Mentoring Relationship Closures in Big Brothers Big Sisters Community Mentoring Programs: Patterns and Associated Risk Factors

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Abstract

Previous research suggests that early mentoring relationship (MR) closures may have harmful consequences for the health and well-being of youth participating in community-based mentoring programs. However, knowledge of the factors that lead some MRs to close early has been slow to emerge. This study examined patterns and correlates of early versus on-time MR closures among 569 youth participating in Big Brothers Big Sisters community mentoring programs. Thirty-four percent of youth experienced an early MR closure prior to the end of the program's 12 month period of commitment. The probability of closure was highest at 12 months into the MR. Early closures were positively associated with youth gender (girls), behavioral difficulties, and match determination difficulties. Early and on-time closures were associated with youth extrinsic motives for joining the program. Early MR closures were negatively associated with youth perceptions of parent emotional support, parent social support, high quality MR, weekly contact in MR, and parent support of the MR. Implications for programming are discussed.

Keywords Youth Mentoring Relationship Closure Risk Factor

Introduction

Previous research has documented positive associations between youth involvement in community program-sup-ported mentoring relationships (MRs) and gains in various social and health-related developmental outcomes. However, meta-analyses of youth mentoring programs have produced effect sizes that are modest at best with little evidence of sustained positive program impacts over extended periods (DuBois, Portillo, Rhodes, Silverhorn & Valentine, 2011; Meyerson, 2013). In addition, there have been instances where youth involvement in mentoring was found to have no impact at all (Roberts, Liabo, Lucas, DuBois & Sheldon, 2004) or to be counterproductive resulting in unintended negative consequences (Rodriguez-Planas, 2014).

Some have suggested that the rather unimpressive record of mentoring programs in promoting positive youth development may be partly due to the fact that many mentored youth end up having their relationship close before the standard period of commitment established by the program (often 1 year; Rodriguez-Planas, 2014). Estimates suggest that 30–50% of program-supported youth MRs last for only a few months (Grossman & Rhodes, 2002; Herrera, DuBois & Grossman, 2013; Lymburner, 2006; Shlafer, Poehlmann, Coffino & Hanneman, 2009). These closures are believed to limit the capacity of mentoring to benefit youth because the relationships have not had sufficient time to fully mature (Grossman & Rhodes, 2002). Moreover, research has shown that when relation-ships close, youth are at increased risk of experiencing harmful health and social outcomes (Britner & Kraimer-Rickaby, 2005; Grossman & Rhodes, 2002) possibly because of feelings of rejection or abandonment (Grossman & Rhodes, 2002; Spencer, 2007;

Spencer, 2016) or unfulfilled expectations of a deepening of the relationship (Goldner & Mayseless, 2009).

Correlates of MR Closures

Despite the elevated frequency of MR closures in many programs and the ascribed risks of poor health to youth, little is known of the factors that might predict their occurrence (MENTOR, 2007; Spencer, Basualdo-Delmonico, Walsh & Drew, 2014; Stukus, Clary & Synder, 2013). Theoretical discussions of possible influential factors have distinguished between environmental/personal characteristics versus mentoring program supports and relationship processes (MENTOR, 2007; Rhodes, 2002).

Youth vulnerability to personal risk may be a factor that derails some MRs. Many mentored youth have experienced disrupted (insecure) attachments with parents or other caregivers and are more likely than youth in general to suffer from psychological and behavioral difficulties (Britner & Kraimer-Rickaby, 2005; Grossman & Rhodes, 2002). As a result, they may be less trusting of adult authority figures, including adult mentors, compared to youth from more stable settings (Britner & Kraimer-Rickaby, 2005). Others have hypothesized that the contrived nature of formal MRs may cause some troubled youth to become hostile to well-intentioned mentors (Blechman, Maurice, Buecker & Helberg, 2000).

In terms of environment, Rhodes (2002) suggested that MRs may have a reduced chance of becoming established in neighborhoods lacking opportunities for youth involve-ment in social or recreational activities, or that are unsafe as a result of violence and criminal activity. Family instability may also increase the risk of an early relationship closure by limiting the ability of youth to maintain regular contact with their mentors particularly in single-parent homes affected

by higher than average rates of moving or family environments marked by intense conflict, drug use, and unsafe parenting (Rhodes, 2002; Shlafer et al., 2009).

Deficits in the characteristics associated with the formation and maintenance of successful MRs (e.g., matching youth and mentors based on shared needs and interests, mentor training, strong caseworker and parent support of the match) may also be linked to MR closures (MENTOR, 2007). Some authors, for example, have suggested that when mentoring programs adopt matching protocols that provide youth with little choice in the selection of an adult mentor, that contact diminishes eventually resulting in a termination of the relationship (Pryce, Kelly & Guidone, 2013). Spencer's (2007) qualitative study of BBBS MR closures found that some early closures occurred when adult mentors perceived agency caseworker involvement in the MR as either too much or too little. Others have identified parents as possible influential players in sustaining youth MRs (Spencer, 2007; Taylor & Porcellini, 2013) noting that parents are important gatekeepers of a youth's continued involvement in a mentoring program (Taylor & Porcellini, 2013) and may enhance positive youth experiences when they develop a personal collaborative relationship with the adult mentor (Spencer, Basualdo-Delmonico & Lewis, 2011).

Mentoring relationship processes may also distinguish between more or less enduring relationships. Probably one of the most critical mentoring processes for the preservation of healthy MRs is relationship quality. Rhodes, Spencer, Keller, Liang and Noam (2006) assert that feelings of closeness and warmth between the mentor and mentee lie at the heart of the MR and must be solidified for mentoring to make a noticeable impact in the lives of youth. In their view, relationships that do not have these qualities are doomed for failure (Rhodes et al., 2006). Also important may be the level of contact between mentors and mentees. Most mentoring programs (including BBBS) require that mentors and mentees meet on a weekly basis with the expectation

that frequent contact provides for greater opportunity for positive youth outcomes to occur. However, evidence that greater contact is directly associated with better mentoring and youth outcomes has been mixed (Grossman & Johnson, 1999; Herrera, Sipe & McClanahan, 2000; Karcher, 2005; Rhodes, Reddy, Roff-man & Grossman, 2005) and its importance in sustaining or impeding MRs still remains poorly understood.

Finally, mentees and mentors are also known to express different motives for enrolling in mentoring pro-grams (MENTOR, 2006a,b) and their intentions to continue in a MR may be linked to opportunities to fulfill those motives (Kupersmidt & Rhodes, 2013; Stukus et al., 2013). Motives of an intrinsic nature (e.g., skill development, personal fulfillment, become a positive role model) are believed to be associated with greater youth and volunteer commitment to continue program involvement. In contrast, the chance of involvement ending early is thought to be greater when extrinsic motives prevail resulting from external pressures for youth to join (e.g., parental coercion, institutional referrals) or the self-interests of mentors (e.g., volunteer work for career advancement; Kupersmidt & Rhodes, 2013).

To date, only two studies have directly examined vari-ous risk factors associated with early MR closures. An RCT of American BBBS community mentoring programs found that youth who experienced a significantly greater chance of a relationship closure were typically older (13–16 years), from geographically mobile families, refer-red for psychological treatment or educational remediation, over-dependent on adults, or victims of prior physical, emotional or sexual abuse (Grossman & Rhodes, 2002). Girls were also more likely to have their relationships close early. However, the result just fell short of meeting the criterion of $p < .05$ for judging statistical significance. Similar findings were made in a Canadian study of Big Sisters MR closures involving girls (Lymburner, 2006). In addition to the factors identified in the American

study, this study found that closures occurred more often for youth from families with a history of mental illness and violence.

Unfortunately, neither the American or Canadian studies of MR closures gave sufficient attention to youth or parent perceptions of mentoring program supports, youth motives for program enrollment, or MR processes, as possible predictors. A better understanding of the extent to which these factors are linked to relationship closures is vital for guiding the development of mentoring program practices and policies aimed at preserving and strengthen-ing youth MRs.

The Present Study

This study will examine the capacity of youth vulnerability to personal and environmental risk, motives for program enrollment, and mentoring program supports and relation-ship processes to predict MR closures for youth participating in a national study of BBBS community mentoring programs. As noted above, up to half of all youth in formal mentoring programs experience an early closure of their MRs (Grossman & Rhodes, 2002; Herrera et al., 2013) a fact that has been implicated in negative health outcomes (Grossman & Rhodes, 2002) and possibly the poor perfor-mance of many programs in achieving their desired results (Rodriguez-Planas, 2014). Previous review studies (see for example, Durlak & DuPre, 2008) have also shown that higher levels of implementation in community programs are strongly associated with better outcomes and that the implementation process itself is influenced by various contextual factors including program supports.

Method

Program Description

BBBS community match programs (Big Brothers Big Sisters of Canada, 2014) are designed to give youth a personal one-to-one relationship with a caring adult mentor. For a minimum of 1 year mentors spend an average of 2–4 hrs each week with their mentee in recreational, skill, or career-oriented activities. Mentors attend an initial train-ing session delivered by program staff on child safety, application and assessment procedures, roles and responsi-bilities, match closure, caseworker supervision, recognizing abuse, and optimizing match quality. To determine a match, caseworkers conduct interviews with qualified families and mentors to assess common interests and preferences and mentor ability to meet youth needs including a willingness to become involved with youth from varied cultural/social backgrounds. Caseworkers contact families and mentors at least once a month for the first 6 months and bi-monthly thereafter until 12 months. After 12 months, contact is reduced to every 3 months. Caseworkers may provide advice on handling match-related problems or information on organizational events. Youth enrolled in the program are assigned to a waiting list until they are paired to a mentor.

Procedures

Families were recruited by BBBS intake and caseworkers from 20 agencies across Canada and asked to participate. To qualify, families must have been new admissions and passed the agency's qualifying assessment for program eligibility. Agency staff followed a standardized script describing study objectives, types of questions asked of participants, and participant roles and responsibilities. Interested families signed the script authorizing a field interviewer to arrange a baseline assessment. Parents were required to have primary parenting responsibility for the study youth. Youth had to be 6–17 years old and in fami-lies with more than one eligible youth, one was randomly selected to participate. Prior to being paired to a mentor, families

received an in-home baseline assessment consisting of a 40-min parent self-administered questionnaire and a 2 hr youth face-to-face interview conducted in a separate private room by a trained interviewer. Active consent to participate was obtained prior to the baseline assessment. This included an assent form for youth under age 16 read out loud by field interviewers and a consent form administered to youth ages 16 and over and parents/guardians requiring a signature indicating a willingness to participate or not participate in the study. In-home follow-up assessments were conducted every 6 months. Youth were asked to report on their behavioral, psychological, and social functioning. Parents reported on their children in each of these areas as well as their own social relation-ships, physical, and mental health. At follow-up, families paired to a mentor answered additional questions on the match determination process, parent and agency support of the match, and match characteristics. Youth received two movie passes after each assessment and parents received a $5 food gift certificate. Study procedures were approved by the CAMH research ethics board.

Participants

A total of 997 families participated in the study, a response rate of 78%. At the end of the 30 month follow- up, 700 youth had been paired to at least one mentor. The sub-sample for the current paper consists of 569 ever-mentored youth with valid information on the duration of their first MR. Fifty-six percent (n = 321) experienced a relationship closure; 200 were in relationships that closed early (prior to reaching the 12 month mark); 121 were in relationships that closed at the 12 month mark or beyond (defined as normative closures). Forty-four percent (n = 248) were in ongoing relationships lasting 12 or more months with the same mentor. Excluded were 25 youth in ongoing relationships lasting <12 months.

Measures

The dependent variable was youth mentoring status, a categorical construct consisting of three groups: youth with an MR closure occurring <12 months into the MR (defined as an early closure), youth with an MR closure occurring at or beyond the 12 month period of commitment (defined as a normative closure), and youth with an ongoing relationship lasting 12 or more months. These groups were assessed at the end of the 30 month follow-up and constructed using youth and parent reports of MR onset and duration.

Independent variables were measured at baseline and grouped into three categories: youth demographics, health and behavior, and environmental factors. Demographics included: gender (1 = girls 0 = boys), age, living arrangements (1 = living with a single biological parent only 0 = other), ethnic/racial minority status (1 = Aboriginal, African, Asian, and Hispanic Canadian 0 = all others), number of family moves, and family poverty (count of affirmative parent responses on annual household income <$10,000, receipt of government social assistance, living in a subsidized dwelling, living in a dwelling in need of major repairs, and currently unemployed). Youth health and behavior included: chronic health condition (1 = yes 0 = no) and behavioral difficulties. Environmental factors included: parent depressed mood, family functioning, perceived emotional support from parents, parent social support, and neighborhood problems.

Youth behavioral difficulties were assessed using the parent version of the Strengths and Difficulties Questionnaire (SDQ; Goodman & Scott, 1999). The SDQ contains five sub-scales each with five items: conduct problems, hyperactivity-inattention, emotional problems, peer difficulties, and pro-social behavior. For this study, the first four sub-scales were combined into a single index of difficulties. Internal consistency values at the study baseline were: conduct

problems (a = .71), hyperactivity/inattention (a = .80), emotional problems (a = .73), and peer difficulties (a = .67). Parent depression was measured using the 20-item Centre for Epidemiological Depression Scale (a = .92; Radloff, 1977). Family functioning (re-ported by parents) was measured using the 13-item general functioning sub-scale of the McMaster Family Assessment Device (a = .84; Byles, Bryne, Boyle & Offord, 1988). Emotional support from parents (six items) was captured from a pool of 15 items designed to capture youth perceptions of parental emotional and instrumental support (Wills, Vaccaro & McNamara, 1992; a = .83). Parent social support was assessed using a five item abbreviated version of the Social Provisions Scale (a = .84; Cutrona & Russell, 1989). Neighborhood problems (e.g., physical and social challenges; reported by parents) were measured using six items from the revised Simcha-Fagan Neighborhood Questionnaire (a = .86; McGuire, 1997).

Mentoring relationship processes included frequency of weekly contact between youth and mentors (youth report only) and youth and parent perceptions of MR quality. Questions on quality and contact were constructed for youth in previously dissolved and ongoing MRs. Weekly contact was grouped into two categories: contact one or more days versus less frequent contact. Quality was assessed using five global attributes: trust, warmth or affection, closeness, happiness, and respect. Response options were: “very true,” “partly or sometimes true,” and “not very true.” Internal consistency values for the youth and parent quality scales were: a = .88 and a = .91, respectively. Items were combined into single indices with each index divided into two categories: high quality (scored 80% or more) versus low/moderate quality (scored less than 80%).

Mentoring program supports included parent support of the MR (parent report), number of caseworker-initiated parent contacts reported by the parent in the previous month (e.g., help the

parent find better ways to accommo-date the match, clarifying responsibilities in the match agreement; 1 = 3 or more contacts 0 = <3 contacts), and match determination difficulties (child report). Parent support of the MR (six items; a = .68) was designed to capture parent attitudes and behaviors supporting the men-tor or the MR (e.g., I offer advice or help to my child's Big Brother/Big Sister to make the match relationship work better). Five response options ranged from "strongly agree" to "strongly disagree." Items were combined into a single index and grouped into two categories: strong sup-port (scored 80% or more on index) versus low/moderate support (scored < 80%). Match determination difficulties (three items; a = .65) assessed youth perceptions of difficulties during the phase of being paired to a mentor by agency staff (e.g., Not enough time was given to meet with my mentor to know if I liked him/her). Reliability analysis of the original four-item scale indicated a low item-total correlation for the item, "It took too long for a match." Removal of this item increased the alpha from .53 to .65. Response options were: "very true," "kind of true," and "not very true." Items were combined into a single index and grouped into two categories: absence of any difficulties versus at least some difficulties.

Youth extrinsic motives for enrollment were defined as any youth having an affirmative response on "parent wanted me to join program" or youth referral to program reported by parent (e.g., referred by psychiatrist/psycholo-gist, social service agency).

Analytic Approach

Multinomial logistic regression analysis using the complex samples feature in PASW statistical software (PASW, 2010) was chosen to model predictors associated with the odds of mentored youth experiencing either early or on-time (normative) MR closures assessed against a reference

group of ongoing or uninterrupted MRs. For ease of inter-pretation and to facilitate comparisons across predictors, estimated parameters were converted into odds ratios (OR). Model standard errors were adjusted for design effects.

Results

Description of Sample

Table 1 provides a detailed description of the background characteristics of matched youth, mentoring program and other environmental supports of the match relationship, and match relationship characteristics. Results revealed slightly more girls (53.6%) than boys (46.4%). Less than 9% of all matches (data not shown) were cross-gender, consisting of boys paired to a female mentor. The average age of youth was 9.66 years; half were under the age of 10. Significantly more girls than boys were in the oldest age category of 12–16 years (25.9% vs. 18.2%; $v^2(1, N = 567) = 4.86$, $p = .027$). Sixty-eight percent of youth were living with a single biological parent (usually the female). Thirty percent belonged to an ethnic/racial minority group (e.g., First Nations Peoples, African, Asian, and Hispanic Canadians). Twenty-three percent had 3+ family moves in the past 5 years. One-quarter had a chronic physical health condition. Youth scored an aver-age of 13 on the multi-item scale of parent-rated behavioral difficulties (SD = 6.81) and 15 on perceived emotional sup-port from parents (SD = 3.54; data not shown). Parents or guardians were mostly female (93.1%). The average age was 41 years (SD = 9.07). Fifteen percent reported an annual gross household income of <$10 K; one-third received government social assistance; 31% lived in a subsidized dwelling; 21% were in a dwelling in need of major repairs; 14% were unemployed. Parents scored an average of 34 on the scale of depressed mood (SD = 10.09); 52

on family functioning (SD = 7.61), 20 on parent social support (SD = 3.93), and 8 on neighborhood problems (SD = 2.66; data not shown).

Fifteen percent of youth enrolled in the program due to extrinsic pressures to join. Twenty-one percent reported some match determination difficulties. Eighteen percent had three or more caseworker-initiated contacts in the previous month. Over a quarter of the parents (26.9%) indicated high parental support of the MR. A majority of youth and parents provided high ratings of MR quality (86.7% and 73.8%, respectively). Two-thirds of the youth met with their mentor one or more days per week.

Pattern and Timing of MR Closures

Figure 1 utilizes survival analysis to depict the pattern and timing of MR closures to successive months from the beginning of the first MR. Estimates are in the form of cumulative probabilities. Results revealed that roughly one-third of youth (34%) had their MR close early at or before 11 months duration. At 12 months, 46% had experienced a closure. Girls experienced a relationship closure at a faster pace than boys. The median time to relationship closure for boys was nearly double the estimated value for girls (24.67 vs. 12.86 months). As shown in Fig. 2, the monthly probability of experiencing a MR closure was highest at the 12 month mark, a possible reflection of the fulfillment of adult mentor commitments to BBBS agency policies requiring volunteers to mentor youth for at least a year.

Multinomial Logistic Regression Results

A full correlation matrix of the variables included in the multinomial logistic regression analysis is shown in Table 2.

Table 3 summarizes the results of a multinomial logistic regression analysis where youth mentoring status at 30 months follow-up (1 = early MR closure < 12 months; 2 = on-time MR closure 12+ months vs. 3 = ongoing MR 12+ months) is modeled as a function of youth demographics, health and behavior, and environmental characteristics. Relative to the reference group of ongoing MRs and adjusting for other covariates, girls had more than a two-fold greater chance than boys of having their MR close early (OR = 2.11; $p < .001$). Early closures were also associated with greater youth behavioral difficulties. For example, for every unit increase on our scale of behavioral difficulties there was a 3% increase in the odds or chance of youth experiencing an early MR closure (OR = 1.03, $p < .05$). Early closures were less likely to occur when youth perceived emotional support from parents or guardians (OR = 0.94, $p < .05$) and when parents/guardians perceived social support from significant others (OR = 0.94, $p < .05$). Interestingly, there were no statistically significant predictors of normative (on-time) MR closures.

In Table 4 youth mentoring status is modeled as a function of youth motives for program enrollment, perceived mentoring program supports, and MR processes. Results are adjusted for youth demographics, health and behavior, and environmental factors. Because MR processes may be more temporally proximal in their relation-ship with closures than other predictors, under each mentoring status category, a reduced model was estimated first consisting only of youth motives and perceived pro-gram supports. A second expanded model included MR processes. The addition of MR processes did little to alter the results pertaining to youth motives or

perceived pro-gram supports. Our attention, therefore, focuses on the second column of results under each of the two mentoring status categories.

Extrinsic pressures for youth to join the BBBS program (OR = 2.32, $p < .01$) and youth reports of match determination difficulties (OR = 2.66, $p < .001$) were associated with a greater chance of an early MR closure (relative to the reference group of an ongoing MR). In contrast, factors that significantly reduced the chance of an early clo-sure included: strong parent support of the MR (OR = 0.37, $p < .01$), MRs rated by parents and youth as high in quality (OR = 0.29, $p < .001$; OR = 0.32; $p < .001$), and frequent weekly contact (one or more days) between mentors and mentees (OR = 0.39, $p < .01$). Having three or more caseworker-initiated contacts with parents was also negatively associated with early closures (OR = 0.54, $p < .10$). Among the hypothesized predictors shown in Table 4, only extrinsic pressures to join the program and parent-rated MR quality were significantly associated with the odds of a normative MR closure.

Discussion

This study examined patterns and correlates of BBBS community MR closures using a national sample of mentored youth. Results revealed that 34% of mentored youth had experienced an early relationship closure prior to the 12 month period of commitment stipulated by BBBS community programs. Not all of these relationships were necessarily problematic. Some may have ended early simply because the needs and interests of mentees and mentors were poorly matched or because the benefits of continuing the relationship no longer outweighed the costs. In these circumstances, a relationship closure may be viewed as a desirable or even beneficial outcome. Nevertheless, the large percentage of early closures is cause for concern. Previous research (Grossman & Rhodes, 2002) suggests that MRs may require 12 or more months to

mature before positive developmental changes in youth occur and that relationships that close early may have harmful consequences. Early closures, therefore, may be responsible the ineffectiveness of many mentoring programs (Rodriguez-Planas, 2014).

Our multinomial logistic regression models examined theoretically important predictors of MR closures. Consistent with earlier research (e.g., Grossman & Rhodes, 2002), girls were significantly more likely than boys to have their MR close early. What accounts for this with their friendships (MacEvoy & Asher, 2012), girls may have different or higher expectations of their MRs than boys and when these expectations are not realized, they opt to leave the relationship in search of a better match. Investigating the plausibility of this explanation, however, is beyond the scope of this study and will require an in depth analysis of gender-based differences in the circumstances surrounding MR closures.

Youth perceptions of emotional support from parents were associated with a reduced chance of an early relation-ship closure. In contrast, early closures had a greater chance of occurrence with increased youth behavioral difficulties. These findings may be interpreted in the context of attachment theory which posits that youth raised in stable and caring family environments tend to form secure attachments with their parents that support the development of pro-social behaviors. Youth who have formed secure parent attachments are expected to possess a greater likelihood of developing positive internal working models of self that in turn encourage greater trust of extra-familial adults including adult mentors (Britner & Kraimer-Rickaby, 2005).

The observed relationship between higher parent perceptions of social support and reduced early closures may be due to the fact that parents who perceive social support from significant others are, for a variety of reasons, in a better position to be more supportive of the MR and

engage with the mentor and the mentoring program in ways that will promote positive relationship development. Future research is required to test these hypotheses.

Quality of the MR elicited the strongest association with the odds of an early MR closure. Youth in MRs classified as high in quality experienced a reduced chance of an early closure compared to those in low to moderate quality relationships. This result highlights the importance of quality in maintaining relationship continuity and corresponds to earlier research identifying relationship quality as a strong positive correlate of MR longevity (Parra, DuBois, Neville, Pugh-Lilly & Povinelli, 2002; Rhodes et al., 2005). The result is also important in that it is based on an assessment of relationship quality that includes the perspective of parents. Previous efforts aimed at examining MR quality and its relationship with positive youth outcomes have relied on youth or mentor reports. Our finding validates recent qualitative research on parent perceptions MR quality in community mentoring programs (Spencer et al., 2011) showing that parents often articulate well-defined impressions of their child's adult mentor in key areas such as trust and respect that are likely to play a critical role in determining relationship success.

Weekly contact between mentors and mentees was also associated with a reduced chance of an early MR closure even after adjusting for relationship quality. This finding challenges the notion that level of contact by itself may not be sufficient for sustaining MRs but instead provides the context for meaningful interactions between mentees and mentors to grow (Parra et al., 2002). It is possible that regardless of relationship quality, weekly contact reflects an underlying commitment to relationship development or allows for regular structured activities that have the effect of prolonging the MR for extended periods. However, DuBois and Neville (1997) reported that contact between mentors and their mentees became less frequent the greater the longevity of

the relationship, evidence per-haps that participants readjust their personal time commit-ments as relationships mature to conform to what they perceive to be realistic or desirable.

Extrinsic pressures for youth to join the BBBS program measured on the basis of youth perceptions of parental coercion or having been referred by an outside institution (e.g., Children's Aid) were associated with a significantly greater risk of early and normative relationship closures. This is an important finding in that it suggests that for MRs to be sustained over time, youth who enroll in mentoring programs must first express a strong desire or readiness for change independent of external influences.

Youth who perceived difficulties during the program phase of being paired to an adult mentor experienced a significantly greater chance of an early MR closure than those reporting no difficulties. Summaries of past mentoring studies (see for example, Sipe, 1996) have suggested that program matching practices are not as critical as mentoring training and caseworker support in producing long-lasting MRs. However, much of this research focused on matching youth on the basis of demographic and cultural background while excluding youth or parent experiences of the matching process. Herrera and colleagues found that BBBS matching procedures that placed a greater emphasis on achieving common or shared interests between mentors and mentees as opposed to satisfying demographic or cultural preferences were associated with more mutually satisfying relationships (Herrera et al., 2000).

Mentoring relationship closures were significantly less likely to occur when parents were highly supportive of their child's adult mentor. This finding is consistent with Keller's view of parents as key stakeholders in the development and maintenance of successful MRs (Keller, 2005) and supports the position that parents can have a positive influence on their child's mentoring experiences (Spencer et al., 2011; Taylor & Porcellini, 2013). It also dispels earlier

concerns (Miller, 2007) that directly involving parents in the developing mentor/youth relationship might lead to poorer youth outcomes or perhaps early relationship endings because of parental failure to respect the boundaries between the mentor and youth.

Frequent caseworker-initiated contact with parents reduced the chance of an early MR closure but fell short of meeting the standard criterion of $p < .05$ for judging statistical significance. This weak result could be due to our decision to focus on caseworker contact as opposed to quality of caseworker support. Nevertheless, the finding adds to the growing body of work linking monthly case-worker contact with longer MRs (Herrera et al., 2000, 2013). It also supports the belief that regular caseworker monitoring of the MR has the potential to avert early clo-sures by providing program staff with the opportunity to identify problems as they arise (MENTOR, 2007) and to offer support to youth, parents, and mentors in making the relationship work better.

The capacity of the multinomial logistic regression models to successfully predict MR closures was consider-ably less for normative versus early closures. This may be because the experiences of youth in MRs where a normative closure occurred were not qualitatively different from those in the reference group comprised of youth in ongoing relationships. A second interpretation suggests that both groups did differ but that the differences were not detected because of the exclusion of theoretically relevant predictors. In a recent study (Gettings & Wilson, 2014) mentor commitment to the MR, a factor not reflected in our models, was found to be associated with adult mentors' use of relational maintenance strategies (e.g., behaving cheerfully, self-disclosure, sharing opinions, sharing tasks) that were in turn associated with an increased likeli-hood of remaining in the relationship 7 months later.

Finally, this study focused on the longevity and stability of MRs occurring within the confines of a formal mentoring program. However, most MRs involving youth and non-parental adults occur naturally outside of a program setting (Bruce & Bridgeland, 2014). These natural MRs may be more enduring than those supported by formal programs possibly because they are more authentic, developmentally focused, and embedded in stable social networks (Black, Grenard, Sussman & Rohrbach, 2010; Schwartz, Rhodes, Spencer & Grossman, 2013). Not surprisingly, an emerging body of evidence has shown wide ranging positive effects associated with youth involvement in natural MRs including improvements in mental health (Hurd & Zimmerman, 2010; Zimmerman, 2010), stronger interpersonal relation-ships with significant others (e.g., parents; Hurd & Zimmer-man, 2014), reduced risky behaviors (Zimmerman, 2010) and higher paying and more intrinsically rewarding careers in early adulthood (McDonald & Lambert, 2014; Timpe & Lunkenheimer, 2015). These promising results, combined with the time-limited nature of many formal mentoring pro-grams, has led to the development of youth-initiated men-toring programs where youth identify adult mentors who are already part of their natural social networks to serve as mentors (Schwartz et al., 2013). Future investigations are needed to better understand the factors that contribute to the longevity of natural MRs, the capacity of natural relation-ships to sustain positive impacts on youth development, and the extent to which such relationships may augment or enhance the effectiveness of formal mentoring initiatives.

Limitations and Directions for Future Research

This study benefited from a good response rate and a large ethnically diverse sample of youth from different regions of Canada. In addition, many of the hypothesized predictors of MR closures were measured with instruments possessing good reliability and validity. However,

there were also some limitations. First, the sample was comprised primarily of BBBS families from large metropolitan centers and thus should not be seen as repre-sentative of all families who apply for an adult mentor. Second, the analysis focused on youth and parent reports of mentoring program supports and relationship processes. Future investigations of MR closures are needed that include the perspective of mentors.

Program and Policy Implications

The results of this study have important implications for BBBS and other mentoring programs. Early MR closures may be averted by strengthening program practices that enhance the quality of the relationship in its early stages (e.g., caseworker support) and mentor training in relation-ship development aimed at improving active listening and empathy skills and adopting effective strategies for building trust and respect. Greater effort may be needed to ensure that newly recruited mentees express a desire to be mentored and that sufficient consideration is given to ensure compatibility of interests between mentors and mentees. Programs may also develop practices that seek to build and sustain supportive relationships between parents and men-tors through regular use of agency social outings and joint training of mentors and parents that recognize the role parents may have in building and sustaining healthy MRs.

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Compliance with Ethical Standards: The authors declare that they have no conflict of interest. The authors have complied with APA ethical principles in the treatment of individuals. Informed consent was obtained from study participants.

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Table 1 Sample description

	Percentage		
Youth/parent background characteristics			
Gender			
Girls	53.6		
Boys	46.4		
Age (Mean = 9.66, SD = 2.13)		Girls	Boys
6–7	18.5	19.0	17.8
8–9	31.5	26.9	36.7*
10–11	27.8	28.2	27.3
12–16	22.3	25.9	18.2*
Living arrangements			
Both bio parent	11.4		
Single bio parent only	68.2		
Other (step/foster parents, grandparents, group home)	20.4		
Ethnicity/race			
African Canadian	10.1		
Aboriginal (First Nations, Metis, Inuit)	12.3		
White European (Caucasian)	44.8		
Asian Canadian	6.0		
Hispanic Canadian	1.8		
Canadian	11.4		
Other (multiple categories)	13.7		
Number family moves (Mean = 1.58, SD = 1.74)			
None	34.1		
One	22.1		
Two	20.6		
Three of more	23.2		
Chronic health condition			
Yes	24.4		
No	75.6		
Parent gender			
Female	93.1		
Male	6.9		
Parent age (Mean = 41.0, SD = 9.07)			
<30	7.9		
30–39	39.9		
40–49	38.8		
50–59	8.6		
60 plus	4.7		

Annual gross household income	
<10 K	14.5
10–19,999	23.9
20–29,999	15.6
30–39,999	14.7
40–49,999	9.9
50 K or more	21.4
Government social assistance	
Yes	33.0
No	67.0
Subsidized dwelling	
Yes	31.0
No	69.0
Dwelling in need major repairs	
Yes	21.0
No	79.0
Parent unemployed	
Yes	14.0
No	86.0
BBBS program/environment factors	
' Extrinsic motivation join program	

Match determination difficulties (Mean = 3.76, SD = 1.33)

None	78.9
Some or moderate	21.1

Number caseworker contacts (Mean = 1.50, SD = 1.81)

None	36.6
One	21.8
Two	23.7
Three of More	17.9

Parent support of match (Mean = 23.70, SD = 3.35)

Low	30.6
Moderate	42.5
High	26.9
Match characteristics	
Quality (PR)[a] (Mean = 13.20, SD = 2.58)	
Low	14.9
Moderate	11.3
High	73.8
Quality (CR)[b] (Mean = 14.01, SD = 1.99)	

Low	7.9
Moderate	5.4
High	86.7
Weekly Contact with Match[b]	
<Every other week	12.8
Every other week	14.8
Almost every day	5.4
One day	60.3
More than one day	6.7

*Statistically significant difference $p < .05$.
[a]Parent report.
[b]Child report

Table 2 Correlations among regression variables

	Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1	Early MR Closure	–																					
2	Normative Closure	−.38*	–																				
3	Gender (Girls)	.12*	.03	–																			
4	Age	−.02	.04	.10*	–																		
5	Ethnic Minority	−.01	.02	.06	.07	–																	
6	Single-Parent	.05	−.05	−.21*	.01	−.13*	–																
7	Family Moves	.04	.02	.01	−.02	.06	.06	–															
8	Family Poverty	.11*	−.01	.07	−.02	.20*	.04	.11*	–														
9	Chronic Health Problem	.02	.01	.02	−.03	.02	−.02	.03	.09*	–													
10	Behavioral Difficulties	.11*	−.04	.07	.08*	−.06	−.07	.06	.04	.12*	–												
11	Parent Social Support	−.10*	−−.02	.06	.01	−.05	−.06	−.02	−.17*	−.03	−.09*	–											
12	Parent Depressed Mood	.07	.01	.04	−.02	−.08	.08*	.09*	.24*	.06	.21*	−.42*	–										
13	Family Functioning	−.08	−.03	−.08	−.13*	−.10*	.14*	−.06	−.19*	−.07	−.28*	.38*	−.30*	–									
14	Emotional Parent Support	−.10*	.01	−.01	−.20*	−.11*	−.04	−.04	−.04	.03	−.11*	.05	.03	.15*	–								
15	Neighborhood Problems	.01	.02	.05	−.04	−.01	−.01	.01	.35*	.13*	.12*	−.07	.23*	−.18*	.06	–							
16	Extrinsic Motivation	.06	.07	.01	.08	.01	−.03	−.01	−.01	.01	−.03	.01	−.03	−.06	.01	−.03	–						
17	Parent Support Match	−.21*	.03	−.10*	−.10*	.04	−.02	−.01	.02	−.02	.02	.08*	−.03	.07	.03	.02	−.03	–					
18	Caseworker Contacts	−.08	.01	.01	−.02	.12*	−.02	.07	.05	.01	−.05	−.02	.05	−.04	−.06	.02	.02	.12*	–				
19	Match Difficulties	.27*	−.06	.04	−.09*	.09*	.05	.04	.05	.02	.07	−.02	.01	−.02	−.05	−.04	−.01	−.06	−.05	–			
20	High Quality MR (PR)	−.32*	.05	.05	−.02	.02	−.03	−.01	.01	−.04	−.10*	.10*	−.06	.09*	−.05	−.01	.01	.18*	.03	−.21*	–		
21	High Quality MR (CR)	−.33*	.13*	.01	−.02	.04	−.08	−.03	.04	−.03	−.06	.07	.01	.01	.04	.01	−.03	.08	−.03	−.34*	.37*	–	
22	Weekly Contact (MR)	−.22*	.05	.06	−.06	−.02	.01	.04	−.06	−.03	−.02	.03	−.03	.01	.15*	−.03	.03	−.01	.03	−.05	.16*	.18*	–

*$p < .05$.

Table 3 Participant background and environmental predictors of mentoring relationship (MR) closures

Predictors	Early closures[a]		Normative closures[a]	
	β (*SE*)	Exp *B*	β (*SE*)	Exp *B*
Youth demographics				
Gender (girls)	.75 (.20)	2.11**	.19 (.18)	1.21
Age	−.06 (.04)	0.94	.01 (.04)	1.01
Ethnic minority status	−.16 (.29)	0.85	−.02 (.37)	0.98
Single biological parent	.34 (.22)	1.40	−.07 (.21)	0.94
Family moves	.03 (.06)	1.03	.06 (.07)	1.06
Family poverty	.17 (.10)	1.18	.04 (.18)	1.04
Youth health/behavior				
Chronic health condition	.04 (.23)	1.04	.10 (.21)	1.11
Behavioral difficulties	.03 (.01)	1.03*	.01 (.02)	1.00
Environmental characteristics				
Parent social support	−.07 (.03)	0.94*	−.05 (.03)	0.95
Parent depressed mood	−.01 (.01)	0.99	−.01 (.01)	0.99
Family functioning	−.01 (.01)	0.99	−.01 (.02)	0.99
Youth emotional support from parent	−.07 (.03)	0.93*	−.02 (.04)	0.98
Neighborhood problems	−.03 (.04)	0.97	.01 (.03)	1.01

Results are adjusted for the length of time (in months) to the beginning of the match relationship. Preliminary analyses revealed that girls took on average of 3.53 months to begin their relationship compared to 6 months for boys ($F(1, 567) = 36.05$, $p < .001$). Girls, therefore, are significantly more likely than boys to fall into the early MR closure category (40.7% vs. 28.8%; $\chi^2(1, N = 567) = 8.74$, $p = .003$) while boys are more likely than girls to fall into the ongoing MR reference group (51.1% vs. 37.0%; $\chi^2(1, N = 567) = 11.42$, $p = .001$).

*$p < .05$; **$p < .001$; $n = 561$; standard errors adjusted for design effects.

[a]Reference group consists of youth in ongoing mentoring relationships lasting 12 or more months.

Table 4 Mentoring program and relational process predictors of mentoring relationship (MR) closures

	Early closures[a]				Normative closures[a]			
Predictors	b (SE)	Exp B	b (SE)	Exp B	b (SE)	Exp B	b (SE)	Exp B
Youth enrollment motives								
Extrinsic motivation	.80 (.30)	2.22**	.84 (.27)	2.32**	.84 (.29)	2.31**	.85 (.29)	2.33**
Perceived program support		.*** 3		* *				
Strong parent support	1.12 (.27)	3 . 6	1.00 (.33)	.37 * *	.20 (.26)	.82	.17 (.25)	.84
3+ Caseworker contacts	.43 (.23)	5*** 4 . 1	.58 (.29)	.54 *	.29 (.31)	.75	.25 (.29)	.78
Match difficulties	1.42 (.25)	5	.98 (.28)	2.66 .38	(.24)	1.45	.35 (.27)	1.42
MR processes/attributes				* * * * *				*
High quality MR (PR)	–	–	1.23 (.20)	.29 *	–	–	.69 (.26)	.50
High quality MR (CR)	–	–	1.15 (.33)	.32 *	–	–	.37 (.50)	1.44
Weekly contact MR	–	–	.95 (.29)	.39	–	–	.31 (.33)	.74

Results are adjusted for the length of time (in months) to the beginning of the match relationship.

[a]Reference group consists of youth in ongoing mentoring relationships lasting 12 or more months.

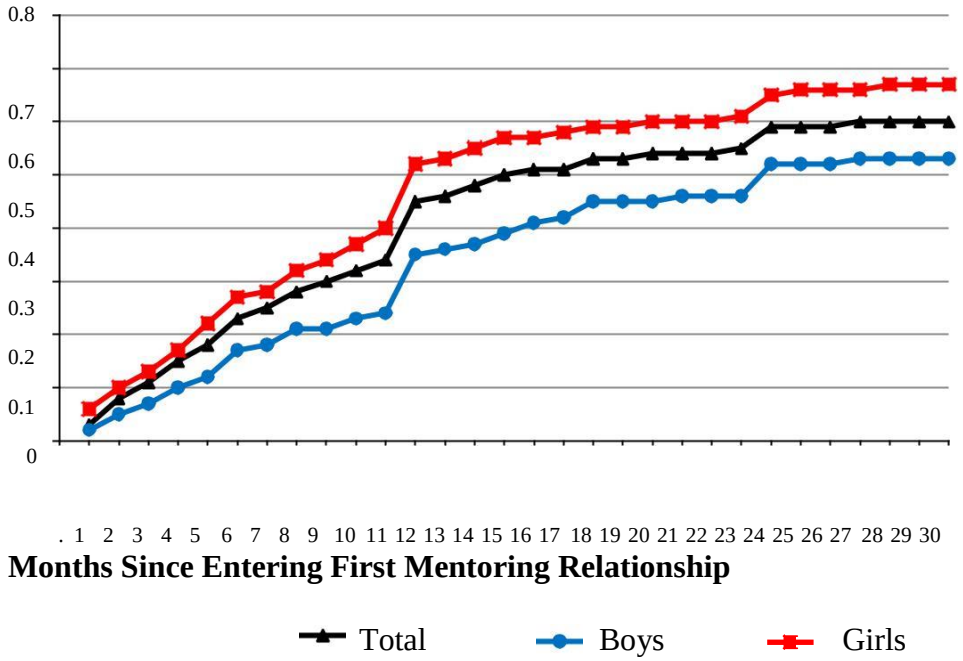


Fig. 1 Proportion of youth experiencing a mentoring relationship closure. n = 594 ever-mentored youth; n = 310 girls; n = 284 boys. Median survival time (months): Total = 15.97; Boys = 24.67; Girls = 12.86. Wilcoxon Statistic = 12.89; *df* = 1; p < .001; Percent Censored: 45

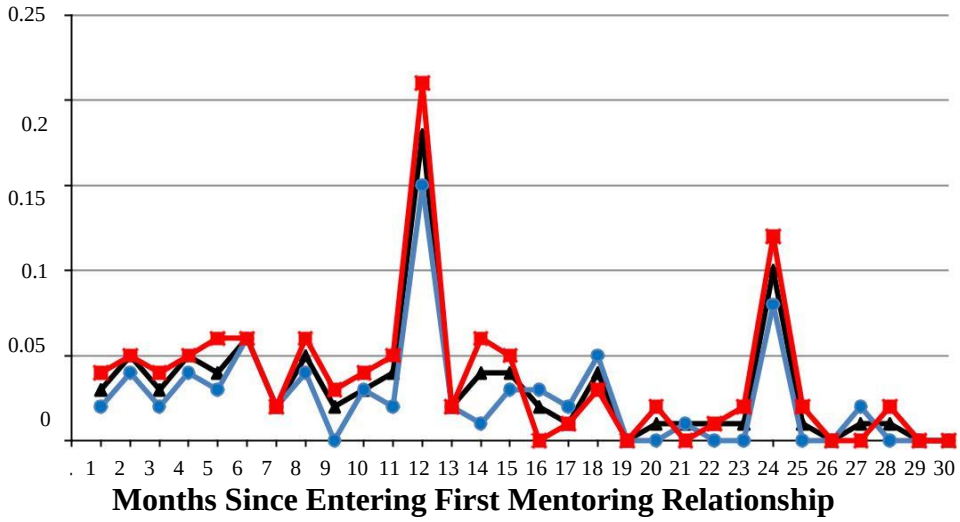


Fig. 2 Probability (hazard) of mentoring relationship closure for each month