

Teen Mentor Program

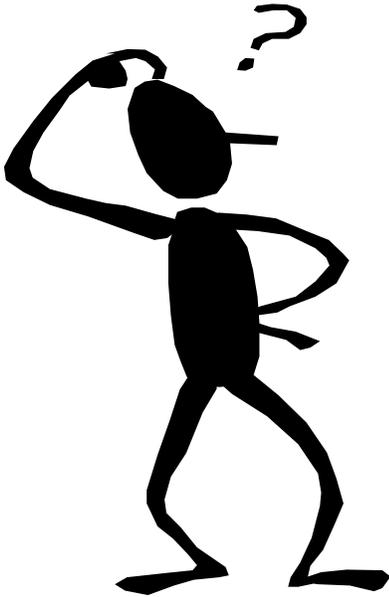
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Project Description

The Teen Mentor Program provides adolescents who have problems with substance abuse or addiction with a medical or pre-medical student who can serve as a tutor, role model and friend. This program has many similarities to the CATCH (Coaching Adolescents Toward Careers in Health) and ASAP (Adolescent Substance Abuse Prevention) program, but differs in its outreach to underserved communities. Working in collaboration with social workers, drug counselors and/or psychiatrists, the mentor becomes an integral part of a multifaceted approach to help these adolescents with their substance abuse/addiction.

The medical student mentor meets three or four times per month with his/her teen. The program encourages alternating studying with fun activities (e.g., coffee, sports, laser tag). The goals of the program include helping teens better their performance at school and helping them learn how to have a good time without drugs by showing them some successful role models who have done this. Also, each chapter participating in this program will help the teens and local businesses plan a substance-free party/activity. The Teen Mentor Program gives the medical student mentor a unique opportunity to learn about drugs and the circumstances surrounding their use/abuse in a non-clinical setting.

Guide to frequently asked questions...



What do I need to start up the program?

- 1 medical student to coordinate the program, requiring about 8 hours per month
- 10 medical students to serve as mentors, each requiring 6-8 hours per month
- 1 clinic/network to link with to find teens who need help
- 1 counselor/social worker/other to help you meet the teens and advise students

Where do I find the teens?

Start by asking some primary care faculty members who deal with young patients with alcohol/drug problems. Ask them where they refer their patients and who is a good teacher at this clinic/facility. Chapters can also call local rehabilitation centers or recreational centers and ask about meeting interested teens. Next, personally contact the counselor and explain the Teen Mentor Program.

How do I meet the teens?

The easiest way is to attend group meetings with the counselor for a few weeks to let them get to know and like you. The contact people will probably have suggestions for meeting the teens. This is what the project leader at your campus will need to do. Then, offer the teens help from medical students acting as mentors. Usually, saying that the medical students will help them study opens the door, but remember to stress that the medical students are there to get to know the teens and have fun as well.

How do I get medical students involved?

The local teen mentor coordinator should hold campus meetings to increase interest in the medical student community. Templates for flyers, brochures, and posters are included in this packet that can be revised for your medical school. (Appendix D)

Do the mentors need training?

Well, this depends on how much training your school gives about dealing with alcohol and drug problems and interviewing patients who have them. I have included some articles on adolescent drug abuse and motivational interviewing in this book. (Appendix C) Copy and hand them out. Contact people at the various clinics who might also have suggestions concerning helpful tips and information. The teen mentor coordinator might also want to meet with the mentors each semester to give them tips and see how things are going.

What now?

Well, then match up the teens with medical students. Usually, I have a list of medical students and assign them on a first come first serve basis. Sometimes, the project coordinator may have to use judgment on whether a teen and medical student will mesh. Get the teen's phone number and pass it on to the medical student, and presto... you have begun. Remember, the teens need to sign a *confidentiality agreement* before being allowed to participate in the program. (Appendix B).

What is this about a party?

We encourage the teens and mentors to plan a substance-free party together once a year. Try soliciting local businesses and the medical school for funds/prizes. Make sure the teens participate, since this helps them develop a sense of accomplishment. Invite the teens' friends and medical students alike.

What if I get lost and need help?

First, remember to contact the clinics or centers if you have questions regarding the teens, confidentiality, etc. Also, the National Project Director is available for help with planning and troubleshooting.

Chapter I: Program Setup

Step One

The first step in starting the Teen Mentor Project is to find a population of young adults who require mentors. The easiest way to find a source is through a friendly physician. Usually, the physician can guide you to various programs in the city that provide support, counseling or other services to adolescents. Other options include contacting local organizations such as:

- churches
- drug outpatient rehabilitation programs
- United Way
- Big Brothers/Big Sisters
- Salvation Army
- recreational centers

When contacting the local organization, stress the informal nature of the mentors and inform them that the medical students are NOT acting as clinicians (e.g., reporting drug/alcohol abuse) except in the case where the adolescent is in danger (see Appendix A).

Step Two

After finding a group of teens, the organizer must determine the number of medical students interested. This is the easy part. A large sign in the medical school or an interest meeting will usually suffice. E-mails and phone calls increase the response, but also increase the amount of time required for recruitment. Stress the positive aspects of the program. Also, stress the flexibility, especially around exam time. For example, some medical students were worried that

Advantages of Mentoring

- ❖ Training in adolescent medicine— an area often not taught in medical school
- ❖ Helping needy individuals
- ❖ Minor time commitment (<8 hours per month)
- ❖ Clinical practice in interviewing skills
- ❖ Meeting interesting people
- ❖ Learning about potentially dangerous lifestyles in which you may have no experience
- ❖ Fun!

around exam time they would have little time for mentoring, but actually, just dragging teens to the library and taking breaks with them was a great help for the teens (and their grades!).

Screen Teens for preferences regarding Mentor characteristics:

- ❖ Gender—May be important if the teen has a history of abuse or special needs.
- ❖ Character—Extroverted mentors may intimidate introverted teens.
- ❖ Time—Certain teens will require more time.
- ❖ Hobbies—This is an obvious opportunity to help the teen and mentor bond.

Step Three

Finally, you need to develop a plan of integrating the mentors and teens. This requires a system of contact between the referral source for the teens (e.g., counselor, United Way director) and the medical school (YOU!). If you are dealing with teens with drug problems, it is useful if one coordinating medical student can attend group meetings and interact with new teens and enroll them in the program.

The question is then how to assign medical students to the teens. Some programs may find it easiest to assign on a first-come first-served basis, but often this is difficult due to teens' preferences. Situations may require the local program director to select a compatible medical student. Selection forms are available in the back of the book (See Appendix B).

Chapter II: Maintenance

Organization

Maintaining a list of interested medical students is key. Try to have at least five unmatched medical students for matching with teens at any one time. Try to maintain a list of teens who need matching, but keep it as small as possible. Match teens in less than two weeks, especially for those who need help in school. Turnover times are variable and mentors may ask when they are “finished.” The criteria in the box may be helpful. They may be more useful as tracking criteria, rather than screening. Even though teens may require help for up to one year, time requirements per month decrease as the relationship develops, although more ELECTIVE time may be spent with the teen doing fun activities. Encourage medical students to maintain relationships over breaks from school if possible, or find other medical students to take their place.

Recruitment

This is an ongoing issue, and perhaps the hardest part of the program. Maintaining a group of interested medical students is difficult if there is a low supply of teens. Interest can be generated by noon talks on adolescent medicine and other issues. Pizza parties, bowling or other activities with the teens, mentors and interested medical students can often sustain and encourage more interested students to become involved. Also, if you are having difficulty recruiting, discuss the possibility of credit or annotation on your transcript for participation. Many schools allow credit for free clinics, home visiting programs, etc., and this program may qualify. Contact your dean of students if you are interested and AMSA national can provide a letter about the program per your request.

Assessing a Teen’s need for Mentoring

Risk factors:

- ❖ School difficulties (2)
- ❖ Relationship difficulties (1)
- ❖ Lives in community facility (e.g. foster home, group home or rehab facility) (2)
- ❖ Legal problems (2)
- ❖ Current or recent (within last 3 months) drug/alcohol use (2)
- ❖ History of abuse (2)
- ❖ Lack of social support network (2)
- ❖ Medical Illness (1)
- ❖ Psychiatric Illness (2)
- ❖ Poverty (2)

Assess the applicable areas and add score (points are before each risk factor). Score of greater than 5 indicates a need for mentoring.

Monitoring

Finally, as coordinator, you need to determine how the teen-mentor relationship is progressing. E-mails and monthly meetings help. Sometimes you can use time more efficiently by having the meetings prior to group fun activities (i.e., have the medical students come 30 minutes early to talk). Also, if you attend group/community meetings with the teens, you can ascertain how the program is working from the teens' perspective. Currently, an objective measure of the effectiveness of the Teen Mentor Program is not available, but it is being developed.

Goals

Remember the goals of the teen mentor project. These include not only the education of the mentor, but the improvement in quality of life for the teens with regard to school, social life, role models, etc. Some teens may still have bad outcomes (e.g., jail, inpatient rehab). Provide encouragement to the mentors and highlight the little triumphs (Johnny or Susie passing all their classes). Behavioral change does not happen in a day, so don't expect miracles!

Training

Some medical students will be nervous "counseling" teens without training. First of all, remind them that this is not counseling! Mentors are tutors, friends, perhaps sages, but not counselors or social workers. Remind them that they do not have to report. A biannual training session may be helpful. Articles in Appendix C provide some useful techniques and information. A role playing session between you and another student may be useful. Even more effective is having some of the successful teen-mentor pairs explain what they do when they meet and describe the relationship.

Chapter III: Transition

Finding a replacement for program coordinator

Transition refers to the yearly process where second-years move on to their clinical years and are never seen again.

Typically, there is a moderate amount of chaos in student groups as the new leaders take over. To minimize this, here are a few guidelines:

1. Advertise the position around the medical school in December or January.
2. If possible, make sure the interested person is involved as a mentor in the year before he/she wants to coordinate the program.
3. Take the new coordinator to group/community meetings with you during the last few months of your leadership.
4. Provide the new coordinator with a folder of materials you found useful in the previous year.
5. Make sure you are available to advise in the first few months of the following year.
6. Encourage the new coordinator to start early recruiting teens and students to be involved in the program during the coming year.
7. Work together to provide support for the teens during the summer and to find replacements for medical student mentors who will be unable to mentor for the following year.

Other Useful Tips

- ❖ Use phone trees—they save a lot of time!
- ❖ E-mail, e-mail, e-mail!
- ❖ Remember to have fun.
- ❖ Find someone to help you with publicity.
- ❖ Celebrate the little victories!

Appendix A

Special Considerations

Dangerous situations: If the mentors are working for a counselor, they need to discuss what to do in situations where they feel that the teen is suicidal, homicidal or in danger of bodily harm. Usually, this means calling the counselor and/or social services and police. Please check with you local counselor regarding reporting. State laws vary. Make sure the mentors understand that they need to disclose to the teen that they will be reporting to the teen, unless this will precipitate the event. In this case, they can report without disclosure.*

Abuse/Assault: This needs to be reported, again, after disclosing to the teen. The definition of sexual abuse varies per state, especially with respect to minors.*

Sexuality: If a minor under 14 (16 in some states) is having sexual contact with someone 18 or older, be careful! This may be child abuse/statutory rape, depending on the state. Requirements to report also depend on the state.*

Alcohol/Drug Use: Discuss with your clinician, but reporting is *not* required by law. Encourage teens to disclose this voluntarily. Mandatory reporting by the mentor will ruin the trust relationship.

**To determine state requirements, contact a faculty psychiatrist or adolescent medicine fellow.*

Appendix B

Quick Note:

On Teen forms, Abx and Pvx stand for Abuse and Poverty, respectively, to be assessed by the coordinator or mentor.

Teen Mentor Project

Teen Profile Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Phone: _____

Email: _____ School: _____

Hobbies:

Other:

Assessment

Please check if you have...

- School difficulties (2)
- Relationship difficulties (1)
- Live in community facility (e.g., foster home, group home or rehab facility) (2)
- Legal problems (2)
- Current or recent (within last 3 months) drug/alcohol use (2)
- Difficulty finding/relating to friends (2)
- Medical Illness (1)
- Depression, other psychiatric illness (2)
- Please let mentor/coordinator fill out
- Abx (2)
- Pvx (2)

I, _____, understand that my mentor is not acting as a professional counselor, but is still required to report any physical, sexual or mental abuse to my counselor and appropriate authorities. I also understand that my mentor may seek help for me if I am in any danger of physical or self-harm.

Signature _____ Date _____

Witness _____

Teen Mentor Project

Mentor Profile Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Phone: _____

Email: _____ Med I II III IV (circle)

Hobbies:

Social Background: (Hometown, education, work, etc.)

Hours available per month: _____

Confidentiality Agreement

American Medical Student Association Teen Mentor Program

I, _____, understand that any information regarding the social, economic and medical well-being of any individuals I interact with the AMSA Teen Mentor Program is strictly confidential. As a mentor, information about the individual will not be shared with other counselors, physicians or health-care professionals without the consent of the individual, excluding the following exceptions:

1. the individual is a danger to him/herself, or
2. the individual is a danger to others, or
3. the individual is a victim of physical or sexual abuse, including sexual contact with a consenting adult over 18, or
4. suspicion of any of the above.

If an exception occurs, medically relevant information will be disclosed to the proper contacts, including but not limited to physicians, social workers or police. In the case of suspicion of any of the above, I will use my clinical judgment as a medical student and consult with health-care professionals as necessary to determine the individual's risk. In doing so, I will not use the name or identifying characteristics of the individual. I understand that if I report, it is my responsibility and that of the health-care professional I am working with, to form the teen of this disclosure, except in the case where such disclosure will expose, or cause, the individual to be in grater peril. I also understand that the individual(s) whom I mentor will be made aware of the reasons for disclosure upon our first meeting.

Signature: _____ Date: _____

Witness: _____

Appendix C

Publicity and Public Relations

Public Relations on the Local Level

What if your chapter is not ready to launch your public relations campaign with a press advisory and a press conference? Public relations is still an essential element in your chapter activities. Here are a few simple suggestions on ways that you can help publicize your events. Remember, public relations must be basic, constant and repetitive reminders so everyone at your medical school knows what AMSA is doing for students.

Post AMSA posters throughout the student lounge and busy hallways.

✱

Put reminders about upcoming activities in student boxes or on classroom doors.

✱

Present general information to students by e-mail or on a web page.

✱

Post the following on a bulletin board or cafeteria:
Information on AMSA's legislation agenda and actions
Posters for upcoming regional and national conferences
Informational statements supplied by AMSA leadership
Pictures of AMSA student activities
Details about opportunities available through AMSA

✱

Try a more subtle approach. One day stuff student boxes with a note saying, "which was the only medical organization willing to risk it all in order to get the National Residency Matching Program (NRMP) changed so it favored the student?" The next day distribute note #2, which explains s role in the NRMP controversy.

✱

Place any of the information below in a school newsletter or newspaper:
Information about AMSA's meetings, agendas, political issues and activities
Pictures, poems or biographical sketches about AMSA's leadership
Information about AMSA's activities on the national and local levels
Sound bites about leadership positions and local project grants
Calendar reminders of activities, meetings, conferences and activities

✱

Have every AMSA member wear his or her AMSA t-shirts on the same day.
Sell t-shirts, hats and buttons to promote AMSA.

✱

AMSA....Organized Medicine Starts Here!

Starting a Teen Mentor Program at your school is as easy as finding one student who is willing to devote 10-15 hours per month to organize the program, and about 10 students who want to spend 6-8 hours a month mentoring teens.

What does starting a *TMP* at your school require?

1. Choose a student on your campus to serve as a national link to the *TMP* and obtain a *TMP* start-up kit from the national office.
2. The student serving as the *TMP* link should establish contact with interested clinics, physicians, counselors, etc. in the community. Many resources are provided in the start-up kit.
3. The easiest way to find interested teens is to personally visit clinics or attend group meetings with physicians and counselors. This is what the project leader on your campus will do.
4. The *TMP* campus leader should also hold campus meetings to increase the interest of medical students. Students should be oriented and educated about the program. Articles are provided in the start-up kit concerning substance abuse in teens. Suggestions are also provided for study materials and fun activities.
5. Confidentiality agreements must be signed before the start of the program. These are included in the start-up kit.
6. Finally, the campus leader should pair interested medical students and teens to begin their *TMP* experience.

The Teen mentor Program is a project sponsored by AMSA's Standing Committee on Community and Public Health. The *TMP* gives medical students the opportunity to mentor adolescents in their community who have struggled with substance abuse or addiction. Working in conjunction with social workers, drug counselors and community centers, the mentor becomes an integral part of a team whose primary goal is helping the teens cope with their drug abuse problem. In an ideal situation, the medical student would meet three or four times per month with his/her teen alternating studying with fun activities such as sporting events or movies.

The goals of this program include:

- ✓ helping the teen better his/her performance in school
- ✓ providing the teen with a role model who has succeeded with drugs
- ✓ and allowing medical students the unique experience of learning first-hand about drugs and their effects on young lives.

John: Med2
Susie: Med1
Dave: Teen

[John is sitting in library studying, waiting to meet Dave. Susie walks in.]

S: Hey John, how's it going?

J: [smiling] Not bad. Jeez, I hate hematology... Man, we had to poke each other three times this week... Almost wish I was a med1.

S: [feigning shock] Wow... it can't be that bad. [Pause] So, why are you at this library? I hardly ever see you here.

J: Oh, I am just waiting for Dave... a teen I am mentoring.

S: [Puzzled look on her face] Mentoring???

J: Yeah. It is this program our AMSA chapter is running. You know Molly, our AMSA president?

S: Sure.

J: Well, she paired me up with a teen from a substance abuse clinic, and wants me to serve as a kind of mentor and role model for him.

S: [Looking slightly astonished and intimidated] You mean you have to, like, counsel him on your own.... Wow, you must learn a lot in your first year.

J: No...no... I just talk to him, help him study, hang out. Nothing serious. I try to help him with his geometry. Do you remember what a dedecahedron is?

S: [blank look on face] Uh....

J: [Laughs] Just kidding... neither do I.

S: So, how often do you meet with, uh, Dave?

J: Oh, 'bout 3 times a month. Molly said to meet at least 2 times per month and study and then the rest is up to us?

S: Us?

J: Yeah, there are about 20 people doing it this year. We are going to throw a substance free party with the teens, cool, eh? You should come.

S: [Nodding her head] That would be fun.

[At this point Dave walks in.]

D: Hey, man. What's up?

J: [Looking at watch] Oh, about now I would say... the moon, perhaps Orion....

S: [Rolling her eyes. Mockingly] You are SUCH a geek. [All laugh]

J: [Smiling] Dave this is Susie. Susie, Dave].

D: Nice to meet you.

S: Likewise.

D: You in medical school, too?

S: Unfortunately.

D: [Smiling] Can't be that bad.

J & S: [Looking at each other] Yes, IT CAN.

J: Anyway, enough of our whining... How was you week?

D: Okay... Too many exams.

J: I hear you. Did you stay straight?

D: From pot? [John nods] Yeah, but I had a sip of beer. I feel kind of bad about it. But I have stayed clean for the last 4 days.

S: Cool. So why did you drink last Saturday?

D: [Sheepishly] My best friend from Iowa was up to visit and well... I know... lame excuse. It didn't even taste good.

J: [Patting Dave on back] Hey, one day at a time, okay? So, what do need help with...

D: German... Sprechen sie Deutsch?

J: Uh, oh.... No....

S: Could I help? It was my minor in college.

D: Cool. Yeah, see I am confused where you place the gerund after.... [Fade out].

[5 months later]

[John and Susie bump into each other in hall at school]

J: Hey, Susie! How are you doing?

S: Fine. Ugh. Neuoranatomy bites. Oh, you going to the Substance-free Superbowl Party that AMSA and the teens are throwing together?

J: Yeah. I am psyched. Dave passed all his classes and is doing awesome.

S: Cool. I started working with this girl, Joanie, and she is so neat. I never knew it could be so hard to kick a drug habit...

Appendix D

Suggested Readings

Blum RW. "Adolescent substance use and abuse." *Archives of Pediatrics & Adolescent Medicine*. 151(8): 805-8, 1997 August.

Brown RL. "Motivational Interviewing: Empathic, Respectful Techniques for Promoting Behavior Change." University of Wisconsin-Madison Medical School curriculum

Klein JD. "Adolescents' access to care: teenagers' self-reported use of services and perceived access to confidential care." *Archives of Pediatrics & Adolescent Medicine*. 152(7): 676-82, 1998 July.

Newcomb MD. "Substance use and abuse among children and teenagers." *American Psychologist*. 44(2): 242-8, 1989 February.

Shedler J. "Adolescent Drug Use and Psychological Health." *American Psychologist*. 45(5): 612-630, 1990 May.

Tweed SH. "Intervening in adolescent substance abuse." *Nursing Clinics of North America*. 33(1): 29-45, 1998 March.