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Causeway Collaborative Mentorship Manual

by David Gofman

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# Foreword

## Introduction

We believe that Causeway Collaborative is a unique and special place to work. This isn't meant to be a cliché or business-speak. We really do believe it down to our core. Causeway Collaborative was founded on an idea; an idea that young men needed help and that the resources available to young men were woefully inadequate, often missing the mark entirely. The impetus to do something, to create something different that would more effectively reach a population that badly needed help, was built on the experiences of growing up as young men ourselves, and from having our own difficulties transitioning from children in our parents homes to young adult men living independently and caring for ourselves. The transition from adolescence to young adulthood is hard; fraught with uncertainty, confusion, mistakes, and at times the need to pick yourself up from a bad decision and to face the consequences. One of the founding goals of Causeway was to offer young men something that we all wish that we had access to when we were between the ages of 16 and 30. This desire to share hard-earned wisdom with an emerging generation of young men is often brought up by prospective mentors as a key factor that drew them to

Causeway in the first place. This core mission has also persisted through periods of growth and change at Causeway; to this day, it is cited by current team members as a commitment, a motivator, and a North Star for our practice.

From the day we first opened our doors, we've been able to observe the impact of our approach on young men with our own eyes. We've seen young men enter our doors lost, stuck, skeptical, and hopeless, depressed, angry, and frustrated, and we've seen them leave our care with direction, independence, self-assurance, confidence, and the skills they need to succeed. We've seen this happen enough times to feel confident that it isn't an accident.

But what exactly happened when they were with us? What was it that caused these changes? The truth is, for a long time we couldn't say. Not because we didn't know what the "right" intervention or program recommendation was in a given situation, but because we had never stepped back to attempt to articulate exactly what it is that we were doing with the young men we were working with, and why we were doing it. For years training new employees largely consisted of observing and shadowing more seasoned staff and by engaging in dialogue with those staff about the rationale behind the decisions they were making. While

this proved to be effective in some ways, it also presented problems in others, and the need for a coherent synthesis of the "Causeway Model" became more and more apparent. This manual, as well as the Futures Planning Manual, represent the culmination of an effort to provide this synthesis that has spanned over four years, and multiple fresh starts.

## **How to use this Manual**

Above all else, this manual is intended to be used and to be useful. We encourage both new and experienced staff alike to mark it up with reflections, highlight sections that resonate, tag relevant sections with sticky notes, and generally make it their own. New Therapeutic Mentors in particular should expect to consult this manual early and often. We understand the learning curve involved in starting a new job at a new company, and respect the challenges associated with learning the intricacies of a novel service that isn't offered elsewhere.

Therapeutic Mentors fill multiple roles for their clients and come to appreciate that simple "black and white" paradigms rarely reflect reality on the ground. The name of this game is "nuance," and the playing field is defined by shades of gray. As referenced in the introduction, observing more seasoned



practitioners is an invaluable way to help new practitioners “learn the ropes” of Mentorship qualitatively, but it was important to draw clearer lines, and to create a shape for the service of Therapeutic Mentorship that is better-defined for practitioners, and for the organization as a whole. This manual was created in an effort to provide that structure and shape, while still leaving room for the nuance and the gray areas that define an individualized approach to care. Space is also preserved for the mentor to be able to be themselves within the context of service delivery rather than needing to conform to a rigid set of rules and guidelines that remove their sense of empowerment and autonomy. We will always see these as pre-requisites to offering great Therapeutic Mentorship.

Though the hope is that this manual succeeds in as many of these areas as possible for as many readers as possible, it is unlikely that it will succeed in all areas for everyone. Accordingly, all Therapeutic Mentors will use this manual as a companion to the broader supervision structure at Causeway, which should provide the necessary space to engage in more lively discussions and to clarify questions that will inevitably arise.

All new Therapeutic Mentors are encouraged to spend as much time with this manual as possible. It is written in such a way that it can be read linearly, and it requires no pre-existing knowledge about Causeway Collaborative or Therapeutic Mentorship to be digestible. While reading through this manual like a book will likely prove to be useful for any novice Therapeutic Mentor, each chapter, and each sub-domain within, is also written as a stand-alone section that does not require the context of anything that comes before to be applicable and useful. With this feature in mind, readers are encouraged to use this manual as a reference text, flipping to whatever section or page feels like it may be applicable at a given time.

While written for new Therapeutic Mentors, **this manual was also created as a tool for all staff at Causeway Collaborative, new and experienced alike.** The hope is that even experienced practitioners will find value in revisiting this manual periodically; to refresh their memory on a specific intervention, to revisit and re-ground themselves in the Pillars of Practice, or to find direction on a particularly difficult case. Additionally, Futures Coaches, Administrative staff, and other members of the team can undoubtedly benefit from a deeper understanding of the full spectrum of services offered at Causeway. This manual can serve as a valuable way for any member

of the organization to develop familiarity with what Therapeutic Mentorship is seeking to achieve, and how it tries to do that. In short, this manual is not meant to be read once and then discarded. It is meant to be a continual resource for as long as you are engaged in this work.

## **The Structure of this Manual**

This section will provide a brief description of the layout of the manual you have in your hands.

The first section of the manual has little practical information about how to "do" Therapeutic Mentorship. Instead, the focus is on what it means to "be" a Therapeutic Mentor. Here the reader will find a description of what Therapeutic Mentorship entails, as well as a breakdown of some of its characteristic features. This is followed by what we call the "Pillars of Practice"; the foundational principles all Therapeutic Mentors should be working through when working with a client.

The remainder of the manual offers a breakdown of each domain and sub-domain that Therapeutic Mentors commonly work in. **Each chapter covers one of the three domains of Therapeutic mentorship:** Social Skills, Health and Wellness, and Independent Living Skills, **with each chapter broken down into the sub-domains that comprise these primary treatment goals.** Each sub-domain contains a brief description of what that sub-domain entails, as well as examples of common treatment goals where the domain is applicable, lists of common interventions offered, questions for the mentor to keep in mind as they embark on a domain or assess its applicability. Plus, you will also find insights into common roadblocks, traps, and pitfalls that mentors will likely encounter in each domain. Trust us: we've been there!

**Again, the information within each sub-domain should not be viewed as an authoritative or comprehensive definition of that sub-domain. Instead, the information should be viewed as a summary, and all examples should be read as *some* of the ways in which a Therapeutic Mentor can approach a particular sub-domain. All Therapeutic Mentors are encouraged to be creative, to think outside the box, and to use the Pillars of Practice (more on that later) as their primary guide in their work.**



## **Chapter One: What Is Mentorship?**

**How does it fit into the  
Causeway Model?**

**What is Therapeutic Mentorship?**

As one of the three core services at Causeway, Therapeutic Mentorship is at the center of what we do. Comprised of three main domains: Social Skills, Health and Wellness Skills, and Independent Living Skills, Therapeutic Mentors work with clients to help them develop into balanced, healthy, and fulfilled young men.

Therapeutic Mentorship was developed to meet clients where traditional therapeutic approaches cannot; in the client's environment outside of the four walls of the therapist's office. As clinicians ourselves we are acutely aware of the limitations of traditional therapeutic approaches, namely the difficulty in translating cognitive insights into behavioral change. Far too often we have worked with clients who are experiencing significant ambivalence and avoidance, or, **though they are able to clearly articulate the patterns and their maladaptive roots, find themselves stuck in unhelpful patterns that they are unable to break free from on their own.** Therapeutic Mentorship fills that gap by its very nature as a "community-based" service, where mentors strive to spend as little time in the office with clients as possible.

There are several benefits to Therapeutic Mentorship being conducted outside of the office as much as possible:

First, it cements for the client that Therapeutic Mentorship is different from any of the other forms of support they may have received in the past. It is extremely common for clients to arrive at Causeway with past experiences in therapy. It's also common for these past experiences to be negative, and for the client to be resistant to engaging with "yet another therapist" (or some version of that quotation). In these client's eyes, all therapists are the same, and they are preparing for their experience here to be identical (read unhelpful) to the experiences they've had in the past. Getting the client out of the office as soon as possible short-circuits this overgeneralization and is a clear signal that this is not like all other therapeutic relationships he has had. It reinforces that there are options available for him here that he hasn't had access to before, **a realization that can significantly improve a client's engagement.**

Second, it allows the client and the mentor to share experiences. Even something simple like sharing a meal or coffee or going for a walk are great ways to rapidly increase the rate at which a strong therapeutic alliance can be developed when compared to more traditional



counseling approaches. Relationships are built through shared experiences, and the Therapeutic Mentor - mentee relationship is no different.

Third, getting out of the office can bring a client's guard down. Some of the simple interventions offered above like going for a walk or having lunch together are effective ways of helping a client feel more comfortable, particularly in the early phases of the process. Clients who are initially closed off will often become more open in a conversation held over lunch or while walking outside.

Fourth, it allows the mentor to engage with the client in their own world, rather than bringing the client into the controlled environment of the office. This allows the mentor to see the client "in his element". Whether this is at their favorite deli, throwing a football, or in their **home**, the mentor can engage with the client in an environment that is often more comfortable for them than the conditions of a stranger's office.

Fifth, when the mentor is in the home environment, they are able to make observations about the family system and the client's living arrangements that can prove to be

invaluable in conceptualizing the client's needs and barriers to progress that a provider would never have access to by only meeting in the office. The mentor can then relay these observations to the rest of the treatment team, allowing the team to adjust their approach and goals accordingly.

Sixth, it allows the mentor to physically provide the client with support and to challenge and interrupt avoidant patterns and behaviors when they are happening. Rather than making a plan with the client for them to do "x" on their own and to report back, mentors can engage in activities like applying for jobs, scheduling meetings with teachers, or engaging in physical activity with clients directly. The reality is that these types of plans have often already been attempted with the client and have proven ineffective, which can mean that they are too advanced as interventions to be starting points. A useful mantra to keep in mind is "if all the client needed was someone to put a plan together with them, they probably wouldn't be here." Being able to use this more active, engaged approach gives the client opportunities to develop consistency and to break through the initial avoidance that has been keeping them stuck.

One final characteristic of Therapeutic Mentorship is its ability to decrease barriers to support by side-stepping the very real stigma that still exists in many communities around “therapy.” Despite our best efforts in the field as clinicians and the growing acceptance and encouragement in popular culture around accessing mental health support, there is still a negative association and resistance for many people around seeing a therapist. Therapeutic Mentorship provides an alternative for the treatment resistant males who we serve, and there are countless examples of clients who only agreed to engage in our program if they didn’t have to do Individual Therapy. There have also been several instances where a client has arrived at Causeway refusing to engage in traditional therapy, but they were willing to engage after developing a strong therapeutic alliance with their mentor.

### **Words of Wisdom from our Founding Mentors**

As we continue our attempt to define Therapeutic Mentorship, keep in mind that you will see in the next chapter a reference to the “spirit” of Therapeutic Mentorship. Capturing the spirit of this work is one of the primary, and most difficult, missions of this manual. The “spirit” of Therapeutic Mentorship should be

understood as the qualitative experience of being a Therapeutic Mentor that elevates the role above that of a life coach or a behaviorist. In a continued effort to capture this spirit, this section includes three letters written by the founding Mentors of Causeway Collaborative as they each reflect on the question "What does it mean to you to be a Therapeutic Mentor?"

Justin Carotti, Nick Fernandes, and Stephan Genovese have all been core members of the organization through its formative years, practicing and developing Therapeutic Mentorship into what it is today. As such, they are crucial voices to include in a manual that attempts to capture and introduce a new provider to this service. May their wisdom provide you with an additional resource to draw from as you embark on this new role.

**Justin:**

I've had the opportunity to be guided by several mentors in my life. They each offered me a perspective on how to treat, coach, and believe in people that I am not only grateful for, but for which I feel responsible to pay forward. The following is my earnest attempt at doing just that. I hope that your journey as

a mentor is as rewarding to you as it is impactful to those with whom you mentor.

To begin, I believe great mentors selflessly believe in people. That belief must be conveyed in both actions and words. Not only are they physically available and flexible, they rarely waver in their compassion and empathy towards others. When they speak, they are guided by an instructional framing that seeks to influence thinking and behavior. They are shielded from providing unsolicited advice which is a hallmark of misaligned attributions of heroism and egocentrism. They are the embodiment of "just right"; not too heavy handed, not too firm, nor too passive or too distant. Great mentors allow for those light bulb moments to happen. Mentees come to them confused, stuck, or dismayed and over time can gain new insights and new levels of self awareness that can be positively self perpetuating. They give mentees a chance to rescope challenges, rethink approaches, change behavior, gain internal perspective, and improve choice making. Most of all, great mentors do all this with no intention of reciprocity. Their guidance is unconditional and their presence consistent. They offer trust as a symbol of commitment and dependability, and forge trustworthiness as a consequence.

I believe that therapeutic mentors embody the classical definition of mentor and enhance it with a level of clinical sophistication and insight. Equipped with foundational psychological knowledge of how to interpret human behavior, mental health symptomatology, and systems, therapeutic mentors identify as clinicians and orient their mentorship accordingly. Their pursuit is to not only influence thinking and behavior but to also improve one's well being. Therapeutic mentors, as with all good mentors, act with curiosity and believe in the power of good questions over the desire for a satiating answer. As clinicians, therapeutic mentors are always metacognitively aware. Their actions are never without intent. Their interventions can be interpreted as sometimes being arcane or eclectic to the untrained observer, but when supported by behavioral psychology and positive psychology, can be profoundly impactful. Mentors that supportively challenge clients to engage in new activities and experiences that they have been apprehensive about doing create an inflection point for mentees to unlock growth mindedness and self efficacious beliefs.

Ultimately great mentors make a sacrifice. Their work is often thankless, sometimes arduous, and can be painful. As is the case with my mentors, they may never in fact truly see just how much they've impacted the lives of others. That is the path before

you. Should you require courage, cajoling or recruitment, I encourage you to think about your mentors. The mentors that have impacted our lives live on, as does their influence. Know then that there is no greater privilege than to have the opportunity to leave behind a legacy that can iterate beyond the scope of what you could ever imagine or dream to ever reach. Believe in people, pay it forward, and thank you for what you do.

**Nick:**

Practicing as a Therapeutic Mentor at Causeway Collaborative has provided a unique opportunity for me to grow both personally and professionally. In order to “do the work” effectively, I needed to learn and appreciate the importance of living each pillar of mentorship in my own life. Through the experience of instilling these practices and attempting to ‘walk the walk’ during my early days at Causeway, the value of the work became self-evident. Since that time, I’ve come to understand the importance of “modeling” the benefits of the outcomes that mentorship is designed to strive towards.

As a mentor, I’ve always tried to keep in mind that by virtue of the services’ title, therapeutic mentors are clinicians first. The boundless nature and novelty of the service has allowed for

creativity while working with my clients. When applicable, I've also seen the value that being a Therapeutic Mentorship can provide as a supplemental service to a client's ongoing clinical process. Through this role, I've had the ability to function as an invaluable "behavioral arm" or behavioral interventionist and seen clients develop momentum towards achieving their goals and living a more fulfilling life.

As a Therapeutic Mentor at Causeway, I've always tried to dispel any and all preconceived notions that a client has about therapy. The ability to break free from the constraints of a conventional therapeutic environment presented new opportunities to develop remarkable alliances with clients. One of the most satisfying aspects of the Therapeutic Mentorship service is witnessing the client's surprised reaction when they fully grasp the uniqueness of the service. Practicing as a therapist in the community may seem daunting to some at first, but meeting with a client in their communities, in their homes and entering into their worlds more broadly has allowed me to gain a holistic understanding of my clients as individuals. Some of my favorite days at Causeway have been spent as a mentor, where I've had the joy of traveling with clients to local colleges and universities, gotten a workout in at the gym and then hit the



grocery store to buy ingredients to cook a meal, all in the same 12-hour workday.

I've come to appreciate the Therapeutic Mentorship service as truly limitless in scope and frequency when it comes to supporting a client on their developmental journey. No hour is too late or too early, no activity or intervention is impossible. No two sessions or two days are the same. As a mentor, I've done my best to be a problem-solver, taskmaster, social support, trusted advisor, advocate and confidant for the clients that I serve.

### **Stephan**

I have always conceptualized therapeutic mentorship as the tool to bridge the gap between introspection and action. When I first joined Causeway and began providing mentorship, I found the service to be the missing link in the therapeutic support world that I had not known existed. For years as an outpatient and in-home therapy provider, one of the most prevalent frustrations in working for clients is the lack of follow through towards action steps in between sessions. This is especially true when working with clients who struggle with significant depression,

amotivation or apathy. As a counselor, I would oftentimes desire to engage in more action-oriented work with clients; however, due to agency policies, billing constraints, and ethical considerations, this was not always possible.

My initial introduction to therapeutic mentorship at Causeway was a process of relearning much of what I believed to be possible in terms of providing support to clients. The first benefit of the mentorship program that was initially apparent to me was the lack of barriers or 'red tape' that I previously noted. The freedom to engage with clients in a manner that I deemed to be helpful and productive was gratifying. Having the ability to spend as much time as needed with a client focused on completing tasks, increasing behavioral activation, improving functioning in different domains of health and wellness, and sometimes just plainly building a positive interpersonal relationship was such a foreign and very much-admired concept.

Therapeutic mentorship, to me, has always held the notion of inherent flexibility at its core. Whether it be meeting a client at his home, somewhere within the community, at another therapeutic placement or program, in a hospital setting, or a local gym or deli, the core of mentorship embodies a flexible attitude and ability to truly (and oftentimes literally) meet

the client where they are at. To be able to view the client in a multitude of different settings provides so much pertinent clinical information that would otherwise never be captured in the traditional sterile environment of therapy. This information is invaluable to the young man's clinical, or other therapeutic service provider.

Lastly, therapeutic mentorship embodies the collaborative process that Causeway values so greatly, that we have chosen to highlight this attribute in our company's name. More often than not, engaging in different therapeutic services can seem like entirely siloed and separate processes. Due to numerous reasons, providers oftentimes fail to communicate with one another to fully coordinate care. The therapeutic mentorship program at Causeway has historically been a co-operative service, communicating with all members of our client's treatment team in order to bring cohesion to the goals and objectives we are all working towards. That is to say, Causeway is collaborative! Whether this means communicating with community-based therapists, psychiatric providers, primary care physicians, school administration and support staff, parents, family members, or other supportive service providers, the mentor has the flexibility to coordinate truly effective care.

## **Chapter Two: The Pillars of Practice**

## Introduction

The three **subsequent chapters** represent a breakdown of the core offerings of Therapeutic Mentorship at Causeway Collaborative. The domains of Social Skills, Health and Wellness, and Life Skills represent a holistic approach to helping young men develop the tools that they need to be able to navigate whatever their future holds with a sense of self determination, and with greater confidence in themselves.

Because of the practical applicability of the subsequent sections, a first-time reader of this manual (**particularly a new Therapeutic Mentor just beginning to see clients**) may be tempted to jump directly to the sections that follow to be able to "do the work" more quickly. It is understandable why this would be the case, particularly because the tangible outcomes of Therapeutic Mentorship (a client who is employed, cares for their physical body, is self-sufficient, and engaged in their life) are often viewed as being results of these specific interventions.

While it is certainly true that "the work" of Mentorship is represented by the execution of specific interventions to address identified treatment goals, the sections that follow represent only part of what is necessary to be a true Therapeutic Mentor at Causeway Collaborative. **Reducing**

Therapeutic Mentorship to a mere toolkit or flowchart undermines the philosophical underpinnings of the program, otherwise known as the "Pillars of Practice." These pillars will be covered in this chapter. While the Pillars of Practice are written as just one chapter in this manual, possibly giving the impression that they are a proportionally small, and even distinctly separate, part of Therapeutic Mentorship, this is not true. In fact, not only does our hiring process primarily focus on hiring providers with the pillars in mind, but our training process begins with these qualitative aspects as well. In truth, this is the most important chapter in this manual, and it is possible that a provider could offer Therapeutic Mentorship effectively if they only had access to this chapter from the entire manual. The same cannot be said for any other chapter.

Being a Therapeutic Mentor is about so much more than just identifying what domains a client can benefit from working on. The truth is, most clients come in already knowing what parts of their lives they'd like to make changes in, and there's a good chance that others in their lives, whether they are teachers, parents, coaches, siblings, etc. have also made them acutely aware of these deficits. What clients are often lacking is a way to take this awareness and to manifest it into lasting behavioral change.

The rest of this section contains a collection of foundational principles that are meant to serve as guides for Therapeutic Mentors as they help clients to bridge this gap. The Pillars of Practice are meant to encapsulate the characteristics, qualities, and attitudes through which a true Therapeutic Mentor acts. As best as possible, these foundational principles are meant to encapsulate the spirit of what it means to be a Therapeutic Mentor. The general rule is that if the mentor's decision-making is in alignment with the Pillars of Practice, then they are acting within the spirit of, and therefore are "doing", Therapeutic Mentorship.

The Pillars do not need to be memorized, but it is highly recommended that they be read and re-read as a way to "steep" in these guidelines, particularly in the first 6-12 months of beginning to offer Therapeutic Mentorship services. It is also highly recommended that mentors revisit the pillars periodically thereafter.

So while the neophyte Therapeutic Mentor is encouraged to develop an intimate understanding of the specific tools, interventions, and strategies included in the sections that follow, that in many ways is the easy part. It is the hope that the Pillars of Practice will help aspiring Therapeutic Mentors connect to the deeper work underlying every interaction with every client. It is this deeper work that distinguishes mentors

from "Life Coaches" and other similar offerings, and what makes Therapeutic Mentorship a truly unique service.

### **Pillar 1: Mentors are Clinicians First**

Therapeutic Mentorship as defined and understood at Causeway Collaborative is not Psychotherapy. It is not regulated by a governing body, nor is there a particular license or certification that is required to offer Therapeutic Mentorship. At the same time, at Causeway we require that all Therapeutic Mentors be either licensed or license-eligible clinicians. All Therapeutic Mentors hold a Master's degree in Counseling, Social Work or a related field, and that all interns are graduate students in one of these fields. The primary reasons for this are twofold; First, clinical training prepares mentors with crucial knowledge and skills that allow them to succeed as a mentor, and second, all Mentors must understand the importance of a strong therapeutic alliance, as this is viewed as a necessary precursor to behavioral change.

As you will see later in this manual, traditional clinical training prepares someone quite well for the job of Therapeutic Mentor. Therapeutic Mentors are frequently thinking deeply and evolving their case conceptualization of the client, managing countertransference, and using therapeutic orientations like



Motivational Interviewing, CBT, and Strength-based approaches to support their clients. Mentors can then use their training in conceptualization to inform their work, allowing them to develop a more complex and nuanced understanding of the client's presenting concerns and what interventions are most appropriate. It also supports the mentor in staying grounded in the Pillars of Practice rather than devolving into overgeneralizations about the client or engaging the client in ways that may inadvertently be contributing to their being stuck and unhappy.

Therapeutic Mentors are often described at Causeway as "therapists in disguise", as they have the training and knowledge of a licensed clinician (and are often licensed clinicians themselves), but they are using this training in a far more relational way where they have the flexibility to engage the client in a wide variety of behavioral interventions outside of the office.

Therapeutic Mentors also appreciate the need to form a strong and durable therapeutic alliance with their clients. In fact, at Causeway we frequently discuss the relationship between the mentor and the client as the most important factor in our ability to be successful with the young men who walk through our doors. While this is important in any therapeutic setting, the

chronically treatment-resistant population within which Therapeutic Mentorship is offered amplifies the importance of establishing a relationship that engenders support, comfort, and trust.

It is also common for clients to arrive at Causeway after making several unsuccessful attempts at developing a therapeutic alliance with a therapist. In contrast, their Therapeutic Mentor can be viewed by the client as someone who is more relatable, someone who understands them better, and isn't a "typical therapist." Threats to the relationship or difficulty developing one are often represented behaviorally by client disengagement and sometimes premature discharge. There is a saying at Causeway that "when a client sees us as an extension of their parents, we lose" that reinforces the fundamental importance of the relationship. It is unquestionably the foundation upon which service delivery is built, and the clinical training all mentors have prepares them exceptionally well for the task. Mentors are clinicians first.

## **Pillar 2: Laziness Doesn't Exist**

"Lazy" is a word that is used all the time in our culture. Often used in a negative context, laziness is commonly characterized by a person not engaging in activities or

behaviors in the short-term that benefit them in the long-term. It is talked about as something that is a character trait or hard-wired. "My son is lazy", is a common statement by parents. In their eyes, it's just how their son is. This label can commonly be attached to children and young adults, and while parents are often the primary offenders in labeling their own children as lazy, teachers can frequently fall into the same trap. When clients are assigned these labels consistently enough by those around them, they often start to believe it, and live in such a way that reinforces the label they've been given.

But this understanding of laziness misses the mark. It not only puts people into boxes, but also gives the impression that these characteristics are unchangeable. In reality, laziness should be understood as a constellation of symptoms rather than as some unchangeable character trait. In fact, it has been found that contextual factors, the different circumstances or contexts that are present in a person's life, have a significant impact on whether they exhibit "lazy" behaviors.

At Causeway, providers do not view their clients as "lazy". Instead, all providers strive to view their clients as dynamic human beings and see laziness as an indicator that there is something else going on causing the client to engage in a series

of behaviors that ultimately move them further from their desired goals rather than closer.

As an example, there was once a client at Causeway who we'll refer to as "Alex." Alex came to Causeway in much the same manner that he showed up for the rest of the activities in his life: reluctantly. Prone to oversleeping and drifting through his days in a groggy haze, Alex could never seem to find his direction. He failed several semesters in college and was unable to keep a job. He **was consistently staying up until 5 or 6am, and waking up at 3pm, 4pm, or later.** It baffled his parents, who didn't understand how their son was able to sleep through shift after shift, class after class. Was Alex simply too lazy to find his way in the world?

Soon, Alex's mentor forged a bond that revealed the true source of his disconnection from daily life. In a home session, Alex and his mentor set out to organize his room. While assembling the Ikea furniture that had been sitting in unopened boxes for months, Alex shared that the primary reason behind his maladaptive sleep habits was because he hated how much anxiety he felt when sharing space with his parents. His relationship with his parents was very poor, and when he was living at home he tried to interact with them as little as possible. To quote

him, "I figured out that if I get up at 4 or 5pm, I only need to be around them for a few hours before they go to bed and I can just hang out and play video games" Alex wasn't lazy. He was actually incredibly hard-working and capable. In fact, he ended up completing a graduate degree in Computer Science with a 3.7 GPA and securing a very competitive position as a Computer Scientist. From Alex's standpoint, he was experiencing severe anxiety in his current living environment and was dealing with it in the best way that he knew how. And while his approach was working in the sense that it gave him the space from his parents that he desired, it was significantly sabotaging his ability to pursue the life that he wanted for himself. The inverted sleep schedule, a stereotypically "lazy" behavior, was really a clue that something deeper was going on under the surface. And once this deeper issue was addressed, Alex was able to improve and to achieve his full potential.

The explanation for a specific behavior or set of behaviors can never be "The client is lazy". Laziness doesn't exist.

### **Pillar 3: Everyone is Motivated by Something**

After "lazy," one of the most common words parents use to describe their sons at Causeway is "unmotivated." As the

Causeway website indicates, our model is specifically developed for young men who are "stuck", and so it makes sense that lack of motivation can often accompany feelings of being stuck. While this is true, the philosophy at Causeway stands in contrast to this image of the unmotivated young man. Instead, providers within the Causeway model operate under the belief that every client is motivated by something.

Many clients come in with long histories of amotivation characterized by lack of an achievement orientation in their lives, no clear direction, and chronic lack of structure to their daily routine. It is easy to characterize these clients as unmotivated, and the clients themselves would often agree. But it takes only a brief conversation with an "unmotivated" client to see that they have all sorts of aspirations for their future, ideas of the kind of life that they would like to lead, goals they would like to achieve, etc. So it turns out that the client isn't unmotivated at all; rather, they are disinterested in the options that have been presented to them, or are disconnected from how those options will help them to achieve their stated goals or aspirations. A musician may find his peak creativity in the quiet hours after midnight, but present as a slacker in a culture that demands productivity first thing in the morning. An unfocused student may be inspired by the flexible lifestyle of a

freelance software developer, but chafe at the outdated career narratives to which he has been exposed. Motivation may look different or require a lens adjustment, but that is a far cry from the labels by which many of our clients have found themselves defined.

Like the label "lazy", "unmotivated" is often shorthand for a constellation of symptoms rather than a static character trait of a person. And similarly to clients who are labeled as "lazy" by those around them, "unmotivated" clients may come in having internalized a belief about themselves as unconditionally unmotivated, and the mentor's work may include breaking down this concept or idea.

The story of Robbie W. illustrates this pillar in practice. Robbie came to Causeway adrift. He had failed out of school with no discernable mental health challenges and was spending his days playing video games in his parents' house. He did not want to get a job, or take college courses, or really talk about his future with anyone. A former standout baseball player in high school, Robbie had stopped exercising altogether. As you might expect, his parents were distressed, and brought him to Causeway hoping to get him "back on track." However, Robbie's program struggled to get off the ground initially. There just wasn't

much that Robbie seemed to care about. School was “boring” and he didn’t feel a desire to return. Hoping to kickstart his growth, Robbie’s team helped him secure a few job interviews. Here it was, the breakthrough! Until Robbie intentionally tanked his interviews, that is.

To move forward, we needed to find something, anything that Robbie could direct his efforts towards. Often, our clients need a reason to take on tasks that seem boring or difficult in the moment. Rather than risk failure, it’s easier to simply stop trying. Eventually, Robbie’s mentor noticed a pattern in sessions. Robbie frequently spoke highly of his brother and the life he was making for himself in Boston. “Robbie,” his mentor wondered, “what’s stopping you from moving to Boston yourself?” Robbie’s whole posture changed. A chance for a new start, away from his old routines and patterns? Now that was something worth hustling for.

Robbie worked with his mentor to create a transition plan, and eventually made the leap to living independently. His goal of moving to a new city became a reason to work on himself, engage in sessions, and embrace challenges. When he was back in town several months after concluding his work at Causeway, he reached out to his old Therapeutic Mentor to see if they could have



lunch together. There, Robbie shared that he had applied to several local colleges in Boston on his own and was excited to be starting school again in the fall.

When Mentors are able to set aside the characterization of the client as unmotivated, the real work can begin. Because everyone is motivated by something.

#### **Pillar 4: Know what you are bringing into the room**

In some clinical circles, countertransference is seen as either a negative thing or something that the provider needs to rid themselves of. Providers are told to aspire to be a "blank slate", or a "mirror" whose own selves never show up in the therapeutic alliance. They should strive to provide a neutral environment in which the client can explore and discover themselves. While it's true that any provider's inability to manage their own reactions to clients in the room is problematic, Causeway Collaborative providers know that countertransference is simply a product of two human beings in relationship with one another. Because providers are human, they simply will have emotional reactions to their clients. Rather than something to be avoided, it is something that is

inevitable, and in fact can be used as a powerful change tool in the right circumstances.

All Therapeutic Mentors should take time to reflect deeply on their own experiences and how these experiences impact their relationship with and understanding of each client. We all bring something into the room with us, patterns of thought and conceptions shaped by the unique courses of our lives. And sometimes, a particular client will simply push your buttons! Rather than distancing or ignoring these responses when they emerge, we encourage mentors to observe carefully and reflect deeply. Eventually, the presence of a particular emotion or reaction on the part of the mentor can afford valuable insights about the circumstances confronted by their clients.

It is crucial that Therapeutic Mentors are able to accurately assess all of the variables that are impacting their work with each client. Denying the presence of countertransference when it is in-fact present only results in the Mentor operating with incorrect information. This, in turn, leads to flawed decisions, as any "correct" decision with incorrect information is a byproduct of luck. Whether it's a negative reaction to views expressed by the client, or frustration with the client's pace of progress, Therapeutic Mentors should always be bringing

awareness to their experience of the client and consider the factors that led the client to Causeway in determining the best way to respond.

The case of Coby B. illustrates this principle nicely. Coby was my (DG) first client when I first began working at Causeway Collaborative, and to this day may be the most personable young man I've ever encountered. Coby was bright, articulate, and friendly, and spoke with great enthusiasm in our first conversation about his motivation and desire to engage fully in our work together. Ahead of our first one-on-one session, I spent a considerable amount of time preparing a session plan that I thought would be the "perfect" way to start our work. Then five minutes passed. Then ten. Soon, I was clicking a pen with a scowl on my face as I realized Coby wasn't coming. "How could he do this?" I thought. "This is so disrespectful! He doesn't respect or care about my time or the effort I've put into this at all!" As I sat with these thoughts and emotions, I realized that my emotional reaction didn't really have much to do with Coby. Instead, it was largely coming from my own desire to do "great work", and to validate my own competence as a new practitioner. Coby was doing the best he could. He was incredibly disorganized, had poor sleep and self-care habits, and missed the appointment as a result. But it was what I was

bringing to the relationship that was causing me to be upset. And as I was able to see this more clearly, I realized that I wasn't an exception here, but rather that this was a characteristic example of Coby's struggles. I even began to feel sympathy for how difficult it must be for a person to live their life in such a way. And with that perspective, we rescheduled our appointment, and resumed what turned into a long and productive mentor-mentee relationship. On that day I learned a **valuable lesson**: You should always know what you are bringing into the room.

### **Pillar 5: The Goal is not the Goal**

Being a Therapeutic Mentor is about much more than helping a client to achieve their external or outcome goals. While helping a client to get a part-time job, develop a consistent physical activity regimen, or hone their independent living skills is rewarding and important, the real work in the mentor/mentee relationship is often happening underneath the surface. The specific intervention or area of focus with a client **in the short-term** is the means by which the Mentor supports the client **in the long-term**, on the path to individuation and independence, self-sufficiency, and fulfillment. In this way, any domain, **goal, or intervention** can

be a rich opportunity for the client to learn about themselves, to grow, and to clarify their place in the world.

It is so easy to get caught up in the overt goal with a client, and to lose the thread of where this overt goal lies in the bigger picture. This commonly surfaces the first time a client is unsuccessful in achieving a goal, or the mentor experiences pressure from the client's parents to increase the rate of progress **toward a stated goal**. As a mentor, your success cannot be measured by how well you were able to prevent the client from experiencing failures, **how quickly they got a job after they began working with you**, or how readily the client adopts the goals others may have set for him as his own. Ultimately, this extrinsically-oriented approach is counterproductive. It may even help to explain why the client has struggled to keep their feet planted on their own. On the other hand, a process-oriented approach that seeks out any goals that hold significance for the client as an opportunity to grow can yield lasting results.

**A case that illustrates this pillar clearly is the case of Charlie W. Charlie arrived at Causeway after experiencing significant trauma as an adolescent and following an extended stay at a residential treatment center. Charlie's mood was**

highly volatile, and he struggled to form relationships with his support systems. In starting with building a strong relationship, the mentor was able to identify basketball as an interest of Charlie's and the two of them began to center their sessions around playing basketball together. In the mentor's own words, "Honestly the goal was just to be there for him - he was so easily dysregulated given what he had been through that stability was key. The hook was basketball because he had shown some early prowess at it and I knew I kinda sucked at it so it would be fun to try and compete... I often got a great look at his week since we played on Fridays. I knew what had happened all week as a result and was able to reflect points of progress and points of needed improvement to the rest of his team... Sometimes all we'd do was play very physical games to challenge him and to get him to be more aggressive, to demonstrate that part of himself over me and vice versa."

This example shows the power of developing a highly personalized intervention to a client, where the identified activity is very clearly not what the work is really about. Charlie was not coming to Causeway to become a better basketball player, and the Mentor is a self-described poor basketball player, but playing basketball together created the conditions for a strong therapeutic alliance to be born, and for the client to cultivate

and develop parts of himself that were sorely needed in the service of his own development and growth.

A Therapeutic Mentor operates and selects interventions from a place of steadiness, maintaining their sights on the deeper vision of what they are working toward with the client. The goal is not the goal.

### **Pillar 6: Be the expert of what you are an expert in**

Clients come to Causeway Collaborative with a wide range of personal and professional interests. Whether it's a desire to become a music producer, a photographer, a computer programmer, a glass blower, or a welder, it's safe to say there is no "stereotypical" path a client will take when they arrive. In fact, it is common for clients to discover a new path for themselves in the context of their work at Causeway, and to end up on a path they did not expect they would be going down when they arrived.

Supporting clients in their pursuit of such a wide array of interests can be intimidating, potentially leading to pressure on the mentor to present with subject matter competence in any

area that the client expresses interest in. **Instead of trying to be an expert in everything,** Mentors should strive to stay grounded in the value that they are providing as an adviser, a sounding board, and an accountability check for clients, rather than as the person who will teach the client every concrete or technical skill they might require. Additionally, **in the context of rapport building,** talking about a client's favorite video game or bonding over a shared favorite sports team can be a nice way to build rapport early on in the work. However, it is equally valuable for clients to share their interests and passions with a mentor who does not know much about them.

Helping the client to sign up at the writing center to have an essay reviewed or helping them schedule a first session with a personal trainer are two great examples of this pillar in practice. Rather than being the person revising every English assignment or giving the client an anatomy and physiology lecture every week at the gym, the mentor is the facilitator and the support **in helping the client to do these things on their own.**

In one memorable instance, an older client, "Pat," identified yoga and mindfulness as a component of his recovery and OCD management that he would like to pursue. Pat's mentor helped him



research teachers and studios in Pat's hometown, then gave Pat a chance to lead breathing exercises to open and close each session. Placing clients in the driver's seat can be just as powerful as imparting a lesson; for young men who have dealt with negative labels for years, an opportunity to take ownership can be a powerful experience.

In the above examples, the mentor does not need to be a former English teacher, yoga instructor, or personal trainer in order to support the client. In fact, domain competence for a mentor can actually present as a more challenging dynamic to navigate, as the mentor may be tempted to just "jump in" rather than supporting the client in finding resources outside of Causeway. The mentor does not need to be an expert in everything, they need to only ensure that they are an expert in what they are an expert in.

**\*It should be noted that mentors are encouraged to look over an assignment for a client periodically, and to accompany a client to the gym. The most important thing here is to ensure that the client is not growing overly dependent upon their providers. As an organization committed to helping young men to flourish independently, all providers should always be aware of the possibility of this dynamic emerging as a byproduct of**

**developing a strong therapeutic alliance. This is a fruitful conversation to continue to explore in supervision.**

**Pillar 7: Everyone is capable of living a fulfilling and meaningful life**

As a mental health organization that works exclusively with 16-30 year old males, Causeway Collaborative's vision statement is "Every young man living a fulfilling and meaningful life". While this sentence looks nice on paper, many companies have nice-sounding mission and vision statements that ultimately are used for little more than marketing materials. As an organization that strives to live by its mission and vision, and as an organization that strives for a world in which every young man is living a fulfilling and meaningful life, every employee at Causeway must believe that everyone is capable of living a fulfilling and meaningful life. If this belief is not present, and if this belief does not inform every interaction that all employees have with clients and families, then the moral fabric of the organization **falls apart**.

Additionally, keeping this pillar in mind can be a vital support for providers working with difficult clients. To remember that a life of meaning and fulfillment is possible for someone no matter how much they are struggling is to maintain

belief in the client's ability to self-actualize, and to change even the most difficult circumstances in their lives in a meaningful, positive way.

My experience with "Benjamin" drove the significance of this pillar home for me in the early days of Causeway. Benjamin was returning from an extended stay in a residential drug rehabilitation center. His behavior was highly dysregulated; he was prone to outbursts and could hardly maintain eye-contact for any period of time. I was only able to pull one piece of information from our first session: that Benjamin liked turtles. Looking for any kind of foothold, I made a plan with Benjamin's mother to have our next session at a nearby aquarium. The behaviors I observed in our first session were still apparent, but so too was the genuine sense of wonder and interest that Benjamin exhibited. He knew very little about controlling himself in a public space and we were able to engage in a lot of redirecting and coaching during that day trip that set the tone of our relationship moving forward. Meetings that took place amidst activity - rock climbing, hiking, even bowling - gave Benjamin an outlet for his energy and taught him that he could look to me for guidance without fear of judgment. Over the next three years, I watched Benjamin grow into a more confident and

mature young adult, a truly dramatic turnaround from our first meeting.

Here is a crucial reminder, though: it is not the Mentor's job to ensure that every client finds fulfillment and meaning in their lives. This falls well outside of their control. But if a client is going to be able to improve their life, and to experience fulfillment and meaning, the supports in their lives need to believe this is possible for them. That's what makes this pillar so important: everyone really is capable of living a fulfilling and meaningful life.

**Pillar 8: You can't help others discover themselves without being engaged in your own self-work**

"Those who can't do, teach" is an old expression with too much truth to it. There are way too many people out in the world who do not adhere to the principles or the advice that they give others. One of the points of pride of all Therapeutic Mentors is that they do not fall into this category. A "practice what you preach" mindset is a prerequisite for doing this work well and should be something that all providers ascribe to.

Causeway providers do not ask clients to do anything that they are not doing for themselves. In a climate deeply lacking in positive male role models for young men, modeling behaviors for the clients we work with becomes a powerful ingredient in the change process. Whether it be engaging in physical activity, managing the commitments of a full-time job, exercising responsible money management, eating a balanced diet, or connecting with peers in healthy and constructive ways, Therapeutic Mentors provide an example for clients of how balance in these areas can be integrated into their lives.

This also becomes important in the context of broader, more existential questions. While the difficulties a client is experiencing day-to-day are typically more apparent, they often mask deeper challenges and difficulties beneath the surface. These deeper challenges can include finding a career path that they can see themselves enjoying, managing suppressed anger and resentment toward parents, or just more broadly trying to reconcile how to live in a world that they see filled with corruption, immorality, and suffering. While the mentor is not a therapist in their relationship with the client, the mentor should understand these difficulties as inherently human, and something that every person must find answers to for themselves in their own way. Mentors should be intimately familiar with

their own process of overcoming existential questions in their lives, not to provide those answers to the client as a shortcut, but as a way to empathize with and support the client in the process of developing their own clarity. You can't help others discover themselves without being engaged in your own self-work.

## **Pillar 9: Be Invaluable**

There is no question that the most powerful tool in a Therapeutic Mentor's arsenal is their relationship with the client. The mentor-client connection is the foundation on which all treatment goals are based. Conversely, *if a strong relationship isn't present*, the work quickly becomes stagnant and discharge is often not far off. Establishing goals as a team early on in treatment allows providers to add value for the client from the very beginning and ensures mutual investment in the targets for mentorship work.

The freedom to add value in whatever way is called for with a particular client is a core asset and Therapeutic Mentorship work. This client-driven approach is the biggest differentiator between Therapeutic Mentorship and other types of support. Whether it is going to a client's home, meeting them in the community, calling them in the morning to check-in, or working with them in the office, Therapeutic Mentors deploy a wide range

of tools and tactics to shape interventions and support the client in overcoming the barriers to behavior change that have kept them feeling stuck. Through collaboration with a client, mentors are able to differentiate themselves quickly from both the parents, who are often guilty of pressuring the client to do what they think is best, and from the therapist, who is often working within firmer boundaries and more conventional in-office session structures. When this strong alliance is formed, the mentor isn't just valued; they are invaluable.

For "Harrison," a bumpy road made a determined mentor all the more critical for his growth and recovery. A drug overdose left Harrison with a Traumatic Brain Injury, not to mention anxiety and self-doubt. He wanted to build a life for himself, but time management and organization was especially difficult for Harrison given his brain injury. He needed someone he could trust with some of his deepest insecurities, an ally he could always turn to. He needed a mentor.

In our work together, I first prioritized the relationship, emphasizing wellness and creating space for Harrison to share what was on his mind in comfortable settings. We worked out a double-block schedule, meeting first for an hour of physical activity followed by a sit-down session to catch up and organize

the rest of Harrison's week. Customizing the structure of his program made Causeway an invaluable part of Harrison's weekly routine. Whether it was building out his resume, developing independent living skills, or reviewing emails to spot scammers, I made sure each session included time for Harrison to share what he was dealing with and make meaningful progress on goals that mattered to him.

With time, Harrison found his footing. He connected with friends from his recovery center to coordinate gym sessions and golf games, strengthening his network of like-minded peers in the process. He also received a few interview offers, though he admitted to feeling anxious about whether his past would come back to haunt him. To set his mind at ease, I met Harrison for coffee before each interview. As we prepared for the move from his recovery center to a sober-living house, Harrison got the call: he had the job! Our logistics sessions shifted once more to preparing for work and creating a maintenance plan for living independently. He still had a long road ahead, but Harrison was feeling more and more ready for it.

## **Pillar 10: Flexible Like a Slinky**

The role of the Therapeutic Mentor is often changing. As mentioned throughout this section, the mentor's role extends far



beyond the limits of traditional talk therapy, and engages the client in three core domains of his life; Social Skills, Health and Wellness, and Life Skills. One of the primary ways that mentors add value while working with clients is by being flexible.

The need for flexibility shows up constantly in the world of a Therapeutic Mentor: from modifying a session on the fly when a client comes unprepared, to finding extra time during the week to provide additional support on short notice; from going to a client's home while they are in the process of over-sleeping for an important session or job interview, to taking a client out to lunch to celebrate a major milestone. A mentor's ability to be flexible, to adapt their plan to the moment-to-moment needs of the client, is an essential ingredient to their success.

This need for flexibility is particularly apparent when examining the domains in which a mentor is working with a client. While the toolkit-based sections of this manual on Health and Wellness, Social Skills, and Independent Living Skills are written as self-contained and clearly differentiated sections, Therapeutic Mentors will often find themselves working on a number of different domains simultaneously with a client,

often switching between several in one session. For example, a Mentor may meet a client at his house at 9am (sleep hygiene), engage in a quick workout (physical activity), have the client take a shower (hygiene), cook and eat a healthy breakfast together (cooking, food & nutrition), and make a plan for the day (time management).

To quote an early client of Causeway, all mentors should strive to be "flexible like a slinky".

Although it has already been mentioned several times, it bears repeating: the Pillars of Practice are the essence of what it means to be a Therapeutic Mentor. Now that this essence has been established, the remainder of this manual will focus on each of the three primary domains of Therapeutic Mentorship, beginning with Social Skills.

## **Chapter Three: Social Skills**

### **Introduction**

The first domain that we will explore is Social Skills. As defined at Causeway, Social Skills covers much more than a client's ability to carry on a conversation with another person or to be entertaining at a cocktail party. Instead, we

conceptualize Social Skills as any competencies that support the client in becoming a connected, self-directed, and contributing member of the communities he is a part of. This includes the sub-domains of Community Involvement, Professional Communication, Job Search Skills, Interview Skills, Interpersonal Relationships (non-professional), and Dating.

Each of these sub-domains is discussed below, including a brief introduction of the sub-domain as well as the common treatment goals where this sub-domain is applicable. A brief list of common interventions to address the sub-domain is also provided, as is a list of questions the Therapeutic Mentor can benefit from asking themselves when addressing a particular domain. Finally, each sub-domain concludes with a few Roadblocks, Traps, and Pitfalls that mentors typically confront when addressing these domains.

## **Community Involvement**

### **Introduction**

Clients who come to Causeway are often either socially isolated or socially engaged in ways that are maladaptive or incongruent with their stated long-term goals. Because of this,

it is common for mentors to engage clients in increasing and/or diversifying their involvement in the community through a variety of creative approaches. By aligning these interventions with the client's stated treatment goals, the mentor can serve as a powerful ally in helping the client to decrease maladaptive social patterns that have kept the client stuck, and to increase socialization and interaction with the world around them in a way that moves them closer to their goals.

### **Common Treatment Goals Where Applicable**

When engaging a client in community involvement, the Mentor works to help them feel a part of something larger than themselves in a way that supports their individuation, maturity, and personal growth. Community involvement can also be used to implement basic structure and accountability into a client's calendar whose daily routine lacks commitments or responsibilities.

If a client is spending an excessive amount of time playing video games for example (>20 hours/week), the mentor may be tasked with helping the client identify alternative pleasurable activities that connect them to different interests or that allow them to develop different skills that support their path

to independence. The mentor would then support the client in becoming engaged with these activities on a consistent basis.

In addition, let's say this same client's sleep schedule has been significantly impacted by the lack of structure in their day and their excessive gaming, and that a significant barrier in their ability to acquire a job has been their fear that they won't be able to wake up on time for work consistently. In these instances, the mentor may work with the client to secure a volunteer position, or some other community obligation, as a means to regulate sleep/schedule prior to acquiring a job.

As another example, a client may have a large, stable group of peers who they socialize with in-person, but these peers frequently engage in risky behavior and superficial pleasure-seeking through substance use or rule-breaking. In strengthening these relationships, the client becomes prone to poor decision-making that ultimately does little to help move him toward activities that are more deeply satisfying or fulfilling. He may even be putting himself into situations that are inherently risky, either to his physical self or to his standing with institutions like a school or the law. In this case, the mentor may work with the client to identify

alternative interests or passions that the client has, but that do not conform to this group's narrow system of values. By helping the client re-engage with these activities, it becomes possible that they also connect with an alternative group of peers who have a different set of values, thus allowing the client to move beyond this problematic social environment while simultaneously reconnecting with a part of themselves that has been lost or neglected.

### **Common Interventions**

- Help the client to identify and enroll in a volunteer opportunity or position.
- Help the client to secure part-time or full-time employment.
- Attend a local game night.
- Sign up for a local sports league.
- Take a class, either at a local college or somewhere else, such as with a music teacher or at an art studio.
- Join a platonic friendship app/social network.
- Find a group of like-minded people **participating in an area of interest or curiosity (for example on meetup.com)**.
- Reconnect with old friends that the client may have lost touch with.

**Helpful questions to ask yourself include:**

- In what ways does the client currently interact with the world around him?
- How do these interactions influence his worldview and sense of self?
- How does his engagement with the community (virtually or physically) either help move him toward or keep him from his stated goals?
- In what ways could the client make changes to how they are interacting with the community around them to help move them closer to their stated goals?

**Roadblocks, Traps, and Pitfalls**

**Lack of willingness from the client** | When clients are unwilling to engage in community involvement, it is important to correctly diagnose why this is the case. Attempt to place the client in the correct "Stage of Change", and employ appropriate Motivational Interviewing skills to develop discrepancy between the client's stated goals and the behaviors or actions the client is engaging in. What you are asking the client to do is not easy, and the changes that they are setting out to make will often feel significant to them. **Clients may become easily**



discouraged when the changes they desire to make don't happen quickly, and ambivalence is quite common. It is the mentor's job to sense this with the client and to provide support as-needed with accountability and by physically accompanying clients as they work toward their goals when appropriate. At times, clients may need a reminder of just how far they have come over the course of treatment; staying mindful of development over time allows a practitioner to help their client "zoom out" and reflect on their overarching journey rather than fixating on an individual hurdle or shortcoming.

**Lack of engagement outside of session** | Another common roadblock is when a client does not follow through on what they stated that they would do between sessions. These are invaluable opportunities for the mentor and client to assess and re-evaluate. As above, it is critical for the mentor and the rest of the treatment team to accurately diagnose where this resistance is coming from. Is the client too anxious to engage in these activities independently at this time? Are they actually disinterested in the identified activity but didn't feel comfortable saying so to the Mentor? Or is there another factor that is impacting the client's ability to engage outside of session? Once the mentor feels that they have correctly identified the reason for the lack of engagement, they can make

the appropriate adjustments in their next session with the client.

**NOTE: When a client falls short of their goals outside of session, seize the opportunity! Dig in to the reasons and explore the factors that contributed in a non-judgemental way. These conversations can kick-start the learning process while affording a practitioner valuable insights. As cliché as it sounds, actions really do speak louder than words. A client will often communicate as much if not more through their actions than they will verbally, particularly in the first 6-8 weeks of the relationship. Make sure you are listening not just to their words but to their behaviors!**

**Unable to find opportunities** | Because Mentors are often not experts in what a client is interested in, they may not have the requisite knowledge of the available resources in the community for a particular area of interest for a client. When searching with a client and coming up empty, it is critical to lean on fellow staff for support. Mentors should ask about any resources or ideas, and possibly lean on their personal social network (outside of sessions of course) to identify some opportunities that may be helpful. If they are still struggling to find opportunities, it may be necessary to set that specific area of interest aside for the time being, and to try to engage

with something that is more easily accessible in the community that your client is in. Being unable to identify a way for the client to engage in a particular opportunity can be a useful jumping off point to return to in the future if discussing the possibility of the client relocating.

## **Professional Communication**

### **Introduction**

Professional Communication is a core skill that allows a person to interact with others in professional settings in a way that shows respect and care for others while also respecting their own needs. While many clients may think that the way in which they correspond with peers or family members via text is an appropriate style in which to communicate in a professional environment, these same communication styles may inadvertently

communicate disrespect or a lack of competence that the client doesn't realize.

Professional Communication is a sub-domain that can be addressed both as a primary point area of intervention, as well as in more covert, indirect ways in working with a client. While some clients may arrive at Causeway with awareness of their deficits in this area, mentors should always be on the lookout for opportunities to provide feedback to a client if they communicate in a way that is unprofessional, or to evaluate a client's abilities in this sub-domain.

### **Common Treatment Goals Where Applicable**

With regards to Professional Communication in the workplace, clients frequently come to Causeway lacking the skills needed to communicate professionally and respectfully with employers, supervisors, or colleagues. These deficits can lead a client to lose out on a job offer without realizing that the way in which they are communicating via email, or in dialogue, with prospective employers is impacting their candidacy. In these instances, it is the mentor's job to identify these weaknesses and to provide the client with concrete feedback and training around professional communication styles that yield more successful outcomes. Additionally, some clients may be under the impression that the way they are communicating is perfectly

alright, when in truth it is too casual or improper. Here, Professional Communication should also be identified as a relevant sub-domain to address.

Another common area where the need to address Professional Communication arises is around a client's academics. Often, clients lack the knowledge of how and when to communicate with teachers or professors. This skills gap can manifest itself in a client's repeated placing of blame on a teacher for academic difficulties rather than accepting responsibility for their own role in the relationship. Developing respectful and consistent communication patterns between a client and their teacher is a critical ingredient in helping that client find success in a class they may be struggling in. It can also help the client to establish a connection with their teacher that can set them up to request a letter of recommendation or informational interview in the future. Helping clients to understand these benefits and develop the skills to take advantage of them is an important aspect in addressing Professional Communication as a mentor.

One important factor to keep in mind is that poor communication skills can be a symptom as well as an underlying cause of other issues for the client. As a specific example, a client's poor communication skills related to answering emails promptly or

responding to messages in their school portal may be a result of underlying skill deficits in using technology rather than in a client's inability to communicate effectively. Though it may seem like a given that our demographic of clients is intrinsically tech-savvy, confusing interfaces or learning differences mean this is not always the case. Mentors should be on the lookout to assess if there are other issues inhibiting a client's ability to communicate effectively.

### **Common Interventions**

- Discussing and exploring the client's typical communication patterns and styles in professional settings and how these patterns have worked for them.
- Professional email composition workshop - See "How to Craft an Email Response" in G Suite.
- Drafting correspondence together, or having the mentor proof-read correspondence prior to sending.
- Role-plays around customer interactions in the workplace
- Role-plays around interactions with supervisors/teachers
- **Mock interviews with family connections or other Causeway employees**

**Helpful Questions to ask yourself include:**

- Does this client exhibit effective professional communication skills?
- What deficits does the client appear to be exhibiting, and what tools/strategies do I have to teach them?
- What future-oriented goals that the client has would be helpful to use to contextualize the need to develop these skills?
- Could the client be experiencing discomfort or confusion around how to navigate the platform he is using to communicate? Or is he struggling with the communication itself?

### **Roadblocks, Traps, and Pitfalls**

**Education/training being insufficient** | In some instances, providing the client with the concrete knowledge needed to improve their professional communication inspires lasting behavioral change. In other instances, providing the client with this information may not yield the expected results. In these cases, mentors must conceptualize the presenting issue and think critically about what may be underlying the client's difficulty. For example, is there an underlying anxiety disorder that is preventing the client from communicating with teachers or their boss? Maybe they are diagnosed with ADHD and tend to rush

through discrete tasks, causing them to send emails ridden with typos. Better understanding the underlying patterns allows the mentor to ensure that they are addressing the root cause.

**Lack of awareness that change is needed** | A challenge that commonly arises when attempting to address professional communication with a client is their own lack of awareness that change is needed. Sometimes, even though the mentor and those around the client can identify that their communication skills are lacking, maybe even resulting in rude interactions, the client may not recognize that this is true. Instead, the client may attribute their inability to get a job to the unreasonableness of the interviewer, or some other external reason. In these instances, the mentor should be patient with the client, while seeking every opportunity to challenge their perception of interactions. The mentor should also strive to provide direct feedback to the client regarding their own interactions. A mentor's ability to speak from their own experience with a client and to communicate that a particular interaction was experienced as rude or hurtful can be incredibly powerful.

**Client unwillingness to share professional communication** |

Another common roadblock is when a client is unwilling to share



communication with the mentor. This can take the form of a client saying "I sent the email already" when they arrive to session or "I'll do it when I get home" when a follow-up item is identified. Particularly early in the work, the mentor can communicate to the client that they would like to just see what the client's professional communication looks like, and that if they are proficient it isn't an area that they need to spend time on moving forward. One of the challenging balances for mentors to strike is to be able to effectively evaluate a client across a range of sub-domains while not making the client feel micro-managed or infantilized. Setting a clear precedent upfront that the mentor is simply confirming that the client does in fact know how to do this task can help get past this roadblock.

It is also important to keep in mind that a client's refusal to share correspondence can be an indicator that the client is attempting to hide the fact that they are not following up as expected. This is something that the mentor should also be evaluating for in these circumstances.

## **Job Search Skills**

### **Introduction**

Helping a client to get a job is one of the most foundational, and one of the most commonly used, interventions

available to a provider at Causeway Collaborative. There are a wide range of presenting concerns that can indicate that a client's acquisition of a job would be therapeutic within Causeway Collaborative's model of treatment. Mentors most often assist clients in securing what we refer to as "short-term", or "non-career-oriented" work; jobs that typically do not require any specific education and training such as Cashier, Delivery Driver, or Retail Associate. The most obvious and commonly desired outcome of working with a client on job search skills is for them to acquire a job. While this is often the stated goal by parents and the client, it is crucial for the mentor and the rest of the treatment team to be grounding the interventions surrounding the job search in process goals that are distinctly separate from this desired outcome.

### **Common Treatment Goals Where Applicable**

Job Search Skills encompass a wide variety of highly transferable skills that can be applied by the client far beyond the acquisition of a job. A client's ability to update their resume and stay organized throughout the process are important job search skills, however the job search process also serves as an opportunity to work on process goals like a client's openness to new experiences, their discipline, consistency, and to

re-calibrate their understanding/expectations about the job search process.

An important benchmark to reach for is that once a Mentor has successfully helped a client to acquire a job, the client should then be equipped with all of the skills necessary to successfully gain employment in the future should they need to. To say it differently, the mentor's role is NOT to get a job for the client, but to help the client develop the skills necessary to be able to navigate a similar process independently the next time.

NOTE: "Job Search Skills" blends into the next sub-domain, "Interview Skills". Interviewing successfully is very much a part of the process of securing a job, but there is enough nuance and detail to "Interview Skills" as an area of focus with clients that it warrants its own section here. For these purposes, "Job Search Skills" refers to the skills needed to actually identify and apply to job openings within a client's skill-set, whereas "Interview Skills" will refer to the way to support and prepare clients for job interviews more specifically.

**Updating the Resume** - Updating a client's resume is often one of the first tasks a Mentor will engage in with a client. While on the surface updating a resume may seem simple and straightforward, the value of "the resume" as an intervention stretches far beyond what the final document looks like. Mentors work with clients around all aspects of putting the physical resume together, such as: adapting their existing resume to a template, ensuring that each bullet point begins with an "action" word, having at least three bullets per job, and more individualized decisions like whether or not to include their GPA, etc. In addition, a skilled mentor will use the resume as a narrative tool, to learn about and to better understand the client's past experiences, and as an opportunity to build rapport with the client. It is common for this to be the first time that a client learns how to speak about their past experiences in a way that validates the work they have done and the skills they have to offer a prospective employer. A well-constructed resume can leave a client feeling more confident, less hopeless, and can provide them with an early example of the value of their mentor-mentee relationship at Causeway.

**Staying Organized** - Job search processes have a lot of moving parts that can be difficult to keep track of. Between

finding new job openings efficiently, applying to a consistent number of jobs each day or week, remembering which jobs they've already applied for, and ensuring that they are following up in a timely manner, staying organized throughout the process is a critical factor in a client's success. As expected, this is where the mentor steps in. Using the Master Doc (see G Suite), the mentor and client can easily keep track of all the above information, and the mentor can help hold the client accountable to their mutually agreed upon goals. It may be unsurprising that clients will often be resistant to using an organizational system to stay on top of their applications, and this will be addressed in Roadblocks, Traps, and Pitfalls at the end of the chapter.

**Openness to new experiences** - Beginning a job search process is a great opportunity to assess a client's openness to new experiences. Clients often come in with a very narrow band of jobs that they are willing to apply for, which can severely impact their success in the search process. In these cases, the mentor will often work to deftly identify opportunities to increase the band of acceptable jobs that a client is willing to work, often employing Motivational Interviewing skills and striving to break down the barriers and resistance that may exist.

**Discipline and Consistency** - Connected to staying organized, the job search process is a great opportunity to hone a client's ability to put in consistent time and effort into something that may not be inherently enjoyable in the moment, but that moves them closer to their stated goals. The mentor is often tasked with helping a client stay accountable, and to work with them to set realistic "SMART" goals to help them stay on track.

**Recalibrating expectations** - It may be surprising to learn how many clients arrive at Causeway with the belief that "finding a job" entails identifying the closest Gamestop to their home, walking in the door, and telling the manager that they are able to start immediately. In these cases, it is the mentor's job to set the record straight and to educate the client on what a job search process actually looks like (usually a combination of all of the above goals). A client must understand the trajectory of the job search process to succeed, and when done in a supportive way, these conversations can be invaluable opportunities to continue to strengthen the alliance between the mentor and the client.

**NOTE: Mentors may periodically identify job openings through their own personal lives that appear to be well-suited for a client. Mentors are encouraged NOT to directly use their own connections in helping clients to acquire a job. Remember, the primary goal underpinning this area of focus is to help the client to be able to navigate a job search process independently, and simply handing them a job, or connecting them with someone who will give them a job, ends up being counter-productive to this broader goal.**

### **Common Interventions**

- Updating resume content and formatting
- Identifying applicable jobs to apply to --> teaching the client about job search databases and how to use them effectively
- Completing job applications
- Following up on job applications
- Tracking completed applications and follow-ups
- Rehearsal of elevator pitch to prospective employers
- Applying in-person to local businesses
- Once a job is acquired: rehearsing a morning routine, getting to work on time, etc.

**Helpful Questions to ask yourself include:**

- What are the reasons that the client is not able to get a job?
- What is their involvement like outside of the office and what is this telling me?
- Does the client see the "big picture" of why getting this job is important?
- What creative approaches can I use to support the client in the areas they are struggling?

**Roadblocks, Traps, and Pitfalls****Resistance to staying organized in the job search process |**

Periodically you may find yourself working with a client that does not want to use the strategies and tools that you have to offer to help them stay organized in their job search process. They may have a variety of reasons for this, ranging from believing that they don't need these tools, to feelings of anxiety or low self-esteem when tracking the jobs they've applied to, or they may not actually be doing very many applications outside of session but they don't want you to know that. Whatever the reason, these situations present the mentor



with the need to balance providing the client with support while maintaining the relationship.

In these instances, it is recommended to let the client do it "their way" for a period of time. This will likely range from 2-4 weeks. Seeing "their way" get them no further than it has in the past, clients will agree to re-evaluate their strategy after a few weeks, and often express increased openness to alternative perspectives and strategies. During this period, the mentor should look for opportunities to speak objectively to what they are observing, being particularly aware of any gaps that may exist between the client's stated goals and their actions.

**Client is not applying or following up outside of session |**

As a client increases their transparency with the mentor regarding their job search process, it is common for a client to slip into a pattern where they have very productive action-oriented sessions with the mentor but do little else outside of session independently to move them toward their goal of having a job. If this occurs, the mentor should speak directly to the client about what they are observing and should work with the client to strategize around alternative means to support the client in being productive outside of sessions. This can include morning or evening check-ins by phone or Zoom, having the client come in to the office between sessions to

engage in productive work independently, picture confirmation from the client, or another creative solution that the client and mentor arrive at together. Ideally, whatever solution is decided on, it should be something that is co-authored by the client and the mentor, rather than something that the mentor is "prescribing" to the client, which the client simply agrees to but isn't bought into.

**Client is not getting interviews** | The job search process can be seen as a game, with a person moving on to the next phase of the process only after they have developed competence in the previous phase. The most common phase for a client to get stuck in is in the application phase. If a client is consistently applying to jobs but they are not getting interviews, this is a clear signal that they are either applying to the wrong types of jobs, that their application materials need to be changed to better capture their candidacy for the jobs they are applying to, or some combination of the two. It is the mentor's role to identify which of these reasons are contributing, and to work with the client to make the necessary changes, either in the types of jobs they are applying to, or in their application materials.

**Client does not have any experiences for the resume |** In some instances, a client beginning work at Causeway may have no prior experiences that would be included on a resume. For example, they may be 18 years old, were not very involved in extracurriculars in high school, never did any volunteer work, and never held a job. In these instances, the mentor should work with the client to identify job opportunities that are suited to an individual looking for their first job. The mentor should assist the client in refining their "elevator pitch" and should encourage the client to go door-to-door to apply to local businesses in person if possible. The client should also be assisted in identifying a volunteer opportunity they can begin in order to start acquiring relevant experiences to include on a resume.

**Parental push-back to resume support as an intervention |** Although internally the resume is viewed as a rich tool to solidify the relationship between the mentor and the client, parents of clients do not always see it that way. Mentors may experience push-back from parents regarding the amount of sessions (and money) that the resume has taken to complete, often expressing dissatisfaction that something so simple is taking so long. In these instances, it is crucial for the mentor and the rest of the team to coordinate a time to speak to the

parents and to reinforce the process-oriented nature of the resume as an intervention at Causeway. When parents are able to see the bigger picture, they are often much more understanding of the amount of time that is spent in this part of the process.

## **Interview Skills**

### **Introduction**

While consistently applying to jobs is a crucial step on the path to acquiring a job, submitting an application is only the first step. While a client securing interviews with consistency is an indicator that they are applying for the right kinds of jobs, consistently not receiving calls back after interviews, and being rejected from jobs following interviews, are signs that the client needs to improve their interview skills. As an area of focus that flows seamlessly from and often weaves back and forth with job search skills, the overarching goal of this intervention is to help the client secure a job. While this always remains true, the mentor should be careful to ensure that they are working to help the client be able to navigate this process independently the next time they are applying for jobs.

## **Common Treatment Goals Where Applicable**

Clients may be unaware of the skills they need to succeed in an interview. From what to wear and when to arrive, to what to bring and how to prepare, interviews come with a whole set of unspoken rules and agreements that may feel alien to someone lacking experience in that world. Left to their own devices, a client may show up to an interview five minutes late with an unkempt appearance and no background knowledge of the company they are interviewing with. In these instances, it is the mentor's role to provide the client with the information and practice they need in order to be able to go in and nail their job interviews, and complete the process of securing a job.

## **Common Interventions**

- Prep sessions preceding interviews
- Driving clients to interviews
- Mock interviews (with Therapeutic Mentor or other staff).

Themes to address and look out for include:

- Attire
- Arriving early
- Refining answers to common interview questions
- Having clients record interviews; listening back and providing feedback

- Requesting feedback from interviewers when possible

**Helpful Questions to ask yourself include:**

- Does the client know what it means to prepare for an interview?
- What assumptions am I making about what the client "knows"?
- How can I make sure that what I assume to be true is really true?
- Is the client really qualified for the jobs they are applying to?

**Roadblocks, Traps, and Pitfalls**

**Client missing interviews** | While the mentor might think that a client would be excited to finally get a job interview, this is not always the case and clients can end up missing interviews, thus costing themselves the chance of getting those jobs. This can happen for several reasons, such as the client presenting with high agreeableness and going along with a job search process they are actually resistant to following through on, or underlying anxiety presenting the client with a whole host of reasons why they are unable to go to the interview when the day comes. When this happens, it is critically important for the treatment team to rally around the client, and to

troubleshoot solutions, such as changing the types of jobs the client is applying to, identifying alternative ways to add structure to their calendar, or meeting them for a meal or for coffee prior to the interview and giving them a ride there as a support.

### **Client consistently not landing job following interviews |**

When a client begins consistently getting interviews for jobs they are motivated to acquire, it can often increase motivation and hope that the process may be moving toward conclusion. This sweet taste can quickly turn sour however, if a client is finding themselves interviewing for jobs but being rejected. While this is disheartening, and it is important for the mentor to serve as an emotional support in these moments, it is also often a signal that there is something happening in the interview itself that may need to be changed, addressed, or improved. For example, the client may think that they are following the preparation that you have done with them exactly, but there may be a way that they are answering a particular question, physically holding themselves in the interview, or framing their desire to attain employment that isn't coming across how they intend. In these instances, asking the client to record their interviews, at least the audio, is an invaluable tool to give the client real-time feedback. Additionally, as

stated in the interventions, identifying appropriate instances to ask an interviewer for feedback can also be tremendously helpful to get an objective impression and some concrete information to work off of.

## **Interpersonal Relationships (non-professional)**

### **Introduction**

Many clients come to Causeway lacking in interpersonal Relationships. It's important to note that it is uncommon for a client to report that they do not have any friends at all. While this does happen occasionally, it is far more common for clients to feel strongly that they do have a social group that they are a part of, often expressing frustration with their parents for minimizing the value of those relationships to them. However, closer examination of those relationships typically reveals a more complicated picture, such as friendships that are exclusively online or oriented around harmful behaviors such as binge drinking or habitual marijuana use rather than genuine connection. While clients frequently express a strong sense of interpersonal closeness with these peers, Interpersonal Relationships remains a domain to be addressed in an effort to help the client experience deeper connection and relatedness.

### **Common Treatment Goals Where Applicable**



Interpersonal Relationships refers to a client's ability to gain and maintain a social circle that provides them with a sense of platonic interpersonal closeness, community, and connection. Though this can include relationships built online, mentors typically seek to diversify a client's interpersonal relationships within their physical home community.

This goal is often approached as a balance between helping the client to identify ways to meet like-minded peers and helping them to develop the skills necessary to have successful social interaction with those peers. Finding ways to meet like-minded peers sounds similar to Community Involvement (because it is), but here the focus is primarily on finding ways for the client to work on the skills related to building and maintaining interpersonal relationships. For example, the mentor might help a client identify a board game night to attend as a means to evaluate and provide feedback on how a client "shows up" and interacts with others at a co-operative social event.

### **Common Interventions**

- Organizing social events at Causeway Collaborative
- Processing social interactions and barriers to making friends

- Role-playing
- Attending a social event with the client and providing feedback following the event

**Helpful Questions to ask yourself include:**

- What do the client's friendships currently look like?
- What is preventing the client from achieving their goals in social settings?
- What is their awareness of the barriers preventing them from achieving these goals?
- Are there skills the client already has that they can use to help them find more success interpersonally?

**Roadblocks, Traps, and Pitfalls**

**Difficulty finding social settings to practice in |**

Sometimes clients may get stuck identifying opportunities for community involvement, thus limiting their ability to be able to practice the skills the mentor is teaching them. In these instances, it is highly recommended for the mentor to get creative, including scheduling a community event hosted by Causeway for a group of clients who may be in a similar

position. Board Game Nights, watching a sporting event, or just a Pizza Night can all be great options.

**Discouragement from negative experiences** | While supporting a client in attending a community event to make friends is a significant win, it is not uncommon for the client to return from an event feeling discouraged by the experience and expressing resistance to continuing to attend. When this occurs, the mentor should work to create a space for the client to process their experience, while also employing cognitive-behavioral and Motivational Interviewing skills to nudge the client to recognize the ways in which they may be employing unhelpful or maladaptive thought patterns, and to support them in increasing their openness to either attend the community event a second time, or to identify another event that they may be more interested in.

## **Dating**

### **Introduction**

While giving dating advice is not a common area of focus at Causeway, it can still be a key piece of the puzzle for clients learning to navigate Interpersonal Relationships. Clients at Causeway may come in with a range of histories regarding Dating. Some common presenting concerns are: a desire to find a romantic partner, having a long history of being unable to enter into a relationship but badly wanting to, or a repeated history of highly transactional, shallow relationships and a maladaptive view of the role of relationship in their lives. Each of these

presenting concerns is an opportunity for the mentor to offer support in the realm of non-platonic interpersonal skills.

### **Common Treatment Goals Where Applicable**

As mentioned above, this is not a particularly common sub-domain to be working in with a client, but it does arise occasionally. Addressing Dating with a client often happens organically and is almost always brought up by the client themselves. This is often a byproduct of the mentor and client having established a strong therapeutic alliance, with the mentor serving as a sounding board to help the client identify their desired goals while helping them to achieve them. The treatment goals related to Dating commonly include helping the client to find a romantic partner, improving an existing relationship, or more broadly finding new ways to meet potential partners.

### **Common Interventions**

- Helping update or set-up dating app profile
- Role-playing how to introduce themselves to someone they are interested in
- Process-driven discussions around how the client is relating to those he is attracted to or interested in dating, and how this is serving them (or not)

- Identifying new ways to meet people with more closely-aligned interests
- Supporting the client in identifying appropriate attire for dates and educating on the importance of first impressions

### **Helpful Questions to ask yourself include:**

- What is the client's outlook on romantic relationships?
- What is preventing the client from achieving their goals in romantic relationships?
- What is their awareness of the barriers preventing them from achieving these goals?

### **Roadblocks, Traps, and Pitfalls**

**Low self-esteem and hopelessness** | In some instances, clients may have had such a long history of unsuccessful experiences in regard to dating that they see themselves as inherently flawed or unlovable in some way. In these situations, it is important for the mentor to attempt to offer the client some new ways to meet people. Often-times, this sense of hopelessness is amplified by a small or rigid social-network that leaves the client with few opportunities to connect with new people who have similar interests or values to them. Helping the client to increase their experience in this way is a crucial

step to helping increase hope and willingness to engage in the process.

**Client Resistance to feedback** | Sometimes clients will present with strong resistance to suggestions made by the mentor. In regards to dating, this may result in the client continuing to experience failure and frustration, while being unwilling to try the suggestions or heed the feedback the mentor is providing. While undoubtedly a frustrating situation, it is critical for the mentor to remain patient, and to maintain a supportive position with the client. Engaging in MI skills when appropriate can be a powerful tool to continue to develop discrepancy between the client's desired outcomes and how their current actions are working, or not working, toward that outcome. It may also be helpful to explore where the client's resistance is coming from as it is commonly embedded in an underlying emotion such as anxiety or fear that they will fail.





# Chapter Four: Health and Wellness

## Introduction

Health and Wellness is the second pillar of Causeway Collaborative's Therapeutic Mentorship service. Focusing on areas such as sleep, diet and nutrition, physical activity, hygiene, and medication adherence, Health and Wellness relates to the foundational habits and building blocks to help make a client successful in life.

Keeping with the format *of the previous chapter*, each of these sub-domains is discussed below, including a brief introduction of the sub-domain as well as the common treatment goals where this sub-domain is applicable. A brief list of common interventions to address the sub-domain is also provided, as is a list of questions the Therapeutic Mentor can benefit from asking themselves when addressing a particular domain. Finally, each sub-domain concludes with a few Roadblocks, Traps, and Pitfalls that mentors typically confront when addressing these domains.

## **Sleep Hygiene**

### **Introduction**

One of the most common symptoms of clients who arrive at Causeway is poor sleep hygiene. Inconsistent sleep schedules, waking up in the early afternoon and going to bed in the early morning, and being unable to consistently honor commitments and obligations due to oversleeping are all common experiences for clients when they first start at Causeway. That being said, it is rare for sleep to be the only presenting concern for a client, and it is common for poor sleep to be woven into a constellation of other issues such as poor academic performance, and lack of structure in their calendars. Because of this, the mentor will often work to address sleep both directly and indirectly, seeking to employ other interventions in a way that also supports the transition to a healthier sleep schedule.

It should be noted that, as Pillar 6 references, it is not expected that Mentors be sleep specialists or experts in sleep. Much like the upcoming sub-domains of Food & Nutrition and

Physical Activity, there are basic guidelines that Mentors can offer (and support clients in implementing) that can help a client to fix some of the common causes of poor sleep. If at any point a Mentor feels outside of their competency, or senses that greater expertise to address sleep issues is warranted, they should consult the team for recommendations regarding referral.

### **Common Treatment Goals Where Applicable**

The need to address Sleep Hygiene is usually evident early on due to the significant impact poor sleep hygiene has on a person's ability to function. The mentor will often step in with the goal of helping the client to adjust their sleep schedule, and the routine around their bedtime and wake time, in such a way that supports more normative daily functioning and allows them to begin to work toward other goals in their life that poor sleep hygiene may be preventing them from. Regulating sleep hygiene is often viewed as a necessary condition for clients to be able to work toward other goals (like getting a job or taking morning classes). However, in some instances it can be more effective to reverse these objectives. This can be done by identifying morning commitments that the client is passionate about to instill an intrinsic desire to wake up earlier and establish a more consistent sleep routine.

Clients often come in with a lot of misconceptions about sleep and how to “fix” a sleep schedule. Most clients who are struggling with poor sleep hygiene are both acutely aware of the issue and frustrated by numerous failed efforts to regulate their sleep on their own. The client’s inability to successfully regulate their own sleep schedule often stems from significant misconceptions about how to actually make a change. Thus, the mentor is often first tasked with providing concrete information about how to regulate sleep before working to make changes.

For example, clients may be unaware that poor sleep is most often caused by some combination of using screens late into the night, engaging in activities such as reading, doing schoolwork, or watching TV while in bed, consuming caffeine or sugar later in the day, or by engaging in stimulating behaviors prior to going to sleep and being unable to calm down. Instead, they may expect that they will be able to simply turn off the lights when they are ready to go to sleep, and that this will be sufficient to allow them to fall asleep quickly, to sleep soundly, and to wake up in the morning feeling rested.

### **Common Interventions**

- Providing psycho-education about the benefits of a healthy sleep schedule and the ways to modify a sleep schedule effectively. This can include a discussion about the myths about sleep and how to “fix” a sleep schedule
- In-home session to experiment with sleep conditions, including purchasing alarm clock, moving an alarm clock further from the bed, charging a phone outside of the bedroom for the night, and purchasing curtains that more effectively block daylight.
- Having sessions in the morning and in-person
- Going to the client's house for session to ensure they are awake
- Morning check-ins
- Maintaining a sleep-diary (see G-Suite)
- Engaging in community involvement activities such as volunteering in the morning
- Recommend a sleep study (if client engages in all other interventions and the problem persists)

**Helpful questions to ask yourself include:**

- Does the client struggle falling asleep, staying asleep, or waking up? (can be multiple)

- What is the client's pre-sleep routine and how might this be impacting his ability to go to sleep consistently?
- Does the client consistently try to fall asleep at the same time each day and wake up at the same time each day?
- How might the client's daily commitments be affecting his ability to maintain a consistent sleep schedule
  - This can include both staying up late (playing games with friends for example), as well as not having commitments to wake up for (no job, classes, etc.), thus making it easier to sleep in.

## **Roadblocks, Traps, and Pitfalls**

**Client oversleeping for morning sessions** | While scheduling sessions in the morning to ensure that a client is up and out of the house by a certain time can be a useful intervention, mentors may occasionally find themselves waiting in the office for a client who is fast asleep. When this happens, it is important to go back to the drawing board to try to identify how to prevent this from happening again. Mentors may decide to change to in-person sessions that begin at the client's house to prevent them from oversleeping. The mentor may call the client in the morning to ensure that **they are awake with enough time to get to the office for their appointment**. This may also be a

valuable opportunity to review any possible barriers to healthy sleep like the client keeping their phone too close to their bed or having their alarm on a volume that is too low to wake them.

Having a client oversleep for a session can be frustrating as a mentor. Having the same client oversleep for sessions consistently, even those scheduled in the afternoon? Even more so! Because of this, it is critical that the mentor watch and manage their own emotions around a client's difficulty waking up for sessions. It is particularly important **not** to re-enact old patterns around shame and lecturing the client on the importance of getting up on time or honoring their commitments, as it is safe to assume this will not reflect positively on the relationship. Remembering to be solution-focused in remedying the issue and approaching the client as someone who is doing their best to make these changes in their lives can be particularly helpful here.

**Client not completing sleep diary** | Even the most motivated mentor cannot complete a sleep diary for the client outside of session. When clients come to session with an empty sleep diary, the mentor can do their best to try to work backwards and complete as much as the client remembers. At the same, we don't recommend this as a 100% accurate record if the client is known

to be a poor historian. Instead, the mentor is encouraged to try to problem-solve with the client, identifying why the sleep diary was not completed and implementing potential solutions.

This can include checking-in with the client in the evening to complete the sleep diary together, setting an alarm/reminder on the client's phone, or putting a printed version of the log next to the client's bed so that they see it before they go to sleep.

The mentor should also continue to stress the importance of the client filling out the sleep diary as a valuable tool, while working to address sleep indirectly through some of the avenues listed under "Common Interventions".

**Client disengaging from check-ins** | Another useful tool in the mentor's tool belt is the morning check-in, often a 15-minute phone call with a client to ensure that they are awake and to discuss their plan for the day. Periodically, a client may disengage from this intervention and stop answering the mentor's check-ins. When this happens, it is recommended to regroup with the rest of the treatment team to brainstorm the best course of action to follow. This could include a team meeting with the client to re-align, or looking to schedule a more traditional hour-long session with the client to discuss their resistance and to attempt to find a way to re-align.



## Hygiene

### Introduction

Another domain in which the mentor-mentee relationship can be leveraged to great effect is the domain of hygiene. Clients come to Causeway with various degrees of insight into healthy hygiene behaviors, and with a range of habits regarding maintaining healthy hygiene. When this is an area of focus, it's often front of mind for parents in the early phases of the process and can be viewed as a delicate subject to broach with the client. Additionally, the need to address Hygiene can become apparent to the treatment team while interacting with the client through the normal course of their program. Like some of the other treatment areas, Hygiene is rarely the primary focus of the Therapeutic Mentorship work for long. However, it is something that can continue to be addressed within the context of work on other sub-domains of mentorship in the form of in-the-moment feedback and coaching.

### Common Treatment Goals Where Applicable

It is important to note that poor hygiene is not always indicative of a client who is either unaware of the importance of practicing good hygiene or believes that they are practicing

good hygiene when they really aren't. In fact, poor hygiene can also be a symptom of depression or another underlying mental health issue. When this is the case, addressing Hygiene can be employed by the treatment team as a behavioral activation and self-care intervention in an attempt to remedy the mental health issues. Supporting the client in improving their personal Hygiene increases the chances they will feel better.

While poor hygiene may be a symptom of an underlying mental health issue for some clients, other clients may lack the awareness or insight into how symptoms of poor hygiene like stained clothing, bad breath, or offensive body odor impact the way that others view them, and how this impression may be adversely affecting their ability to develop lasting friendships, secure employment, or to achieve other social goals they may have. In all of the above areas, it is the mentor's role to educate the client on proper hygiene behaviors and their importance when appropriate and to support them in developing consistent habits around healthy hygiene. The mentor should be prepared to provide feedback in a way that is both firm and supportive in order to maintain or even strengthen the alliance.

### **Common Interventions**

- Providing psycho-education regarding the benefits of showering daily, brushing teeth 2x/day, wearing clean clothes, etc.
- Morning check-ins at the client's house, with an expectation that the client should be showered with their teeth brushed when the mentor gets there. This can be a great precursor to a community session applying to jobs, etc.
- Communicating directly to the client when their hygiene is poor and coming up with solutions together **for how they can remedy this in the future.**
- Ensuring that the client ends a session of physical activity by taking a shower and putting on clean clothes.

**Helpful questions to ask yourself include:**

- Is the client's poor hygiene a knowledge gap? A symptom of mental health issues? A lack of insight? Or something else?
- How do I anticipate the client responding to direct feedback on their poor hygiene? Can this be used to strengthen our relationship?
- In what ways can I integrate healthy hygiene into my sessions to help the client to integrate healthy hygiene into their daily routine?

## **Roadblocks, Traps, and Pitfalls**

**Behavioral interventions not solving problem** | In rare instances, a client may be engaging in proper hygiene behaviors, such as showering regularly, but they may be continuing to exhibit symptoms of poor hygiene such as offensive body odor. The mentor should maintain a solution-focused mindset with the client and should rule out alternative issues like ineffective body wash or deodorant. In rare instances, continued symptomatology may be indicative of an underlying medical condition. For example, one past client's poor body odor ended up being caused by poor management of diabetes, and could not be remedied by better hygiene practices. The client should be supported in working with the appropriate supports to rule this out as a possibility.

**Inconsistency in implementing behaviors** | As with many areas of focus in Therapeutic Mentorship, providing the client with psychoeducation is very rarely the end of the process. In terms of hygiene, the mentor may find the client in a pattern of inconsistent implementation of behaviors (for example showering and wearing clean clothes to appointments but not outside of appointments). When this arises, the mentor is encouraged to broach the subject with the client in a firm but supportive

manner. While the Mentor should not present as an authority figure over the client, providing them with specific, concrete feedback, and supporting them in identifying the barriers to consistent application is critical. Much like a coach who knows when to push their team hard and when to ease off the gas, the mentor should look to strike this balance with each client as well.

## **Food & Nutrition**

### **Introduction**

Food and Nutrition is a versatile sub-domain that can be the focus of the mentorship work in a variety of circumstances. A client's unhealthy eating habits, inability to cook basic and healthy meals for themselves, or the desire to complement a recent physical activity habit with a more balanced diet are all examples of circumstances in which improvements regarding Food and Nutrition can be valuable.

### **Common Treatment Goals Where Applicable**

Sometimes addressing Food and Nutrition-related goals is the focal point of the mentorship work, while at other times it

may be addressed in less formal, impromptu ways. A client eating six cheese sticks in the first 20 minutes of a session, or walking in with an extra-large, sugary drink from Dunkin' Donuts every week (both of which are true stories) can be invaluable opportunities to bring awareness for a client to the effects that these decisions may have not just on their physical health, but on their mental health as well.

When Food and Nutrition is the focal point, it can commonly be intertwined with the sub-domain of Cooking. As such, common treatment goals may be learning how to cook one balanced breakfast, one lunch, and one dinner meal on their own (including purchasing all the necessary ingredients). Additional goals may include decreasing consumption of unhealthy foods or increasing consumption of vegetables and other nutritious options. In some instances, the client may be aware that what they are eating is unhealthy, but they may be making food choices out of convenience. For example, because our Westport office is close to a popular burger chain, a number of clients have made a habit of stopping there for a quick meal before or after a session. In these cases, Mentors can help clients identify alternative, healthier options to supplement their occasional enjoyment of hamburgers.

Of course, mentors are not expected to be experts in nutrition, or to have any certification in Dietetics. Because of this, mentors should be very careful in providing the client with specific advice or developing specific meal plans. **If at any time the mentor believes that the client may be exhibiting symptoms of an underlying eating disorder, they should immediately consult with the rest of the treatment team to ensure that the client is receiving the right support in this sub-domain.**

### **Common Interventions**

- Providing psychoeducation regarding food choices, and basic information regarding macronutrients and balanced dieting.
- Conducting meal tracking as a way to build awareness of current eating habits.
- Identifying and discussing problematic eating patterns and ways that Ct can make alternative choices.
- Sharing a healthy meal together.
- **Help the client identify and begin using an app to track dietary intake in order to build awareness and to see more concrete feedback regarding achieving their goals.**

**Helpful questions to ask include:**

- What is the reason why the client is practicing poor nutrition? Is it a knowledge gap or a competence gap? Is it something else?
- What might be the psychological reasons for a client practicing poor nutrition and how should I account for this in our work?
- How can I ensure that the interventions I select are closely aligned with the clients self-identified goals for themselves?

### **Roadblocks, Traps, and Pitfalls**

**Competence gaps** | As mentioned in Common Treatment Goals, there is no expectation that mentors are experts in the field of nutrition. Because of this, there are times where the support clients are looking for regarding their nutrition simply falls outside of the competence of a mentor. A client seeking to avoid engaging in eating disorder behaviors or seeking to develop a highly regimented nutritional plan to support lofty athletic goals are examples where the mentor should assist the client in identifying an expert who can best support them in these areas, before directing their attention to another treatment goal and area of focus.



**Home environment perpetuating poor eating habits** | One reason why a client may struggle to implement healthier eating habits is simply because their home environment is not one that prioritizes healthy eating. Clients that live with their parents often eat whatever is provided by their family, which may not always include healthy options. In these instances, the mentor and client should discuss ways that the client can advocate for their parents to buy alternative, healthier options for them, while focusing primarily on portion control as a way to help the client understand that all foods can be good in moderation and when portioned appropriately.

## **Physical Activity**

### **Introduction**

The domain of Physical Activity is commonly addressed by Therapeutic Mentors through their work with clients. Physical activity is a broad term at Causeway Collaborative that stretches beyond simply going to the gym to lift weights or playing sports. The **definition** that Causeway Collaborative works through includes any form of movement that a client can engage in throughout the day **that allows them to be physically active**. This can include going to the gym, but also includes playing a

game of basketball with friends, going for a walk, or doing yard work.

### **Common Treatment Goals Where Applicable**

For the clients that would see physical activity highlighted as an area of focus in Therapeutic Mentorship, it is common for their current routines to severely lack movement of any kind. Thus, the treatment goal may be as simple as engaging in some form of physical movement each day.

Physical activity is often linked to food and nutrition in clients' minds, and the two certainly play a complementary role in how Causeway conceptualizes a healthy lifestyle. Much like in Food and Nutrition, there is no expectation that mentors be certified as personal trainers, or be experts in human physiology or movement techniques of any kind. Because of this, mentors should serve as facilitators of physical activity with clients, and should look to integrate movement into sessions as a way to build rapport or change the session framework to open up a different type of dialogue. **In some instances, Mentors may have sufficient training or expertise in physical training to support clients in initiating some forms of physical activity. However, this should always be done with the goal of helping the**

client to either transition to a professional trainer of some kind or to continue to engage in the activity independently.

### **Common Interventions**

- Go with the client to sign up for a gym membership
- Go for a walk during session
- Throw a football, kick a soccer ball, shoot hoops, etc.
- Complete a Couch to 5k program together
- Sign up for a personal trainer/exercise class

### **Helpful questions to ask include:**

- What barriers are preventing the client from engaging in physical activity?
- What ways can we integrate physical activity into our sessions?
- How can the client become more physically active, without needing to work out at the gym 3-4x/week?

### **Roadblocks, Traps, and Pitfalls**

**Client resistance to physical activity** | Some clients may express strong resistance to engaging in physical activities. When this occurs, the mentor should consider focusing on another domain, and possibly returning to the domain at a later date. Additionally, the mentor can try to identify ways for the client to become more physically active in their daily life more naturally (biking to a friend's house, or walking the dog for example), rather than explicitly trying to "add" physical activity into their lives **in a more structured, formal way**.

**Lack of client follow-through** | As the old adage goes, you can lead a horse to water, but you can't make it drink. Such is much of the work of the mentor, and it is no different with physical activity. While the mentor can support the client by engaging in physical activity together and helping the client to identify ways to do so outside of session, it is not in the mentor's control whether or not the client follows through. In these instances, it is recommended that the mentor help the client ground themselves in the reasons they wanted to be more active in the first place, identify the barriers that are preventing them from exercising, and then work on removing or minimizing those barriers.

## **Medication Compliance**

### **Introduction**

The conceptualization of a client's needs is only strong if confounding variables to potentially explain behaviors are eliminated (as best as possible). Additionally, as a

multi-disciplinary organization, Causeway strives to integrate and support the work of outside providers as best as possible to ensure that all of the client's support systems are working in harmony. For these reasons, mentors will frequently play a supportive, often highly behavioral role in helping the client to stay on top of their medication, and to work toward taking it themselves independently.

### **Common Treatment Goals Where Applicable**

The majority of clients who come to Causeway are taking some form of prescribed medication when they arrive. When a client is found to be non-compliant with taking their medication and is expressing difficulties in their life that could be improved through medication adherence, helping the client to resume medication compliance is a critical first step in gaining a more accurate understanding of the client's needs and presenting concerns.

Additionally, it may be discovered mid-program that a client has become non-compliant with their medication. In some cases, the mentor may also play a supportive role in helping the client to identify and schedule an appointment with either a new Psychiatrist, or one with whom they already have a pre-existing relationship. In all of these cases, the central goal is to

ensure that a client is taking any prescribed medication as directed.

### **Common Interventions**

- Morning check-ins to observe medication compliance
- Processing to understand rationale for inconsistent medication compliance
- Setting up alarm and calendar reminders
- Researching Psychiatrists
- Calling Psychiatrists

### **Helpful questions to ask include:**

- What is the reason that this client is not adhering to their medication prescription?
  - Do they believe that they don't need it?
  - Are there side-effects that they don't like but haven't communicated?
  - Are they forgetting?
  - Something else?
- How reliable of a historian is this client? Even if they aren't being intentionally dishonest, is it possible that they are not accurately reporting?

## **Roadblocks, Traps, and Pitfalls**

**Lacking proof of compliance** | The most difficult aspect of supporting a client with Medication Compliance is that it often relies on a client's self-report. Because of this, it requires a client to be both honest and reliable as a historian of their own experience. While the mentor should develop familiarity with how a client behaves while both on their medication and off, behavioral differences are somewhat subjective and limited to session times. If the mentor or the treatment team as a whole has doubts about a client's medication compliance, the only real way to know that they are taking it as prescribed is to have the client take the medication with the mentor. It is highly recommended that this be included as a broader "morning check-in" intervention, that can fold in taking medication with other habit-forming behaviors such as outlining a client's schedule for the day, and eating a healthy breakfast, showering, or doing some form of movement.

**Medication non-compliance and conditions to treat** | While a client who is diagnosed with ADD being off their medication can present its share of challenges and confounding variables for a mentor, this example is one that presents no apparent clinical risk and the mentor can include working toward compliance as a



part of their work. In other instances however, the stakes are much higher. For example if the client is diagnosed with bi-polar disorder, medication non-compliance can present a significant-enough barrier to the work that it raises the question of whether mentorship services should be suspended until the client is taking their medication consistently again. These situations and decisions are often highly individualized, and should always be made by the team as a whole and in consultation with the Center Director.

# Chapter Five: Independent Living Skills

## Introduction

The final pillar of the Therapeutic Mentorship program at Causeway Collaborative is Independent Living Skills. Independent Living Skills covers a range of sub-domains that are broadly focused around helping a client to develop the skills they would need to be able to successfully live independently. Because of the demographic that Causeway serves, it is very common for the young men receiving services to be living at home with their parents. Clients then typically arrive lacking key skills to care for themselves and their environment despite the fact that they are legal adults. The focus on independent living skills in the Therapeutic Mentorship work is designed to address this gap,

helping clients to become confident in their ability to live on their own. The sub-domains of Independent Living Skills are: Cooking, Grocery Shopping, Time Management, Organization, Laundry, Budgeting, and Personal Appearance.

Moving out of their parents' home is often a capstone achievement in a client's program at Causeway. While it is not something that every client achieves before their program ends, it is always either implicitly or explicitly the goal of the work that they are doing here. The decision for a client to move out can happen for a few reasons, but they can often be sorted into two categories. In some cases, it is a decision that is driven by the parents, while in others it is the client themselves who is advocating for the chance to live on their own. Whatever the circumstances surrounding the decision, the client's Mentor is typically focused on helping to ensure that the client has the skills that they need to make the transition a success. This is something that is most effectively done in preparation for move-out, and in instances where the treatment goals indicate a time-bound nature to this skill-building (I.e. they are moving out in "x" weeks), the Mentor should consult and implement the **"Life Skills Transition Timeline"** worksheet in G Suite as a guide for how to structure and stack interventions around this goal.

## **Cooking**

### **Introduction**

When a client first begins to consider moving out of their parents' home, it is important to evaluate their ability to prepare meals for themselves. While clients may frequently express a desire to live on their own, the mentor may find that the client is also highly dependent on their family to prepare their meals, **or that they are primarily eating takeout due to their discomfort in preparing meals for themselves**. Because the decision to move out often coincides with needing to live on a strict budget, the client won't have the option to simply eat out for all of their meals, and so the need to be able to prepare basic meals for themselves becomes readily apparent.

### **Common Treatment Goals Where Applicable**

Most commonly, the mentor will work with the client to develop the ability to cook basic meals independently. This will commonly include making one breakfast, one lunch, and one dinner. It is common to integrate other domains like Food and Nutrition here to assist the client in developing a skill set that includes healthy options, as well as the domains of grocery shopping and budgeting to help the client to develop the skills to go through the whole process.

As mentioned with several sub-domains in the previous chapter, there is no expectation that the mentor be a highly competent chef who is teaching the client advanced cooking techniques. The Cooking domain of Therapeutic Mentorship is really about the basics. Mentors are encouraged to lean on the kitchen skills that they themselves use to prepare their own meals at home, and to think back to when they were first learning to cook for themselves to identify basic skills and recipes that a client can master.

### **Common Interventions**

- Teach the client how to complete basic tasks in the kitchen like breaking an egg, slicing, chopping, boiling water, pre-heating an oven, etc.

- Cooking with the client, either at the office or at their house
  - This can include:
    - Identifying the recipe ahead of time
    - Making a shopping list
    - Going to the grocery store together to purchase the necessary ingredients (see "Grocery Shopping" section)
    - Cooking the meal together
- Have the client cook a meal they have learned for their family

**\* The mentor should maintain an attitude of positivity and encouragement, and should not jump in and do the skill for the client (this is likely what their parents have done and is why they can't do it now!). Embracing the imperfection that can arise in the cooking process can be a great way to help the client feel proud that they successfully cooked the meal, even if it isn't ready to be served in a restaurant.**

**Helpful questions to ask yourself include:**

- What is the client's current comfort level with cooking?

- Could they cook a basic breakfast, lunch, and dinner for themselves?
- What skills may the client be missing in the kitchen?
- Is it necessary to revisit Food and Nutrition domains to help the client understand the importance of healthy choices?
- What other reasons might the client be resistant to cooking?

### **Roadblocks, Traps, and Pitfalls**

**Client struggles to cook meal** | Although the young men we work with are young adults, some may have little if any experience in a kitchen. Basic tasks like breaking an egg, slicing a tomato, or cooking pasta may present the mentor with unanticipated challenges. When this arises, it can be useful to stay with that specific cooking skill to help the client improve. For example, buying a dozen eggs (or several dozen), and practicing breaking them can prove to be a valuable way for the client to build the skill. **This also serves the added benefit of helping to demonstrate to the client that they are capable of learning new skills, and can help develop a sense of competence in the kitchen.**

## **Grocery Shopping**

### **Introduction**

Grocery shopping is another domain that is vital to assess when supporting a client in transitioning to independence. While most clients have gone to a grocery store before, the mentor may find that clients are not accustomed to buying food to fit within a designated budget, or with the need to go grocery shopping in such a way that they would have the food they need to last them for a period of time (commonly one week). **As such, Grocery Shopping is commonly intertwined with Cooking and Budgeting, and addressing these areas in tandem can help the client understand the relationship between the sub-domains.**

### **Common Treatment Goals Where Applicable**

While "groceries" are often a line-item on the budget the mentor will put together with the client, the treatment goal that is most commonly applicable here is for the client to be able to go to the grocery store and to buy what they need without support, **while sticking to their budget**. This can take time, as clients are commonly overwhelmed initially when navigating a grocery store. Clients are typically unaccustomed to doing a "full" grocery shopping trip, instead being more



comfortable running into the store to grab an item or two of prepared food or stocking up on snacks. If they are unaccustomed to sticking to a budget, they may be prone to shopping impulsively, putting whatever seems appealing in the moment into their cart. Other clients may not pay attention to prices, choosing more expensive versions of items when cheaper alternatives would keep them in their budget. In all of these cases, the mentor serves as a guide and support for the client in helping them shop successfully, stay within their budget, and develop an understanding for what the cost of these different items are.

Assessing and supporting a client in grocery shopping may be particularly relevant with clients who present with eating disorder symptoms or who are known to eat out excessively.

### **Common Interventions**

- Developing a grocery list together to have sufficient food for one week.
- Going grocery shopping together
  - Processing urges to purchase items outside of list
  - Learning the layout/navigating the grocery store
  - Identifying how to get help if unsure where an item is

- Comparing the same product from different brands (cost and quality)
- Helping the client with a grocery list for the entire family
- See "Cooking" section for ways to create continuity between these two domains.

**\*Just as with cooking, it may be tempting for the mentor to take a more active role in these interventions. However, as a mentor you are there to guide, encourage, and support the client, not to do their shopping for them. The moments where the mentor can support a client in finding an answer as though the mentor were not there are invaluable learning and growth opportunities.**

**Helpful questions to ask yourself include:**

- How can I best support the client in developing comfort and confidence in going shopping on their own?
- What are the barriers that have historically prevented the client from going shopping on their own?

- What opportunities exist to integrate grocery shopping with other domains such as cooking, budgeting, organization skills, and time management?

### **Roadblocks, Traps, and Pitfalls**

**Client unwilling to go with mentor** | In some cases, a client may be unwilling to go grocery shopping with the mentor. This can occur due to the client being self-conscious about being seen at the store by a peer, the client feeling "babied" by the intervention, or something else entirely. With one of the primary in-vivo interventions removed from the mentor's arsenal, what is the mentor to do? Well, one option is for the client to go to the store and to go over the receipt with the mentor afterward. They can process the outing as a whole and the mentor can assess how the client did at sticking to the identified budget and the grocery list. Another option is for the client to go grocery shopping immediately before cooking a meal with the mentor. Again, this can present the mentor with direct observation of how the client did purchasing the necessary ingredients, and can provide for unique opportunities to make any modifications needed to the recipe in the event that an ingredient was forgotten.

## **Time Management**

### **Introduction**

A client's ability to manage their time effectively is one of the most critical factors in dictating how well they are able to not just achieve their treatment goals at Causeway, but also their long-term goals in life. Time Management is a broad domain and is often closely aligned with addressing treatment goals in Organization. Improved organizational habits and structures can lead a client toward more effective management of time. Time Management is often addressed (either directly or indirectly) in parallel to other treatment goals, whether they be in maintaining a job, completing academics, volunteering, or something else.

### **Common Treatment Goals Where Applicable**

The overall treatment goal when addressing Time Management is often for the client to be able to manage their commitments and obligations successfully. This can begin with something as simple as maintaining appointments with providers at Causeway consistently and scaffold up to managing some combination of a

work schedule, a class schedule, homework assignments, caring for themselves, family obligations, and socializing. Often, the first step in addressing time management issues is awareness-building: helping both the mentor and the client gain an accurate picture of how the client's time is currently being spent in order to identify opportunities to effect change. Once this is accomplished, the mentor and the client typically set out to address the skill deficits that are responsible for the gap between the client's desired use of time and their actual use of time.

### **Common Interventions**

- Completing the schedule in master doc and keeping it updated based on how the client is actually spending their time (It can be effective in this case to create an "ideal" schedule as well as an "actual" schedule for the client to see a visual representation of the difference between how they want to be spending their time and how they are currently).
- Providing a space in the office for the client to complete work outside of sessions (often before or after session).
- Developing plans for work completion or use of time.
- Implementing reminders in calendars for important events.

- Developing a trigger for the client to remind them to assess whether they are on task, and why they may not be.
- Integrating time management with other domains as applicable.

### **Helpful questions to ask yourself include:**

- How am I understanding the client's root difficulties with time management?
- In what ways may the client be exacerbating their own challenges?
- How can what they are already doing be used as a "bridge" to help them develop better time management skills (versus completely re-learning something new)?
- What is the client's understanding of the reason for their time management difficulties?

### **Roadblocks, Traps, and Pitfalls**

**Client unable to manage time outside of session** | While the suggested interventions are often sufficient to see a change in a client's ability to manage their time, some clients will continue to struggle to do so despite the mentor's best efforts. For example, a client may engage fully while in session with the mentor, develop a schedule, set up appointment reminders, and

express willingness to follow through on the above, but then will engage in few or none of the discussed tools and strategies. If this occurs, the mentor should work with the client to understand what barriers may be preventing the client from being able to follow through and partner with the client to attempt to overcome these barriers. The mentor should consider domains of executive functioning such as task initiation and task completion, and can offer to structure support in such a way to help a client initiate challenging tasks, ensure completion, or both. In these instances, the mentor is also encouraged to maintain close communication with the rest of the treatment team, specifically any outside clinicians or psychiatrists, to ensure that all clinical variables are being accounted for. It should also be noted that the above recommendations assume that the Mentor is confident that the client genuinely wants to be able to complete the desired tasks. It is also common for a client's avoidance of tasks outside of session to be an indicator that the client may be ambivalent or disconnected from working toward the related goals.

**Client resistance to accountability** | At times clients may express that they are willing to set up a schedule with their mentor, or to identify ways to manage their time more effectively, but then express resistance to being supported

through accountability by the mentor. When this occurs, the mentor should strive to better understand the client's position and the reason for their resistance, then look to utilize Motivational Interviewing techniques as appropriate to gradually increase the client's willingness to being held accountable. In some cases, this may involve allowing the client to do something "his way" for a period of time prior to the mentor gaining an opportunity to direct a different approach when the client's approach proves unsuccessful.

## **Organization Skills**

### **Introduction**

As mentioned in the previous section, Organization Skills are closely connected to Time Management. In fact, a client's ability to manage their time effectively can often be directly influenced by their ability to stay organized. For example, several of the interventions listed under Time Management, such as the calendar exercise and developing plans to complete work or desired tasks, are simultaneously addressing organizational elements as well as pure time management.



In general, Organization Skills address a client's ability to, well, stay organized. A client's difficulties in this domain often become particularly apparent with regards to their academics. Having between four and eight different courses to manage has a tendency to reveal any gaps! However, the need to address this domain may surface in other ways as well, such as missing scheduled appointments, frequently losing documents given to them by providers, or misplacing personal items at an excessive rate.

### **Common Treatment Goals Where Applicable**

In terms of academics, mentors should target organization skills that allow clients to consistently stay on track with assignment completion, easily access documents that they need promptly, and have mastery over their calendar by knowing where they need to be, what they need to bring, and when they need to be there. Additionally, it is important for this domain to include the client's digital world as well, addressing areas such as email, Google Docs, and the storage located on the client's devices.

While academics are a primary area of focus regarding organization, a client may benefit from addressing organization

across a variety of other areas in their life, most commonly their personal space. In these instances, the mentor works with the client in a variety of ways, such as helping them to identify designated places for certain objects or purchasing organizers and filling them, with the goal of the client developing a system that works for them to keep their space clean and their belongings accounted for.

Note: It is particularly important for the mentor to keep in mind that how a person stays organized is both highly variable, and highly dependent upon their own unique needs and characteristics. The mentor should be cautious about forcing their own personal organization system on the client. Keep in mind that this is likely how the client has interacted with parents, teachers, etc. Inundated with prescriptive demands to "get organized" in a highly specific way, the client will frequently withdraw when this approach is attempted. The mentor should work collaboratively with the client to identify and implement an organization system that they believe can work well for them.

## Common Interventions

- Understand the client's current system of staying organized to identify ways in which they are experiencing difficulty, frustration, or added stress because of it.
- Purchase physical folders for classes, label them, and organize relevant documents. **Additional in-home organization tools can be purchased and implemented as needed.**
- In-home session to assess client's current work environment and habits and to establish a more sustainable and supportive way to stay organized at home.
- Help client overhaul digital spaces including personal hard drives, cloud storage, and password managers app to safeguard sensitive information.
- Clear out unread emails and maintain a clean inbox moving forward.
  - Explore resources like unroll.me to support staying organized.

**Helpful questions to ask yourself include:**

- What has worked for the client so far to stay organized?  
What hasn't worked?
- What other challenges for the client may be indirectly lessened by the client improving in their organization?

- Is there some factor other than not being organized that may be causing these same symptoms to arise?

## **Roadblocks, Traps, and Pitfalls**

**"Nothing works for me" |** Occasionally, a client will tell a mentor some version of this quote as a way to communicate that they do not believe there is a way for them to be organized. This may stem from a belief in themselves as not being an "organized person", from an underlying hopelessness caused by repeated failed attempts to become organized, or some other reason. When this happens, the mentor should seek to better understand the reason why the client feels this way in order to identify small ways that the client may be able to experience changes. Remember, the ultimate goal is not to be organized for the sake of being organized; it is to help the client achieve whatever they are striving to achieve by finding ways to make life easier on themselves.

**Belief that their current system is sufficient |** Some clients will come in with very clear needs for organizational support, but very low insight into the nature and extent of their deficits. One common archetype in which this arises is with clients who are highly intelligent, and who have relied on that intelligence almost exclusively to succeed up to this

point. They are actually correct that they don't "need" to be more organized to succeed where they are now, but they lack the forethought to appreciate that they will not be able to rely on raw intelligence forever, and that this is the time to work on these skills so that they are available when they are really needed. With these clients, the mentor should provide psychoeducation where appropriate, and should engage in the appropriate Motivational Interviewing skills, particularly rolling with resistance and developing discrepancy, to help the client connect to the benefits of addressing these goals now.

## **Laundry**

### **Introduction**

Laundry is one of the more specific and straightforward treatment goals in the domain of Organization Skills. While a client's ability to do their own laundry is a crucial life skill required for independent living, many clients arrive at Causeway with little-to-no experience being responsible for ensuring that they have clean clothes, or sometimes even knowing how to operate a washing machine. This comes into focus quickly as major milestones such as moving away for college or living

independently come into view. As these milestones approach, the mentor will often evaluate a client's knowledge and ability to do their own laundry and can work with the client to teach them the basics of washing and folding clothing.

### **Common Treatment Goals Where Applicable**

Unsurprisingly, the treatment goal here is for the client to be comfortable doing their own laundry on their own such that they have clean clothing to wear at all times. There are also opportunities to integrate Laundry in Organization Skill and Time Management-based intervention by helping the client to set up a routine in which they do their laundry consistently at the same time and at set intervals.

Another circumstance in which Laundry can arise as a treatment goal is if Hygiene is a domain that needs attention. In these cases, supporting a client in doing their laundry consistently and ensuring that they are wearing clean clothes takes on a broader purpose in the service of both domains simultaneously.

### **Common Interventions**

- Assess the client's knowledge of how to do their own laundry.
- Teach the client how to operate Laundry appliances, and how to fold clothing items.
- Help the client identify how they will do their laundry once they are living independently.
- Pilot a period of time where the client is living at home but doing their laundry on their own.

### **Helpful questions to ask yourself include:**

- Do I believe this client knows how to do their laundry?
- How much support would they require to perform this chore?  
How much support would they be willing to accept?

### **Roadblocks, Traps, and Pitfalls**

**Doing too much** | While a thorough overview of the process of doing laundry may be useful for some clients, others may find the domain to be infantilizing or unnecessary. In some cases, the mentor may be able to simply walk through how to use the machine once with the client before the client wants to manage the task on their own. Unless there is a known hygiene issue for

the client, the mentor should prioritize maintaining a trusting and positive relationship with the client over engaging in interventions that can raise the possibility of having the client believe that the mentor is too overbearing or views the client as inept. With this in mind, the Mentor can give the client autonomy in these instances to address this sub-domain how they would like, only stepping in if the client demonstrates difficulty managing it independently.

**Client consistently wearing unclean clothes** | While a client consistently wearing unclean clothing can alert the mentor to the need to address Hygiene and Laundry, clients may continue to wear unclean clothes even after these domains have been addressed. If this happens, the mentor should address it directly with the client. There may be other reasons that the mentor hasn't considered as to why the client may be doing this, and the mentor should strive to better understand the client's persistence. For example, the client may not own enough clothing that they feel comfortable in due to recent weight change, or they may simply lack awareness that the clothes they are wearing are considered dirty.



## **Budgeting**

### **Introduction**

Budgeting is another critical Life Skill that many clients arrive at Causeway without. In fact, it is common for clients to begin working with their Causeway team without ever having had their own money that they needed to keep track of, **instead using a credit card supplied by their parents to spend money with little regard for where it goes**. Moving from simply using a parent's credit card for all purchases to being financially responsible for your own expenses is a jump that is far bigger than most clients are ready to take initially, presenting the mentor with a valuable opportunity to work with the client and family system directly on a transition.

### **Common Treatment Goals Where Applicable**

The treatment goal around budgeting ultimately ends in a client being able to manage their own finances while living independently. However, reaching for this target right away is often inappropriate when a client first comes to Causeway. Instead, the mentor will often focus on smaller, more realistic treatment goals such as helping a client to be responsible with their own checking account **(not over-drawing their account for example)**, allocate funds for a few initial expenses that they

are responsible for, develop awareness and appreciation of what their cost of living currently is, and define what a more realistic lifestyle might look like based on their current income level. It is often critical to enlist the support of the client's family system, particularly their parents, in enforcing appropriate boundaries and gradually increasing a client's financial responsibility in proportion to their ability to manage it. This sub-domain specifically is more heavily reliant on parental involvement than some others because the client's financial dependence is often deeply intertwined with their parents' philosophy and means. Supporting and advising the parents on how to best support their son in transitioning to financial independence should always be done with care and consideration, and in consultation with the rest of the treatment team.

### **Common Interventions**

- A typical progression of addressing insight into spending may look like this:
  - Complete a projected budget based on client's current guess of how much they are spending.
  - Track expenses weekly to assess accuracy of budget and client's success in adhering to it.

- Examine the need to make changes to the budget and to modify spending habits accordingly based on actual spending.
- Continue to track expenses to develop insight into the client's current cost of living.
- Continue supporting the client in making lifestyle changes to decrease spending in line with available budget.
- Introducing the client to financial tracking apps such as Mint to facilitate awareness of finances and tracking.
- Setting spending or saving goals and supporting the client in meeting these goals.
- Helping a client open a bank account.

**Helpful questions to ask yourself include:**

- How much is the client currently financially responsible for themselves?
- What are their spending habits currently like?
- What is my understanding of the client's awareness of the value of money and their appreciation for the cost of their lifestyle?

- What are some small ways that this client can be pushed to become financially responsible for themselves as a bridge toward full financial independence?

### **Roadblocks, Traps, and Pitfalls**

**Client not tracking** | Any time a client is asked to track something outside of session (in this case expenses and spending), the mentor runs the risk of the client not doing so. Therefore, mentors should always come prepared with a plan "B." For budgeting, the mentor can consider a range of options. For instance, using a tracking app like Mint that the mentor and client can check each week is a great way to take a lot of the work out of the client's hands. The downside to Mint is that if an account is not linked to it, there is a possibility that some money may be unaccounted for. It's important to keep in mind that it is not possible to support a client in budgeting if they are primarily receiving cash as a source of income and not tracking their expenses manually. Mentors should look for discrepancies between a client's reported income and their spending if drug use or dealing is suspected as well.

**Client consistently not meeting budget** | While setting a budget may be sufficient for some clients to begin to live within it, clients will often struggle to do so at the beginning. Old habits die hard, and when a person becomes

accustomed to a certain lifestyle, it can be challenging to suddenly make a change. In these cases, the mentor should take a supportive and solution-focused stance in helping the client to identify the problematic behaviors and purchasing decisions, and to attempt to resolve them. A client's inability to meet a budget does not mean that the budget should be increased!

### **Client unwilling to become responsible for certain finances**

| A common starting point when parents begin to bridge their son toward independence is personal responsibility for discretionary spending like eating out, gas for their car, and entertainment. In some instances, the client may present as oppositional or may continue to use their parents' funds without permission. It is important that the mentor allow the family's other supports, particularly a parent coach or family therapist, to support the parents in how to manage this. It may be tempting to feel as though the mentor should take on the responsibility of convincing the client to respect their parents' boundaries, but this is not something that the mentor can enact themselves. The mentor should continue their work with the client, ensuring that they maintain their alliance with them during this tenuous time.

## **Personal Appearance**

### **Introduction**

The final section in Life Skills is Personal Appearance. A sensitive domain to address, mentors should be particularly careful about how they approach a client in this domain. It is common for clients to arrive at Causeway with little regard for how their personal appearance impacts the impression others have of them. Some, for example, will wear sweatpants and sweatshirts to inquire about a job opening, while others may keep their hair so long that it becomes difficult for them to care for. In these contexts, mentors strive to leverage a strong therapeutic alliance to help a client understand how paying closer attention to their personal appearance can help them to achieve their goals in other domains of their life. This domain is complementary to several other domains such as Social Skills, Dating, Interview Skills, and Hygiene.

### **Common Treatment Goals Where Applicable**

The overall treatment goal for a client within this domain is for the client to feel confident in their personal appearance, and for their personal appearance to be congruent with the goals they would like to achieve in their lives. When addressing personal appearance, mentors will often be presented with opportunities to provide clients with candid feedback about things like attire, but they should do so in a way that looks to

help a client feel empowered by making changes to their appearance, rather than that they are not being accepted for who they are.

### **Common Interventions**

- Going shopping with a client to help them find clothes that fit properly and that they feel comfortable in.
- Supporting the client in identifying appropriate attire for job interviews, dates, and other events/gatherings.
- Provide psycho-education about standards and expectations regarding personal appearance in a variety of settings.

### **Helpful questions to ask yourself include:**

- What does the client's personal appearance tell me about who they are?
- Is their current personal appearance a form of self-expression? Or are discrepancies between appearance and social expectations due to a lack of knowledge or real-world experience?
- Is the client able to hear critical feedback at this time, even if it is presented supportively?

### **Roadblocks, Traps, and Pitfalls**

**Client unmotivated to make changes** | Clients may report an unwillingness to make changes in their personal appearance. Whether because they feel that their appearance is an expression of who they are, or because there is another resistance to adhering to socially acceptable norms, mentors can struggle to support clients in accepting that their goals may require some concessions or changes in their personal appearance. When this occurs, the mentor should work with the client to identify ways that their personal appearance can still make a positive impression in whatever context they are in, while also allowing them to feel like they are still themselves and are not pretending to be someone else. At this stage of treatment, clients are likely considering these more existential questions in the context of other objectives. Giving serious consideration to how to bring their personal appearance into alignment with their goals and values can be a useful lens through which to examine a client's self-concept and goals for independent life.

## **Appendix**



## **How to Craft an Email Response**

### **Introduction**

Writing a strong email is one of the most important skills you can develop as you venture into the working world. Like all skills, you can get better with time and practice. With some experience under your belt, you will be able to write clear emails as easily as you now walk from your house to your car. This packet is designed to give you a blueprint for email writing, as well as some mock-scenarios to begin practicing and applying your new blueprint.

Like in learning any new skill, practice here is crucial. If you were a basketball player, you wouldn't want to take a 3-point shot in a game if you've only had someone explain to you what it was right? The same thing applies here. Rather than waiting for the pressure to be on and the spotlights to be on you in order to perform, the following pages are designed to provide you with a place to practice without the stakes being high. Here is where you get to try things out, make mistakes, learn, and ultimately get better.

The pages below are designed to help you with a different form of email exchange; the follow-up response. This section is designed to help you answer the question that often comes up

when you receive your first reply from a potential employer:

"what do I say back?"

### **The Blueprint**

The email blueprint is what you can use as a base to start out any email that you send in a professional setting. Think of it like a baseball player might think of their baseball glove. You may wear different cleats, or even whole different uniforms, as the weather changes, as you play at home vs. on the road, etc. but the one thing that remains constant is that you will always have your glove. The email blueprint is the part of the email that never changes; the part that stays constant no matter what type of email you are writing.

### **The Greeting**

Every email starts with a greeting, and this doesn't change here.

"Hello [Person's First Name], " is often most appropriate, however in less-formal situations you can swap out "Hello" for "Hi". Additionally, in more formal scenarios you may want to use the person's last name with their credentials instead of their first name ("Hello Dr. Frankenstein," for example).

Now that you know what some of your options are, how do you know which one to use? How do you decide which greeting is most appropriate in which situation?

The most important tool at your disposal to help you in your response is the email that was sent to you. I'll say that again because of how important it is: **The most important tool at your disposal to help you in your response is the email that was sent to you.** Unsure of whether or not to say "Hello" or "Hi"? How did the other person begin their email? Trying to decide how to address the person who emailed you? How did they sign the email? If they used their first name you are probably safe to use it as well. Additionally, **If you are still unsure after consulting the email that was sent to you, err on the side of the more formal option.** It is better to come across as too formal than it is to seem too casual!

### **The Body**

In structuring the body of your message, it can be helpful to first organize your thoughts. Ask yourself the questions **"What information did they provide me with? And What information are they looking for from me?"** For each of these questions, make

a list of all of the answers you can find in the email that was sent to you. This will be extremely valuable as you begin the process of actually crafting the email.

Typically, the body of your email response will begin with you thanking the other person for their response, and for whatever information they provided you. Next, you will typically write several sentences that concisely answer each of the queries asked of you (aim for 1 sentence per piece of information). Once you have provided the information that has been asked of you, you should include one sentence offering to provide any additional information that would be helpful to whomever is receiving your email. Conclude your email by thanking the person you are writing to again, and say that you are looking forward to hearing from them soon.

### **Salutation**

The Salutation marks the completion of your email. It includes a send-off of some kind, as well as your name or signature. It is often appropriate to include your contact information (phone number and email address) below your name, and a link to your LinkedIn profile or another professional networking site could be a nice touch if your profile there is up to date.

For Example:

Sincerely,

John Snow

(123) 456-7890

john.snow@whitewalkers.com

You have lots of options to choose from in terms of your send-off, and each choice can portray a slightly different message to the recipient of the email. Here is a list, courtesy of Forbes.com, of 57 of the most common choices for a send-off, with a brief description about when you might want to use it:

**Best** - This is the most ubiquitous; it's totally safe. I recommend it highly and so do the experts.

**My Best** - A little stilted. Etiquette consultant Lett likes it.

**My best to you** - Lett also likes this one. I think it's old-fashioned.

**All Best** - Harmless.

**All the best** - This works too.

**Best Wishes** - Seems too much like a greeting card but it's not bad.

**Bests** - I know people who like this but I find it fussy.  
Why do you need the extra "s?"

**Best Regards** - More formal than the ubiquitous "Best." I use this when I want a note of formality.

**Regards** - Fine, anodyne, helpfully brief. I use this.

**Rgds** - I used to use this but stopped, because it's trying too hard to be abbreviated. Why not type three more letters? OK if you're sending it from your phone.

**Warm Regards** - I like this for a personal email to someone you don't know very well, or a business email that is meant as a thank-you.

**Warmest Regards** - As good as Warm Regards, with a touch of added heat.

**Warmest** - I use this often for personal emails, especially if I'm close to someone but not in regular touch.

**Warmly** - This is a nice riff on the "warm" theme that can safely be used among colleagues.

**Take care** - In the right instances, especially for personal emails, this works.

**Thanks** - Forbes Leadership editor Fred Allen uses it regularly and I think it's an appropriate, warm thing to say. I use it too.

**Thanks so much** - I also like this and use it, especially when someone--a colleague, a source, someone with whom I have a

business relationship--has put time and effort into a task or email.

**Thanks!** - This rubs me the wrong way because I used to have a boss who ended every email this way. She was usually asking me to perform a task and it made her sign-off seem more like a stern order, with a forced note of appreciation, than a genuine expression of gratitude. But in the right context, it can be fine.

**Thank you** - More formal than "Thanks." I use this sometimes.

**Thank you!** - This doesn't have the same grating quality as "Thanks!" The added "you" softens it.

**Many thanks** - I use this a lot, when I genuinely appreciate the effort the recipient has undertaken.

**Thanks for your consideration** - A tad stilted with a note of servility, this can work in the business context, though it's almost asking for a rejection. Steer clear of this when writing a note related to seeking employment.

**Thx** - I predict this will gain in popularity as our emails become more like texts. Lett would not approve.

**Hope this helps** - I like this in an email where you are trying to help the recipient.

**Looking forward** - I use this too. I think it's gracious and warm, and shows you are eager to meet with the recipient.

**Rushing** - This works when you really are rushing. It expresses humility and regard for the recipient.

**In haste** - Also good when you don't have time to proofread.

**Be well** - Some people find this grating. Not appropriate for a business email.

**Peace** - Retro, this sign-off wears its politics on its sleeve. It doesn't bother me but others might recoil.

**Yours Truly** - I don't like this. It makes me feel like I'm ten years old and getting a note from a pen pal in Sweden.

**Yours** - Same problem as above.

**Very Truly Yours** - Lett likes this for business emails but I find it stilted and it has the pen pal problem.

**Sincerely** - Lett also likes this but to me, it signals that the writer is stuck in the past. Maybe OK for some formal business correspondence, like from the lawyer handling your dead mother's estate.

**Sincerely Yours** - Same problem as "Sincerely," but hokier.

**Cheers!** - I wonder how prevalent this is in the UK. I've only seen it from Americans who are trying for a British affectation. I know it shouldn't grate on me but it does. I also don't like people telling me to cheer up.

**Ciao** - Pretentious for an English-speaker, though I can see using it in a personal, playful email.



**-Your name** - Terse but just fine in many circumstances. Probably not a good idea for an initial email.

**-Initial** - Good if you know the recipient and even fine in a business context if it's someone with whom you correspond frequently.

**Love** - This seems too informal, like over-sharing in the business context, but Farhad Manjoo points out that for some people, hugging is common, even at business meetings. For them, this sign-off may work.

**XOXO** - I've heard of this being used in business emails but I don't think it's a good idea.

**Lots of love** - I would only use this in a personal email. The "lots of" makes it even more inappropriately effusive than the simple, clean "Love."

**Hugs** - It's hard to imagine this in a business email but it's great when you're writing to your granny.

**Smiley face** - Emoticons are increasingly accepted, though some people find them grating. I wouldn't sign off this way unless I were writing to my kid.

**High five from down low** - A colleague shared this awful sign-off which is regularly used by a publicist who handles tech clients. An attempt to sound cool, which fails.

**Take it easy bro** - Richie Frieman, 34, author of the new book Reply All...And Other Ways to Tank Your Career, says he

regularly gets this from a web designer in Santa Cruz, CA. Though it might turn some people off, I would be fine receiving an email with this sign-off, knowing the sender lives in an informal milieu.

**See you around** - Lett would cringe but this seems fine to me.

**Have a wonderful bountiful lustful day** - Tim Ferguson, editor of Forbes Asia, regularly gets this sign-off from Joan Koh, a travel writer in southeast Asia. It's weird and off-putting.

**Sent from my iPhone** - This may be the most ubiquitous sign-off. It used to bother me but I realize that it explains brevity and typos. I've erased it from my iPhone signature because I don't like to freight my emails with extra words, and in many instances I don't want the recipient to know I'm not at my desk. But maybe I should restore it. The same goes for automated message on other devices.

**Typos courtesy of my iPhone** - Slightly clever but it's gotten old. Better to use the automated message.

**Sent from a prehistoric stone tablet** - I laughed the first time I read it but then the joke wore thin.

**Pardon my monkey thumbs** - Same problem here.

**Please consider the environment before printing this e-mail.** - A preachy relic of the past. Who doesn't know that printing uses paper?

**vCards** - I think these are a great idea. At least they work well on my Dell desktop when I want to load a contact into Outlook.

**This email is off the record unless otherwise indicated** - My colleague Jeff Bercovici, who covers media, says he gets this email from friends who are inviting him to birthday parties or other engagements and he finds it extremely annoying. I'm wondering what kind of paranoid people put this in their signatures.

**Lengthy disclaimers** - We've all seen these and ignored them, though I understand that many companies require them. Forbes' in-house legal counsel, Kai Falkenberg, says she knows of no cases that have relied on legal disclaimers, though she says they might serve as persuasive evidence in a trade secrets case where a party was attempting to keep information confidential.



## **Endnotes**