

2018-2019 Collaborative Mentoring Webinar Series Planning Team

The Collaborative Mentoring Webinar Series is funded by the **Office of Juvenile Justice and Delinquency Prevention** through the National Mentoring Resource Center and facilitated in partnership with MENTOR: The National Mentoring Partnership



Collaborative Mentoring Webinar Series

Good to Know...

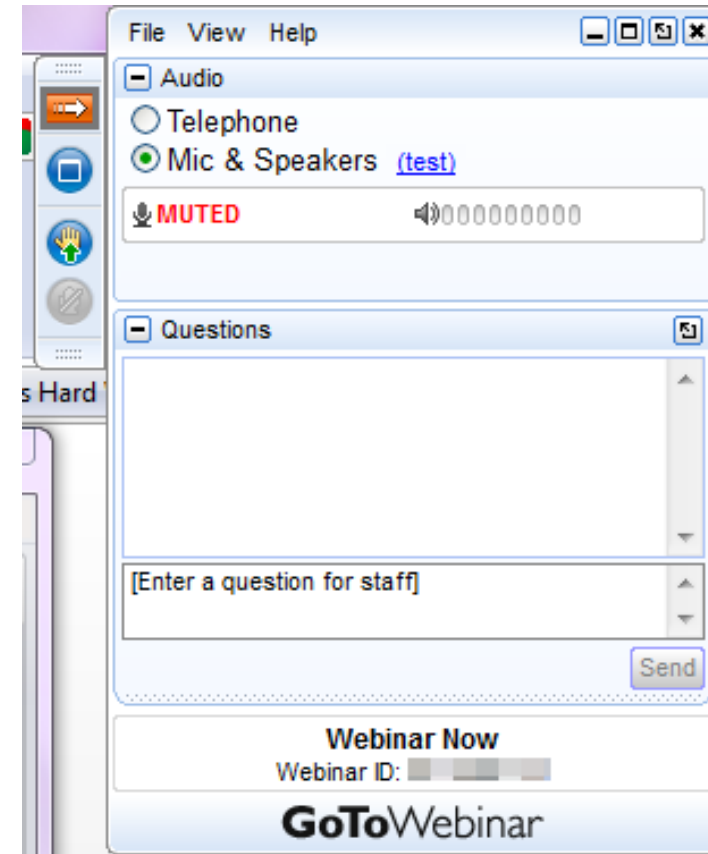
One week after the webinar, all attendees receive an email with:

- Instructions for how to access a PDF of presentation slides and webinar recording
- Link to the Collaborative Mentoring Webinar Series webpage, where all slides, recordings and resources are posted

Please help us out by answering survey questions at the end of the webinar.

Participate in Today's Webinar

- All attendees muted for best sound
- Type questions and comments in the question box
- Respond to polls
- Who is with us today?



Today's Webinar

Mentoring Youth Impacted by Opioids

Goals for Today's Webinar:

- Help participants better understand the effects of the opioid epidemic and how mentoring programs can help address this issue.
- Provide a clinical overview of supporting youth who have or are at risk of developing a substance use disorder.
- Offer hands-on strategies, insights, and best practices that practitioners can utilize to better support youth mentees in their programs who are impacted by opioids.

Benji Thurber



- *Communications Director*
MENTOR Vermont

Benji@MentorVT.org

- Nearly 10 years of experience in planning and implementing various statewide events, awareness campaigns, and trainings to support youth mentoring programs
- Member of the Collaborative Mentoring Webinar Series planning team and facilitator for today's webinar

Elizabeth Joy MBA, MSW, LSW, LCDCIII



- CEO, Trainer, Speaker, Consultant
- Survivors To Alivers
- Elizabeth@ElizabethJoy.com
- Trauma Expert
- Former Director of MENTOR Central Ohio
- Background in clinical social work with 18 years experience working with youth and families, trauma survivors, and substance use/abuse treatment.



Collaborative Mentoring Webinar Series

Gabriela Zapata-Alma, LCSW, CADDC



- *Director of Policy & Practice for Domestic Violence & Substance Use* at National Center on Domestic Violence, Trauma & Mental Health
- *Lecturer*, School of Social Service Administration at The University of Chicago
- www.nationalcenterdvtraumamh.org
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Chris Hultquist



- Executive Director, The Mentor Connector
- Led a consulting organization that provided turnaround management, strategic planning, and leadership development for 30 businesses, municipalities and organizations
- Previous Mental Health and Substance Abuse school-based clinician
- Created a self-funded training institute, a collaboration between local community college and a large-scale manufacturer, to assist in the training, employment and retention of local youth
- Chris@MentorConnector.com



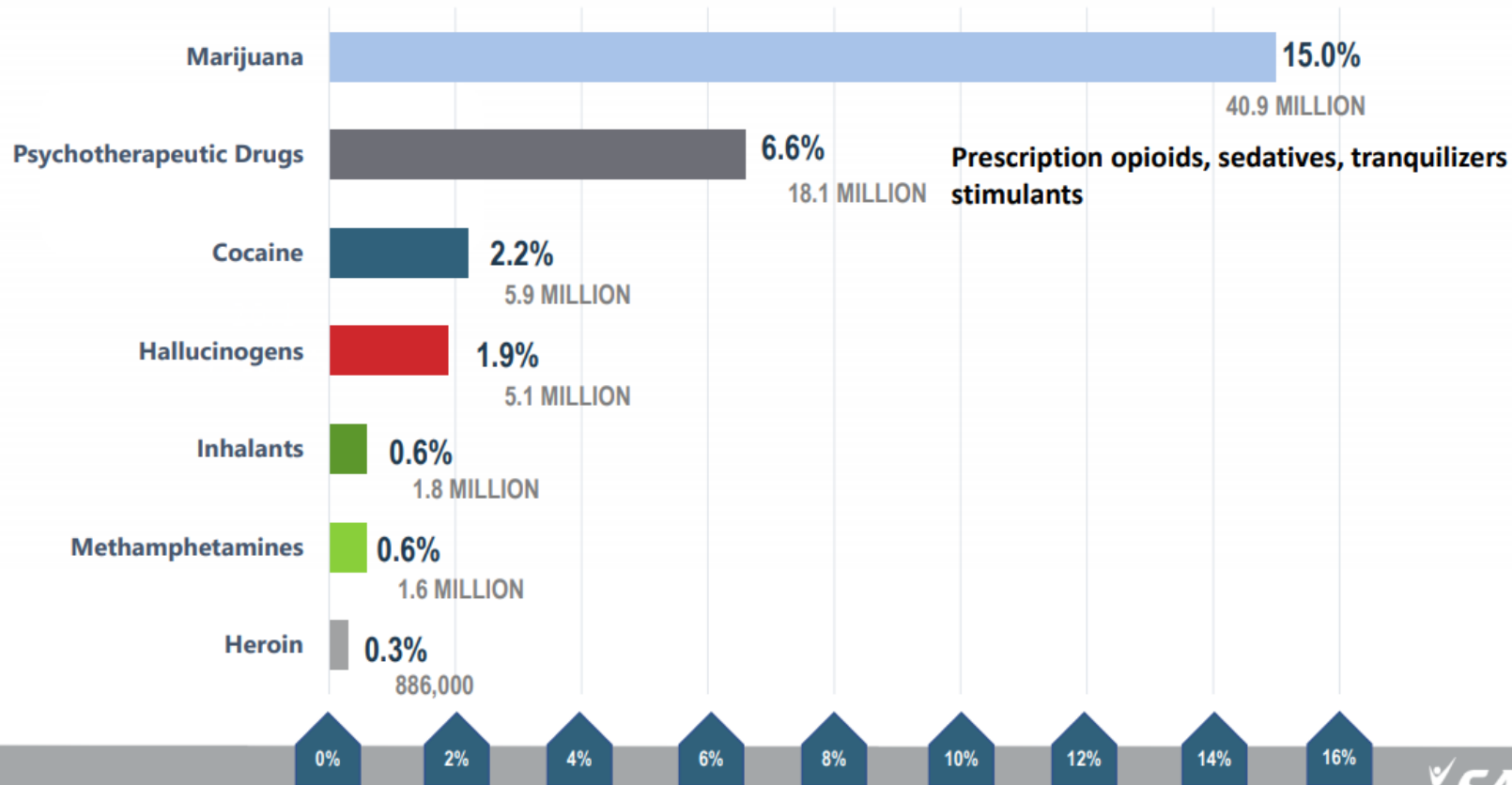
Mentoring Youth Impacted By Opioids

- The opioid overdose epidemic
- Where does mentoring come in?
- Current Project – Listening Tour: Early findings/trends



National Drug Use Statistics

PAST YEAR, 2017, 12+

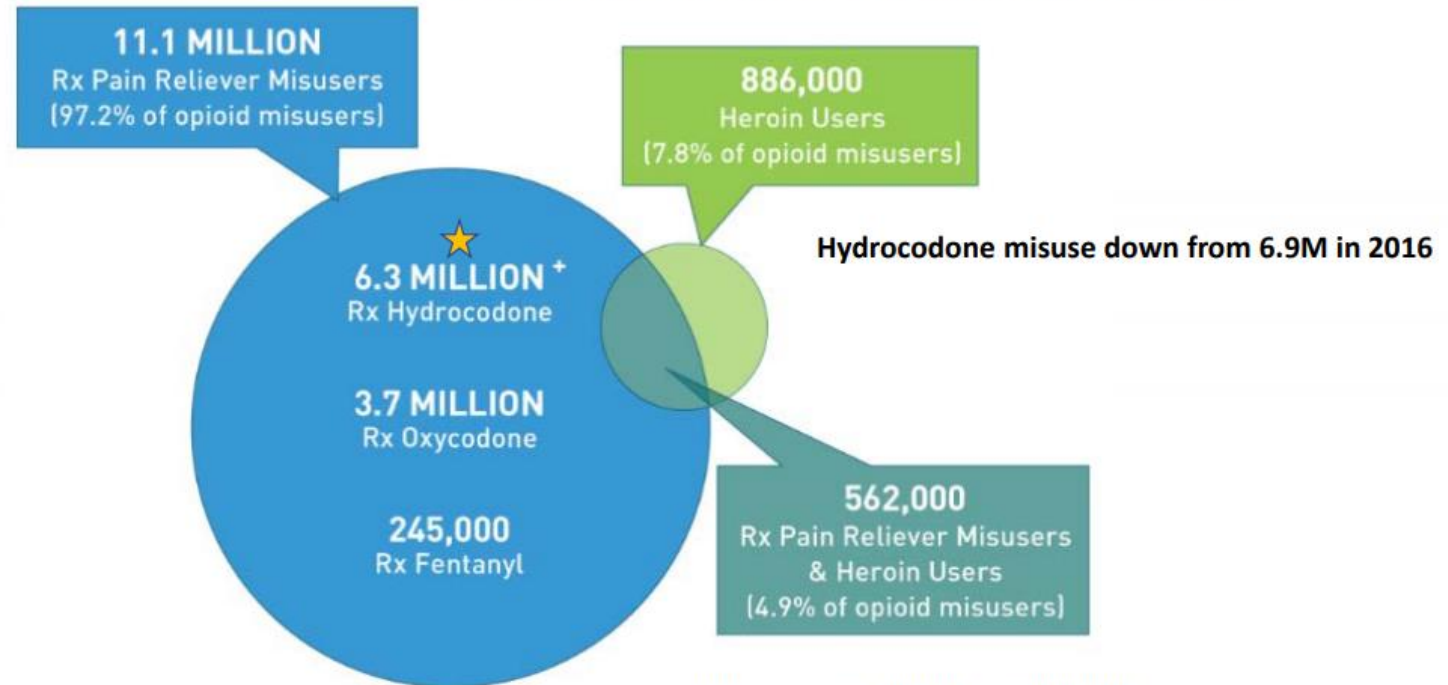


Opioid Misuse (Heroin Included)

PAST YEAR, 2017, 12+

★
Significant decrease
from 12.7 M misusers
in 2015

11.4 MILLION PEOPLE WITH OPIOID MISUSE (4.2% OF TOTAL POPULATION)



See figures 20 and 24 in the 2017 NSDUH Report for additional information.

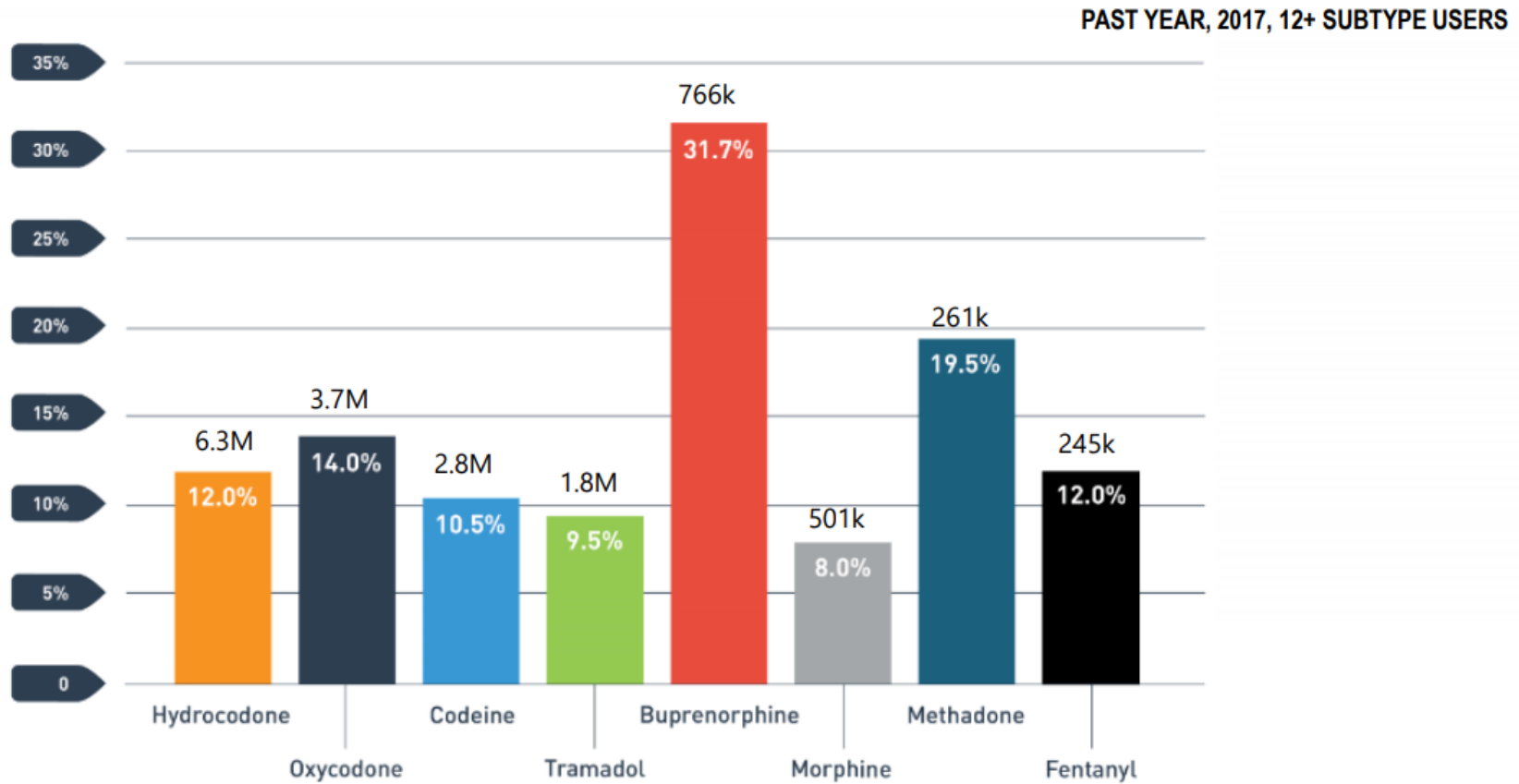
+ Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.

Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.

Note: The percentages do not add to 100 percent due to rounding.

SAMHSA
Substance Abuse and Mental Health
Services Administration

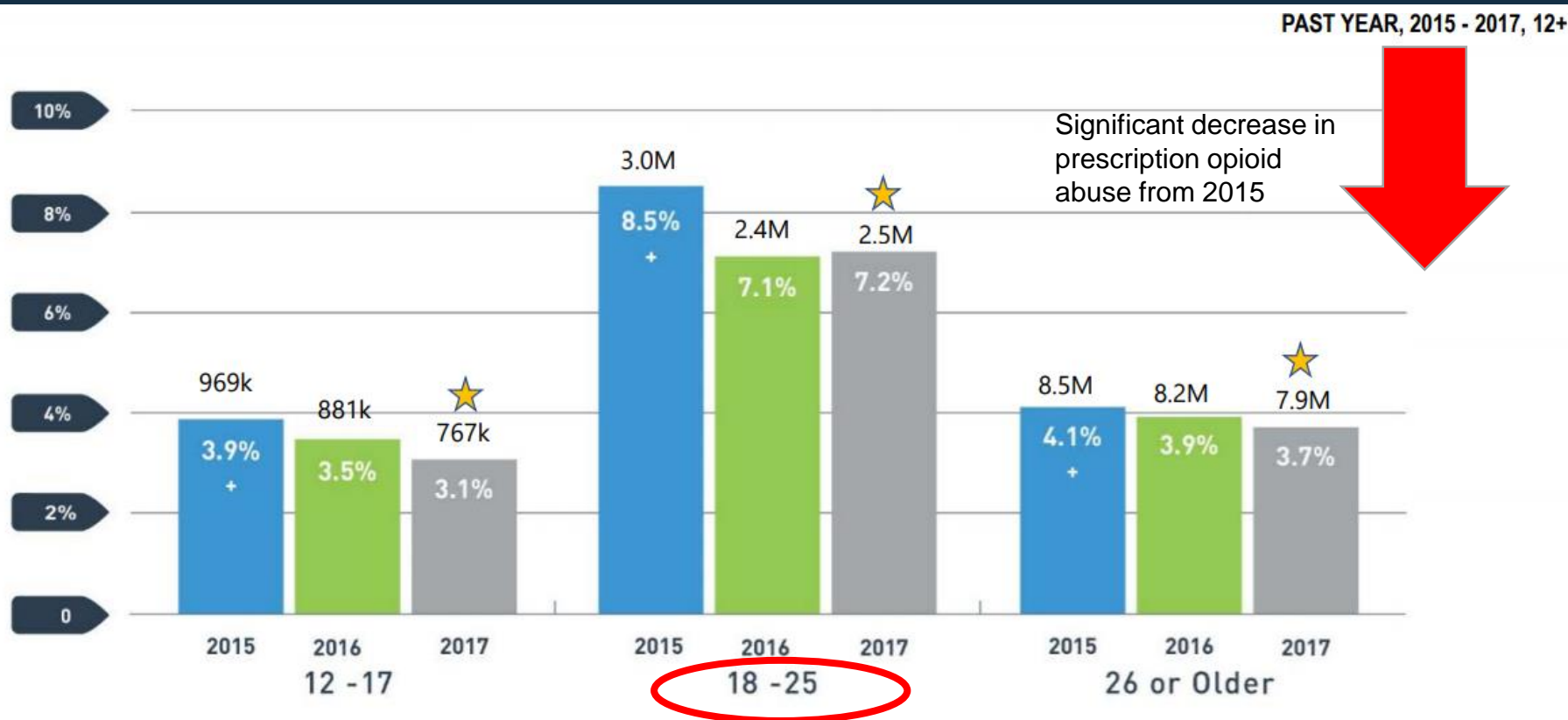
Prescription Opioid Subtype Misuse



See table 1.97 in the 2017 NSDUH detailed tables for additional information.



Prescription Pain Reliever Misuse By Age



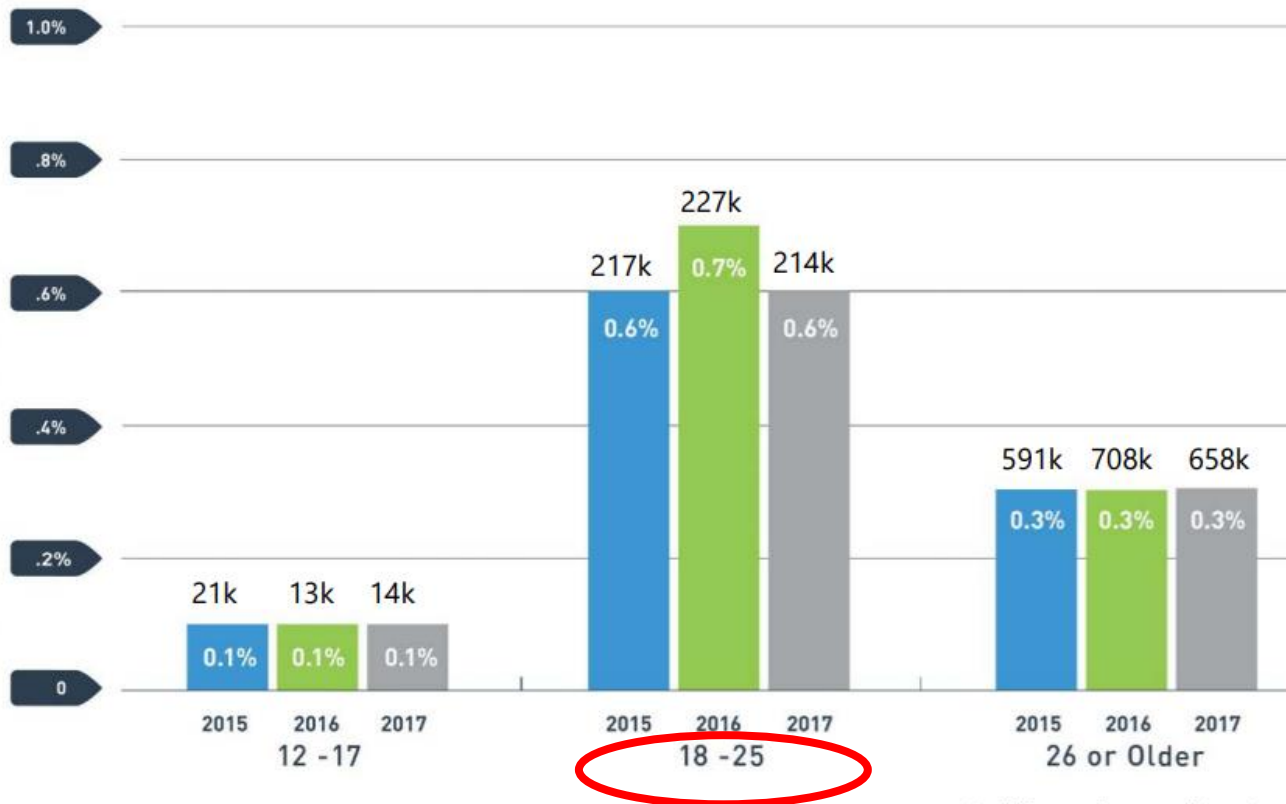
See tables 7.5, 7.11, and 7.14 in the 2017 NSDUH detailed tables for additional information.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



Heroin Use By Age

PAST YEAR, 2015 - 2017, 12+



See figure 22 in the 2017 NSDUH Report for additional information.

No difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

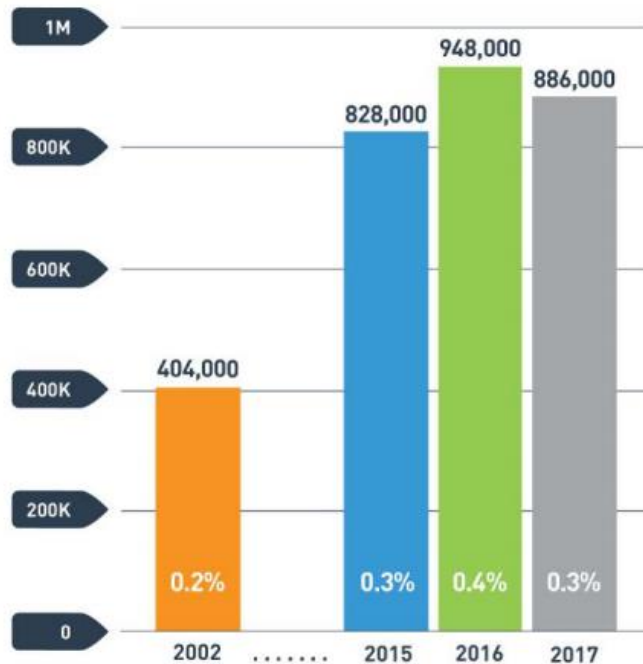


Heroin Use

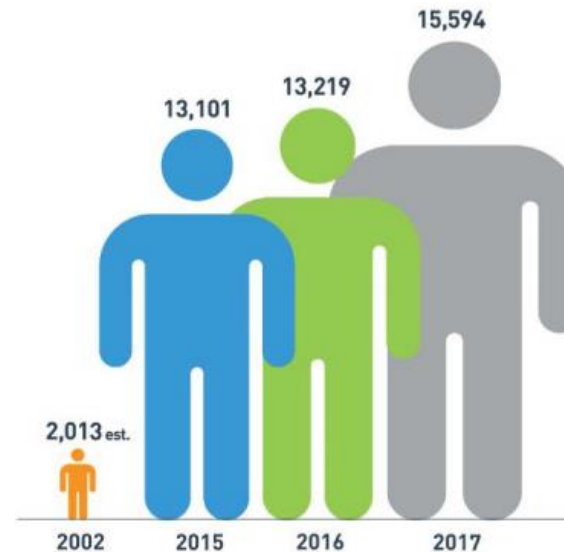
Less New Users Yet More Deaths

PAST YEAR, 2002 AND 2015- 2017, 12+

Heroin Use - Past Year



HEROIN DEATHS:
Heroin users doubled
Heroin deaths 7.7 times higher

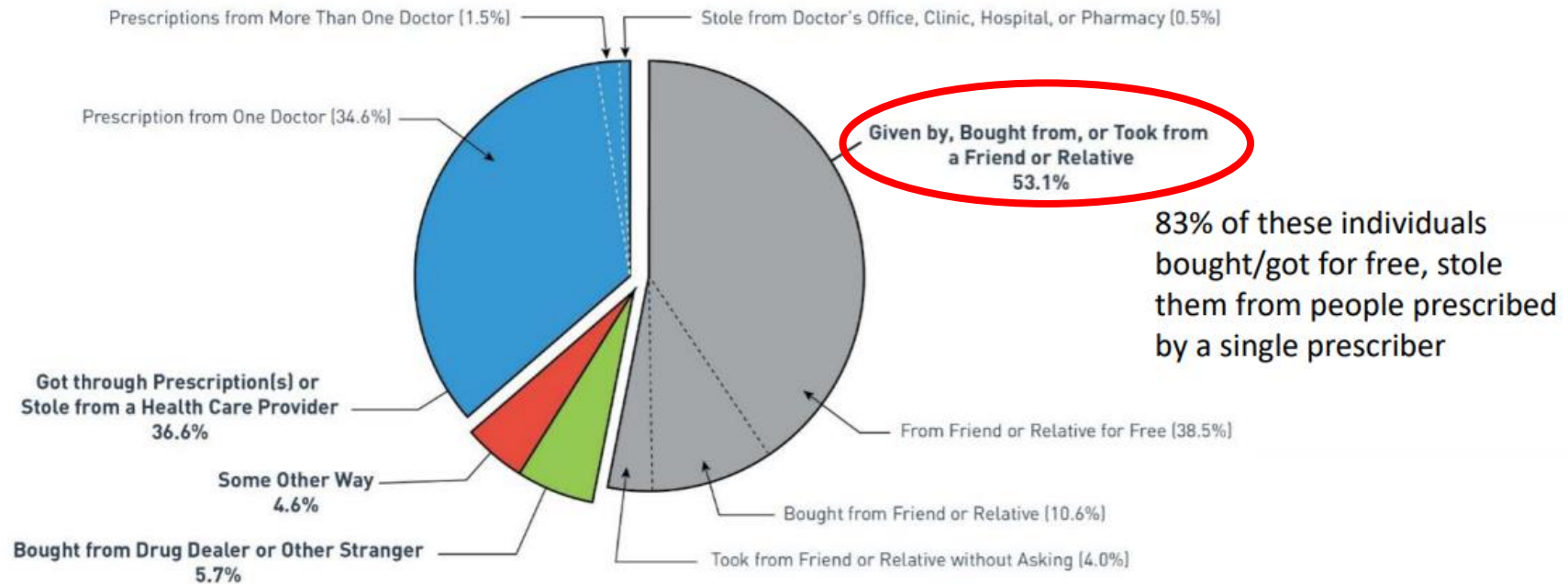


See table 7.2 in the 2017 NSDUH detailed tables for additional information and the 2017 CDC Mortality Data.

SAMHSA
Substance Abuse and Mental Health
Services Administration

Sources Where Pain Relievers Were Obtained Among Those Misusing

PAST YEAR, 2017, 12+



11.1 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

See figure 26 in the 2017 NSDUH Report for additional information.

SAMHSA
Substance Abuse and Mental Health
Services Administration

Mentoring and Opioids Data/Findings

- **Opioid specific mentoring data still needed**
- **Mixed reviews on mentoring impact on drug use prevention substance use initiation and substance abuse once use has started**
- **Significant evidence of positive benefits of peer support for AOD treatment/recovery and mental health**

MENTOR Article: The Promise and Potential of Mentors in Combating the Opioid Crisis



<https://nationalmentoringresourcecenter.org/index.php/component/k2/item/491-the-promise-and-potential-of-mentors-in-combating-the-opioid-crisis.html>

Collaborative Mentoring Webinar Series

Family Risk Factors

Family risk factors which increase likelihood for substance abuse and other adverse behaviors in youth include:

- Lack of parental supervision
- Cold and unresponsive mother behavior
- Low parental warmth
- Parent hostility
- Low parental aspirations for child
- Poor parental attachment
- Parental favorable attitude toward alcohol/drugs
- Child abuse or neglect/maltreatment
- Parental/sibling modeling of drug use
- Parent-child conflict

<https://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>

Family Risk Factors and ACE

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



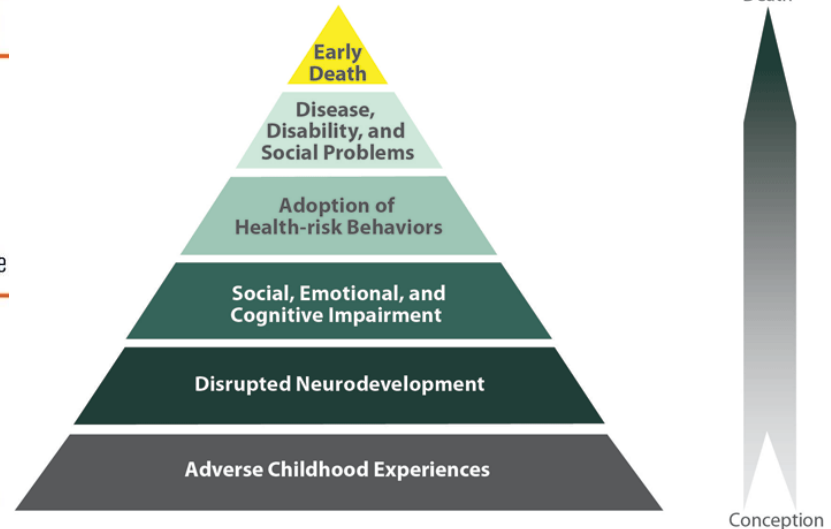
Mother treated violently



Substance Abuse



Divorce



ACES can have lasting effects on....



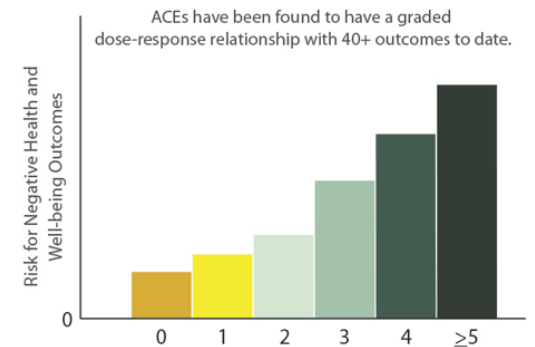
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



Negative Coping – Long Term Impact

- Alcoholism and alcohol abuse/Illicit drug use
- Coronary heart disease
- Depression
- Fetal death
- Asthma
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Stroke
- Diabetes
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement
- Risk for intimate partner violence

Protective Factors

Protective factors which minimize likelihood for substance abuse and other adverse behaviors in youth include:

- High self-esteem
- Good coping and problem-solving skills
- Emotional self-regulation
- Good peer relationships
- Ability to make friends
- Academic mastery
- Engagement/connections in school, sports, religion, culture
- Presence of mentors! – mentors help to increase all of the above

****Each of these minimize the implementation of negative coping mechanisms**

<https://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>

Key Approaches in Mentoring

- Always mentor through a trauma-informed lens
 - Do not overlook the fact that having a loved one who struggles with drug use in and of itself IS A TRAUMA
 - Do not overlook or underestimate their past traumatic experiences and the influence they have on the youth
- Empathy required
 - Avoid being so focused on drug use prevention and academic success that you miss the opportunity to acknowledge the HUMAN experience
 - Parents/families deserve empathy too.... Even if they are using
- Be aware of cultural nuances, needs, and preferences
 - Remember that culture is not race
 - Culture and strong cultural identity as a protective factor – encourage/support it
 - Be thoughtful of cultural dynamics which differ from yours including those you may see as wrong or unhelpful – check your bias
 - Note that for some, there is trauma directly tied to their cultural experience
- Developmental rather than prescriptive
 - Resist the urge to “fix”
 - Teach growth mindset
 - Empower them to write their story – ensure they are aware of their power in the midst of feeling powerless

MENTOR's Current Project

- Scope – Trauma-informed mentoring response - national listening tour
- Timeline –September 2019
- Final products
 - Train-the-Trainer
 - 4-5 page document



Early Findings/Trends in Listening Tour

- **Myths**

- Who is impacted? *Race, location*
- What drugs are they using?
- How did they start using and where did they get the drugs?





Early Findings/Trends in Listening Tour

- **Most programs are in the early stages of opioid-focused programming**
- **Primary focus is youth drug use/abuse prevention**
- **The risks of a primarily drug use/abuse prevention centered approach**


The missing piece - While youth may be using or at-risk of using, it's important not to overlook their historical trauma and trauma induced by opioid related issues:

- ***This work will focus on responding to youth impacted in various ways including:***
 - ***At risk to use/abuse drugs***
 - ***Currently using and either in treatment or needing treatment***
 - ***Family/caregivers struggling with drug use/abuse***

Early Findings/Trends in Listening Tour Trauma and Culture

The importance of a trauma-informed AND culturally responsive approach

- Mentoring is about relationship and empathy is a prerequisite to all quality relationships – trauma response/support vs. drug use prevention
- Overlooking the related issues beyond drug-use (trauma) will likely increase the likelihood of youth becoming users in adulthood (ACE study)
- Being mindful of and learning from the history of drug use and the country's response to drug use provides an opportunity to respond to ALL who are impacted with empathy.



“The adults we are serving in treatment are the youth we failed to properly support in their childhood.”

-Shawn Holt, CEO – Maryhaven
Columbus, Ohio

Young People & Substance Use

- Substance Use Disorder Diagnosis - Relevant? Helpful?
- Spectrum of Youth Substance Use
- Risk & Protective Factors for Young People
- Prevention Goals & Principles
- Talking Tips



Diagnostic Criteria: Limited Utility for Young People

Substance Use Disorder criteria focus on longer-term negative consequences of use and don't reflect the experiences of many young people.

Diagnostic Criteria: Limited Utility for Young People 2

Young people are less likely to experience:

- withdrawal symptoms
- being unable to stop use or
- continued use in spite of physical or mental health problems

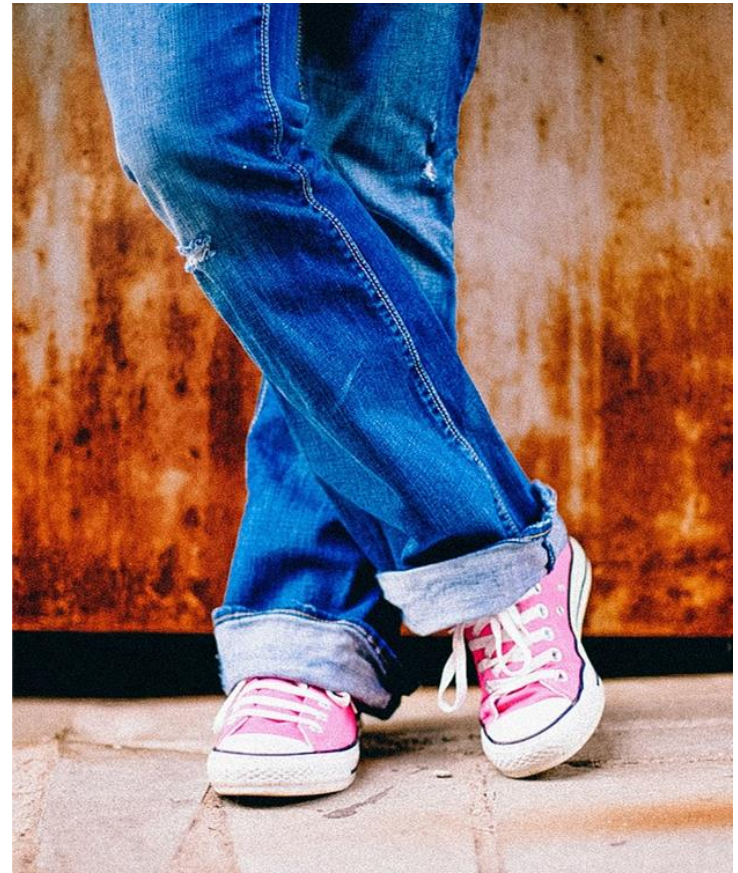
But are more likely to experience:

- use despite interpersonal problems

NIDA (2014)

Diagnostic Criteria: Limited Utility for Young People 3

Even the clinical term *substance use disorder* is experienced as stigmatizing and may represent an adult's attempts to label a young person's experience.



Spectrum of Use Patterns

- **Non-Use** – never tried or no longer use. Diverse reasons (fear, religious reasons, etc.)
- **Experimentation** – try substances once or twice (typically alcohol or marijuana) and (for whatever reason) aren't interested in continuing.

Steinberg & Levine (1990)

Spectrum of Use Patterns 2

- **Recreational Use** – use on a regular basis but can generally “take it or leave it”.
- **Regular Use** – actively seek out substances on a frequent basis. Prefer to use with peers. Still concerned about reputation and parental approval (the potential “costs” of use).

Steinberg & Levine (1990)

Spectrum of Use Patterns 3

- **Mild-Moderate Problematic Pattern of Use** – frequent use in multiple situations. Loss of interest in non-substance using activities they used to enjoy, decline in school, problems with parents/family.
- **Moderate-Severe Problematic Pattern of Use** – daily/near-daily use with others who use compulsively. Seeking routes of administration with most immediate effects. Use occupies a significant portion of their time and energy.

Steinberg & Levine (1990)

Risk Factors & Protective Factors

Risk Factors	Domain	Protective Factors
Early Aggressive Behavior	Individual	Self-Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Anti-drug Use Policies
Poverty	Community	Strong Neighborhood Attachment

NIDA, 2003

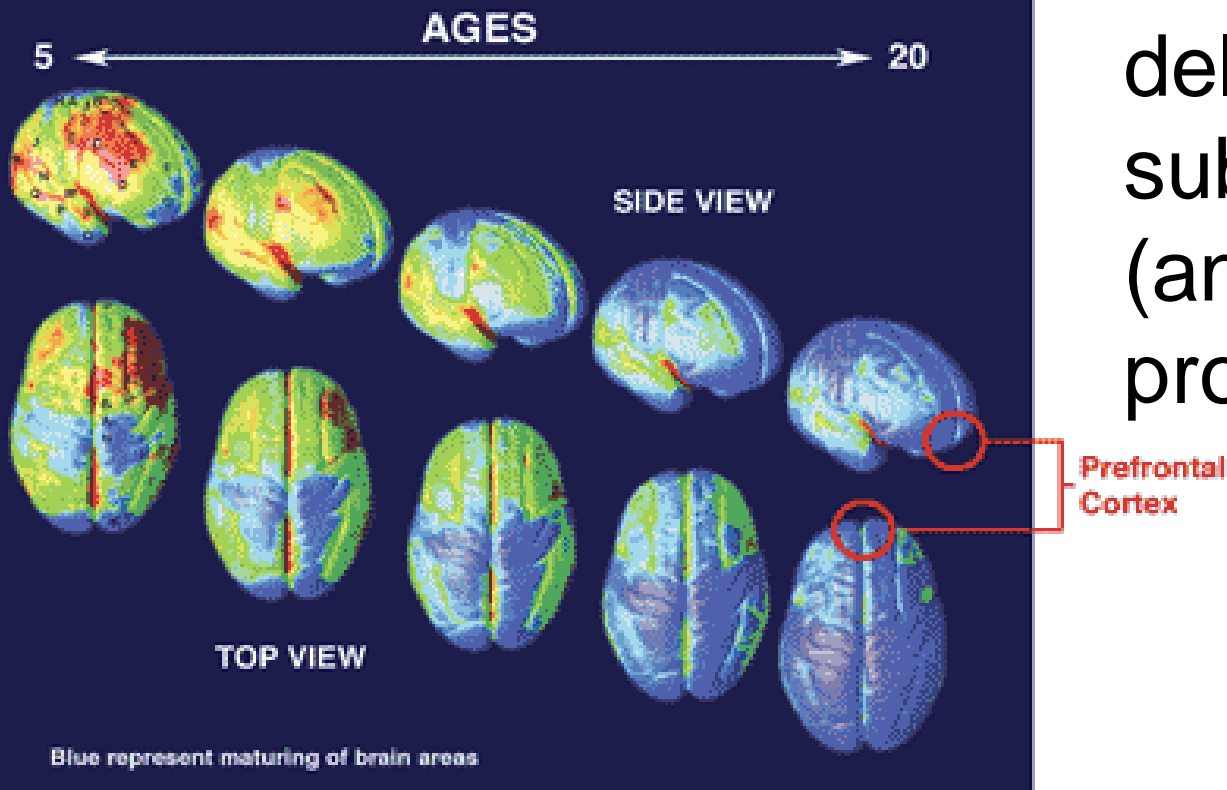
Risk & Protective Factors in Current Epidemic

What impact has our current overdose epidemic had on risk and protective factors for young people?



Prevention Goals

IMAGES OF BRAIN DEVELOPMENT IN HEALTHY CHILDREN AND TEENS (AGES 5-20)



Prevent and/or delay initiation of substance use (and associated problems).

Source: Copyright PNAS ;101(21):8174-9. 2004

Prevention Principles

Many important evidence-based principles of prevention, here's a few to keep in mind:

- Enhance protective factors, reduce/mitigate risk factors
- Increase positive coping and skills
- Involve young people in creating and delivering prevention programming
- Focus on what's important for the young person
- Meaningful alternatives to substance use
- Culturally responsive and tailored for local context
- **Avoid scare tactics**

NIDA, 2014

Tips on Talking About Substances

So how can we invite open conversations about substances?

- Nonjudgmental approach (actively resist adultism)
- Avoid labels and otherwise stigmatizing language
- Confidentiality (including clearly communicating the limits of confidentiality on the front end)

Tips on Talking About Substances 2

Don't try to tackle this topic head-on.



Tips on Talking About Substances 3

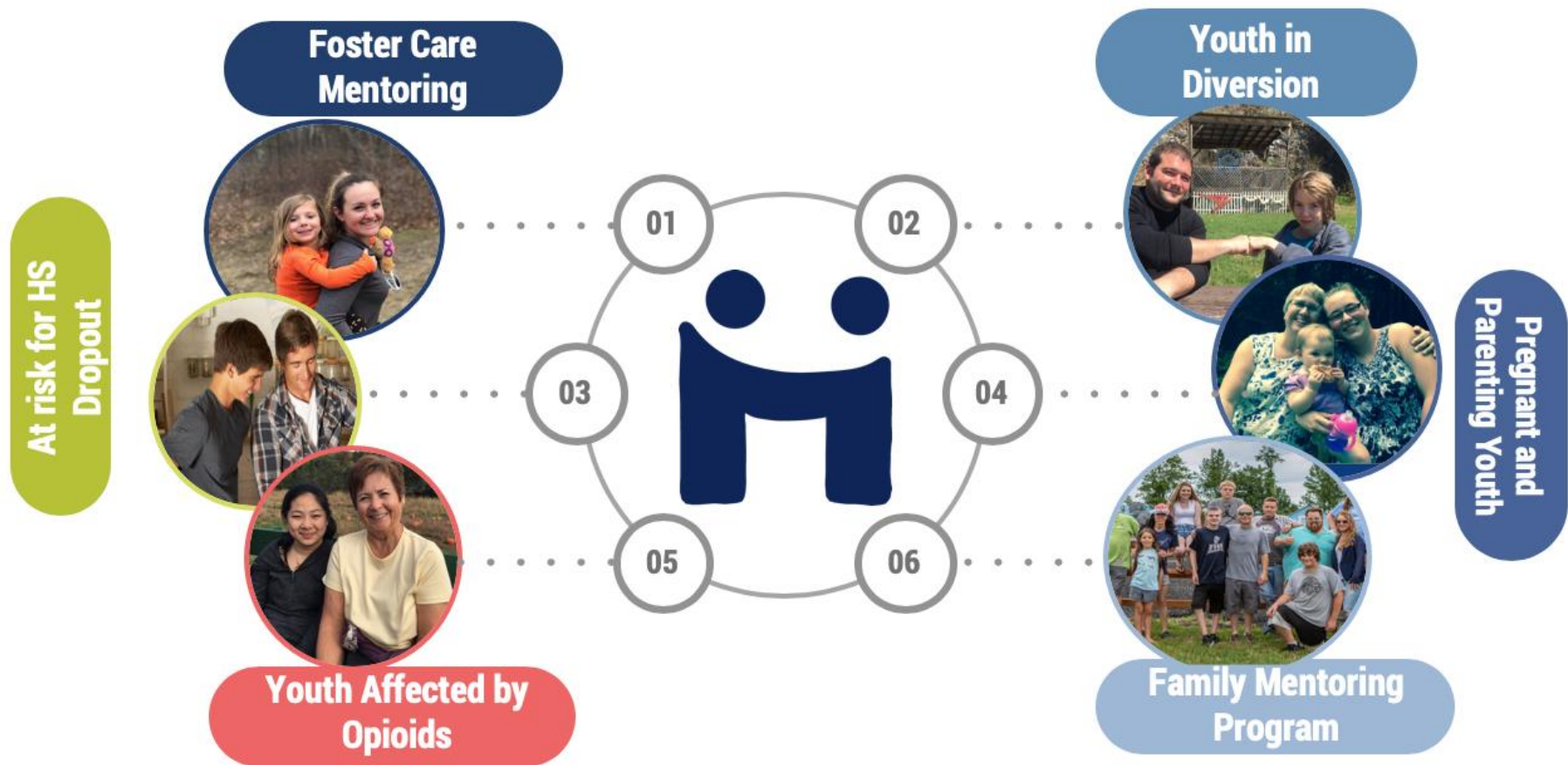


- Gentle curiosity and active listening
- Asking permission before providing information

References

- NIDA. (2003, October 1). Preventing Drug Use among Children and Adolescents (In Brief). Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief> on 2019, May 14
- NIDA. (2014, March 31). Lessons from Prevention Research. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/lessons-prevention-research> on 2019, May 14
- Martin C. S., Chung T., Langenbucher J. W. (2008). How should we revise diagnostic criteria for substance use disorders in the DSM-V? *J Abnorm Psychol.*, 117: 561–75.
- Winters, K.C., Martin, C.S., & Chung, T. (2012). Substance use disorders in *DSM-5* when applied to adolescents. *Addiction*, 06, 882-883.

The Mentor Connector



The Mentor Connector



**Family Mentoring
Program**

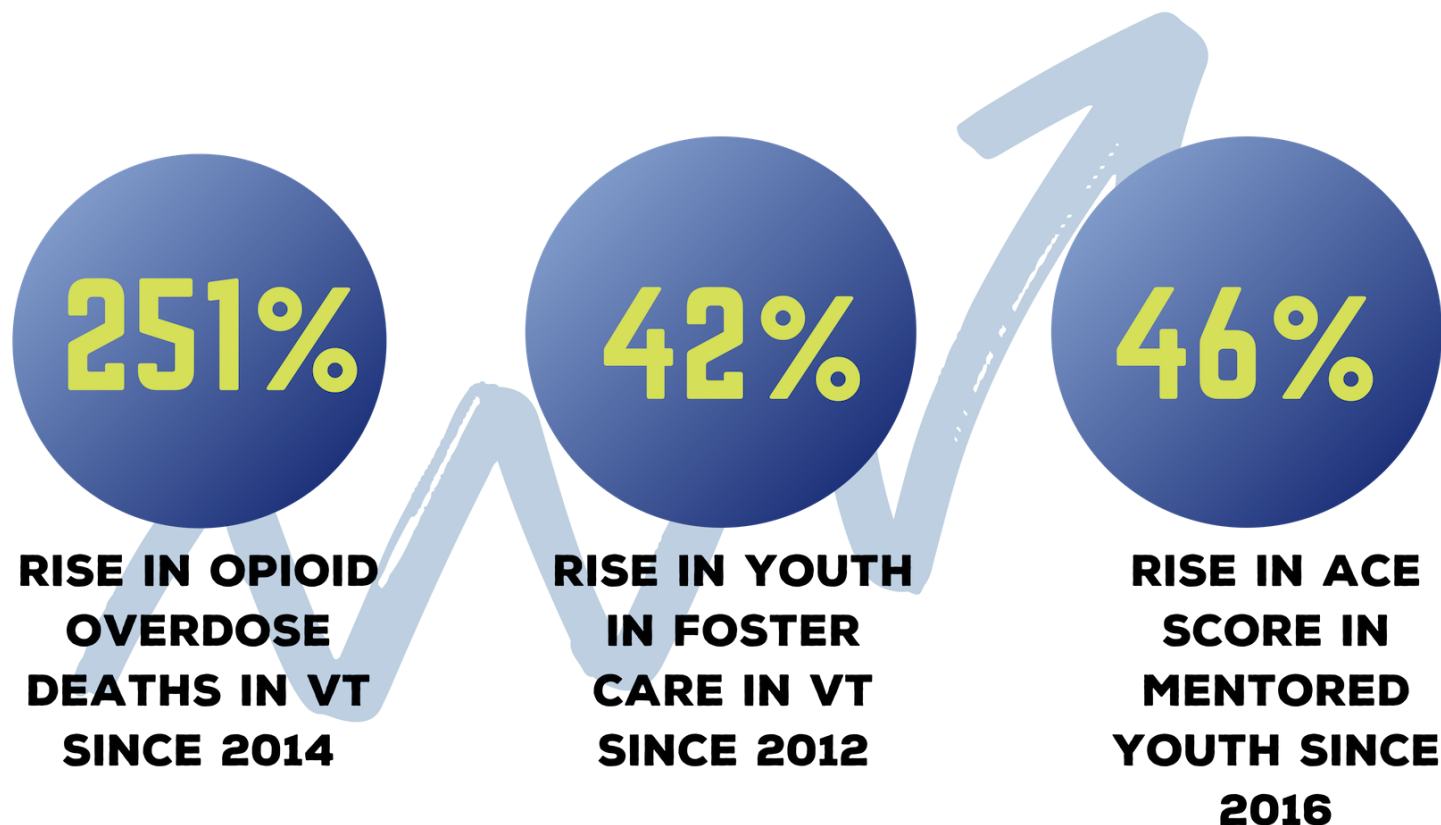
 **Rutland Regional
Medical Center**



THE
MENTOR
CONNECTOR

- Family Mentor – works weekly with family for 12 months to increase self sustainability and protective factors for the family.
- Each youth in family gets a one-on-one mentor for minimum of 12 months.
- All mentors are supervised by a Clinician.

The Mentor Connector



The Mentor Connector



Lessons Learned:

1. Invest in skilled and trained coordinators.

2. When matching, consider the following components:



The Mentor Connector



Lessons Learned:

1. Invest in skilled and trained coordinators.
2. When matching, consider the following components:
- 3. Provide group support to increase outcomes and reduce burnout.**

Early Findings/Trends in Listening Tour Back To Basics –National Quality Mentoring System

Program Management and Administration:

- A. Design a Mentoring Program – strategic plan, policies
- B. Establish leadership structure for program (i.e., board of directors or advisory group)
- C. Staff your program - staff recruiting focused on experience in AOD
- D. Create a professional development plan for staff - training (understanding systems involved w/opioid impacted youth)
- E. Develop a financial management and resource development plan – funding, partnership/collaboration, sustainability
- F. Develop systems for managing program information and data
- G. Establish a marketing/public relations effort
- H. Participate in mentoring advocacy efforts

Program Operations:

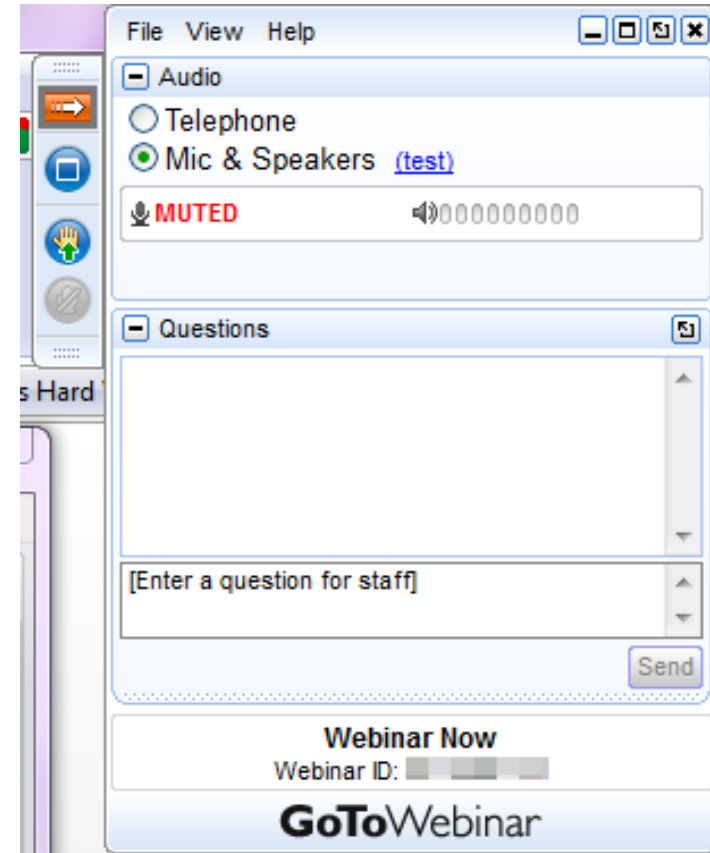
- I. Develop plan for recruiting mentors -recruiting mentors with AOD/system experience
- J. Develop plan for recruiting mentees
- K. Screen potential mentors
- L. Screen potential mentees
- M. Prepare mentors for match – training of mentors
- N. Prepare mentees and/or families for match – family engagement (potential barriers for resistance due to stigma)
- O. Match mentors and mentees
- P. Provide ongoing support and recognition – supporting mentors, increased risk for vicarious trauma
- Q. Supervise and monitor mentoring relationships
- R. Help mentors and mentees reach closure

Program Operations:

- S. Determine what elements of program progress to measure
- T. Determine how the program will measure progress and collect data
- U. Analyze evaluation data and use results to enhance program

Q&A

Type your questions in the question box:



Additional Resources



Affiliates

Affiliates serve as a clearinghouse for training, resources, public awareness and advocacy. Find your local affiliate here:

<http://www.mentoring.org/our-work/our-affiliates/>

Mentoring Connector

Recruit mentors by submitting your program to the Mentoring Connector

<https://connect.mentoring.org/admin>

National Mentoring Resource Center

Check out the [OJJDP National Mentoring Resource Center](#) for no-cost evidence-based mentoring resources

Remember...

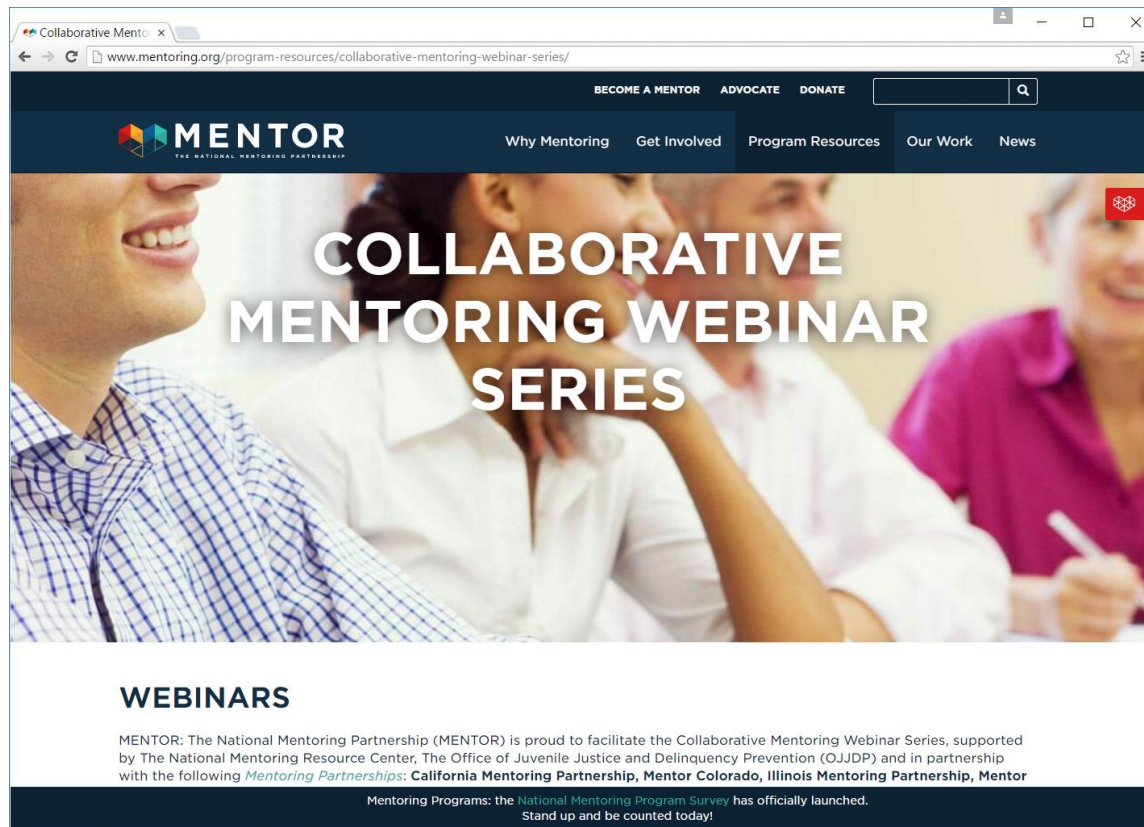
After the webinar:

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- Everyone will get an email with information on how to download the slides, recording, and resources on the CMWS webpage on the MENTOR website:

http://www.mentoring.org/program_resources/training_opportunities/collaborative_mentoring_webinar_series/

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- **Tweet** with hashtag #MentoringWebinar
- **Visit our webpage** on the MENTOR website for past and upcoming webinars:



The screenshot shows a web browser window displaying the MENTOR website. The URL in the address bar is www.mentoring.org/program-resources/collaborative-mentoring-webinar-series/. The page features a dark blue header with the MENTOR logo and navigation links: "BECOME A MENTOR", "ADVOCATE", "DONATE", "Why Mentoring", "Get Involved", "Program Resources", "Our Work", and "News". The main content area has a large image of four people smiling and talking, with the text "COLLABORATIVE MENTORING WEBINAR SERIES" overlaid in white. Below the image, the word "WEBINARS" is written in bold. At the bottom, there is a paragraph of text: "MENTOR: The National Mentoring Partnership (MENTOR) is proud to facilitate the Collaborative Mentoring Webinar Series, supported by The National Mentoring Resource Center, The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and in partnership with the following *Mentoring Partnerships*: California Mentoring Partnership, Mentor Colorado, Illinois Mentoring Partnership, Mentor Mentoring Programs: the National Mentoring Program Survey has officially launched. Stand up and be counted today!"

Collaborative Mentoring Webinar Series

Join Us Next Month!



Promoting STEM Engagement through Mentoring
July 18, 2019
1 - 2:15 pm Eastern



Collaborative Mentoring Webinar Series