

Working With Immigrant Children and Adolescents at Risk: Mentors' Use of the *Elements Way*

Gila Cohen Zilka

Bar-Ilan University, Ramat Gan; Achva Academic College, Be'er Tuvia Regional Council, Israel

The study was designed to examine the effectiveness of mentors' work with immigrant children and adolescents at risk, using the Elements Way, an educational model designed to facilitate achievement of goals and transformation. The three central elements of the method are positive communication (speaking the language of love), acceptance, and connecting with one's strength. This mixed-method study was conducted in 2012-2015, on a sample of 640 mentors working with 3,350 immigrant children in Israel. Improvement has been demonstrated in the personal, social, and emotional functioning of the children and youths, as well as in their academic achievement and especially language acquisition. Significant differences were found in the mentors' work with the children.

Keywords: immigrant children, children at risk, mentors, interaction, the elements way, wellbeing

Introduction

This study was designed to examine the effectiveness of mentors' work with immigrant children and adolescents at risk, using the Elements Way to achieve goals and transformation. The three central elements of the method are positive communication (speaking the language of love), acceptance, and connecting with one's strength. The children and the adolescents in question had been assessed by Israeli welfare authorities as at risk. Mentoring took place during the school day and in after-school programs that extended until 7 pm. Each mentor worked with five children, within the same age range, and conducted the work either individually or with the group, depending on Most of the children who were assigned a mentor came from the Commonwealth of Independent States (CIS) and from Africa, and all were "new immigrants", living in Israel for three years or less. All children were enrolled in schools.

Immigrant Children and Adolescents at Risk

Immigration is movement from one country to another. Many immigrants encounter hardships, such as language problems, issues of housing, financial distress, and cultural and social adjustment difficulties. Often there is tension between the immigrants' cultural outlook and their daily experiences in their new society, and these tensions and difficulties exacerbate the distress of immigrant children (Choi, 2008; Maldonado-Molina, Reingle, Wesley, Jennings, & Prado, 2011; Rossiter & Rossiter, 2009; Spallek, Zeeb, & Razum, 2010; Yearwood, Crawford, Kelly, & Moreno, 2007). In Israel, immigrants are defined as "new immigrants" during their first three years in the country, and those arriving from Third-World countries are considered "new

Gila Cohen Zilka, Dr., Lecturer and Researcher, the Director of the Department for Teaching Social Studies, Citizenship, Sociology and Communication, Bar-Ilan University, Ramat Gan; Head of the program for training tutors and mentors to work with children at risk, Achva Academic College, Be'er Tuvia Regional Council, Israel.

immigrants" beyond that period. In the present study, most of the children who were assigned a mentor came from the Commonwealth of Independent States (CIS) and from Africa. The children who came from the CIS maintain online contact, at times daily, with friends and family in their country of origin. Others, who came from African countries such as Ethiopia, where the Internet is not sufficiently developed, have no means of communicating with friends and family. The opportunity to communicate has a dual effect. On one hand, it can ease the transition, as the Internet "bridges" the connection with those left behind. On the other hand, daily communication may create resistance to acclimatization in the new country, learning the new language and adopting the customs of the immigrants' new home.

The decision to emigrate from one country to another is usually made by parents and not by children. Therefore, some of the children are opposed to the move and to assimilation into the new country; they do not want to learn the language or integrate into formal frameworks. Not all immigrant children are defined as being at risk, only those who experience great difficulty throughout the absorption process and who display additional characteristics of children at risk.

The current definition of children at risk is based on some 20 clauses of the United Nations Convention on the Rights of the Child of 1989, and on the Schmidt report of 2006. Both documents define children at risk as individuals from birth to the age of 18 years who live in situations in which they are in danger from their family or environment. These conditions damage the children's ability to obtain their rights to physical existence, health, and development, to belong to a family, as well as to learn, acquire skills, enjoy personal wellbeing, belong to a society and participate in it, and be protected from others and from their own behaviors.

The possible conditions that place a child at risk are inadequate parental functioning, a parent's illness or death, neglect on the part of those responsible for the child, behavioral problems, problems of adjustment, financial difficulties, academic difficulties, social variance, immigration, belonging to a minority group, disability, transition from one setting to another, living in poverty, or living in a dangerous environment. These situations result in a child's defective functioning as well as in passivity, aggression, and social deviance. Children who had been exposed to neglect and abuse are at greater risk of developing mental disorders, and may have difficulties in developing a healthy, adjusted lifestyle (Ben-Asher, Zionit, & Kimchi, 2007; Etzion & Romi, 2015; Grupper & Romi, 2014; 2015; Harel, Molcho, & Tilinger, 2003; Kaim & Romi, 2015; Romi, 2001; 2007; Romi, Savicki, Grupper, & Caspi, 2007).

Mentors' Working With Immigrant Children and Adolescents at Risk

Scholars characterize the role of the mentor as that of a holistic guide who is involved in the life of the child and shows concern about it. The mentor must conduct a dialog with the children about their problems, identify their aspirations, and build together with each child a work plan to suit the child's needs and areas of interest. Such plan should take into account the difficulties and the strengths of the child, and it is the mentor's role to help the child monitor his progress toward achieving the goal. The work of the mentor is a holistic activity aimed at developing his ward's entire personality. The desirable mentor is one who enables a mentoring process in which the mentor helps the child become aware of his problems, reach awareness of his wishes, motivates him, and creates a work plan that meets the needs and dreams of the apprentice. The mentor should also help the child cope with his fears, in a process that transforms the child and affects his identity and personality (Daloz, 1987; Hamre & Pianta, 2001; 2005; Hamre, Pianta, Downer, & Mashburn, 2008; Howes &

Ritchie, 2002; Myers & Pianta, 2008; Pianta, Belsky, Vandergrift, Houts, & Morrison, 2008; Pianta, Hamre, & Stuhlman, 2002; Rimm-Kaufman, La Paro, Downer, & Pianta, 2005; Seligman, Steen, Park, & Peterson, 2005; Zilka, 2014; 2015). The mentor must base his activities with the child on several foundations (Daloz, 1987; Kagan, 1982; Winnicott, 1965; Zilka, 2014): trust between the child and the mentor, identification of goals, ongoing dialog, and the creation of a protected space that provides the trainee with a sense of security.

Mentors' Use of the Elements Way Method

The Elements Way (Zilka, 2014) is an educational method designed to enhance openness, development, goal achievement, and transformation. Transformation is defined by Kurt Lewin as a significant change in a person's being (Lewin & Gold, 1999).

The main aim of the Elements Way is to empower the mentors working with the children. Such empowerment should benefit their encounter with the children and strengthen the mentors and their role as significant adults in the life of the children. Through their work, the mentors strive to enable the children to cultivate the most significant components in child development: fostering the child's strengths and uniqueness, and building social skills for becoming involved and integrated in the child's host society, culture, and environment. The three central elements of the method are positive communication (speaking the language of love), acceptance, and connecting with one's strengths and free will (Daloz, 1987; Hamre & Pianta, 2001; 2005; Hamre, Pianta, Downer, & Mashburn, 2008; Howes & Ritchie, 2002; Myers & Pianta, 2008; Pianta, Belsky, Vandergrift, Houts, & Morrison, 2008; Pianta, Hamre, & Stuhlman, 2002; Rimm-Kaufman, La Paro, Downer, & Pianta, 2005; Seligman, Steen, Park, & Peterson, 2005; Zilka, 2014; 2015; 2016).

Positive communication: Speaking the language of love. The primary meaning of positive communication is holding a meaningful dialog with the child. The dialog with child must be an existential one, making it clear to child that mentors treat his problems with complete seriousness, view these problems as existential, and want to help the child open up and develop, rather than attempt persuasion, engage in arguments, etc. Discussing problems is not enough, however; the mentor must regard children's difficulties as essential problems, which the mentor should actively help solve. Mentors must pay attention to the choice of words and the way things are said, to be able to conduct a heart-to-heart discourse.

Acceptance. Acceptance means acknowledging others and ourselves as they and we are, and using this as a starting point in a process that leads to openness, development, and change. Perceiving people as they are, with their strengths, weaknesses, and difficulties, creates a channel of internal and external communication that can lead to self-love, openness, and development. Accepting children as they are does not mean that they do not need to change. On the contrary, it means accepting one's innate qualities as a foundation for growth. Some things will have to be rejected; others must undergo a process of transformation to channel children's strengths in positive directions.

Connecting with strengths. We each have our inborn strengths. There are those who, for various reasons, lose their awareness of these strengths. They are unaware of them, are not connected with their free will, do not exercise free choice, and therefore, are not able to realize their potential. The mentor must detect the child's strengths in various realms and create opportunities to foster and encourage these strengths.

The Elements Way: Designing a Plan of Action

As noted above, in the Elements Way, work is done in accordance with the individual needs of each child. The stages of designing a plan of action with the child's cooperation (Zilka, 2014) are detailed below:

Stage 1—Interview. Through careful questioning and observation, the mentor identifies signals sent by the child and the problem they reflect, describes the problem, and maps the involved strengths and weaknesses.

Stage 2—The “Dream”. The mentor and the child together formulate the goals and objectives to be achieved, and engage in constructive thinking to find appropriate solutions, learning from successfully accomplished tasks.

Stage 3—Planning the milestones and setting up a time table.

Stage 4—Executing the plan of action.

The main challenge that mentors who aspire to play a significant role in the life of children are facing is to find ways to demonstrate empathy, acceptance, compassion, attention, and love, and assist the children in revealing their own powers. Mentors must view the child as a complete human being who desires to grow and develop into a happy adult, connected to himself and the environment (Daloz, 1987; Judge & Bono, 2000; Norcross, 2002; Popper, Mayseless, & Castlino, 2000; Zilka, 2014; 2015).

Study Objectives

The study was designed to examine the effectiveness of the mentors' work with immigrant children and adolescents at risk, using the Elements Way, in achieving formulated objectives and transformation of the children. Effectiveness (the degree of success or failure) was assessed by the improvement in the child's wellbeing, as reflected in the questionnaires, the interviews, and the protocols of sessions held by the teachers, instructors, social workers, or other professionals who were in contact with the children. The following factors determined the mentor's degree of success or failure:

- The work program that the mentor created and structured together with the child, and its practical implementation; discourse analysis of all work programs;
- The mentors' reports regarding their work, and discourse analysis of the process, as it was recorded and evaluated by the mentor;
- The patterns of communication between the mentor and the child from the mentor's point of view;
- Improvement of the child's performance academically, socially, and emotionally, according to reports provided by teachers, instructors, social workers, or other professionals who were in contact with the child, along with the mentor's observations when working with the children.

Method

Sample

The study population consisted of 640 mentors who worked with immigrant children at risk.

All the mentors were adults. Mentors were trained before starting to work with the children, and throughout the period of their work they received further training and guidance from professional mentors. Mentors worked with the children four days a week, and were trained one day a week, throughout the school year and during the summer vacation.

The mentors worked with approximately 3,200 immigrant children and adolescents at risk, who ranged in age from six years (first grade) to 17 years (11 grade). Most of the children who were assigned a mentor came from the Commonwealth of Independent States (CIS) or Africa, and all were “new immigrants” living in Israel for three years or less. All children were enrolled in schools, and mentoring took place during the school day and in after-school programs that continued until 7 pm. Each mentor worked with five children, within the

same age range, and conducted the work either individually or with the group, depending on the needs. The research was conducted from 2010 to 2013.

Methodology and Research Tools

The research is a mixed-method study. For the most part, the methodology was qualitative-descriptive; this was combined with quantitative tools according to the triangulation method of data validation. The research focused on discourse and included data collection from observations, interviews, questionnaires, and conversations. The research employed winnowing techniques to present a thick description of the main findings. Ely, Vinz, Downing, and Mnzul (1997) and Wolcott (2001) claimed that winnowing was important for working with data because it enables the researcher to focus on and present the most significant and convincing findings.

The following data were collected and analyzed:

- Work programs that were created and structured by mentors and children at different times.
- Protocols written by mentors to depict the nature and quality of their communication with the children.
- Protocols of joint sessions attended by the mentor, the school staff, the staff of the after-school child care facility, and education and welfare professionals. The children and their parents attended some of the sessions.

Questionnaires

The questionnaires used for this research were completed by the school staff. We paid special attention to questionnaires filled by the homeroom teacher and the staff of the after-school child care facility. Questions referred to such issues as the children's academic, social, behavioral, and emotional progress, their conformance to norms, and their wellbeing. The questionnaires were almost identical for all institutions, with adjustments for the differences between school and complementary settings.

The questions related to the children's situation and attitude, overall level of the class, and the expected achievements for a specific age group. Participants were asked to grade their evaluation on a 5-point scale: (1 = outstanding, 2 = above average, 3 = average, 4 = below average, and 5 = failed), and to add written explanations.

(1) A personal information questionnaire that included the child's age, grade, family situation, number of siblings, etc.

(2) The child's academic achievement questionnaire on the subjects studied, compared with the achievements of the other students in his class, based on the teachers' reports.

(3) Social Competency Questionnaire (Achenbach, 2002; 2003). The defined parameters were:

- Ability to cooperate. This index is an average of three items: "Getting along with other children", "Understanding social situations", and "Participation in classroom and school activities".
- Ability to accept authority and acquiesce to demands and requests. This index is an average of six items, such as "Use of physical violence", "Use of verbal violence", "Interference with other children", and "Excessive fighting".
- Conversation skills. This index is an average of nine items, such as "Initiating and stopping a conversation", "Adapting the conversation to peers and adult interlocutors", "Asking and commenting politely", "Asking questions and showing interest in various subjects", "Maintaining eye contact", "Responding to humor", "Making guesses", and "Identifying problems".
- Social initiative. This index is an average of seven items: "Socializing with other children", "Playing and working alone", "Initiating activities with other children", "Taking responsibility for what is happening around him", "Connecting with school and club staff", "Helping others", and "Taking on assignments".

- External appearance. One item: Clean and neat.
 - Personal emotional functioning. This index is an average of ten items: “Asking for help when in need”, “Aware of his difficulties”, “Independent or swayed follower”, “Complaining about loneliness”, “Frequently by himself”, “Crying often”, “Thinking he’s being harassed”, “Indifferent and lacking motivation”, “Embarrassed or ashamed in the presence of others”, and “Introduces himself to others”.
 - Number of close friends of the child. One item, “How many close friends do you have”?
- Participants answered the questionnaires at different times in the course of the mentor-child work:
- (1) Before the beginning of the mentor’s intervention—completed by the school staff and by the staff of the after-school child care facility;
 - (2) Additional questionnaires were completed every three months by the same staff.

Observations

A total of 700 observations of children and mentors during interventions were performed, of which 300 were in school and 400 in complementary settings. The observers focused on issues such as the manner in which conversations opened, the nature of interactions, expression during work sessions, and ways of coping with difficulties as they emerged. Observers also listened to whether the language used by the mentors was compassionate or distancing, sharing of emotions and impressions, and whether the mentors reflected on their work.

Interviews

Various participants were interviewed in the course of research, to provide different perspectives regarding the children, teachers, principals, and mentors in the field. Interviews were conducted with:

- 120 teachers whose students were assigned a mentor.
 - 120 staff members in an after-school child care facility where a mentor was present.
 - 160 children who worked with a mentor and achieved progress, and 30 children who did not benefit from the mentor.
 - 640 mentors—all the mentors were interviewed in depth individually. Interviews were held at different points of time throughout the entire period of their work.
- Do you feel that the activities you prepare are in accordance with the needs of the children?
 - Do you feel that you are helping children cope with their problems?
 - Do you feel that you are flexible in your work with the children?
 - Do you prepare a work plan for every child?
 - Do you prepare work plans for each child in cooperation with the child?
 - Do you set the pace of work together with the children and take into account their needs?
 - What is the most important thing for you?
 - What are the difficulties that you encounter or that a mentor may encounter?
 - What do you think are the main tasks in your work as a mentor?
 - What skills do you think a mentor needs to succeed in his work?
 - What change do you want to see in the children?
 - What kind of responsibility do you have towards them?

The interviews with the teachers and staff members in the after-school child care facility revolved around the questions asked in the questionnaires, to deepen the understanding of the child’s situation.

Children were asked questions about their satisfaction with the processes they were experiencing, their desire to continue the relationship with the tutor, etc.

Results

The present study examined the effectiveness of the mentors' work with immigrant children and adolescents at risk, using the Elements Way to achieve objectives and transformation in immigrant children. All the children had been assessed by the Israeli welfare authorities as being at risk. The study revealed the following findings:

- 3,350 children were registered for the program during the research period, and most of them completed it. One of the reasons for a child not to have completed the program was the mentor's decision that he or she could not handle the child. The mentor was assigned to other children.
- Individual programs for a total of 3,200 children were created. Some of the children worked with mentors for one school year, others for two years, depending on the child's progress and in accordance with the laws providing special assistance to immigrants who have been in the country for over three years.
- Programs that had been created for 160 children were discontinued within the school year. The reasons for ending work included removal of children from their homes, sending children to alternative educational facilities, mistrust between the child and the mentor, and the child's or the mentor's unwillingness to continue with the program. Some mentors asked to stop working with a specific child but remained in the program.
- 2,800 children continued with the same mentor for more than one school year, usually with the mentoring lasting for two years.
- Eighty-nine percent of the children and adolescents showed various degrees of improvement in their academic achievement in various subjects, compared with the average achievement of other students in their class. Changes occurred in the acquisition of language, in mathematics, and in other subjects. The average of the first measurement was 2.57, and of the last one, 4.2 (on a scale from 1 to 5).
- Eighty-two percent of the children and adolescents showed various degrees of improvement in their social competence and in their ability to cooperate with other children (84%), and a reduction of verbal and nonverbal violence (90%). There has been a considerable change in their ability to initiate a dialog, engage in dialog with others, focus on discourse, etc. (82%). There has been a significant change in the children's ability to socialize with other children, initiate activities with other children, show responsibility and care for what is happening around them, and create personal and friendly contact with others (76%). There was a change in the children's relationship with the staff of the school and of the after-school facility (78%). To some extent, the children assumed roles in the school and at the after-school facility (81%). There was a change in the children's external appearance; they made sure to arrive at school looking clean and orderly, and with the required equipment (83%).

In 76% of children and adolescents, there was a marked improvement in personal and emotional functioning, and awareness of their difficulties and their place in the social fabric of the class.

Although all mentors received identical training, significant differences were found in their behavior with the children.

- The vast majority, 578 mentors, were able to bring about transformation in the children and achieve desired goals. They created programs that were implemented with consideration and consistency. Each time the goals had been reached, a follow-up program was designed.

The mentors who were able to advance the children and establish trust with them were those who worked according to the principles articulated in the training program. These mentors checked themselves each time they felt a need to release pent-up feelings or when they felt insulted by the child. Mentors showed willingness to engage in a dialog with the child and devoted time to thinking, planning, and self-reflection before initiating such a dialog.

Of the 640 mentors, 38 were not able to advance the children. Even when the mentor was assigned to a different child, the dynamics did not change. It was found that these mentors lacked the motivation to develop a significant empathic relationship with the children. They engaged in confrontation with the children, and reproached or insulted them.

The mentors who could not advance the children repeatedly used such statements such as: "This child has problems that she brings from home. How can I be of any help?", "This child has no motivation to interact. He is aggressive and I can't talk to him at all", "This child is ill-behaved and there's nothing that can be done to help him. It's too late and it's a lost cause. His behavior can't be changed", "Some children are lazy", "I find this attitude unacceptable. The child should understand where he lives and conform to us. This program's approach isn't suitable for tough and aggressive children", "One must be strict with children and show them who's boss", "He's rude. He's rude to his teachers. He's also rude to his parents and me. He's not accepted socially, and he's plain lazy and rude. He is impertinent with his parents and me. He is socially unacceptable, lazy, and impertinent", "I'm against the approach that places the child in the center. It leads to undesired results, and it is a mistaken and disastrous approach", "There are children that you can do nothing about; you must raise your voice and be angry at them so that they understand that they are wrong".

- Twenty four mentors were able to create programs in coordination with the children, to engage in interactions with the children, and guide them. But examination of their achievements revealed a specific, limited change, not changes of essence. When interviewed, these mentors raised different issues such as : "I was able to make the child understand his teachers' demands and behave like everyone else in the classroom, but I'm not able to conduct a significant dialog with the child, a dialog in which the child talks about his difficulties, his fears... I feel that what I did was to explain the 'administrative' or 'normative' demands to her, but I don't feel that I was genuinely able to reach the child", "Life is so tough on these children. How can they study when their situation is so hard? I don't think you can demand anything from them. It is enough that they themselves get to school, that they get through the day. How can one even function with these difficulties?", "Each child has so many problems, it is unbelievable. Health, study, and family problems. No one can handle so many problems. What I mostly did was to let them feel that this is alright, that they are alright. No one can make them study".

One notable example was that of Eleanor, a girl in the fourth grade. Whenever Eleanor came across difficult situations (for example, when meeting new people, or being in new places), she stopped talking. This silence created a barrier between her and others; she felt threatened by the others and refused to engage in interactions with other children. Eleanor's teacher said that Eleanor did not talk to her or other children in class. She paid attention in class, but her academic performance was unsatisfactory.

Eleanor was assigned to a mentor who began establishing a relationship of trust. They used to sit together in a quiet area of the school and talk for many days. Eleanor told the mentor that she was afraid, and that whenever she was afraid, she became silent. She said it was better for her not to speak in class because "the teacher yells and all the children make fun, shout, and laugh at each other". The mentor started toing with

Eleanor to class, and Eleanor never utter a word. In time, she asked the mentor to speak on her behalf with the teacher or other children, whenever she felt she had something to say. Slowly, and in small groups at first, Eleanor began talking. At first she whispered, then her voice became louder. She became more involved socially, in and out of class. The mentor assisted Eleanor whenever she asked, without resorting to manipulations such as “you can do it on your own”. She gradually made Eleanor aware of her difficulties, all the while considering Eleanor’s ability to contain her words. As she became aware of her difficulties and her fears, Eleanor slowly began to overcome them, and no longer avoided interactions. She wanted to be a part “of the real world”.

Emotions are permitted, yet the actions are limited. Findings show that 598 mentors stated that one of the most prevalent and serious difficulties was handling the children’s intense feelings, especially their anger and release of pent-up emotions. Mentors who respected and accepted the children’s emotions, provided them with a sense of power and strength to enable them to cope with their emotions. Mentors helped children identify their emotions, define and explain them, and understand the role emotions play in the child’s life and in life in general. The connection between the mentor and the child was severed when the mentor did not respect or could not contain the children’s emotions.

Creation of a work program for the child is in cooperation with the child. The UN Convention on the Rights of the Child (1989) states that the central issue is the “child’s best interest”. The UN Convention is dedicated to improving the situation of the children and creating equal opportunities for all peers. The 578 mentors who were successful in advancing their children devised a personal program for each child, with the child’s full cooperation. They appreciated the difference between obedience-reaction on one hand and dialog, acceptance, adjustment, and internalization on the other. These mentors learned how to be attentive to the child and identify when the child met with difficulties, felt defeated, or failed.

The 38 mentors who did not succeed in their work with the children had not created a program together with the children, and could not establish a reciprocal relationship with them, as in their interpretation, “cooperation” meant “informing”. Rather than including the child in the design of the program, they preferred to formulate goals and milestones, which they then expected the children to reach. They did not devote time to devising the program in accordance with the Elements Way plan or with the child’s needs, but rather devised laconic, general programs that lacked quantifiable goals and objectives, and were formulated as a set of instructions that had to be followed. For the most part, these mentors justified their course of action with statements such as “This child should be told what to do and he should not be permitted to make a choice because then he is lost”, “She has no idea what she wants and what she doesn’t”, “He doesn’t deserve the time that I invested in him, he doesn’t appreciate a thing”, and “I devote my time to her and she has no desire to help herself”.

Mentors who succeeded in advancing the children assigned to them made sure not to intervene in a manner that would weaken the child during the execution of the program (Stage 4 in designing the plan of action). Yet, they remained involved and caring, and thus were able to set up a well-structured system that included mutual feedback between the mentor and the child.

Discussion and Conclusions

The study was designed to examine the effectiveness of mentors’ work with immigrant children and adolescents at risk, based on the Elements Way. The study was conducted in 2012-2015 and included 640 mentors working with approximately 3,200 immigrant children at risk.

There has been an improvement in children's wellbeing, which was reflected in the personal and emotional functioning of children and adolescents, and in their awareness of their difficulties and of their place in the social fabric. There was an improvement in the academic achievements of the children and adolescents in various subjects, compared with the average of the other students in their class, and especially in language acquisition. The children's social competence improved, as did their ability to cooperate with other children. There was a reduction in verbal and nonverbal violence; the children developed their ability to initiate a dialog, to engage in dialog with others, to focus on discourse, etc. There was a change in the children's ability to socialize with other children, initiate activities in the company of children, show responsibility and care for what was happening around them, and create personal and friendly contact with others.

Significant differences were found in the ways mentors behaved with the children. Those who were able to lead the children toward significant achievements and changes had begun by creating work programs in cooperation with the children, and the program was implemented in a sensitive and consistent manner, with the mentor setting a personal example. Each time a goal was met, a new mutually agreed-upon follow-up program was created by the mentor and the child.

The mentors who were able to advance the children and engage in a relationship that was based on trust were the ones who followed the principles of the Elements Way. Throughout their work, the mentors kept clarifying issues as they came up, especially when the mentors had to release pent-up emotions or felt insulted by the children. Mentors learned how to listen to the children and engage in an existential dialog with them in a manner that enabled the children to feel that they belonged to their society and surroundings, and were wanted by them.

The main difference between an existential dialog and theoretical discourse is that an existential dialog strengthens the existing relationship and conveys the message: "You are not alone, I am with you". The goal is not to settle for discussions of the problems but to relate to the children and the difficulties they experience as existential problems that can be *solved*, not only thought about or mulled over. The mentor leads the child through a process of awareness, reflection, and thought in relation to the problem and the ways of solving it.

Successful Mentors

Mentors who were able to advance the children described their function as aimed at assisting the children and reaching out to them in times of need. They also saw their function as making the children feel secure in their relation to the people around them, and instilling in the children a sense of trust and belonging. These mentors perceived themselves as role models, and as such they were careful neither to interrupt nor blame, so as to be worthy of their role. They tried to convey peace of mind and tranquility rather than stress. They treated the children with respect, and refrained from using generalizations and accusations; when children misbehaved, they treated each incident separately, and together with the child devised a program aimed at helping that child change his or her behavior.

Successful mentors sought to offer the child transparency, a sense of order, discipline, and awareness of cause and effect relations. They worked to create an orderly environment, without chaos or vague rules. Successful mentors helped children understand the relationship between their behavior and the behavior of those around them, as well as the effect of their actions on themselves and their surroundings. Their involvement was containing and supportive, and served as guidance in the life of the child, at the same time

establishing clear-cut boundaries. These mentors gave the children a feeling that they “were there” for them, and accepted them as whole persons who wanted to develop and opt for the good.

Successful mentors found the time and the patience to listen to the children without making them feel humiliated, inferior, or stupid. They shared the children’s areas of interest, all the while treating the child as their top priority. In every interview conducted with successful mentors, they expressed their satisfaction and their willingness to continue in their work. During their studies, they showed active participation in the various academic courses.

Unsuccessful Mentors

Of the 38 mentors who were not successful in their work, some did not follow the principles of the Elements Way, and even expressed disapproval of them. Despite the fact that the principles are closely linked to the child’s wellbeing, interviews with these mentors revealed that their practice of work with the children was based on different methods, which they accumulated over the years and which became part of their “critical self”. Such methods included punishment, strictness, humiliation, confrontation, and denigration of the children.

Most of the 38 mentors who failed found it difficult to accept the role of the assisting, supportive, noncritical mentor. Instead, they viewed their role as overseeing that the children did their homework, sat quietly in class, and followed instructions; they did not perceive themselves as having to establish a trusting relation with the children. These mentors kept their distance from the children. They preferred giving orders over developing significant interactions with the children, through which they may have been able to achieve intimacy and understanding of the children’s difficulties and the causes of their delayed development.

These findings confirm the approaches and findings of previous research (Bornstein, 2003; Daloz, 1987; Guissin, 2005; Huppert, Baylis, & Keverne, 2005; Hussong, Zucker, Wong, Fitzgerald, & Puttler, 2005; Kagan, 1982; Kashdan, 2007; Kashdan & Steger, 2006; Lewis, Haviland-Jones, & Barrett, 2008; Winnicott, 1965; Zilka, 2014). These studies have found that a mentor’s inability to place the children and their needs at the center of their concern creates communication problems with the children. It also communicates to the children that they cannot be accepted as they are, and prevents their advancement toward mental wellbeing.

Successfactors

The findings point at several factors common to mentors whose work with the children was successful: self-awareness and awareness of one’s surroundings, empathy, willingness to engage in significant interactions, self-reflection, ability to engage in internal and interpersonal dialog, ability to accept and contain the child, and cooperation with the child in creating a work program and in assisting the child to achieve the goals set by the program.

Failurefactors

The findings show that failure usually stemmed from the tendency of the mentor to accept defective and reductive solutions for complex and irritating problems. The followings were among reasons for the failure of the process and for the failure to achieve the desired results: (a) the mentor created the work program independently, without the child’s participation; (b) no measurable operative goals or specific achievements were defined; (c) the work program did not enable a significant and enjoyable process; (d) no clear and operative stages that could be implemented by the child were defined; (e) the mentor was not motivated to encourage the child to make an effort in the process; (f) the mentor showed lack of resilience and endurance; (g)

the mentor did not pay sufficient attention to detail; (h) the mentor was rigid, dishonest, and lacked integrity; (i) the mentor did not engage in self-reflection.

In What Ways Can We Help a Child Undergo Transformation?

- Present various alternatives to the child
- Never judge the child
- Never elicit the child's guilt
- Teach the child simple techniques for improvement, such as reflection, analysis of actions in real time and in retrospect, seeing and dealing with reality instead of beating around the bush, understanding the connection between thoughts, emotions, and behaviors
- Affect the child's mode of thinking through a reflective process
- Instill a realistic outlook on life in the child, not clouded by worry or fantasy
- Assist the child in understanding cause and effect connections
- Encourage the child not to take everything too seriously. The tactic of "reenacting" reality helps open the child's mind
- Help the child accept himself as he is by showing him that an adult accepts him as he is. This teaches the child to accept himself and others, and from this point of self-acceptance produces a desired change stemming from his own choice

Limitations and Recommendations

Important insights in this study were partially derived from the analysis of mentors' conversations with the children and adolescents. Despite the objective difficulties that children have defining and generalizing, speaking with children may produce generalizations and insights into what type of person they would prefer as a mentor. At the same time, because of the wide scope of the study, the vast data collected, and our desire to ground these data and reach solid insights, we focused on the mentors' training and on discourse analysis concerning the mentors' work and difficulties, and less so on the various needs mentioned by the children in their conversations with the mentors, and by other staff members during the interviews and observations.

Future studies should focus on analyzing the conversations with children and adolescents, to add depth to our insights regarding their perception of the mentors' work.

References

- Achenbach, T. M. (2002). Empirically based assessment and taxonomy across the life span. In J. Helzer, & J. Hudziak (Eds.), *Defining psychopathology in the 21st century* (pp. 49-63). Washington, DC: American Psychiatric Press.
- Achenbach, T. M. (2003). Developmental psychopathology as a conceptual framework for training in multiple settings. In P. Magreb and P. Wohlford (Eds.), *Improving psychological services for children and adolescents with severe mental disorders: Clinical training in psychology* (pp. 79-84). Washington, DC: American Psychological Association.
- Ben-Asher, A., Zionit, Y., & Kimchi, M. (Eds.). (2007). *Children in Israel. Statistical yearbook 1992-2007*. Jerusalem: The Israel National Council for the Child (Hebrew).
- Bornstein, M. H. (2003). *Well-being: Positive development across the life course*. Mahwah, NJ: Lawrence Erlbaum.
- Choi, Y. (2008). Diversity within: Subgroup differences of youth problem behaviors among Asian Pacific Islander American Adolescents. *Journal of Community Psychology, 36*(3), 352-370.
- Daloz, A. L. (1987). *Effective teaching and mentoring*. San Francisco & London: Jossey Bass.
- Ely, M., Vinz, R., Downing, M., & Mnzul, M. (1997). *On writing qualitative research: Living by words*. New York & London: Routledge.
- Etzion, D., & Romi, S. (2015). Typology of youth at risk. *Children and Youth Services Review, 59*, 184-195.

- Grupper, E., & Romi, S. (Eds.). (2014). *Children and adolescents at risk in Israel: Vol. 1: Overview of the field and core issues*. Tel Aviv: MOFET (Hebrew).
- Grupper, E., & Romi, S. (Eds.). (2015). *Children and adolescents at risk in Israel: Vol. 2: The voice of young people and issues faced by child and youth care workers*. Tel Aviv: MOFET (Hebrew).
- Guissin, S. (2005). *Developing reading and creative writing skills among children at risk*. Brighton, UK: Sussex University Press.
- Hamre, B. K., & Pianta, R. C. (2001). Early teacher-child relationships and the trajectories of children's school outcomes through eighth grades. *Child Development, 72*, 625-638.
- Hamre, B. K., & Pianta, R. C. (2005). Can instructional and emotional support in the first-grade classroom make a difference for children at risk of school failure? *Child Development, 76*, 949-967.
- Hamre, B. K., Pianta, R. C., Downer, J. T., & Mashburn, A. J. (2008). Teachers' perceptions of conflict with young students: Looking beyond problem behaviors. *Social Development, 17*(1), 115-136.
- Harel, Y., Molcho, M., & Tilinger, A. (2003). Youth in Israel: Health, mental and social wellbeing and patterns of at-risk behavior. *Summary of the findings of the Third National Study*. Ramat-Gan: Bar-Ilan University (Hebrew).
- Howes, C., & Ritchie, S. (2002). *A matter of trust: Connecting teachers and learners in the early childhood classrooms*. New York: Teachers College Press.
- Huppert, A. F., Baylis, N., & Keverne, B. (2005). *The science of well-being*. Oxford: Oxford University Press.
- Hussong, A. M., Zucker, R. A., Wong, M. M., Fitzgerald, H. E., & Puttler, L. I. (2005). Social competence in children of alcoholic parents over time. *Developmental Psychology, 41*, 747-759.
- Judge, T. A., & Bono, J. E. (2000). Five factor model of personality and transformational leadership. *Journal of Applied Psychology, 85*, 751-765.
- Kagan, R. (1982). *The evolving self: Problems and process in human development*. Cambridge, MA: Harvard University Press.
- Kaim, Z., & Romi, S. (2015). Adolescents at risk and their willingness to seek help from youth care workers. *Children and Youth Services Review, 53*, 17-23.
- Kashdan, T. B. (2007). Social anxiety spectrum and diminished positive experiences: Theoretical synthesis and meta-analysis. *Clinical Psychology Review, 27*, 348-365.
- Kashdan, T. B., & Steger, M. (2006). Expanding the topography of social anxiety: An experience sampling assessment of positive emotions and events, and emotion suppression. *Psychological Science, 17*, 120-128.
- Lewin, K., & Gold, M. (Eds.). (1999). *The complete social scientist: A Kurt Lewin reader*. Washington, DC: American Psychological Association.
- Lewis, M., Haviland-Jones, J. M., & Barrett, L. F. (2008). *Handbook of emotions*. New York: Guilford Press.
- Maldonado-Molina, M., Reingle, J. M., Wesley, G., Jennings, W. G., & Prado, G. (2011). Drinking and driving among immigrant and US-born Hispanic young adults: Results from a longitudinal and nationally representative study. *Addictive Behaviors, 36*(4), 381-388.
- Myers, S. S., & Pianta, R. C. (2008). Developmental commentary: Individual and contextual influences on student-teacher relationships and children's early problem behaviors. *Journal of Clinical Child and Adolescent Psychology, 37*, 600-608.
- Norcross, J. C. (Eds.). (2002). *Psychotherapy relationships that work*. New York: Oxford University Press.
- Pianta, R. C., Belsky, J., Vandergrift, N., Houts, R., & Morrison, F. J. (2008). Classroom effects on children's achievement trajectories in elementary school. *American Educational Research Journal, 45*, 365-397.
- Pianta, R. C., Hamre, B., & Stuhlman, M. (2002). Relationships between teachers and children. In W. M. Reynolds, & G. E. Miller (Eds.), *Comprehensive handbook of psychology, Vol. 7: Educational psychology* (pp. 199-234). New York: Wiley.
- Popper, M., Mayseless, O., & Castlino, O. (2000). Transformational leadership and attachment. *The Leadership Quarterly, 11*, 267-289.
- Rimm-Kaufman, S. E., La Paro, K. M., Downer, J. T., & Pianta, R. C. (2005). The contribution of classroom setting and quality of instruction to children's behavior in kindergarten classrooms. *Elementary School Journal, 105*, 377-394.
- Romi, S. (2001). Child and youth care in Israel: Trends and dilemmas in training and in therapeutic intervention programs. *Journal of Child and Youth Care Work, 15-16*, 171-184.
- Romi, S. (2007). Child and youth care: Development and central Issues. In S. Romi, & M. Schmida (Eds.), *Nonformal education in a changing reality* (pp. 231-249). Jerusalem: Magnes (Hebrew).
- Romi, S., Savicki, V., Grupper, E., & Caspi, R. (2007). Occupational burnout among child welfare workers: A Work-setting Comparison. *International Journal of Child and Family Welfare, 10*, 93-109.

- Rossiter, M. J., & Rossiter, K. R. (2009). Immigrant youth and crime: Stakeholder perspectives on risk and protective factors. Working Paper No. WP02-09.
- Schmidt, H. (2006). Report of the Public Committee on the situation of children and adolescents at risk and in distress. Submitted to the Prime Minister and the Minister of Welfare. Retrieved from http://www.sheatufim.org.il/multimedia/upl_doc/doc_130708_4727.pdf (Hebrew)
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*, 410-421.
- Spallek, J., Zeeb, H., & Razum, O. (2010). Prevention among immigrants: The example of Germany. *BMC Public Health*, *10*, 92.
- Winnicott, D. W. (1965). *The maturational process and the facilitating environment*. New York: International University Press.
- Wolcott, H. F. (2001). *Writing up qualitative research*. Thousand Oaks, CA: Sage.
- Yearwood, E. L., Crawford, S., Kelly, M., & Moreno, N. (2007). Immigrant youth at-risk for disorders of mood: Recognizing complex dynamics. *Archives of Psychiatric Nursing*, *21*(3), 162-171.
- Zilka, C. G. (2014). *Empowering educators & mentors in the social media age—The Three Element Way*. Tel Aviv: Bitan-Galim (Hebrew).
- Zilka, C. G. (2015). Social competence of children at risk: Similarities and differences among the various assessors. In E. Grupper, & S. Romi (Eds.), *Children and adolescents at risk in Israel: Vol 2: The voice of young people and issues faced by child and youth care workers* (pp.113-85). Tel Aviv: MOFET (Hebrew).
- Zilka, G. C. (2016). Reducing the digital divide among children who received desktop or hybrid computers for the home. *Journal of Information Technology Education: Research*, *15*, 233-251. Retrieved from <http://www.informingscience.org/Publications/3519>