time online may

increase their possibility of becoming victims.

Now that we have discussed some of the risk factors associated with becoming a victim of child sexual abuse, it's important to understand what we know about the people who perpetrate these acts against children.

Unfortunately, there's no definitive profile for child sexual abusers—there are abusers from every age, gender, race, income level, and sexual orientation.

Here's what we can say...

Perpetrators are mostly male—in fact, boys and men account for 90% or more of abusers

Surprisingly, about 1/3 of abusers are youth themselves; among adults, 20-40 year olds constitute the majority of perpetrators

Most people think about abusers as being stalkers who are strangers to their victims.

Overwhelmingly though, abusers are family members, friends, or acquaintances. Only about 10% or less are strangers to their victims. Abusers often use their positions of trust to establish strong bonds with family members and parents of their victims; thus, if a child reports abuse, the family is less likely to believe that a friend would commit the alleged act.

Abusers may also "groom" their victims for abuse in a number of ways. For example, they may desensitize the child to abuse through "accidental touching"; they may manipulate the relationship to falsely gain trust by giving the child gifts or offering unwarranted praise; they may threaten a child with harm or harm to her loved ones if she tells; they make a child feel embarrassed about what happened

so that he will not want to tell anyone; and, they may make the child feel responsible for the abuse.

Abusers often have multiple victims: ¼ of abusers have between 10-40 victims during their lives; a small group of abusers are classified as serial molesters and may have up to 400 victims during their lifetime.

So why do people sexually abuse children?

There's no easy answer. It's complicated and not fully understood. Experts agree that a combination of psychological, biological, and sociocultural factors is usually to blame for these behaviors.

Graphic: I think a fast flip through of people pictures that show victims and abusers of every demographic. I don't have all of these, but I can look for them.

A Hidden Crime

First off, it isn't likely that your Little will come to you and say, "I've been sexually abused."

Children who are sexually abused usually don't spontaneously tell their stories to anyone, much less to someone they've just met. So, it isn't likely that you'll encounter that in your new relationship.

Graphic: Angie (0:39-1:00 and 2:35-3:39)

My name is Angie Strite and I'm the child advocacy director here at the Collins Center, and a lot of what I do involves preventing child sexual abuse and talking to adults about how they can take responsibility for preventing sexual abuse. I also am a forensic interviewer, so I interview children who have allegations of sexual abuse or severe physical abuse. The FBI and other researchers have reported that sexual abuse is one of the

most underreported crimes, and there's a lot of reasons for that. Children don't often tell about the abuse their experiencing as a child. Many children grow up to be adults and don't even talk, as adults, about what happened to them as a child. They estimate that about one in ten children tell about abuse, and there's a lot of reasons for that: children may be fearful, the offender may have given a threat against their family members, them personally, or their pets, or their things, if they tell that something bad would happen. They often, because most of the time the child is offended on by somebody they know and trust, they often are confused about that relationship and feel confused. They don't want to get that person into trouble, and they know that if something is going on like that and they tell that the person might get in trouble. So, there's a lot at stake for children when they're being sexually abused. So, many of them do not tell.

Child victims of sexual abuse often feel ashamed of what happened, even though it was not their fault. Younger children may not fully understand what happened to them. They may be confused about the specifics of what happened and they may not have the vocabulary to talk about the events in a clear or consistent way. It is important to remember that hesitance, confusion, or uncertainty on the part of the child do NOT mean that sexual abuse didn't occur. Expressing doubt or taking the matter lightly can cause the child to lose trust in you and stop telling their story to you.

Disclosure often happens over a long period of time. A child may test your reaction by providing a small hint about the circumstances surrounding his abuse. If you are non-judgmental and encouraging, the child may open up slowly over time to reveal more details.

Recognizing Sexual Abuse

Since children who are victims of sexual abuse are unlikely to open up to you about their abuse, it is important to know about other cues that are cause for concern. None of these cues are, by themselves, a 100% accurate sign that a child is being abused. So, it is important to think about them in the context of your relationship with your Little.

The following are potential causes for concern:

- A child routinely avoids a certain location or person. As in, "I don't like to go to his house anymore. Please don't leave me alone with him."
- Suspicious physical signs of abuse (including, trauma, bruises, bleeding)
- A child who seems to have sexual knowledge beyond that of others her age
- A child who suddenly has money or gifts without reason or from unknown sources
- A child whose eating habits change rapidly
- A child with sudden nightmares or severe problems sleeping
- A child who has sudden academic or behavioral problems in school inconsistent with past performance

- A child whose behavior regresses to a younger time; for example, an 8 year old who starts to suck his thumb
- A child who mimics adult sex behavior with toys or focuses on sexual content in art
- A child who becomes overly compliant, never challenging authority or testing boundaries
- A child who mentions that they have a secret with another adult
- Extreme behavior, for example, a lack of emotion or aggressiveness that is inconsistent with the child's regular behavior, or
- A child who injures herself, becomes sexually promiscuous, runs away, or begins drinking alcohol or doing drugs as a means of self-medication

Sexual abuse is not the only reason that children may display these cues. It is important not to jump to any conclusions or to immediately press a child for details. Usually, these signs DO indicate that something is troubling the child. So, these cues may be good things to report to your match support specialist. The experts at Big Brothers Big Sisters can determine with your assistance whether or not intervention by a professional is required.

Other cues might come from the abuser and not the victim. Things to watch for are:

- Adults who seek alone time with a child for no apparent reason

- Horseplay that is obviously unwanted by the child (e.g., tickling despite objections)
- Paying special attention to a single child even when others are around, and
- Interactions that include inappropriate content (e.g., telling "dirty" jokes or pointing out sexual imagery).

Be a Leader

As you've learned, it is not common for a child to tell someone about sexual abuse they've experienced. If your Little does tell you about something that has happened that causes you to be concerned for her welfare, how should you respond?

Your natural reaction may be to become angry or upset. It is best for you Little if you try to keep your emotions in check. The best reaction you can have is to be a LEaDeR—Listen, Encourage, Document, and Report.

You should:

Listen: Find a private place to talk. Remember to listen in a non-judgmental way. Stay calm. Try not to overreact, but don't come off like you don't think it's important. Do not promise things that you can't deliver—don't say "I'll make sure she goes to jail" or "Now that you've told me, this will never happen again". Overpromising can destroy the trust you've built in your relationship with your Little.

Encourage: Believe the child, even if the story is confusing or inconsistent. Despite myths to contrary, children rarely lie about sexual abuse. Praise the child's courage and tell her its not her fault, but do NOT make negative comments about the abuser. Children will often have conflicted feelings about the abuser. It may be someone the child loves or cares about. You can say that adults sometimes do things that are not OK. Do not correct your Little's language; in fact, it's best to use her language when you speak. If you get uncomfortable, it may be best to call your match support specialist or refer the child to her school guidance counselor.

Document: Once the conversation is over, write down as much of the conversation as you can. Indicate what words and phrases the child used. Describe the context of your conversation. How did this topic come up? Where were you? Was anyone else present? This information will be useful to the professionals and law enforcement officers who investigate the allegation.

Report: Call your match support specialist. If you believe the child is in immediate danger, call child protective services or 911. Many people are reluctant to report allegations without proof. Investigation is not your job. When in doubt, report the allegation and let trained experts determine the veracity of the claims.

Risky Sexual Behavior

This section of your training will provide information about sexual behaviors in children and youth. You'll learn a little about sexual development in children and youth, how to recognize warning signs of risky sexual behavior, some great ways to talk about sex and related topics with your Little, and the importance of serving as a positive role model. Whether you know it or not, your interactions with your Little will influence her or his attitudes about sex and subsequent behaviors. This module will help you feel a little more prepared for that responsibility.

Sex Facts

You might have heard statistics about young people and sex. Did you know:

- In a recent national survey, 47% of high school students reported that they have had sexual intercourse, and 15% reported that they had sex with four or more partners. The study also found that almost 6% of high schoolers report that they had intercourse before they turned 13 years old. In Harrisonburg, estimates suggest that one in five (or 20%) of teens are sexually active before they turn 15.
- Early parenthood is not the only consequence of these high levels of sexual activity. Since nearly 40% of teens say they do not use condoms during intercourse, the

risk for sexually transmitted infections (or STIs) is also high amongst teenagers. In fact, most new cases of infections, like chlamydia and gonorrhea, occur in teens and very young adults. The Centers for Disease Control report that 2.8% of 15-19 year olds have had chlamydia and 1.4% have had gonorrhea. As well, sexually active teens expose themselves to increased risk of HIV-infection

- This problem is worse in the U.S. than in most other countries. Among 15-19 year olds, American teenagers become mothers at four times the rate of teens in France and Germany and more than two and one half the rate of teens in Canada.
- Within the United States, the teen birth rate is markedly higher in the south, and birth rates are the highest amongst those living in poverty and amongst black and Hispanic teens.
- One in 25 (or 4%) of teenage girls in the U.S. gives birth each year. That accounts for over 400,000 births to teen mothers every year.

These sobering statistics suggest that many teens are not well-educated or do not fully comprehend the consequences of sexual activity.

Factors Contributing to Early Sexual Activity

Given the severity of the

consequences of early pregnancy or infection with an STI, it is worth exploring some of the factors that influence early sexual activity.

- There is no single or definitive cause of early sexual activity. Instead, a suite of factors may contribute to the number of pre-teens and teens who are engaging in risky behavior. Here's what we know:
- There is a lot of evidence that suggests children are reaching sexually maturity earlier than in previous generations. It's not uncommon for girls to start menstruating at age 8 or 9, and many boys hit puberty by age 10 or 11. Biologically, this means that teens are hormonally-driven and physically able to reproduce earlier, but it appears that most teens are not maturing earlier in other ways—socially or cognitively. So, this means that, while many teens may be capable of becoming parents earlier, they are probably not emotionally or intellectually able to understand the consequences of their behavior. For example, a teen girl may think that having a baby sounds "fun" but probably doesn't understand the incredible commitment raising a child requires.
- Children are exposed to media that have strong sexual tones throughout their life. Television and movies that glamorize teen sexuality, music lyrics that denigrate women and celebrate

sexual prowess, and print and electronic media that use sexual imagery to sell products are constantly present in modern society. As well, the internet makes sexual material readily available to today's children and youth in ways that were never possible before. In households where access to these materials is not monitored by parents, this exposure can be nearly constant. This constant exposure to sexuality and the glorification of sexual behavior can desensitize youth, reducing their discernment of appropriate and inappropriate behaviors. And, since most of these media fail to convey the consequences of risky sexual behavior, youth may not have a clear understanding of the possible outcomes—like STIs or pregnancy.

- In some families and cultures, becoming pregnant at a young age is not seen as abnormal; this makes pregnancy a complicated issue for many teens. Also, many teens feel pressure to have sex from their peers or a potential partner.
- Professionals also report that in victims of previous sexual abuse, the incidence of early and risky sexual behavior is very high.

Warning Signs

So, how will you know if your Little is engaging in risky sexual behavior? To put it simply, you probably won't...at least not at first. But, there are some warning signs, things that might heighten your awareness that a youth or teen has a higher probability of taking sexual risks. These warning signs should serve to raise your awareness, but they are not definitive signs of risky behaviors.

The warning signs include:

- **Alcohol and drug use:** Youth who participate in other risky behaviors, like alcohol or drug use, are more likely to engage in risky sexual behaviors.
- **Poor Academic Performance:** Studies show that teens who perform poorly in school or are detached from school are more likely to have early and unprotected sex.
- **Excess Television/internet:** Several researchers have found that teens who watch a lot of TV, regardless of content, tend to be more sexually active
- **Older Friends:** Youth who spend a lot of time with those 3 or more years older than themselves are at greater risk.
- **ADHD/ODD:** New research suggests that children with attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) are more likely to have sex at a younger age.
- **Low Self-Esteem:** Teens, especially girls, with low self-

worth and low self-confidence are more likely to become early parents. Girls may feel that getting pregnant and having a baby is an easy way to feel more important. Boys and girls with low self-esteem may also be more susceptible to pressure to engage in sex earlier from peers or a potential partner

- **Low Parental Involvement:** Youth who spend significant amounts of time in unsupervised settings, youth who do not have attentive adults in their lives, and children who have poor relationships with their parents are all more likely to engage in risky sexual behaviors.
- **Advanced Sexual Knowledge:** If your Little asks questions that indicate more knowledge than you'd expect from someone his age or he seems to be trying to gather knowledge for later use, it should raise your attention. It's important to remember, though, that youth are often just curious. So, it is important not to jump to any conclusions. They may have heard a term at school or on the news that they don't know.

Remember, none of these warning sign is a surefire way of predicting risky sexual behavior, but research shows that the more risk factors are present, the higher the likelihood that risky sexual behaviors might occur. If you see these warning signs, it is important to talk to your match support specialist about how to proceed. Confronting your Little in the wrong way could cause a loss of trust in your relationship.

Advice from Gianna "My name is Gianna Gardiletti. I am the Executive Director of the Collins Center, and we

are a Child Advocacy Center and a Sexual Assault Crisis Center and a Mental Health Center. I am also a Licensed Professional Counselor and do some of the therapy here as well.” “I’m sure mentors will encounter a wide-range of questions about sex and sexual behavior, from” what is a certain type of sex?”, “what is oral sex?” “what are the more slang terms that kids use?” “what are blow jobs?”. You know, those are things that kids will ask when they are comfortable around an adult and they don’t know the answers. So, I think it’s important to be prepared for those things. I also think it’s important to ask children, you know, people get really freaked out when they’re asked questions about sex that they’re not prepared for, even when they are parents and it’s coming from their children, but it’s not something we’re comfortable with, but we often assume that the question has more meaning than it does, so it’s a good idea to sort of ask where the kid is coming from. Like, “OK, what made you ask me that question? What do you know about that?” To try to respond in a way that you’re not freaked out. You know you kind of have to hold your reaction in and stay calm and say, “what makes you ask me that? What do you know about that?” Kind of see where they’re coming from because maybe the question isn’t quite as concerning as we experience it. Just try to be as honest as possible and figure out why they are answering those questions. That’s usually more important than the answer you’re giving.”

Sexual Behavior Consequences

The consequences of early and/or risky sexual behaviors are important to understand. Being able to talk clearly about these consequences if a conversation about sex comes up with your Little may help her make better decisions about her future.

Some of the many consequences are:

- **Educational and professional:** Only four in ten teen girls who become pregnant ever earn a high school diploma or GED. Young mothers suffer in the job market and in lifetime earnings too. Although these consequences may not be caused directly by early parenthood, we know that, even amongst their peers with similar socioeconomic backgrounds, young mothers have a harder time reaching educational and professional goals.
- **Social:** The teenage years are often an especially active time in a person’s social development. Teen mothers often feel isolated from their old friends, partly because they may no longer see each other at school or attend the same social events but also because other teens may have a hard time relating to a new mom’s life. Often there is a social stigma associated with becoming a teen mother that adds to this sense of isolation. In addition to friends, teen mothers often find that they are shunned by their own families. Suddenly, a young woman who was dependent on her own parents may find herself

without a support network.

- **Psychological:** Pregnant teens quickly face a variety of life altering questions, and, as we have established, most teens are not fully capable of understanding the importance of those decisions. Deciding whether or not to carry a child to term, deciding whether to raise a child alone, or deciding whether to put the child up for adoption are all decisions that have consequences for a woman’s psychological health. Statistics reveal that teen mothers are more likely to abuse alcohol or drugs in later life.
- **Financial:** Parenting is expensive. Many teen mothers may find themselves without sufficient resources to care for their child or themselves. Basic costs, like food, clothing, and medical expenses are highest for newborn children. When there is not a stable financial support system, like a family or partner, teen mothers may need to seek assistance from government and community-based resources. These resources have limits, and many pregnant teens face financial stress even before the birth of their child..
- **Medical:** Child birth is physically demanding on a woman’s body. There is significant evidence that the process is more difficult for young mothers whose bodies may not be fully ready to bear the burden of childbirth. As well, children born to young mothers are more likely to have low birth weight and associated medical problems. The children of teen mothers also have lower success rates in school and are more

likely to be victims of abuse.

- For male, the consequences for early parenthood may be less dramatic, but they exist nonetheless. Young fathers who reside with their children are more likely to experience social isolation and decline in quality of their familial relationships. Many teen fathers also experience psychological stress. Teen fathers are more likely to be incarcerated later in life, have lower educational attainment, and earn less money than those who wait to be fathers.
- Even when pregnancy is not an outcome of risky sexual behavior in teens, there are other consequences for male and female teens.

Teens who have anal, oral, or vaginal sex are at a very high risk for sexually transmitted infections (STIs) and diseases (STDs), probably because they are less likely to use a condom.

Many of these diseases are treatable when they are diagnosed, but some diseases like the human papillomavirus (HPV) and the human immunodeficiency virus (HIV) can have long-term consequences like cancer or AIDS.

Complicating the consequences of STIs, is the fact that many teens avoid seeking medical attention to escape the embarrassment of talking to an adult about their sexual behaviors. Delaying treatment may lead to a worsening of the disease and, if the teen remains sexually active, may cause other partners to become infected with the disease.



Sex talk

If your Little asks you for advice about sex, it's important to have a strategy in place. Your Little will be able to sense if you are uncomfortable, so it's a good idea to maintain an even tone. Since sexual values are influenced by family, religion, and cultural background, this can be a tricky discussion. Remember that education is one of the biggest weapons you have in the fight against risky sexual behavior, but also remember that it is not your sole responsibility to educate your Little. Here are a few rules to help guide your discussion with your Little.

- Don't expect your Little's "sex ed" class to have taught him everything he needs to know about sex. Due to the wide variety of opinions on sex, most school systems provide a very limited curriculum in this area. Sex ed classes often focus only on abstinence, and, while abstinence is the most effective strategy for reducing the risk of pregnancy, your Little may have already made the decision not to remain abstinent.
- Ask your Little if she's talked to her parents or adults in her family about sex. If she says "no" you should recommend that as a first option. If your Little indicates that she is uncomfortable talking to her parents about sex, it is a good idea to refer her to other resources in her community—her school guidance counselor, her doctor, or her clergy. Remember that your match support specialist can help you determine the best way to approach the topic of sex should it come up.
- If you feel that your Little is not getting the support she needs from these places, preface your remarks with "In my opinion..." This will help avoid a situation where a parent or other adult misinterprets your conversation as an attempt to override their values.
- If your Little asks you about your sexual history, it is best to be honest. However, you should avoid providing any details that are not necessary or seem inappropriate.
- If you're feeling embarrassed, using clinical terms (e.g., penis, intercourse), especially when dealing with younger children, may minimize your discomfort. This avoids the need to use slang terms for body parts or sexual acts that could be seen as inappropriate. Also use your judgment about the details you provide; younger children may not need a detailed answer to be satisfied.
- Promote a "sex positive" attitude:
- It's OK to acknowledge that sex feels good, but this information should be balanced by discussing the possible consequences of risky sexual behavior.
- Discuss the importance of consent in a sexual relationship. Make sure it is clear that your Little should never feel pressured by others, partners or peers, to have sex.
- Remind your Little that making the decision to have sex while under the influence of drugs or

alcohol is not acceptable.

- Make sure your Little knows about protection options, and discuss the difference between protection from pregnancy and STIs.

Advice from Gianna:

"I run into this issue as a therapist of wondering whether I say something about sex and sexuality that is going to go against what parents want, and me just trying to do something that is protective for them. And usually what I will say to kids is, you know, my opinion is I don't want you to be having sex. I wish that you weren't doing this. I wish it was something you had waited to do later and here are all my reasons why; however I know you might be doing this and because of that I want to talk about the ways to keep safe and the ways to make sure it's an emotionally and psychologically positive choice for you. I find it kind of lead with that then parents if they are disappointed or upset, I kind of feel like I have a background where I can say, look this isn't what I want for your child and I told them that. I would prefer that they be doing something else, but because they are I've given them this information. It's not really been an issue for me. I realize a mentor might not be in the same place as a therapist, but I think as long as we sort of begin those conversations with, I don't think this is a healthy thing for kids and here are the reasons why, then that's a good place to start."

Being a Good Role Model

The reality is that most Littles will never feel comfortable enough to have extensive conversations about sexual activity with you. So, the best thing that you can do is model good healthy attitudes about sex. Youth learn a lot just by watching the people that they respect and mimicking their attitudes and behaviors. You might wonder what a good healthy sex role model should do. Here are a few ideas:

1. Encourage your Little to participate in structured after-school activities, like clubs or theater, or to join an athletic team. Research has shown that youth who are actively involved in engaging activities are less likely to become sexually active.
2. Work to create trust with your Little. Be honest and communicate openly and often. Earn trust by following through on your promises. Remember to be on-time to your meetings and come without a lot of distractions, like cell phones or work.
3. Talk about the positive relationships in your life. Emphasize the respect you have for those with whom you are involved. If you are in a relationship, talk about your partner in positive, non-sexual ways. For example, don't describe your boyfriend as "handsome" or

"sexy", talk about his other attributes. Is he a hard-worker? Smart? Kind? This helps your Little to understand that sex should not be the only basis for a relationship.

4. Emphasize the importance of thinking for yourself. Too often youth participate in risky behaviors because they feel like they have to—in response to pressure from friends or peers, they may feel that they have to participate in order to remain part of their group. Other times, a potential sexual partner can place significant pressure on a young person to move faster in their relationship. Telling your Little that it's OK to say no seems too obvious, but sometimes all he needs to make the right decision is the validation of another person.

Gender Identity & Sexual Orientation

This chapter of your training will discuss the topics of gender identity and sexual orientation in youth. For many youth, the process of developing a gender identity can be a fairly easy process, but for others, those who struggle with society's labels and categories, gender identity formation can be a challenging process. For those young people who find themselves attracted to members of the same sex, the process of understanding their own sexual orientation may be confusing. If youth do identify as gay, lesbian, or

bisexual, they may face additional burdens, like social isolation, depression, and bullying. In the material that follows, you'll review some of the facts and terminology on these subjects, you'll find out about some of the difficulties that gay youth may face, and you'll learn some techniques for talking to your Little if he is facing any of these challenges.

First, it's important to understand the terminology that is used in this module.

Gender identity: A person's gender identity is the gender that a person sees themselves as. It is not the same as biological sex and it is different than sexual orientation. Many people talk about gender identity in terms of masculinity or femininity, but it is also possible to identify as gender neutral or neither male or female.

Transgender: A person who identifies as transgender has a gender identity that does not correspond to biological sex (i.e., genitalia).

Sexual orientation: Sexual orientation refers to the sexual or erotic attraction that a person has. Today, many experts agree that categories like heterosexual and homosexual are overly confining, viewing sexual orientation as a continuum. There is also evidence to suggest that a person's place on the orientation continuum can change over time.

Lesbian: Language that refers to women who are attracted to women, homosexual women.

Gay: This language is used to describe men who are attracted to men, homosexual men. The term gay is also used as a comprehensive term for everyone in the broader LGBTQ group.

Straight: Refers men who are attracted to women or women who are attracted to men; another common synonym is heterosexual.

Bisexual: Bisexual or “bi” youth may be attracted to males and females. They may act on these attractions with people of the same or opposite gender. It is important to note that being bisexual does not indicate an equal attraction; so, a young male may be attracted to women most of the time but men sometimes and be considered

Transvestite: Refers to a person who wears clothing and assumes the appearance of a gender that does not correspond to biological sex. A man who dresses as a woman is transvestite, although many prefer to be called “cross-dressers”. Despite common misconceptions, cross-dressing is not a function of sexual orientation. Many cross-dressers identify as straight.

Questioning: Anyone who is uncertain of her or his gender identity or sexual orientation. Because of their developmental stage, youth often fall into this group. It is important to realize that many questioning individuals eventually identify with their biological sex and a straight orientation.

Coming out: This is the process by

which a person conveys gender identity and/or sexual orientation. For someone who is coming out as a minority, the process may involve coming out to various audiences (e.g., friends, parents, siblings) at different times. If someone you know has come out to you, it is always a good idea to understand to whom else the person is out. This minimizes the possibility that you will “out” someone before they are ready.

In the closet: This is a description often used to describe someone who is keeping her gender identity or sexual orientation a secret.

Facts

- Scientific research show gender identity and sexual orientation are produced by a combination of biological and psychological factors. The research suggests that individuals do not “choose” these traits, but they do choose whether or not to act on them.
- Recent estimates indicate that more than 9 million American adults openly self-identify as lesbian, gay, bisexual, or transgender. An additional 19 million have participated in same-sex sexual activity. These estimates appear to underestimate the number of LGBT Americans, perhaps considerably, since these studies did not attempt to identify individuals who are closeted or questioning. As well, this research, based on census data, does not account for LGBT youth.

- Research indicates that there are LGBT people from every racial, ethnic, religious, educational, and socioeconomic background. The U.S. Census shows that same-sex couples live throughout the United States.
- Many stereotypes about LGBT people just don’t hold up under scrutiny. Members of the LGBT community work in every profession and have interests that are as wide-ranging as heterosexuals. Ungrounded stereotypes feed discrimination and hate, adding to the sense of isolation many LGBT youth feel.
- The subject of sexual orientation, especially the rights and protections extended to LGBTQ people, is politically-charged and bound up in religious doctrine, but LGBTQ youth probably don’t see their individual struggles as part of these larger policy debates. They may just need someone to provide a nonjudgmental opportunity to share their feelings about the things going on in their lives.
- While American society has made some progress in embracing LGBTQ individuals, harassment and discrimination, particularly among youth, are still very common.

Challenges for LGBTQ Youth

Even as American society has slowly

become more accepting of the LGBT community, most Americans are undereducated about the challenges faced by youth who are questioning or already identify as a member of the LGBT community. This lack of understanding makes it very difficult for many youth to find appropriate role models, mentors, or authority figures with whom they can talk openly. As many as four out of five LGBT youth report that they do not know of a supportive adult at their school. Simple things like finding a place to feel accepted or seeking advice are more difficult for these youth because they must constantly second-guess the reactions of potential confidants. And, while most heterosexual youth can find role models at school, church, or in their communities, many LGBT youth find it difficult to identify positive role models who are open about their sexuality or gender identity.

The lack of knowledge that many Americans have concerning LGBT culture also leads to the use of stereotypes. Using the word “gay” in a derogatory sense is commonplace among teens and adults who may not intend it as an offense against the LGBT community, but to a young person struggling with his sexual identity, hearing these negative can indicate a lack of openness or even hatred. Other stereotypes—about lifestyle, professions, or appearance—may appear to be harmless on a superficially level, but stereotypes are often the basis for prejudice and can lead to further confusion and for LGBT youth.

Given the prevalence of stereotypes about gay, lesbian, and transgender people, it is not surprising to learn that many LGBTQ youth regularly face discrimination and harassment. What is surprising is how often this occurs and the consequences. The FBI reports that nearly 14% of all hate crimes are motivated by prejudices against a person’s perceived gender identity or sexual orientation. A majority of these crimes are against men, but hate crimes against women are also common. Recent studies show that 84% of LGBT high school students report being verbally harassed at school because of their sexual orientation. This includes being called names and being threatened. Two in five report being physically assaulted. And, while much of this harassment comes from other students, 53% of students reported hearing homophobic comments from school personnel, including teachers and principals and 83% said that school staff do not intervene when they overhear others using homophobic language.

The consequences of these various forms of discrimination can be devastating to an LGBTQ youth. Perhaps one of the most difficult challenges faced by gay and lesbian youth is the isolation they often feel as a result of social attitudes. When friends, peers, and adult community members show prejudice the result can be a sense of isolation that is unbearable. To compound this feeling, as many as half of LGBT youth are rejected by their own families. This can leave youth without the most basic support network, and, for

many it can lead to homelessness. A 2006 study found that one in four LGBT youth who come out to their parents are told to leave home, and up to 40% of homeless youth in the U.S. identify as LGBT. Left without resources or basic necessities, many youth participate in prostitution to support themselves. In addition to the physical and psychological risks of this behavior, the chances of acquiring HIV and other STIs significantly increases for these youth.

And that’s just the beginning! Alarming, more than one in three gay, lesbian, and bisexual high school students has attempted suicide, and one in five has received medical care related to a suicide attempt. These suicidal tendencies continue into adulthood, and many LGBT people attempt suicide multiple times during their lives. An even larger portion of the LGBT community suffers from depression; gay youth are up to five times more likely to be depressed than their straight peers. Depression can lead to or be deepened by alcohol and drug use, and LGBT adolescents use alcohol and drugs at high rates. Research indicates that lesbian youth are particularly at-risk for alcohol, drug, and cigarette addictions.

Advice from Jeremy Hawkins (Assistant Director, James Madison University) - “Statistically, LGBT youth do have higher rates of depression. If they don’t have a supportive home environment there are statistics to show that they make poor health decision. They are more actively homeless, people who are

LGBT. (edit out) There are higher rates of suicide for LGBT youth, which has been very much in the forefront of the media these days, highlighting an epidemic that has been around for years. 84.6% of LGBT teens report being verbally harassed at school. 40.1% have reported physical harassment. 19% have reported being physically assaulted in schools. And, 30% of LGBT youth have missed class because they just don't feel safe in their school system."

Anti-Bullying

As we've discussed, verbal and physical harassment is a daily concern for many LGBT youth. As a mentor, friend, parent, or ally of an LGBT person, it is important to discourage discrimination and prejudice. We can all agree that, regardless of sexual orientation or gender identity, everyone has a right to live free of the fear of violence and intolerance. In response to high-profile cases of bullying and harassment of LGBT youth, many national advocacy groups are working to stop bullying perpetrated against LGBT youth. Here are a few things to remember that will help you put an end to bullying and help protect your Little from the devastating consequences of harassment.

1. Be an ally. No matter your sexual orientation or gender identity, you can be an ally of LGBTQ youth. Make it clear that you are willing to talk to people in a non-judgmental way and that you disapprove of prejudice.

2. Don't use stereotypes or labels. We know that stereotypes are the root of many types of prejudice and harassment. By avoiding the use of labels, eliminating derogatory language from your vocabulary, and using LGBTQ terms in appropriate and sensitive ways, you send the right message to your Little. This will go a long way toward building trust in your mentoring relationship. As well, modeling the right behavior will influence others around you, slowly changing society into a more welcoming place for gay and lesbian youth.

3. Don't tolerate prejudice. If you hear someone using words like "gay" or "queer" in a derogatory way, tell them that it's not acceptable. Explain that this is a form of prejudice and hate. If you see verbal harassment occur among youth, stop it from continuing and use the moment as a teaching moment.

Jeremy Hawkins: "It's very important to protect LGBT youth from harassment. If you witness them being publically harassed, as a good ally, it's your duty to step in and stop that behavior. And, stop it as it's happening. You don't want to wait for it to happen and then step in. You don't want to wait for it to happen and then take the students aside. You want to very publicly put a stop to the harassment. You want to name the harassment for what it is, and do so in a public manner. And then, you actually want to ask for a change in

attitude from the offending individual."

4. If you do witness bullying, you should also check to make sure the person being bullied is OK. Even if there was no physical harassment, being bullied can be traumatic. Listen and provide positive support.

Talk about bullying with your Little, even if he has not mentioned being harassed. Many young people will be reluctant to mention being bullied because they think it makes them look weak or because they are ashamed. If your Little is being bullied, there are a few things you can do to help her avoid it in the future and stand up for herself if it happens again.

1. Educate. Make sure your Little understands that she does not have to tolerate bullying for ANY reason. Help her to involve the right people—if the bullying is happening at school, help her find the right resources, a guidance counselor, a trusted teacher, or a principal.
2. Plan. Sometime some simple steps can help minimize bullying. Advise your Little to avoid bullies when it's possible—going down another hallway or waiting until a bully has passed can cut down on bullying opportunities. When that's inconvenient or not possible, it might help to walk with friends or stay near adults. Many bullies won't risk being outnumbered or getting caught.
3. Outsmart the bully. Bullies usually

want a reaction. Even if the words that a bully says hurt, it is best to avoid a reaction that the bully can see. Often, if a bully doesn't get the reaction he's looking for, he'll give up and move on, but, if the person being bullied shows a lot of emotion or retaliates, the bully will have succeeded in getting the desired reaction.

Talking with LGBTQ Youth

Talking with LGBTQ youth really isn't much different than talking to straight youth. Still, since some Bigs may have some uncertainty or discomfort, there are a few things that might facilitate the conversation and ensure the success of the mentoring relationship.

Like with other difficult topics, Bigs shouldn't feel like they are all alone. Anytime a Big feels like they don't have the right answers or feels very uncomfortable with a topic, it is important to remember the resources available to you. Particularly, use your match support specialist's expertise. These experienced professionals have a wealth of knowledge about the best way to work with Littles in a variety of circumstances. As well, encourage your Little to seek guidance from family members, guidance counselors, doctors, and community resources. Many communities have

nonprofit organizations, advocacy groups, and others willing to offer their expertise to LGBTQ youth. Bigs who feels uncomfortable can offer to help connect their Little's with these resources, and can even offer to go with the Little during an initial meeting.

Even if your belief system is not supportive of LGBT rights, remember that you are dealing with a person, not a political cause. Don't try to impose your beliefs on your Little. Listen and suspend judgment; sexual orientation should not get in the way of your relationship. You can be a good listener without compromising your beliefs.

If your Little does confide in you that he is gay or questioning, it is important to avoid overreaction. Acting shocked or acting like you already suspected can erode trust in your relationship. Make sure you do not make your Little feel "abnormal". And, while referring youth to other caring adults is a good idea, you should leave the decision to come out up to the youth. In the case of closeted and questioning youth, it is a good idea to be careful about who you tell. Don't assume that everyone else already knows. A Little may use you as a test to see if it is safe to come out. It could be very damaging to the Little if her parents or family members heard that she was questioning from you rather than herself.

Congratulations! You have nearly completed this training module. To finish, click on the survey link to the left to take a brief mandatory survey. Once you have completed the survey, feel free to refer back to this training anytime throughout the course of your match.

http://jmu.qualtrics.com/SE/?SID=SV_6V73QeGdzlxM9Hm



Credits

Credits for: Healthy Sexuality and Youth

Gariglietti, Gianna. Executive Director and Therapist. The Collins Center.

Harrisonburg, Virginia. Interview

Hawkins, Jeremy. SafeZones. James Madison University. Interview.

Strite, Angie. Child Advocacy Center Director. The Collins Center. Harrisonburg, Virginia. Interview

Wyse, Carmen. Match Support Specialist, Big Brothers Big Sisters of Harrisonburg-Rockingham. Interview.

Borge, Robert. Graduate Assistant, The MATCH Project. James Madison University. Harrisonburg, Virginia. Training Design and Production.