



Mentoring Children in Foster Care Impact on Graduate Student Mentors

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Abstract

Fostering Healthy Futures (FHF) is a randomized controlled trial of an intervention for preadolescent youth placed in foster care because of maltreatment. As part of the FHF program, graduate students spend sixteen to twenty hours per week mentoring two youths in foster care and receiving intensive training and supervision. During summer and fall 2009, fifty of the fifty-two mentors who participated in the FHF program between summers 2002 and 2008 completed an online survey. Almost all reported that their participation in the FHF program was helpful or very helpful in training them to work with high-risk children and families, diverse communities, multiple systems, and other professionals. Qualitative analyses of mentors' responses to open-ended questions yielded several salient themes.

Mentoring Children in Foster Care

MENTOR/The National Mentoring Partnership reports that more than seventeen million young people in the United States need or want mentoring, but that only three million are in formal, high-quality mentoring relationships (MENTOR 2009). Children who have been maltreated and placed in foster care (about half a million children in this country) may have a particularly strong need for mentoring. Unfortunately, those youths may also be less likely to acquire a mentor or to have a sustained relationship with a mentor once matched, due to several complicated structural issues including: 1) the inability to conduct school-based mentoring with

children in foster care, who attend schools throughout a given region and frequently change schools as their placements change; 2) the need for someone to sign up a child for a mentoring program when there may not be any permanent parent or guardian to identify that need; 3) issues regarding who has the right to approve a mentor for a child in state or county custody; and 4) the reality that placement changes, reunification with biological parents, or both may pose challenges to a sustained mentoring experience.

In addition to structural issues, children who have experienced maltreatment and been placed in foster care have high rates of mental health, behavioral, social, emotional, and academic problems (Clausen et al. 1998; Courtney et al. 2005; dosReis et al. 2001; Garland et al. 2001; Harman, Childs, and Kelleher 2000; National Survey of Child and Adolescent Well-Being 2009a, b). Maltreated children in foster care, having also experienced significant trauma and loss, may be hesitant to trust adults and form positive relationships quickly.

All those issues were taken into consideration during the development of the FHF program, a randomized controlled trial of a preventive intervention for nine- to eleven-year-old maltreated children in foster care. The FHF intervention consisted of mentoring by graduate students and participating in a thirty-week therapeutic skills group. Each year, from 2002 to 2008, the FHF program enrolled a new cohort of children and mentors.

FHF Mentoring Program

The mentoring component of the FHF program provided nine months of one-on-one mentoring for each child. Mentors were graduate students who received internship-practicum credit for their mentoring activities. Paired with two children, they spent two to four hours of individual time per week with each child. They also transported children to and from a weekly skills group that was part of the FHF program and had dinner with the children afterward. The training and supervision activities described below were designed to support mentors as they 1) created empowering relationships with children by serving as positive examples for future relationships; 2) ensured that children received appropriate services in all domains and served as a support for children who faced challenges within various systems; 3) helped children generalize skills learned in weekly skills groups to the “real world” by completing weekly homework assignments; 4) engaged children in a range of extracurricular, educational, social, cultural, and recreational activities; and 5) promoted attitudes that fostered a

positive future outlook. All the mentoring activities employed by mentors were individually tailored for each child, based on the children's presenting problems, strengths, and interests, as well as their family and placement characteristics.

Mentor Selection, Supervision, and Training

The FHF program decided to recruit graduate students as mentors for several reasons. First, many not-for-profit mentoring agencies reported difficulty in recruiting and retaining high-quality, invested mentors. Graduate students were considered more likely than undergraduates to understand the challenges inherent in mentoring youth in foster care and more likely to fulfill a nine-month commitment to working with these high-risk youths. Second, FHF mentoring, designed to be goal directed and advocacy based, required mentors who could commit to significant training (and case management) hours in addition to hours spent in face-to-face interactions with youth. Graduate students completing their internships or practica on the FHF project were more likely to have the time and interest in providing this type of intensive mentoring, and the in vivo training with a foster care population provided an excellent fit with their training and interests. Finally, the FHF program was housed at the Kempe Center for the Treatment of Child Abuse and Neglect (Kempe). Kempe has a long history of training professionals to work with families impacted by maltreatment. A program that incorporated training for graduate students as they worked with children in foster care was an excellent fit for Kempe's mission.

FHF program staff conducted interviews with select graduate students who applied to the FHF program. Successful applicants were open to learning; possessed an interest in working with pre-adolescent children; showed initiative and motivation; displayed strong interpersonal skills; and demonstrated clinical insight. The graduate student mentors spent approximately sixteen to twenty hours per week on the FHF program, which satisfied their internship and practicum requirements. Mentors participated in a three-day orientation at the beginning of their field placement. During the orientation, mentors were trained in methods for setting limits, establishing and maintaining appropriate boundaries, working with different cultures, and protecting confidentiality.

The FHF program also provided mentors with intensive training and supervision throughout the academic year during which the mentoring took place. The ongoing training-supervision activities described below were designed to support, scaffold, and guide the interns' mentoring and advocacy activities and to foster mentors'

professional development. In addition to the scheduled meetings described below, the mentors' supervisors were available by cell phone at all times for help and support in emergency or crisis situations, or for non-crisis support and debriefing outside regularly scheduled supervision.

- *Individual Supervision.* Each mentor received one hour of individual supervision weekly. Supervision focused on helping mentors develop a solid foundation of clinical skills and included discussion of issues related to professional development and implementation of the mentoring component of the FHF intervention in ways that would maximize children's benefit from the program. Supervisors guided mentors as they identified individual goals for their work with their mentees based on the interests, challenges, and competencies of children and their families. Supervision also included supporting mentors in resource connection, advocacy, and effective communication with caregivers and other important collateral adults. At the beginning of each trimester, supervisors worked with mentors to articulate goals related to the mentors' professional development. At the end of each trimester, supervisors completed formal oral and written evaluations of each mentor and provided mentors with feedback on their progress in meeting the objectives they had generated.
- *Group Supervision.* Each mentor attended 1.5 hours of group supervision per week. Group supervision provided mentors with the opportunity to give and receive support and constructive feedback with their peers and to obtain help with solving current issues in their work with children. During group supervision, the skills group leader also communicated with mentors about their mentees' progress in skills group and worked with mentors to help children generalize what they learned in group to their daily lives.
- *Didactic Seminar.* Mentors participated in a weekly didactic seminar designed to supplement their graduate course work. The didactic seminar included topics salient to working with maltreated children placed in foster care (e.g., the court process, developmental issues, working with traumatized youth, navigating special education services, culture of poverty), and the seminar incorporated several different training strategies, including lectures, group discussions based on assigned readings, and field trips. Whenever possible, experts from the community were invited to speak on their areas of expertise.

Mentor Feedback and Program Changes

Twice a year, mentors completed anonymous surveys to provide feedback on the supervision and didactic training they received as well as other aspects of the FHF program. Mentors also provided feedback in individual and group supervision and in informal discussions and meetings with program staff. All the feedback was carefully considered by the FHF team, and programmatic changes were made based on the mentors' feedback as appropriate. For example, we made a significant change to our mentor-training curriculum between the fifth and sixth cohorts. Beginning with the sixth cohort, we implemented more formalized training in cultural competence. Although all the graduate students received training from their graduate programs in working with culturally diverse clients, many graduate students had just begun school when they became FHF mentors. We realized that we needed to include training on cultural competence in orientation and needed to make a more-concerted effort to discuss those issues in supervision on an ongoing basis.

Because of the programmatic change, we divided the responses in the current study by cohort (cohorts 1 through 5 versus cohort 6) when we examined mentors' ratings of their training in cultural diversity.

Impact of Mentoring on Mentors

As illustrated above, the FHF program provided a fertile training ground with ample supervision for graduate student mentors who were working with maltreated children in foster care. Although an ongoing randomized controlled trial consists of evaluating the impact of the FHF program on outcomes for participating youth, understanding the impact of the FHF program on the mentors themselves has received less focus. The current study was initiated to examine the impact of the program on FHF mentors systematically. During summer 2009, the FHF program surveyed fifty of the fifty-two mentors who had completed the program before summer 2008. Through a Web-based survey, former mentors were asked to comment on the FHF program and its impact on them.

Findings from this survey contribute to a small but emerging body of research that has evaluated the effects of mentoring on high school and college student mentors who participate in mentoring programs as part of a course or service learning program (Dennison 2000; Fresko and Wertheim 2001, 2006; Jackson 2002; Schmidt, Marks, and Derrico 2004; Terry 1999). In general, those studies find that mentoring helps student mentors with cultural

sensitivity, self-confidence, personal growth, professional development, and better understanding of the lives of at-risk youth. For example, Dennison studied the effects of a mentoring program on twenty-five high school students who mentored or tutored twenty-five elementary school children identified as at risk for dropping out. Using measures of self-esteem and altruism that were administered pre- and post-program, she found that the high school mentors showed significant gains in self-esteem and empathy.

Similarly, Schmidt, Marks, and Derrico (2004) studied the effects of mentoring on twenty college students who served as mentors to high-risk youth through a service learning program. Qualitative methods were used to identify themes in student mentors' responses to a question about the most important lessons of the mentoring experience. Findings suggested that mentoring helped students identify career goals, fostered commitment to civic responsibility, provided students with opportunities to practice what they had learned in the classroom, and taught students important lessons about themselves, at-risk youth, and their communities.

Finally, Fresko and Wertheim (2001) evaluated the effects of mentoring on 299 student mentors enrolled in one of twelve Israeli teacher colleges. Student mentors completed a questionnaire asking them to rate the degree to which mentoring had aided their professional development in ten different areas. Responses indicated that mentoring had the biggest impact in helping mentors understand children's points of view, increasing mentors' sensitivity to high-risk youth, and improving mentors' ability to deal with challenging situations.

Methods

This study was approved by the Colorado Multiple Institutional Review Board. All participants provided consent by checking a box on the Web-based survey.

Participants

Recruitment. During summer and fall 2009, all fifty-two individuals who completed the graduate student internship as mentors with the FHF program between 2002 and 2008 were invited via e-mail to participate in an online survey. During their participation in the FHF program, all mentors provided written permission to contact them in the future for study recruitment. Mentors also provided contact information for themselves and for others (e.g., parents) who would always know where to find them. The e-mailed invitations were initially sent to the mentors' last known e-mail addresses. If the e-mails were returned as "not deliverable," or if no response was received,

we used the contact information that mentors provided to obtain a correct e-mail address. Once the correct address was identified, a maximum of three e-mails soliciting participation was sent to each mentor. Participants were compensated with a \$5 gift card.

Ninety-six percent ($n = 50$) of those contacted agreed to participate and completed the online survey. The purpose of the survey was to obtain feedback from former mentors about the FHF intervention program, the training provided to them during their time on the FHF project, and their education and career experiences. The survey was estimated to take between fifteen and twenty minutes to complete.

Participant characteristics. The sample of fifty mentors was 88% female. Forty-eight of the fifty mentors ranged in age from twenty-three to thirty-six ($M = 29.35$, $SD = 2.86$), while two of the mentors were over fifty years of age. Mentors were primarily Caucasian (94%), but 4% were African American, 2% were Hispanic, and 2% were Hawaiian/Pacific Islander (non-exclusive categories). A majority (78%) of the mentors were enrolled in the first year of their graduate programs during their participation in the FHF project. Forty-nine of the fifty-two mentors responding to the survey were pursuing master's degrees in social work at the time of their involvement with the FHF program. One mentor was pursuing a master's degree in international disaster psychology. Although at the time of this study there was little diversity in the pool of trainees, we have subsequently recruited students from additional disciplines.

Measures

The results of this study are based on mentors' responses to a subset of items included in the online survey. The survey included a combination of quantitative and open-ended questions (see table 1, next page). The quantitative questions asked mentors to evaluate the impact of the FHF program on youth participants as well as themselves and to rate different aspects of the FHF training experience for mentors. Those questions were rated on a three-point Likert scale and frequencies were used to describe the mentors' responses. Mentors were also asked to respond to four open-ended questions. Their qualitative responses were reviewed by the study's authors, who identified salient themes and illustrative quotes. Because there was significant overlap in the content of responses from all fifty participating mentors, only a small subset of the quotes representative of those themes is reported below.

Table 1. Quantitative and Qualitative Survey Items

Quantitative Items (all rated on 3-point Likert scales; anchors varied)
Overall, how helpful was FHF for children and families?
How helpful was the FHF didactic program in supporting your work?
How much did your field placement at FHF meet your expectations?
How helpful was the FHF internship in preparing you for your career?
How well did FHF train you to work with multiple systems?
How well did FHF train you to work with high-risk families?
How well did FHF train you to work with high-risk children?
How well did FHF train you to work within communities?
How well did FHF train you to work with diverse cultures?
How helpful was the FHF internship in preparing you for your career?
Open-Ended Questions
If a student is trying to decide between FHF and another internship, how would you advise them and why?
If you were speaking to an intern who is just starting out as a mentor in the FHF program, what advice would you give them?
What did you most appreciate about your supervision experience at FHF?
What did you learn during your internship that has been most helpful for you during your career?

Results

Quantitative Questions

Former mentors were asked to respond to a series of questions using Likert rating scales. One question was related to the impact the FHF program had on children and families. In response to the question “Overall, how helpful was FHF for children and families?” nine (18.0%) respondents answered “Helpful” and forty-one (82.0%) respondents answered “Very helpful.” No respondents answered “Not at all helpful.”

A second set of questions focused on the former mentors’ perceptions of their FHF training experience and how well it prepared them for their careers. In response to the question “How helpful was the FHF didactic program in supporting your work?” thirteen (26.0%) reported “Helpful” and thirty-seven (74.0%) reported “Very helpful.” No respondents endorsed “Not at all helpful.”

The survey then asked respondents to rate how well the FHF program trained them in several specific areas. The results are shown in table 2. Because the FHF program intensified its cultural diversity training beginning with cohort 6, we split the sample (cohorts 1–5 versus cohort 6) and re-ran frequencies for the question asking how well FHF trained mentors to work with diverse cultures. When the analyses were run with the split sample, 56% of the cohort 6 sample

reported that FHF trained them “Very well” to work with diverse cultures, compared with only 47% of the cohort 1–5 sample.

Table 2. Former Mentors' Ratings of the FHF Training Experience

How well did FHF train you to:	Not well n (%)	Well n (%)	Very well n (%)
Total Sample (n = 50)			
Work with multiple systems?	0 (0.0)	16 (32.0)	34 (68.0)
Communicate with other professionals?	1 (2.0)	13 (26.0)	36 (72.0)
Work with high-risk families?	0 (0.0)	13 (26.0)	37 (74.0)
Work with high-risk children?	0 (0.0)	7 (14.0)	43 (86.0)
Work within communities?	4 (8.0)	25 (50.0)	21 (42.0)
Work with diverse cultures?	1 (2.0)	24 (48.0)	25 (50.0)
Subsamples (C1–5: n = 34; C6: n = 16)			
Cohorts 1–5. Work with diverse cultures?	1 (2.9)	17 (50.0)	16 (47.1)
Cohort 6. Work with diverse cultures?	0 (0.0)	7 (43.8)	9 (56.3)

A subsequent question asked, “How helpful was the FHF internship in preparing you for your career?” Seventeen (34.0%) former mentors reported that it was “Helpful,” and thirty-three (66.0%) reported that it was “Very helpful.” Finally, we asked former mentors to rate their overall experience. In response to the question “How much did your field placement at FHF meet your expectations?” one person (2.1%) reported that it “Did not meet my expectations,” seventeen (35.4%) reported that it “Met my expectations,” and thirty (62.5%) reported that the FHF program “Exceeded my expectations.”

Open-Ended Questions

In response to the open-ended questions described in the Methods section above and listed in table 1, several themes emerged. The most prominent theme was that students felt supported in the program, especially through their supervisory experiences. Responses included:

- *The trust and support I felt during supervision, feeling comfortable to go in with questions/concerns/doubts/worries and to come out feeling like they had been heard, recognized, validated, and worked through in a positive way.*
- *The opportunity to process and work through things with the support of my supervisor and not just being told what to do—coming to conclusions on my own but in a way where I still felt guided and supported.*
- *Knowing that I could make mistakes and feel OK acknowledging that and learning what to do different next time.*

- *I could go in [to supervision] and be my genuine self.*
- *FHF has a definite plan as to how to support, train, and educate its mentors. They are very organized, responsive, and professional.*

Mirroring the studies reviewed above, a second theme that arose from the answers to the open-ended questions was that the mentors reported gaining clinical skills and increasing their confidence through their work as mentors on the FHF project:

- *I was able to process my experiences, thoughts, and feelings during the scheduled individual and group supervision sessions. Having this reflection time enabled me to become more attentive, perceptive, and recognize the unique need of the boys.*
- *It helped with defining and implementing therapeutic boundaries and roles while developing and maintaining rapport with the client and systems.*
- *This program provided me as an intern with exposure to and development of a set of skills in areas such as progress note development, therapeutic interventions, understanding and application of systems theory, individualized continuum of care, cultural diversity, and diagnosis and treatment as well as understanding the application of research. The full range of knowledge and skill that I was exposed to as well as developed while completing this internship was invaluable.*
- *I gained the confidence to work one-on-one with high-risk youth and had the springboard to develop a positive and supportive therapeutic relationship with others.*
- *It helped me to be more assertive and have difficult conversations that I previously stayed away from. It also really brought the importance of boundaries to the surface on a daily basis.*
- *I learned to work effectively with high-risk children and families by meeting them where they are and not trying to push them to where you think they should be.*

More specifically, former mentors reflected on their increased skill and competence in working with families and other systems:

- *This internship is invaluable because in it you learn how to view the effect of various systems in a child's life, understand how social services works, witness the effects of different forms of trauma at different stages of a child's life,*

and help a child deal with many types of issues (grief and loss, identity formation, emotional regulation, etc.).

- *I learned that I am confident and competent enough to work with other professionals in the field. I learned how to network and work with different systems. I learned how to work with high-risk families.*
- *My supervisor enabled me to understand [how] systems work and to broaden my view of what “therapeutic” means across these various systems.*
- *I think that FHF prepared me to not only work with but [also] enlist the powerful help of the families that stand behind my students.*

Former mentors’ responses also reflected on the challenging nature of the work, usually responding to the open-ended question “If a student is trying to decide between FHF and another internship, how would you advise them and why?” Responses included:

- *Expect this internship to be very challenging and demanding, emotionally and physically. You will cry. You will feel scared. But you will also come out a stronger social worker and human being.*
- *I would certainly recommend this internship to anyone who is seeking a challenging and rewarding experience with lots of hands-on/direct work with clients, and for those who are prepared to work hard and have high expectations of the work they are asked to do.*
- *I would let him/her know that FHF is incredibly challenging and in turn, incredibly fulfilling.*
- *I found the program incredibly rewarding because of the intense, challenging, and intimate relationship that is forged between the child and the mentor.*

Again, similar to the themes from prior investigations, our mentors’ open-ended responses reflected the knowledge that spending time with a child is powerful and spoke to the meaningfulness of the work they did on the FHF project:

- *My time at FHF taught me what a powerful relationship is able to accomplish.*
- *All children . . . have endless potential.*
- *I want every intern to know that just being there consistently for the child is more important than many of us realized.*

- *The most important thing you can do as a mentor is to continue to show up. Even when it is hard. Even when it is a little scary. Just keep showing up.*

The final theme that resonated throughout the responses was the fact that through their participation on the FHF program, the mentors felt that they had learned a lot about themselves that furthered their development as professionals:

- *I felt always supported, yet challenged to explore my own biases and assumptions in a helpful manner.*
- *I appreciated the opportunity to be open and honest about what I was working through and feeling in supervision. I was guided through a self-reflection process and encouraged to come up with my own solutions.*
- *I had to learn to develop a thick skin, to accept that I would make mistakes, that not everybody would thank me for my efforts, and to persevere. These kids will challenge you. They've been through a great deal and they are not necessarily going to make it easy for you.*
- *It's a good place to learn about yourself and grow as a social worker/counselor/etc., while also better understanding the systems (school, social services, etc.) in which we may work in the future.*
- *It really opened up my eyes to how things are handled and made me realize that I do not want to be in this particular field, dealing with kids in the system. This experience was the most difficult, challenging time of my life. Realizing that you don't want to do something is as valuable as realizing that it is the right fit.*

Discussion

Children living in foster care represent a high-risk population that may benefit from a highly supervised mentoring experience. From the beginning, Fostering Healthy Futures was designed not only to promote resilience among children in foster care but also to provide intensive training for future professionals who were likely to work with high-risk youth and families. Indeed, of the former mentors employed at the time of survey completion, 60% were working with maltreated children, 85% were working with families, 50% were conducting therapy, and 65% held a position that included case management.

Although the majority of interns in this study was graduate students in social work, the training and supervision the FHF program

provided them could be applicable to many related fields, including education. In fact, of the respondents who were currently employed, 12% were working in schools, and several commented on the impact the program had on their work with students. For example, one former mentor observed:

My time at FHF taught me what a powerful relationship is able to accomplish. As I work with students daily, I remind myself that I can be a positive part of their day. Every interaction that I have either strengthens or weakens the relationship we have with one another. FHF prepared me to not only work with but also enlist the powerful help of the families who stand behind my students.

When the FHF program is first described, the response is often surprise that 1) the FHF mentoring experience will provide graduate students with a meaningful field placement; 2) mentoring two children takes extensive time (sixteen to twenty hours per week); and 3) considerable training and supervision are required. It seems, however, based on the results of this study, that FHF is a “win-win” opportunity for mentors from diverse fields as well as for participating children. (Results of the program’s impact on child participants are pending publication; see Taussig and Culhane, forthcoming.) As one former mentor stated, “The supervision is exceptional, and the program was developed to aid both the [mentors] and the children.” Mentors’ responses to the quantitative and qualitative responses suggested that they valued the intensive supervision and support provided, that they gained excellent clinical skills which increased their confidence, that they learned much about themselves, and that they believed their work made a difference in the lives of their mentees. Those are important learning objectives for graduate students in any discipline.

Such themes are consistent with the pre-existing literature examining the impact of mentoring on university students who serve as mentors in return for course credit. Although those students may receive “credit” for the work they do, their commitment goes well beyond working to “pass” the class. Using graduate students from diverse programs of study to mentor high-risk youth holds great promise as a prevention and intervention strategy for vulnerable youth. In fact, student mentors may be the optimal interventionists—they can afford time for the intense supervision and training necessary when working within multiple systems on behalf of vulnerable children and families.

The current study’s sample size, as well as its homogeneity, limited the analyses we could conduct. For example, we were not able

to examine whether gender, age, race, or type of graduate program was related to former mentors' perceptions of the program. In addition, the lack of a pre-program survey precluded analysis of change over time in mentors' perceptions. We hope to be able to address those limitations in subsequent investigations.

Despite the limitations, the study illustrates the importance of obtaining ongoing feedback from mentors throughout mentoring-program implementation. Although the comments we received on this survey were almost uniformly positive, we have made several adjustments to the mentor training program throughout the eight years we have been running it, based on both anonymous evaluations from mentors and feedback they provide in face-to-face interactions. One example of that, nicely illustrated in the *Results* section above, is the emphasis on training in cultural competence implemented in the sixth year. As the results demonstrate, interns in the sixth cohort rated training in working with diverse cultures better than did mentors from prior cohorts. It is therefore recommended that mentoring programs, whether they use students or laypersons as mentors, gather regular and critical feedback from the mentors to improve their training and supervision. Ultimately, mentors who feel better trained and supported will work more effectively with youth and families.

References

- Clausen, J. M., J. Landsverk, W. Ganger, D. Chadwick, and A. Litrownik. 1998. "Mental Health Problems of Children in Foster Care." *Journal of Family and Child Studies* 7: 283–296.
- Courtney, M. E., A. Dworsky, G. Ruth, T. Keller, J. Havlicek, and N. Bost. 2005. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Dennison, S. 2000. "A Win-Win Peer Mentoring and Tutoring Program: A Collaborative Model." *Journal of Primary Prevention* 20: 161–174.
- dosReis, S., J. M. Zito, D. J. Safer, and K. L. Soeken. 2001. "Mental Health Services for Youths in Foster Care and Disabled Youths." *American Journal of Public Health* 91: 1094–1099.
- Fresko, B., and C. Wertheim. 2001. "Mentoring by Prospective Teachers as Preparation for Working with Children At Risk." *Journal of Education for Teaching* 27: 149–159.
- . 2006. "Learning by Mentoring: Prospective Teachers as Mentors to Children At Risk." *Mentoring and Tutoring* 14: 149–161.
- Garland, A. F., R. L. Hough, K. M. McCabe, M. Yeh, P. A. Wood, and G. A. Aarons. 2001. "Prevalence of Psychiatric Disorders in Youths Across Five Sectors of Care." *Journal of the American Academy of Child and Adolescent Psychiatry* 40: 409–418.
- Harman, J. S., G. E. Childs, and K. J. Kelleher. 2000. "Mental Health Care Utilization and Expenditures by Children in Foster Care." *Archives of*

- Pediatric and Adolescent Medicine* 154: 1114–1117.
- Jackson, Y. 2002. "Mentoring for Delinquent Children: An Outcome Study with Young Adolescent Children." *Journal of Youth and Adolescence* 31: 115–122.
- MENTOR. 2009. *About MENTOR*. Retrieved November 9, 2009, from <http://www.mentoring.org/about_mentor>.
- National Survey of Child and Adolescent Well-Being. 2009a. *NSCAW No. 1: Who Are the Children in Foster Care? Research Brief. Findings from the NSCAW Study*. Retrieved July 2009, from <http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/children_fostercare/children_fostercare.html>.
- . 2009b. *NSCAW No. 3: Children's Cognitive and Sociemotional Development and Their Receipt of Special Educational and Mental Health Services. Research Brief. Findings from the NSCAW Study*. Retrieved July, 2009, from <http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/spec_education/spec_education.html>.
- Schmidt, M. E., J. L. Marks, and L. Derrico. 2004. "What a Difference Mentoring Makes: Service Learning and Engagement for College Students." *Mentoring and Tutoring* 12: 205–217.
- Taussig, H. N., and S. E. Culhane. Forthcoming. "Impact of a Mentoring and Skills Group Program on Mental Health Outcomes for Maltreated Children in Foster Care." *Archives of Pediatrics and Adolescent Medicine*.
- Terry, J. 1999. "A Community/School Mentoring Program for Elementary Students." *Professional School Counseling* 2: 237.

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