

Perceptions of At-Promise Youth in a Therapeutic Youth Mentoring Program



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There is a need for mental health interventions for youth in the United States. Youth mentoring programs have proven to be successful in helping in a variety of aspects. The purpose of this phenomenological study was to gain insight into the lived experiences of participants in a therapeutic youth mentoring program. In addition to being paired 1:1 with a mentor, all of the youth had access to individual counseling with counselors-in-training throughout the program. The participants in this study were 14 youth, ages 11–15, who were considered “at-promise youth” if they were not reaching their full potential in the school setting and might be vulnerable to school dropout, substance use/misuse, and/or criminal behavior. All participants were interviewed at the beginning and end of a 12-week therapeutic mentoring program. Five themes emerged from the data: life stressors, self-awareness, trusting others, adaptability and resiliency, and hope for the future. Researchers observed an increase in participants’ self-esteem, self-efficacy, and problem-solving and coping skills. Implications for counselors, particularly those interested in adding a therapeutic component to traditional mentoring programs, are discussed along with suggestions for future research.

Keywords: mentoring programs, therapeutic, mental health interventions, at-promise youth, phenomenological

Because of a staggering dropout rate of 1.2 million students a year, as well as an increase of juvenile delinquency in the United States, there is a need for interventions that will help youth stay in school and out of the juvenile justice system (Weiler, Chesmore, et al., 2019; Weiss et al., 2019). Researchers have indicated that the absence of education, including students who do not graduate from high school, has led to an increase of youth experiencing health complications, substance abuse, social skill deficits, and premature death (Schoeneberger, 2012; Weiler, Chesmore, et al., 2019; Weiler et al., 2015; Weiss et al., 2019). In the past, youth exhibiting behaviors that might lead to juvenile delinquency were referred to as *at risk*. However, the term *at promise* is now utilized by organizations such as the California Education Code (McKenzie, 2019). The phrase *at-promise youth* describes youth who have the ability to reach their full potential with additional time and resources.

One way to help at-promise youth reach their full potential and feel more engaged at school might be connecting them with a young adult who understands their struggles. Youth benefit from enhanced connectedness to adults outside their immediate family to help them navigate through difficult times, and this relationship can be protective against suicidal behavior (King et al., 2018; Rhodes, 2002). Individuals within adolescent ecosystems have voiced the positive changes youth have experienced by participating in youth mentoring programs (Raposa et al., 2019). At-promise youth might benefit even more from youth mentoring programs that incorporate a therapeutic component to address mental health concerns they may be experiencing (Liang et al., 2013).

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Youth Mentoring Programs

Youth mentoring is a psychosocial intervention in which a nonparental adult and a younger individual aim to develop a supportive relationship (Karcher et al., 2005; Lund et al., 2019; Sacco et al., 2014; Weiler et al., 2013). During the mentoring program, the youth mentees experience a healthy environment, which often leads to them seeking out and learning to cultivate a healthier environment beyond the youth mentoring program. This shift in environment has allowed researchers to observe improvement in self-perception, social acceptance, parent-child interaction, and academic performance of youth participating in mentoring programs (Anastasia et al., 2012). Researchers have found that mentoring programs may also buffer against the impacts of youth exposed to adverse childhood experiences and improve behavioral, social, emotional, and academic outcomes (Centers for Disease Control and Prevention, 2019; David-Ferdon et al., 2016; Durlak et al., 2010; Tolan et al., 2014). The relationship between mentor and mentee is heavily credited to the success of youth mentoring, signifying the importance of the mentee picking a mentor similar to them (e.g., appearance, culture, interests).

Researchers discovered that both mentor and mentee benefit from the dyadic relationship when there is trust and the mentor is consistent, supportive, and encouraging instead of controlling (Marshall et al., 2016; Rhodes, 2002; Weiler, Boat, & Haddock, 2019; Weiler et al., 2015; Weiss et al., 2019). A mentor should be supportive and encouraging, especially when giving advice, which helps the youth to be open to a new perspective (Lund et al., 2019; Rhodes, 2002). Youth who participated in a positive mentoring relationship had increased feelings of connectedness with a trusted adult and higher rates of pursuing purpose (Lund et al., 2019). In addition, by the end of youth mentoring programs, the majority of mentees achieved a sense of self-worth and increased levels of intimacy, communication, and trust because of the dyadic relationship they had established with their mentors (Keller & Pryce, 2012; Rhodes, 2002).

Mentors and Youth Mentees

Research on youth mentoring programs has described mentees as individuals who are at risk, may have been in the juvenile justice system, or are in danger of offending or reoffending because of a variety of variables (e.g., substance use, academic failure, absences, aggressive behavior, family stressors) present in their lives (Cavell et al., 2009; Haddock et al., 2017; Weiler et al., 2013). Weiler et al. (2013) noted that more than 60% of the youth who participated in a mentoring program in their study had acquired at least a single charge with the juvenile justice system. Numerous researchers have discussed how the role of a mentor in a mentee's life helped the mentee with improved self-esteem, enhanced health, instilled hope for the future, and reduced reoffending behaviors (Raposa et al., 2019; Rhodes, 2002; Weiler, Boat, & Haddock, 2019; Weiss et al., 2019).

Training is required before being paired with a mentee to ensure the competency of the adult who will be mentoring the youth facing hardships. Anastasia et al. (2012) emphasized the importance of preparatory training and ongoing training so that mentors, who are not in a helping profession, will have the tools necessary to mentor an adolescent successfully. In the preparatory stage of training, mentors learn about maintaining safety, program rules, child-focused social problem-solving skills, and the activities that will be used throughout the program (Anastasia et al., 2012; Cavell et al., 2009).

At the same time, mentors may feel overwhelmed when mentees exhibit mental health issues, behavioral issues, or racial or socioeconomic differences that surpass their basic training and expertise (Marshall et al., 2016; Weiler et al., 2013). With a majority of the adolescents facing difficulties, it can be daunting for the mentor to provide adequate mentoring; therefore, ongoing training is imperative. Ongoing training is meant to help the mentor increase their effectiveness with their mentee (Anastasia et al., 2012), allowing the adult to seek guidance when they start feeling overwhelmed with their mentee's

behavior and actions (Keller & Pryce, 2012). Through ongoing training and interaction with their paired youth, the adult mentor gains a new level of insight and improved health, self-esteem, and self-awareness that they did not have before (Rhodes, 2002).

However, even with ongoing training, mentees may exhibit mental health needs that are beyond the average mentor's training and skill set. Liang et al. (2013) highlighted that mentees might benefit from receiving traditional therapy to help with their hardships. Therefore, some mentoring programs have added a therapeutic component incorporating trained mental health personnel to positively support both mentors and mentees (Weiler et al., 2013).

Therapeutic Component to Mentoring

Mental health professionals (e.g., counselors, social workers, psychologists) learn through their education how to be culturally competent, preserve client autonomy, and maintain an unbiased perspective that is crucial when trying to develop a mentoring relationship (Anastasia et al., 2012). Liang and colleagues (2013) emphasized how youth with therapeutic needs benefit from the way therapeutic guidance and a mentoring program complement each other. For instance, if a child is stressed about how to pay for college, then a mentor can help their mentee find resources, while a therapist could focus on teaching healthier coping skills to manage stress (Liang et al., 2013). Working in tandem allows for a two-dimensional approach, a noteworthy difference between therapeutic mentoring and traditional mentoring programs (Sacco et al., 2014).

Some therapeutic mentoring programs select mentors from a helping profession and provide additional training and supervision from trained mental health clinicians to create a more therapeutic setting for mentees (Johnson & Pryce, 2013). Other youth mentoring programs include a therapeutic component by incorporating additional staff consisting of mental health professionals, such as counselors-in-training (CITs), to directly address the mental health needs of mentees and support mentors (Sacco et al., 2014; Stark et al., 2021; Weiler et al., 2013). Therapeutic mentoring programs function as an intervention for youth who are engaging in risky behavior or have experienced trauma and other developmental issues (Johnson & Pryce, 2013; Sacco et al., 2014).

Litam and Hipolito-Delgado (2021) discussed how COVID-19 highlighted that communities of color have limited access to health care and education. Marginalized youth and their families may not seek mental health services at all or may be more prone to accept help from non-mental health professionals such as mentors (Dashiff et al., 2009). Therefore, an ideal youth mentoring program might have trained mentors from a helping profession who are supervised by mental health professionals, such as counselors, who are also available to meet with youth throughout the mentoring sessions. However, many mentoring programs are volunteer-based and this may limit access to mental health professionals. In addition, there is a shortage of mental health professionals prepared to work with youth (Dashiff et al., 2009) and there is a treatment gap for mental disorders in children (Patel et al., 2013).

Often youth have access to counselors in their schools, but researchers have found that school counselors report that they have limited time to address ongoing mental health needs (Carlson & Kees, 2013). Litam and Hipolito-Delgado (2021) encouraged counselors to use creative strategies such as reduced or no-cost services when working with communities of color. Dashiff and colleagues (2009) stressed that "innovative strategies of service delivery are needed" when working with youth who may come from poverty or areas with limited access to mental health services (p. 29). Partnering with a university, with a plethora of CITs needing supervised client hours, is an innovative and low- or no-cost approach. In this scenario, the mentor takes on a therapeutic role with their mentee, but the

CIT is available to address and process ongoing mental health concerns. Incorporating CITs in a youth mentoring program allows both mentor and CIT to work together to create an environment in which youth feel safe, encompassing a secure attachment to the therapeutic program (Sacco et al., 2014).

The CIT's position facilitates insight and awareness for the youth while offering tools that will help them reach their therapeutic goals (Johnson & Pryce, 2013; Sacco et al., 2014). The role of the mentor is to serve as a role model and advocate while maintaining open communication with the CIT to facilitate necessary therapeutic modifications (Sacco et al., 2014). Some researchers have found that as the mentor models healthy behavior, the youth will eventually begin to display a healthier interpersonal and intrapersonal self (Johnson & Pryce, 2013; Sacco et al., 2014). Overall, mentoring programs appear to be an effective intervention for youth that could also benefit from the incorporation of a therapeutic component.

Despite the amount of research being done to understand the relationship between mentor and mentee from different perspectives, there is less data that examines the participants' lived experiences of a therapeutic youth mentoring program that includes CITs. The purpose of this study was to examine and gain further insight into participants' lived experiences with a therapeutic youth mentoring program—specifically, a therapeutic youth mentoring program in which the mentors had additional training and supervision in mental health areas and additional support was provided by CITs while under supervision. The overarching question for this study was: What were participants' lived experiences prior to and after participating in a therapeutic youth mentoring program?

Methodology

Phenomenology was utilized in this study to gather and analyze data in order to better understand participants' lived experiences in a therapeutic youth mentoring program. According to Trusty (2011), "if little is known about a research area or target population, it is likely that a qualitative study would be needed first" (p. 262). Although some research has been conducted with participant perceptions of youth mentoring programs, there is less research with therapeutic mentoring programs; therefore, a qualitative approach was deemed appropriate.

Therapeutic Youth Mentoring Program

The therapeutic youth mentoring program in this study was at a university in the Rocky Mountain region of the United States and utilized the theoretical framework of Campus Corps (Weiler et al., 2013, 2014), now called Campus Connections (CC). CC is an innovative licensed program combining practices from mentoring, after-school programming, and integrated mental health. CC mentors were recruited and selected from a variety of undergraduate disciplines across campus, with more than half being from counseling and human services, psychology, or education majors. All mentors attended an orientation and background screening prior to being accepted for the program. The mentors who were selected spent the first 3 weeks of the semester in intensive training with counselor educators, who were also licensed professional counselors, to learn about child abuse reporting, ethics of working with minors, crises and trauma, and basic counseling skills. Potential mentees were referred by local school counselors and attended an intake with their guardians to go over the format of the program. Mentors created profiles about themselves that were utilized during the intake so that mentees could select their mentor based on preferences.

Once mentees were paired with mentors, the faculty and staff looked at the information provided by caregivers and counselors, demographics, and other relevant information to create diverse mentor

families. Each mentor family consisted of approximately three mentor/mentee pairs. In this study, there were a total of three mentor families and each family was assigned a mentor coach. The mentor coaches were graduate-level counseling students who provided their mentor family with support throughout the semester. In addition, four graduate-level CITs were selected to provide ongoing counseling to mentees throughout the therapeutic mentoring program. All CITs were in their last semester of graduate studies and met weekly with counselor educators for supervision. Two counselor educators and supervisors, also licensed professional counselors, were also present each evening of CC to support mentees, mentors, and CITs.

All youth participated in the 12-week CC therapeutic youth mentoring program that met on the university campus, once a week for 4 hours. This therapeutic youth mentoring program was designed to bring youth to a college campus to help them become more comfortable and familiar with future college and career goals. Youth followed a schedule that consisted of:

- working for 60 minutes with their mentor on academic and study skills.
- going on a 30-minute “walk and talk” to learn about different locations on the university campus each week.
- participating in a 30-minute family-style meal at the dining hall with their mentor family.
- choosing two 45-minute prosocial or social justice activities.

The prosocial and social justice activities were directed at helping youth learn skills and concepts such as resiliency, coping, inclusiveness, and empathy. These activities were adapted from a manual created by the founders of CC. Each evening, two 45-minute lessons were facilitated by our graduate assistants and CITs and covered topics around the “Big 8” identities (i.e., gender/sex, race, class/socioeconomic status, sexual orientation, ethnicity, religion, age, and ability). Some examples of the activities included: Backpack, an activity adopted from Peggy McIntosh’s (2003) *The Knapsack*, that examines privilege and societal benefits; Build a House, an activity designed to illustrate the differences in resources that people have based on socioeconomic status; and Pink, Blue and Purple, an activity designed to discuss assumptions made about gender.

At any point throughout their time on campus, mentors or mentees could request for the youth to have time to meet with a CIT. CITs also routinely set up check-ins with all mentees and were present throughout the entire process. Often the CITs would help with the after-dinner activities if youth weren’t requesting to meet 1:1. The participants in this study engaged in a total of 720 minutes of counseling with the average youth receiving 50 minutes of individual counseling.

Participants

This was a purposeful sample of at-promise youth participating in the same CC therapeutic youth mentoring program in the spring of 2019. Of the 18 youth enrolled in CC, 14 youth agreed to participate in the research study. The participants in this study consisted of 14 youth, ages 11–15, with the following demographics: 71% male, 21% female, and 7% transgender/gender-expansive; 57% White, 29% Black/African American, 21% Hispanic/Latino, 14% American Indian/Alaska Native, and 7% Asian; and approximately half on free and reduced lunch. School district partners were asked to consider and recommend at-promise youth if they were not reaching their full potential and might be vulnerable to school dropout, substance use/misuse, and/or criminal behavior. Local school counselors submitted referrals based on this criterion for youth to participate in CC. Participation was voluntary and participants could remove themselves from the study at any time throughout the process.

Procedures

At-risk youth are considered a vulnerable population and therefore researchers must contemplate ethical considerations. Our research team went through a full IRB process to ensure youth participants were being treated with the highest ethical considerations. After obtaining IRB approval, informed consent and assent was secured and two audiotaped interviews were conducted with all participants—one at the beginning of the 12-week mentoring program and one 12 weeks later at the end. Semistructured interviews are progressive in design (Merriam, 1998); they allow the researcher to formulate questions ahead of time and adjust the questions based on the participants' responses (Guba & Lincoln, 1989). Participants were asked a series of open-ended questions that were similar across interviews, such as how a mentor has helped them, their feelings about being on a college campus, and thoughts on meeting with a CIT (see Appendix for a complete list of interview questions). The final interview allowed the participants to describe their experience working with a mentor and CIT and their perceptions of meeting on a university campus each week for 12 weeks.

Our research team consisted of three PhD-level counselor educators, Diane Stutey, Lori Notestine, and Joseph Wehrman; one counselor education doctoral student, Kim Severn; one staff member in master's-level student affairs and higher education, Molly Cammell; and two graduate students in counseling, Abigail E. Solis and Kodi L. Enkler. All members of the research team were present throughout the 12-week therapeutic youth mentoring program. We met on a regular basis to discuss the research protocol and any potential conflicts of interest or ethical concerns, ensuring trustworthiness of the study.

Data Analysis and Trustworthiness

All data were collected by the research team and Solis transcribed all the interviews. Data were analyzed and independently coded by Stutey, Solis, and Severn, utilizing Merriam's (1998) two-level approach. After each researcher independently coded all the transcripts, we met to discuss and agree upon emerging themes. After data was further analyzed and organized to support each of the themes, we met again to come to consensus on the themes. Any disagreement of themes or supporting data was discussed until consensus was reached.

Several techniques were used to ensure the trustworthiness and rigor of data collection and analysis (Guba & Lincoln, 1989; Merriam, 1998). Stutey, Solis, and Severn independently coded the data and each kept their own researcher journal. To establish dependability and conformability, an audit trail was created (Lincoln & Guba, 1985). Notestine and Enkler served as peer reviewers and assisted Stutey, Solis, and Severn by providing feedback at various points. Peer reviewers were given access to initial emerging themes, final themes, researchers' journals, and coding documentation to inform the feedback provided to Stutey, Solis, and Severn throughout the data collection and analysis process.

We also used *bridling* to establish trustworthiness and acknowledge the researchers' prior and current experiences. Often qualitative researchers will use bracketing in an attempt to manage their understanding of or experience with a phenomenon. However, bridling encourages ongoing researcher reflexivity and is meant to be more intentional, with researchers maintaining openness and revisiting assumptions throughout the research process (Dahlberg, 2006; Vagle, 2009). Stutey et al. (2020) described bridling as "an ongoing reflective practice that takes place before, during, and after data collection" (p. 124). Bridling was chosen over bracketing because the researchers had personal and professional experiences with at-risk youth, making it unlikely to put aside all biases and assumptions. Development of a researcher's stance and review of researchers' journals were utilized throughout the data collection and analysis to bridle and manage researchers' biases and assumptions.

Findings

In total, five themes emerged from the participant interview data: life stressors, self-awareness, trusting others, adaptability and resiliency, and hope for the future. In order to be considered a theme, at least seven out of the 14 participants had to endorse the theme. Within each theme, there were two to three aspects that were discussed by participants. Each of the themes is discussed in this section, and a sample of participant quotes is provided as evidence of each aspect of the theme. Participants all chose pseudonyms that were used throughout the research study.

Figure 1

Summary of Themes

Themes	Aspects of Themes
Life Stressors	<ul style="list-style-type: none"> • School • Peers/Bullying • Mental Health
Self-Awareness	<ul style="list-style-type: none"> • Positive Self-Image • Accomplishments
Trusting Others	<ul style="list-style-type: none"> • Qualities of a Trusted Mentor/Adult • Feeling Understood or Heard
Adaptability and Resiliency	<ul style="list-style-type: none"> • Social-Emotional Growth • Coping Skills
Hope for the Future	<ul style="list-style-type: none"> • Realistic Goals for School • Future Careers • Impact on Others

Life Stressors

The first theme of life stressors was endorsed by all 14 participants. This theme was defined as participants’ lived experiences of how stressors in their lives were negatively impacting them. Many of the participants shared in the first interview that they were overwhelmed and a bit confused about being on a college campus. Participants were not sure why they were selected for the therapeutic mentoring program or what they might need help with beyond academics. Participants endorsed three aspects of life stressors in the areas of school, peers/bullying, and mental health.

School

In the initial interview, participants discussed wanting to get straight As and that math was a particularly tough subject area for them. Ball stated, “I really struggle with math. I don’t know why it’s always been something that’s really hard for me.” JT shared that they “have to get straight As” and indicated that if they did not, they would “get kicked out.” Tristonion said, “Right now, I really don’t have the motivation to try in school.”

Other participants struggled with certain teachers, behavior at school, or homework. Josh Billups shared, "Sometimes I'm afraid to talk to my teachers . . . talking to adults is kind of hard." Drift King stated that they had problems in several areas, such as "not studying, not getting most of the work done, not understanding the work, too afraid to ask teachers, raise my hand, or [ask] questions." Many participants said that they "don't like homework" and that they also struggle in school because they "talk too much," are "not turning in assignments," and find it "really hard . . . to focus." School and academic success were important to the majority of the participants in this study.

Peers/Bullying

Besides academic stressors at schools, participants shared that they sometimes struggled with bullies and many shared having a lack of peer or other support in school. Bam shared that they struggle at school because of "getting bullied and having nobody to talk to . . . somebody told me to go commit suicide." Isabel stated that there is a lot of "drama . . . and getting bullied" at their school. Isaiah shared feelings of isolation: "Kids were being mean and stuff so I just went and sat [alone]." Others shared that they have been called "a snitch," "Bible head," and "God" by students in their schools that they perceive as bullies. Participants felt they could discuss these matters with their mentors and/or CIT and seek their advice.

Mental Health

Participants also discussed areas of stress that impact them at school such as learning difficulties and specific physical and mental health issues. DTS shared, "I have ADHD . . . and it's hard getting back on the schedule taking pills every day." Several participants mentioned struggling with symptoms associated with depression. Isabel stated, "I've had a lot of surgeries and I have really bad anxiety and depression." Isaiah discussed that "everyone is mean to me" and shared that they "don't have a good memory." Many participants mentioned that they were using the mental health services of their school counselor and/or the CIT provided through CC but sometimes felt just as comfortable talking to their mentor.

Self-Awareness

The second theme that emerged from this study was self-awareness. This theme was endorsed by 13 of the 14 participants and is defined as participants' lived experiences of becoming more self-aware after participating in the 12-week therapeutic mentoring program. When asked about how others perceived them, participants tended to initially interpret that teachers and caregivers might have negative views; often these views were opposite of those that they held about themselves or they perceived peers had about them. After participating in the therapeutic mentoring program, youth seemed more open to talking about their strengths and shared more positive comments about themselves and their accomplishments. Participants endorsed two aspects of self-awareness: positive self-image and awareness of accomplishments.

Positive Self-Image

Many of the participants shared a negative self-image in the initial interview. After spending time in the therapeutic mentoring program, they viewed themselves, and perceived that others also viewed them, in a more positive light. Andrew shared, "I learned you don't have to be bad to get where you need to be. You don't have to be dangerous for people to like you." Jeffy stated, "I've been focusing on my schoolwork instead of messing around all the time. And [I'm] thinking before I do something . . . less getting in trouble." Josh discussed how their image had changed since participating: "Back then I was kind of mean, but [the program] kind of helped me change that . . . I have a lot more friends now."

Several participants shared that they were getting along better with others and being “more social now,” were “able to talk and interact with other people,” and were “opening up to more people.” Several participants attributed this shift in their self-image to having a mentor and/or CIT who unconditionally accepted them.

Accomplishments

Along with viewing themselves in more positive ways, many participants shared what they had accomplished during this semester. Andrew stated, “I used to fight a lot and now we [mentor and me] have a goal not to fight. I haven’t fought since.” Drift King shared, “I know that I’ve got to take it [school] seriously. There’s a lot more stuff that I can accomplish in life.” Isaiah discussed that their grades had improved and “I just got accepted to be a web leader.” In fact, many participants shared improvement in their overall well-being, grades, and relationships with peers: “I’ve been more happy,” “Now I have three As and four Bs,” and “I would describe myself as really helpful and caring about other people.” Participants seemed proud to share these accomplishments and were often smiling during the final interview as they discussed ways they had seen improvement.

Trusting Others

The third theme to emerge was trusting others. This theme was endorsed by 12 of the 14 participants and is defined as participants’ lived experiences with learning to trust others, especially adults. In the initial interview, the participants were unsure of some of their relationships and especially expressed a disconnect with adults. Many participants said that they did not always ask for help or they had some past negative experiences with adults and peers. After participating in the therapeutic youth mentoring program, many participants reported having a trusting relationship with their mentor, and a few with other adults supporting the program, such as mentor coaches and CITs. There also seemed to be some shift in participants having better relationships with peers and other adults outside of the therapeutic youth mentoring program. Participants shared two aspects of trusting others: qualities of a trusted mentor/adult and feeling understood or heard.

Qualities of a Trusted Mentor/Adult

Many participants shared that they perceived their mentors as someone who will “always be there for you.” Andrew shared, “We had a lot in common. So, I can talk to her and she’ll know the answer.” Ball shared, “I just get someone to talk to other than my parents and friends . . . [he’s] a helpful person that gets you through bad times.” Drift King stated, “They help you with anything I need: anger management, class, social skills, school, someone to talk to like a counselor.” Participants described mentors as “cool,” “funny,” “nice,” “friendly,” “chill,” and “helpful.”

Participants were also asked about their perceptions of meeting with a counselor before and after participating in the therapeutic mentoring program. The majority of the participants shared positive experiences they have had with counselors both at school and during the therapeutic mentoring program, stating they helped “when I’m having a bad day,” “after my Grandpa died,” and “when I was being bullied.” Only one participant, Isabel, mentioned that she trusted the CIT more than her mentor: “She’s super there for me, and I only want to talk to her about my problems, because I don’t feel like I really know any other counselors.” Andrew seemed confused about the roles of the different adults at the therapeutic mentoring program: “I thought they were all like mentor and mentor coaches.” After clarification, he shared that the CITs “bring you up . . . if you are feeling down or unhappy.” Although there may have been some initial confusion about the difference between the CITs and coaches, it seemed that most participants felt comfortable seeking counseling support as needed.

Feeling Understood or Heard

In addition to sharing qualities that they appreciated about their mentors, participants shared that a mentor is someone who understands them and makes them feel heard. Drift King shared, "I feel like they've been through it too, tough times and they succeed . . . I feel they can help you." Jeffy stated, "We're really similar, he's kind of like me. They talk about your weekend . . . and make you feel happier if you had a bad day." Rene discussed how her mentor "supports me, like if I have a really bad day she helps me out to have a better rest of my day."

Adaptability and Resiliency

The fourth theme that emerged was adaptability and resiliency. This theme was endorsed by 10 out of the 14 participants and is defined as participants' lived experiences of the ways in which they were adapting to some of the stressors that they had shared in the first interview. Participants discussed what they had learned in the therapeutic mentoring program, and often the new resiliency skills seemed connected to experiences with their individual mentor. Participants endorsed two major aspects of this theme: social-emotional growth and coping skills.

Social-Emotional Growth

Participants shared ways in which they had grown socially and emotionally over the semester. DTS shared, "I made some new friends." Isaiah stated, "I open up to new people." Bam discussed how their mentor helped them "get through rough times." Many participants shared that working with their mentors helped them "deal with stress," "learn how to socialize," and "make the right decisions." Several participants were hesitant to even attend CC initially and by the end, they expressed that they were sad to leave because of the social and emotional connections.

Coping Skills

Participants also perceived they had better coping skills and strategies for how to approach a variety of problems. Andrew stated, "Yesterday there was a fight, and I didn't go . . . [my mentor] said, 'You can always walk away.'" Josh shared that they learned various coping skills such as better "communication skills and knowing people who will help me and be respectful . . . it's helped me be able to talk and interact with other people." Tristonion added, "Well, this place teaches us to calm down." Participants shared that they also "started focusing," "doing good deeds," and "hang[ing] with other people." Several participants shared that the coping skills they were using they had learned either from their mentor or the CITs during 1:1 time or in prosocial activity time.

Hope for the Future

The fifth and final theme that emerged was hope for the future. This theme was endorsed by 13 of the 14 participants and is defined as participants' lived experiences surrounding their future hopes and plans. Many participants in the initial interview had lofty goals that did not always seem realistic (e.g., become an NBA or NFL player). Participants also emphasized the importance of having perfect grades and that this is how they would know they were successful. After participating in the therapeutic mentoring program, participants shared what they had learned and their hopes for the future. The three aspects of this theme centered around setting realistic goals for school, the importance of future careers, and the impact they could have on others.

Realistic Goals for School

At the end of this study, many participants reported improvement in grades but were not stressing about perfection as much. Participants were setting more realistic goals for themselves with school. Drift King shared they were planning ahead for high school and would "take it more seriously than

middle school . . . to get the credit to actually graduate.” Super J stated about meeting with his mentor, “It’s probably going to help me be successful at college because they show you how important it is to not give up.” JT discussed how doing well in school would allow them to continue to wrestle and “get first place again.” Many participants seemed to have learned from their mentor and/or CIT more about the college process and what they needed to do now in order to reach future goals.

Future Careers

Participants were also more interested in what it might take for them to meet their future career goals. Isabel stated, “In September I’m getting my first job . . . and once I graduate high school, I want to be a lawyer in the Air Force.” Josh stated, “I want to get the highest grades I can so I can do activities and get into higher classes to set myself on the right foot for the future.” Josh mentioned the importance of “getting a good education . . . going to college and get[ting] a job.” This youth was considering a variety of occupations such as construction worker or firefighter. Some of the participants even mentioned that after working with their mentor they wanted to “go to college here” and realized that college might help them “be able to have a good job and a good house.” Participants seemed to be making the connection between college and career based on conversations with their mentor and/or CIT.

Impact on Others

At the same time that participants were discussing their hopes for the future, there were many who also wanted to have an impact on others. Isaiah knew that they wanted to help people and discussed a variety of ways they might do this by being a “teacher, nurse, or school counselor.” Rene was not sure if they wanted to help people or animals, so they were considering “being a veterinarian or a doctor.” Finally, Super J shared, “I kind of want to help other kids—like to be an orthodontist and help kids and fix their teeth.” It is important to note that the majority of the undergraduate mentors are in human services and helping degrees so this may have influenced their mentees on some level.

Discussion

The overarching question for this study was: What were participants’ lived experiences prior to and after participating in a therapeutic youth mentoring program? In this section, the findings are discussed as they relate to answering this overarching question. Furthermore, a discussion of how these findings support and add to the literature on therapeutic mentoring programs is provided.

Consistent with prior research studies on mentoring programs, the participants in this study shared that having a mentor had a positive impact on their overall behavior (DuBois et al., 2011; Tolan et al., 2014; Weiler et al., 2015). Specifically, participants indicated more adaptive and resilient thinking after participating in the youth mentoring program. Lee et al. (2012) indicated that resilience is not fixed but can be learned and fostered through the protective factors in a child or adolescent’s life. Being able to walk away from a fight or potentially violent situation and asking adults for help were two of the outcomes participants described. A few participants even cited the therapeutic youth mentoring program as the reason why they have developed better coping strategies to better handle the stress they feel in their daily lives.

Another finding consistent with the research on mentoring programs was that participants acknowledged the significance of the primary mentoring relationship (Weiler et al., 2015; Weiss et al., 2019). One significant finding between the initial and final interview was the participants’ shared perspective that they trusted their mentor and the other adults supporting the youth mentoring program (e.g., mentor coaches and counselors). Griffith and Larson (2015) stated that when youth have

trusting relationships with adults they become “deliberate agents of their own development” (p. 791). Mentors and CITs supporting the youth mentoring program helped to facilitate this development of trust by being present, participating in dialogue, and leading prosocial activities with the youth.

Many participants also described that because of the trust they developed with their mentor, they were able to also trust other adults in their lives, specifically parents, counselors, and teachers. When adolescents have a trusting relationship with at least one adult in their life, help-seeking behavior increases for the youth as well as their immediate peer group (DeLay et al., 2016). Although the majority of the participants shared the positive impact of having a therapeutic component to this youth mentoring program, five of the 14 participants still shared in the final interview that they were hesitant to meet with a counselor (either at school or at the therapeutic mentoring program). Haddock and colleagues (2017) posited that youth who participated in CC might be embarrassed to share about their experiences with counselors. It is important to note that some of the youth participants also did not make the distinction between CITs and mentor coaches. So, more clarity on the role of CITs in youth mentoring programs may be needed.

However, the mentors in the CC therapeutic mentoring program do learn some basic counseling skills and are also trained in crisis intervention. Although development of the relationship with the counselor may be an area of further examination with therapeutic mentoring programs, it seemed that many of the participants felt comfortable discussing mental health issues with their mentors who were being supported by counseling professionals.

Researchers have discovered that when mentees do develop a positive perception of support, this can lead to an increase in academic attitudes and self-esteem, lower frequencies of problem behaviors, and thinking more positively about the future (Chan et al., 2013; Haddock et al., 2017; Raposa et al., 2019; Weiler et al., 2014). In this current study, not only did participants indicate that their grades improved, but they also began to develop a more balanced outlook concerning school and their future college and career goals. Similarly, Weiss and colleagues (2019) discovered that positive academic mentoring relationships help youth find hope for the future and instill a belief that college and career goals can be reached.

In the initial interview, many participants discussed their perceived barriers and stressors to academic and life success, such as learning and mental health challenges. Haft and colleagues (2019) discovered that participation in a peer-mentoring program resulted in reduced depressive symptoms and increased self-esteem in youth with ADHD and learning disabilities. Relatedly, participants in our current study talked more openly about their strengths and hopes in the final interviews, demonstrating more self-awareness, fewer depressive indicators, and a higher sense of self. Perhaps gaining more hope and a higher sense of self led the participants to also focus on ways in which they might positively impact others. This finding is interesting considering that Briggs et al. (2007) posited that some youth might seek out opportunities to volunteer to help others in order to increase their self-worth.

Implications

There are a number of implications of these findings for counselors, particularly those interested in adding a therapeutic component to traditional mentoring programs. First, although many youth mentoring programs have historically focused on the connection between mentor and mentee (Marshall et al., 2016; Rhodes, 2002; Weiss et al., 2019), the results of this study indicate a significant benefit related to the additional attention to the mental health needs of mentees. Throughout the

12-week period, mentees had the opportunity to engage with mental health professionals in a non-threatening context. This added therapeutic component appeared to provide an additional support toward the connections the youth developed with trusted adults.

Another important implication emerging from the results points to the increase in self-esteem and self-efficacy in the context of the variety of relationships and settings available to the youth mentees. A number of youth reported they could envision themselves going to college in the future after having spent time on a college campus and being exposed to a wider variety of career options. Mentoring programs may find value in creating pathways to career and college exposure supported by trusted adults, such as mental health counselors.

An increase in problem-solving and coping skills is an additional finding with significant implications for youth mentoring programs. Most of the youth interviewed shared varied experiences in the program that resulted in developing new ways of adapting to life stressors. This theme emerged in various ways for the youth, indicating that it may be effective for other programs to integrate a variety of experiences, such as psychoeducational and therapeutic components, that focus on adaptive and resiliency skills.

Mentoring programs are important in aiding struggling youth but often fall short because of a lack of resources and consistency and an inability to address the mental health needs of mentees (Weiler et al., 2013). Including counselors and incorporating a therapeutic component in youth mentoring programs may be beneficial to both youth and their mentors. The implications of adding a therapeutic component in youth mentoring programs and psychoeducational activities on a college campus are extensive and indicate that further development and research are imperative.

Limitations and Future Research

There are several limitations within this current study. One limitation is that youth reported initial reluctance to participate in the research portion of the program. For many youth, participating in an individual qualitative interview was a novel experience and establishing rapport was often contingent on the overall volume of engagement. It may be helpful to allow the youth to have their mentors present during the interview because they are a trusted adult.

Further, a few participants expressed confusion regarding the difference in roles between the mentors, CITs, and mentor coaches. Youth and their caregivers do go through a formal intake process, but perhaps further psychoeducation or an orientation for youth on the different roles, in particular of the CITs, would be helpful. In addition, youth only participated in an average of 50 minutes of 1:1 counseling across the 12 weeks. However, there were many times they were interacting with CITs in small groups and large classroom guidance, similar to school counseling. Future studies with therapeutic mentoring programs could provide better clarification on the role of CITs and perhaps provide more structured weekly 1:1 counseling time with all participants.

Additionally, follow-up interviews with youth participants could help determine if identified change behaviors and attitudes continue to persist over time. In particular, it would be interesting to see if youth were more likely to reach out to their school counselor and/or counselors in the community after participating in a therapeutic youth mentoring program. Several participants mentioned they had never met with their school counselor and/or an outside counselor and that meeting with the CIT at CC was their first experience with individual counseling.

Lastly, future research regarding the experiences of mentors, parents, and key stakeholders in participants' lives (e.g., teachers, parole officers, case workers, school counselors) could provide greater validity and confirmation of universal themes and experiences generated by the therapeutic youth mentoring program. A follow-up quantitative or mixed methods study could confirm and further validate key findings.

Conclusion

Mentoring programs are an effective mental health intervention for at-risk youth, and the addition of a therapeutic component might further enhance this intervention. A qualitative study was conducted to analyze youth's lived experiences before and after participating in a therapeutic youth mentoring program. The participants in this study consisted of a diverse group of youth who were interviewed at the beginning and end of a 12-week therapeutic mentoring program. In addition to being paired 1:1 with a mentor, all of the youth had access to individual counseling with CITs throughout the program. The five themes that emerged from the data were life stressors, self-awareness, trusting others, adaptability and resiliency, and hope for the future. Some aspects discussed within these themes included peers/bullying, positive self-image, feeling heard or understood, social-emotional skills, and future careers. Researchers observed an increase in self-esteem, self-efficacy, and problem-solving and coping skills in the youth. Finally, youth participating in the therapeutic mentoring program perceived a benefit of having additional attention given to their mental health needs.

Conflict of Interest and Funding Disclosure

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Appendix

Pre Semi-Structured Interview

1. Tell me what you already know about Campus Connections or having a mentor.
2. Describe a typical day or week at school.
 - a. What do you enjoy?
 - b. What is something you struggle with?
3. What are some ways you think having a mentor could help you (at school, home, in life)?
4. What are your future goals or plans?
 - a. For middle school
 - b. High school
 - c. After high school
5. What is something that is preventing you from achieving your goals or future plans?
 - a. How could your mentor help you with these challenges?
6. Tell me about your thoughts/feelings about being on a college campus.
7. What kind of jobs or careers are you thinking about?
8. What are your thoughts on meeting with a counselor?
 - a. Can you describe a time when a counselor helped you?
9. How do you think people would describe you?
 - a. Teachers?
 - b. Parent or guardians?
 - c. Peers?
10. How would you describe yourself?
11. What is something you wish people knew about you?

Post Semi-Structured Interview

- ** Remind the student of the pseudonym they chose and ask if they want to keep or change this.
1. Tell me what you now know about Campus Connections and having a mentor.
 2. How would you describe your mentor?
 3. Tell me a story about your favorite thing about Campus Connections? Least favorite?
 4. Describe a typical day or week at school.
 - a. What do you enjoy?
 - b. What is something you struggle with?
 5. What are some ways you think having a mentor and participating in Campus Connections helped you?
 - a. At school
 - b. At home
 - c. In life
 6. What are your future goals or plans?
 - a. For middle school
 - b. High school
 - c. After high school
 7. What is something that has been preventing you from achieving your goals or future plans?
 - a. Describe how your mentor helped you with these challenges.
 8. Tell me about your thoughts/feelings about being on a college campus.
 9. What kind of jobs or careers are you thinking about?
 10. What are your thoughts on meeting with a counselor?
 - a. Can you describe a time when a counselor helped you?
 11. How do you think people would describe you?
 - a. Teachers?
 - b. Parent or guardians?
 - c. Peers?
 - d. Mentor?
 - e. Counselor?
 12. How would you describe yourself?
 13. Are there things about you that you think have changed/improved since joining Campus Connections?
 14. What is something you wish people knew about you?
 15. What else would you like me or others to know about Campus Connections?