



Research Corner: *Making Mentoring Work*

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The heart and soul of mentoring

How does mentoring work? Few researchers have directly examined this question. However, a substantial body of research on helping relationships in counseling and therapeutic settings does exist and is relevant to mentoring relationships.

Psychotherapy and mentoring are quite different from each other. Mentors are not professionals - and, importantly, do not require extensive training or expertise to be effective. Yet, both involve a caring relationship with the explicit goal of fostering the positive development of one of the members. Therefore, we may be able to learn from therapy.

What works in therapy?

As anyone who has ever sought out psychotherapy knows, there are many different approaches. Each approach has strong adherents, who have sought to establish superior curative powers of their approach. Despite decades of research, however, the varying approaches have shown relatively equal effectiveness in treating a range of difficulties. Indeed, a growing consensus maintains that factors common to all of the approaches account for positive change.

Common Factors

After a thorough review of the literature, psychologist Michael Lambert (1992)⁹ concluded that, irrespective of a therapist's theoretical persuasion, positive change depends on:

- the client's circumstances;
- relationship factors;
- the client's motivation and expectations; and
- the particular techniques that the therapist uses.

Lambert estimated the contribution of each of these four "common factors" to clients' improvements. These same factors are likely to account for change in mentoring, as well.

Youth's strengths and circumstances

Youth's circumstances and characteristics are important determinants of outcomes. Such factors as a supportive, support from a religious community, a sense of personal responsibility, motivation to change, etc., might make all the difference in whether a child's life improves.

Whether or not a successful relationship with a caring adult is even established may be a byproduct of healthy development rather than a cause of it.

There is evidence that certain youth are better candidates for mentoring than others.

A more subtle analysis of mentoring requires that we consider not only individual differences among youth but also the family, community, and cultural circumstances that lead youth to mentoring relationships and help sustain them over time.

Relationship Factors

"The client's view of the relationship is the "trump card" in therapy outcome, second only to the winning hand of the client's strengths.¹³

The quality of the bond is responsible for many of the gains in both therapy and mentoring. In their recent review of studies that track various psychotherapeutic approaches, Alexandra Bachelor and Adam Horvath argued that a good relationship between two people is "ubiquitous and universal in all successful helping endeavors."¹⁴

Several attitudes and behaviors on the part of the therapist contribute to the quality of this alliance.¹⁵

The therapist's level of experience does not appear to influence the strength of the relationship; therapists and paraprofessionals can be equally effective.¹⁶

Importantly, clients' motivation, involvement, and cooperation have also been identified as crucially important to maintaining the quality of the bond.¹⁷

The "active ingredient" in a good mentoring relationship also appears to be a close, trusting connection.

When data from the national evaluation of Big Brothers Big Sisters were reanalyzed to control for relationship quality, young people who gave their mentors the highest positive ratings derived far more benefits than those who gave their mentors more negative ratings.¹⁸ Four program practices also predicted strong relationships: making matches based on similar interests; providing more than six hours of volunteer training; offering post-match training and support; and conducting reasonably intensive screening.

After examining over 600 pairs, Carla Herrera and her colleagues observed that, "at the crux of the mentoring relationship is the bond that forms between the youth and mentor. If a bond does not form, then youth and mentors may disengage from the match before the mentoring relationship lasts long enough to have a positive impact on youth."¹⁹

Close connections with mentors, in turn, can foster improvements in adolescents' ability to connect with others, especially their parents.²⁰

Placebo, hope and expectancy

Research confirms the importance of hope and expectation in psychotherapy - and the same is likely to hold true in mentoring.

Many researchers believe that the various approaches to therapy - and by extension mentoring - have no special curative powers on their own.

Instead, their value rests in the extent to which they instill hope and positive expectations for change.²¹

Psychologist Jerome Frank framed this in terms of the "healing ritual" - "the procedures that a client or mentor use to inspire hope and mobilizing the placebo factor."²²

Models/techniques factors

Model/technique factors are the beliefs and procedures that are unique to the particular approach that is being used. Despite strong ideological preferences, the particular procedures that are used in helping relationships appear to contribute only a small percentage to outcomes.

The particular approach that is taken provides a framework for understanding an individual's difficulties, as well as strategies or procedures to follow for resolving them. Most strategies or procedures share the common quality of preparing an individual to take some action to help themselves.²³

In mentoring, certain strategies appear to work better than others.

In particular, in a recent study, my colleagues and I found that youth who characterized their relationships as providing moderate levels of activity and structure derived the largest number of benefits when compared with the control group. By contrast, youth who characterized their mentors as being highly supportive but providing relatively few opportunities for structured activity derived the fewest benefits.²⁴

Consistent with previous work, these findings underscore the importance of involvement in enjoyable activities. As Sipe concluded, "Not only is having fun a key part of relationship-building, but it provides youth with opportunities that are often not otherwise available to them."²⁵

Of course, good mentors take their cues from their mentees to strike a comfortable balance between having fun, working toward practical goals and exploring emotions. Mentors must try to be sensitive to their mentees' circumstances and input and calibrate their approach accordingly.

What is the bottom line?

In drawing insights from psychotherapy research, I am **NOT** implying that mentors need to be trained as therapists to be effective. In fact, the research would suggest that specialized training and extensive experience are less important than the ability to form a close, helping relationship.

Irrespective of the mentoring program setting or type, ***it is the quality of the relationships that are forged and the degree to which they inspire hope that are at the heart of change.***

From this perspective, the activities and strategies that mentors use are the "rituals" that facilitate the formation of close relationships and trigger expectations for positive change.

Positive change in mentoring appears to be partially determined by:

- Mentees' circumstances, motivation and commitment to the process;
- The quality of their connection with their mentors, and
- The extent to which mentors provide enjoyable opportunities that instill trust and hope.

Literature Cited

1 Smith, M. L., Glass, G.V., & Miller, T.I. (1980). The benefits of psychotherapy. Baltimore: John Hopkins University Press.

2 Asay, T. P. & Lambert, M.J (2002) The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, S.D. Miller (2000). The heart and soul of change: What works in therapy. Washington, DC: American Psychological Association.

3 Howard, K. I., Kopta, S.M., Krause, M.S. & Orlinsky, D. E. (1986) The dose-effect relationship in psychotherapy. *American Psychologist*, 41, 159-164.

4 Asay & Lambert (2002).

5 D.L. DuBois, B.E. Holloway, H. Cooper, and J.C. Valentine, "Effectiveness of mentoring programs for youth: A meta-analytic review," *American Journal of Community Psychology* (2002): 34, 17-34.

6 Grossman, J. B. & Rhodes, J. E. (2002). The test of time: Predictors and effects of duration in youth mentoring programs. *American Journal of Community Psychology*, 30, 199-206.

7 Asay & Lambert (2002).

8 R. H. Aseltine, M. Dupre, and P. Lamlein, "Mentoring as a drug prevention strategy: An evaluation of Across Ages," *Adolescent and Family Health* 1(1) (2000): 11-20.

9 Lambert, M. J. (1992). Implications of outcome research for psychotherapy intergratin. IN J.C. Norcross & M.R. Goldstein (Eds.). *handbook of psychotherapy integration* (pp. 94-129). New York: Basic Books.

10 Rhodes, J. (2002).

11 E.E. Werner and R.S. Smith, *Vulnerable but Invincible: A Study of Resilient Children* (New York: McGraw-Hill, 1982).

12 Rhodes, J. (2002).

- 13** Hubble, M. A., Duncan, B. L., & Miller, S. D. (2002). Directing attention to what works. In M. A. Hubble, B. L. Duncan, S.D. Miller (2000). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association. p. 412.
- 14** Bachelor, A. and Horvath, A. (1999). The therapeutic relationship. In M. A. Hubble, B. L. Duncan, S.D. Miller (2000). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- 15** Orlinsky, E. Grawe, K. and Parks, B. K. (1994). Process and outcome in psychotherapy: Noch einmal," in A.E. Bergin and S.L. Garfield, eds., *Handbook of Psychotherapy and Behavior Change*, 4th ed. (New York: John Wiley and Sons, 1994), pp. 270-376.
- 16** Bachelor and Hovarth (1999).
- 17** Bachelor and Hovarth (1999).
- 18** J. B. Grossman and A. Johnson, "Assessing the effectiveness of mentoring programs," in J.B. Grossman, ed., *Contemporary Issues in Mentoring* (Philadelphia: Public/Private Ventures 1998), pp. 25-47.
- 19** C. Herrera, C.L. Sipe, and W.S. McClanahan, *Mentoring School-Age Children: Relationship Development in Community-Based and School-Based Programs* (Philadelphia: Public/Private Ventures, 2000).
- 20** Rhodes, J.E., Grossman, J. B., & Resch, N. R. (2000). Agents of change: Pathways through which mentoring relationships influence adolescents' academic adjustment. *Child Development*, 71, 1662-1671.
- 21** Hubble et al. (2002).
- 22** Frank, J.D. (1995). Psychotherapy as rhetoric: Some implications. *Clinical psychology: Science and practice*, 2, 90-93.
- 23** Hubble et al. (2002).
- 24** D. Langhout, J.E. Rhodes, and L. Osborne, *Volunteer Mentoring with At-Risk Youth: Toward a Typology of Relationships*. (unpub.).
- 25** C.L. Sipe, "Mentoring adolescents: What have we learned," in J.B. Grossman, ed., *Contemporary Issues in Mentoring* (Philadelphia: Public/Private Ventures, 1998)