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First Jobs Academy Enhanced Management Training: Curriculum for Employers of Child Welfare Involved Youth

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First Jobs Academy

Enhanced Management Training

Curriculum for Employers of Child Welfare Involved Youth

Cutler Institute for Health and Social Policy
Muskie School of Public Service
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First Jobs Academy

Enhanced Management Training

Curriculum for Employers of Child Welfare Involved Youth

Introduction

The Enhanced Management Training program provides employers with basic information and context about working effectively with youth, specifically youth in the foster care system. In the First Jobs Academy model, employers are called “business mentors” to highlight their importance in providing youth with direct support, modeling, and encouragement at the worksite. Business mentors enable youth to capitalize on natural supports in the workplace rather than relying on external job coaches.

The Sessions

Approximately fourteen hours of training are provided during the course of the training program. Training topics were suggested by past and present business mentors and piloted over the course of three summer sessions in 2008-2010. New business mentors should complete all of the training sessions, although this is sometimes challenging with work schedules. Employers at First Jobs Academy partner businesses who are not assigned a youth to mentor are also welcome to attend the training. Feedback from employers suggests that this training provides a good foundation for understanding and establishing positive working relationships with all youth employees, not just youth in foster care.

- **Session 1: Introduction to Adolescent Development:** This session helps business mentors understand the developmental and social-emotional characteristics of adolescents. The milestones of adolescence are explored with special emphasis given to the impact of neurological and social-emotional development on an adolescent’s job performance. Attention is paid to the impact of trauma and loss on development. Participants will be introduced to the signs and symptoms of traumatic loss and grief that may affect a youth’s performance in the workplace.
- **Session 2: The Experience of Youth in the Child Welfare System:** This session should directly follow Session 1. This session provides an overview of the role and structure of Maine’s public child welfare system. Discussion focuses on how youth become involved in the child welfare system, the types of out-of-home placements for youth, and the services available to support youth in the child welfare system. A panel of youth shares their experiences in the system and answers participants’ questions.
- **Session 3: Working with Different Learning Styles:** This session demonstrates the impact of individual learning styles on job performance. Participants build awareness of the learning needs of youth, including those with mild to moderate disabilities. Problem-solving and decision-making models are introduced and practiced. Strategies to integrate these strategies into job tasks and training are also provided.

- **Session 4: Youth Substance Abuse and the Workplace:** This session provides an overview of substance use, substance abuse, and recovery issues specific to youth and young adults. The signs of substance abuse and related issues that affect job performance are discussed, including the definition of “recovery” and how to work with it in partnership with the youth/young adult employee. Methods to address substance use/abuse in the workplace are described. Structure, strengths-based approaches, guidance, empathy, and support are discussed as key elements in dealing with substance use/abuse.
- **Session 5: Cultural Considerations:** Maine has been a site for refugee resettlement programs for many years, bringing many diverse peoples to the state. As Maine’s workforce becomes increasingly diverse, it is important for employers to understand and appreciate the cultural diversity in their businesses. This session introduces participants to the experiences of young “new Mainers” and their unique cultural needs and strengths with respect to the workplace.
- **Session 6: The Impact of Poverty on Youth:** Based on the work of Dr. Ruby Payne, this session discusses the impact of chronic and situational poverty on youth. The unique perspectives that youth in poverty have on the world are explored, as well as the differing values systems found in the economic classes.

Cultural Competency

Every group of employers will differ in their business sector, personal experiences, demographics, ethnicity, race, and gender, among other variables. In recognition of the diversity inherent in the participant pool, facilitators should adjust the delivery methods, styles, and scripts according to the cultural needs of the group. However, fidelity to the training model should be maintained by ensuring that each of the learning points is met, at minimum. We welcome feedback on any cultural adaptations made to the training.

Session 1: Introduction to Adolescent Development

Amy Beaulieu, LCSW – Cutler Institute for Social Policy, Muskie School of Public Service

Description:

This session helps business mentors understand the developmental and social-emotional characteristics of adolescents. The milestones of adolescence are explored with special emphasis given to the impact of neurological and social-emotional development on an adolescent's job performance. Attention is paid to the impact of trauma and loss on development. Participants will be introduced to the signs and symptoms of traumatic loss and grief that may affect a youth's performance in the workplace.

It is helpful for this session to be facilitated by a social worker or other professional experienced in working with adolescents, ideally adolescents in the child welfare system.

Learning Points:

- Major tasks of adolescence.
- Primary physical, cognitive, social, and developmental markers of adolescence.
- Connection between brain development and adolescent behavior.
- Define trauma and child traumatic stress, and identify sources of child trauma.
- Aspects of trauma specific to child welfare involved youth.
- Pathways to promote positive youth development.

Time:

2 hours, including a 15 minute break

Materials:

- Laptop/Computer
- LCD projector
- Flipchart paper
- Markers
- PowerPoint slides
- Name tags or name tents
- Handouts: "Secrets of the Teen Brain," Time, May 10, 2004; "Teenage Brain: A Work in Progress," NIMH Fact Sheet (<http://nimh.nih.gov/health/publications/>), "40 Developmental Assets® for Adolescents," Search Institute.

Main Steps

Welcome & Introductions (15 minutes)

Cue PowerPoint to the title slide (Slide 1). Provide participants with nametags or name tents as they arrive. Introduce yourself and give a brief summary of your background and professional experience as they relate to child welfare and/or employment services.

Icebreaker or Team Building Activity: Since the group of business mentors will presumably be training together over the next several days or weeks, it can be helpful to plan some sort of informal team building or icebreaker activity in order to build a level of trust and establish common ground among participants (Kelsey & Plumb, 2004).

Check-In: Explain that some emotionally tough topics will be reviewed during this training program. These sessions are meant to be introductory and broad in their scope. However, we recognize that not everyone reacts to trauma and loss in the same way; people are unique. It is not our intention to generalize. Tell participants to feel free to let you know if something discussed in the session(s) does not fit with their experiences or assumptions.

Learning Objectives (5 minutes)

Show PowerPoint slide 2. Review learning objectives.

Understanding Adolescence (45 minutes)

Activity: “Typical Adolescent” (20 minutes)

Materials: Flipchart paper, markers.

Ask participants to divide into small groups of three or four people by counting off (e.g., 1-2-3-4). Give each group a piece of flipchart paper and some markers. Ask the groups to draw or otherwise visually depict the “typical teenager.” Encourage creativity – groups may use words, drawings, or other forms in their work. Provide 10-15 minutes for groups to work.

Reconvene and have each small group present their “typical teen.” This activity enables the exploration of stereotypes and working assumptions. Explore societal archetypes about teenagers and discuss the importance of recognizing individual differences in the face of these archetypes. Post the flipchart papers on the wall to display.

Definition of Adolescence

Show PowerPoint slide 3. Ask, “*What do you remember about your adolescence?*” After responses, review information on slide 3.

Child development can be thought of as occurring in “phases” beginning with infancy, progressing into toddlerhood, then middle childhood, and culminating in adolescence. Adolescence is the final step before adulthood and takes place roughly between the ages of 12-22, typically beginning with puberty.

There are three phases within adolescence: Early adolescence (ages 12-14), middle adolescence (ages 14-17), and late adolescence (ages 17-22). These ages are approximations; children develop in their own time, depending on factors such as biology, environment, and life events.

Adolescence is marked by rapid physical, cognitive (i.e., thinking and perception), social, and emotional development. We often think of this as the “storm” of adolescence.

Describe the major tasks of adolescence:

- Identity formation
- Trying new things
- Finding a role in society
- Forming intimate relationships with others

Show PowerPoint Slide 4. Discuss physical changes associated with adolescence.

- Rapid rate of growth in height, weight, sexual organs, and brain development.
- These changes can express themselves as:
 - Sleeping longer. Studies show that teens need 9-10 hours of sleep per night.
 - Clumsiness, lack of coordination.
 - Sensitivity about weight and appearance, especially girls.
 - Onset of puberty.
 - Moodiness, irritability.

Show PowerPoint Slide 5. Discuss cognitive changes associated with adolescence.

- Development of advanced skills in reasoning, abstract thinking, and meta-cognition (i.e., thinking about thinking).
- These changes can look like:
 - Heightened self-consciousness.
 - Dramatic reactions or over-personalization – *“No one has EVER felt this way before!”*
 - Infallibility – *“It won’t happen to me!”* This can lead to risky behaviors.
 - Preoccupation with justice/fairness; black-and-white thinking – *“This is so unfair!”*
 - Disorganization.

Show PowerPoint Slide 6 and 7. Discuss social development during adolescence.

- Adolescence is a time to establish:
 - Identity.
 - Autonomy, independence.
 - Intimacy with others, especially peers.
 - Sexuality.
 - Achievement, personal goals, and rewards.
- These changes can express as:

- Spending more time with friends.
- Asking questions and exploring sexuality.
- Enforcing personal space and boundaries.
- Involvement in many activities. This is a way to explore what identity/roles “fit” with the teen’s self-perception.
- Argumentativeness.
- Seeing parents as people for the first time. Realizing that parents have feelings, emotions, and adult roles outside of the family.

Show PowerPoint Slides 8 and 9. Ask, *“Do these changes and behaviors fit with your experience or view of adolescents?”* Many of the participants are or have been parents of teenagers and have valuable perspectives to share based on their experience parenting an adolescent.

Adolescents accomplish these tasks through behaviors like:

- Experimentation.
- Taking risks.
- Conformity and/or non-conformity with their peers.
- Periods of pronounced emotional expression and withdrawal.

These types of behaviors, thoughts, and feelings are within the range of what we might consider “normal” during the turbulent adolescent years. However, some behaviors can surpass what we might consider typical and are of concern.

It is important to watch for signs of depression and other issues that call for professional help, such as:

- Excessive withdrawal.
- Lack of interest in activities.
- Lack of social contacts, social isolation.
- Self-injurious behavior. We are seeing more “cutting” by adolescent girls struggling with depression and trauma.
- Ongoing lack of sleep.
- Extremely risky behavior – substance use, violating the law, truancy, aggression toward others.

A physician or mental health professional should be contacted if these concerns emerge. Be clear that the employers are not responsible for directly addressing these issues. Many of the youth we work with have a team of supports, including caregivers, therapists, and case managers, whose role it is to help the youth access needed services.

As an employer, the best thing to do if there are concerns around such issues is to immediately contact the First Jobs Academy Advisor, who will reach out to the youth and the family. If concerns are affecting job performance, it is perfectly fine to talk about your concerns with the youth in an empathic but straightforward manner. However, First Jobs Academy recommends that this conversation take place with the Advisor so that he or she can broker services and supports with the youth’s team.

BREAK (15 minutes)

The Adolescent Brain (30 minutes)

Show PowerPoint Slides 10-14. Discuss the neurobiological changes that occur in adolescence.

Handouts:

- “Secrets of the Teen Brain,” *Time*, May 10, 2004
(<http://www.time.com/time/magazine/article/0,9171,994126,00.html>)
- “Teenage Brain: A Work in Progress,” NIMH Fact Sheet
(<http://nimh.nih.gov/health/publications/>)

Research is showing that the brain undergoes extensive changes during adolescence. These changes may occur up to the age of 25. New brain imaging studies suggest that connections between neurons (i.e., the cells) in the brain are rapidly created and lost during adolescence.

“Use it or lose it”: The brain “prunes” away connections in areas that are not needed or used, while growing more connections in areas that are used and needed. The “gray matter” of the brain has a second wave of production just before puberty (Giedd, Blumenthal, & Jeffries, 1999). Gray matter is the top layer of the brain that is responsible for sensory processing, thought processing, and reasoning among other higher-processing functions.

Areas of the brain that are responsible for language and spatial relations develop first and are mainly complete by age 12.

The Prefrontal Cortex is the “executive” section of the brain, located right behind the forehead. This is the final area to develop, usually completed in early adulthood, sometime around the age of 25. This section of the brain is responsible for organization, planning, impulse control, and reasoning. Studies show that teens process their emotions more in the frontal cortex area of the brain as they get older. This leads to thinking that is more rational and less over-reactivity (Baird, Gruber, Fein, et al., 1999).

The Adolescent Brain in Action: Due to brain changes, adolescents can sometimes lack the ability to regulate their behavior and make good decisions. This can look like poor planning, difficulty following directions with many multiple steps, challenges with prioritization, lack of impulse control, and trouble connecting actions to consequences.

Adolescence and Trauma (30 minutes)

Show PowerPoint slides 15-31. It is important to talk about the impact and expression of trauma in relation to adolescence because youth in the child welfare system have repeatedly experienced trauma. Trauma can affect a person for an extended period and can affect the ability to function in day-to-day life.

Trauma is defined as an event or events that a person was involved in or witnessed which causes feelings of being intensely threatened (National Child Traumatic Stress Network (NCTSN), 2008).

Trauma can be defined as more than just a single event. Children in the child welfare system experience multiple traumas from abuse and neglect to separation from family. Trauma is not just something that happens to someone, it is also something that can be experienced as a witness. For example, many children in the child welfare system witness domestic violence in their home.

Child traumatic stress is a psychological reaction experienced in reaction to a traumatic experience. Reactions to trauma are unique to each person. Not every person experiences ongoing traumatic stress after a traumatic event. Traumatic stress can threaten a child's sense of physical and psychological safety. A sense of safety is very important for a child's healthy development. For example, it is difficult for a child to form trusting relationships with others without safety.

Review Maslow's hierarchy of needs in relation to safety.

Sources of trauma: Accidents; domestic violence; terrorism; physical/sexual/emotional abuse; death or loss of loved one; ongoing emotional distress. Provide concrete examples of each type. For example, speak to the impact of the terrorist attacks on 9/11/01 and/or the Southeast Asia tsunami on children. Examples of drawings made by children after these events are compelling illustrations to this point.

Types of trauma:

Acute trauma: A single traumatic event that is limited in time (NCTSN Child Welfare Training Toolkit, 2008). During an acute event, children experience a variety of feelings, thoughts, and physical reactions that are frightening and contribute to a sense of being overwhelmed.

Complex trauma: Defined as repeated and pervasive trauma exposure, especially occurring early in life and perpetuated by a caregiver (NCTSN, 2008). Child abuse and neglect are considered complex trauma. Reactions to complex trauma tend to be more pervasive, severe, and ongoing.

Activity: Lisa 911 Call (Download: http://www.nctsnet.org/nccts/nav.do?pid=ctr_cwtool)

Play an audio recording of Lisa, a young girl calling 911 to report domestic violence between her mother and her boyfriend. This recording is intense, so prepare participants for what they are about to hear and let them know it is okay to leave the room if this is overwhelming.

After the recording, debrief with participants. What were their emotional reactions? What did they picture as the scene occurring in the home? Is Lisa's experience indicative of acute or chronic trauma? Reassure participants that the police quickly responded to Lisa's call and no one was injured (NCTSN, 2008).

Trauma and the child welfare system:

Simply being in the child welfare system is traumatic for a child. Children in the child welfare system can experience complex trauma in the form of witnessing domestic violence, frequent moves and separations, abuse and neglect, changing schools, and loss of birth family. These are profound and long-term traumas experienced repeatedly and over time.

The median length of stay in foster care in Maine is 16 months (Maine Department of Health and Human Services, 2008). In addition to being abused and/or neglected at the hands of their caregivers, children can experience additional trauma in foster care. For example, people often assume that children who are removed from abusive caregivers cease experiencing trauma. However, these caregivers are often the only parents they have ever known and being abruptly separated from them is very distressing for children.

Reactions to trauma:

Trauma can spark powerful physical and emotional reactions. If these reactions persist over time, they can develop into traumatic stress or Post-Traumatic Stress Disorder (PTSD). Alumni of the foster care system have double the rate of PTSD compared to U.S. war veterans (Pecora, et al., 2003).

A person, place, situation, sensation, feeling, or thing that reminds a youth of a traumatic event is a potential “trauma trigger.” A youth’s reactions to this trigger may be exaggerated and inappropriate in the context of their current surroundings. For example, a youth may run into the perpetrator of their abuse unexpectedly at their workplace and “freeze” or become emotionally numb. They may withdraw completely or react angrily. These are all understandable reactions. This situation is very rare, but it can happen. We have had youth run into birth family on-the-job, leading to some distress.

Emotional/psychological reactions to traumatic stress: Flashbacks, overreactions to everyday events, avoiding situations or places, having no memory of the experience, and emotional “numbing.” Define and give examples of flashbacks and numbing.

Physical reactions to traumatic stress: Trouble sleeping, irritability, startle reactions, lack of concentration, headaches, and stomachaches.

Adolescence and Trauma:

In response to trauma, adolescents may feel (NCTSN, 2008):

- They are weak or “going crazy”
- Embarrassed
- They are unique and alone in their pain
- Anxious and/or depressed
- Angry
- They are worthless
- Helpless

Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotions and physical reactions. However, using substances impairs their ability to cope with distressing and traumatic events, often leading to increased feelings of depression and anxiety.

Long-term outcomes:

Childhood maltreatment has been associated with neurodevelopmental changes in brain structure and function (Anda et al., 2006). Such changes lead to significantly increased rates of mental health problems, substance use, risky behavior, impaired memory, and health problems. Ask, “*Why do you think this is?*” Review outcomes specific to attachment, biology, mood regulation, dissociation, behavioral control, cognition, and self-concept (see slides 30-31).

Resiliency & Positive Youth Development (15 minutes)

Handout: 40 Developmental Assets® for Adolescents,” Search Institute.

Show PowerPoint slides 32-35. Discuss resiliency. Acknowledge that although the discussion thus far has centered on the difficulties these youth face, children and youth are incredibly resilient. They can do very well in spite of all they have experienced. There has been much attention and research paid to identifying factors of resiliency, but we still know very little about why some youth are more resilient than others. Ask, “*What do you think? Why could some youth be more resilient than others in the face of trauma?*”

Positive Youth Development: An approach that promotes resiliency and identifies risk factors in youth by focusing on strengths, skills, and abilities. Adolescence is a developmental stage that calls for additional support. There are many ways adults can support youth in the development of positive, healthy behaviors while preventing risky behaviors.

Developmental Assets can be considered the “building blocks” of healthy development. The Search Institute has defined 40 of these assets for adolescents. External assets are developed within the context of community and family, while internal assets are personal strengths and attributes that are developed from within. Both can be nurtured and developed by engaging and encouraging youth.

Promoting Positive Youth Development: There are some basic ways to promote development in each of the following areas:

- *Sense of Industry & Competency:* Support participation in employment and recognize the youth’s productivity.
- *Sense of Control Over One’s Life:* Respond to the youth’s actual behavior, not preconceived notions about their motives or behavior.
- *Connectedness to Others:* Provide social and emotional support while allowing for independence. Monitor activities while also providing opportunity for choices and self-determination.
- *Sense of Identity:* Provide opportunity for community involvement and support for the youth’s future goals.

Wrap-Up (10 minutes)

Reflect on the “typical teenager” drawings done in the opening activity that are now posted on the walls. Elicit from participants if their assumptions have changed since this activity – how or how not?

Take questions. This is a good opportunity for experienced business mentors to speak about their experiences with First Jobs Academy youth and share what they have learned.

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Session 2: The Experience of Youth in the Child Welfare System

Amy Beaulieu, LCSW – Muskie School of Public Service

Description:

This session should directly follow Session 1, Introduction to Adolescent Development.

This session provides an overview of the role and structure of Maine's public child welfare system. Discussion focuses on the reasons youth become involved in the child welfare system, types of out-of-home placements for youth, and services available to support youth. A panel of youth shares their experiences in the system and answer participant questions.

A social worker, mental health professional, or child welfare caseworker/supervisor should facilitate this session.

Learning Points:

- Risk factors for child abuse and neglect.
- Types of child abuse and neglect.
- Types of out-of-home placements available in Maine.
- Options for permanency.
- Outcomes for older youth in the child welfare system, including the impact of placement disruption on child well-being.
- Common workplace behaviors of youth in foster care, their possible causes, and identify some techniques to address these behaviors.

Time:

2.5 hours, including a 15 minute break

Materials:

- Laptop/Computer
- LCD projector
- Internet access with capability to play streaming video
- Flipchart paper
- Markers
- PowerPoint slides
- Name tags or name tents

Main Steps

Welcome & Introductions (15 minutes)

Cue PowerPoint to title slide (Slide 1). If this session is held on a different day than the previous session, provide participants with nametags or name tents as they arrive. Introduce yourself and give a brief summary of your background and professional experience as they relate to child welfare and/or employment (if necessary).

Icebreaker or Energizer Activity: Choose an icebreaker or energizer activity, depending if the session is held on a new day or directly follows the previous session.

In Their Own Words ... (10 minutes)

Show Slide 2. This ABC News video shows youth in foster care speaking to their experiences. The video is compelling and can trigger emotional reactions in some participants.

Link: <http://abcnews.go.com/video/playerIndex?id=2031272>

Debrief participants' reactions to the video.

Aspects of Child Abuse & Neglect (10 minutes)

Show slides 3-5. Child abuse and neglect (CA/N) occurs in all demographic groups. There is no single cause but there are certain risk factors such as low income, substance abuse, and a parent being a victim of child abuse and neglect themselves. Legal definitions of child abuse and neglect are defined by each state.

- Review Maine's (or your state's) statistics of (CA/N) incidence.
- Review types of CA/N.
 - Physical, sexual, emotional, neglect.
 - Most families become involved in the child welfare system because of neglect.

Child Welfare Practice Model (15 minutes)

Show slides 6-10. Discuss child welfare practice model in your state.

Review the tenets of Maine's Child Welfare Practice Model (Maine DHHS, n.d.).

- Child safety is the first priority.
- Parents have the right and responsibility to raise their own children. Reunification with birth family is always the first and best option whenever possible.
- Children are entitled to live in a safe and nurturing family.
- All children deserve a permanent family. "Permanency," i.e. a permanent and legal family connection, is the driving force in the child welfare system. Federal and state guidelines have set high standards to ensure that children achieve permanency rather than remain indefinitely in foster care.

- How we do our work is as important as the work we do. The system strives to be responsive to and respectful of family needs and culture.

Types of Out-of-Home Placements: There are several options for children who cannot remain with their birth family.

- Foster homes, treatment foster care, kinship care, adoption, group care (group homes), hospitalization, residential treatment, and juvenile detention.
- Group care, residential treatment, hospitalization, and juvenile detention are options of last resort. They are time-limited and treatment-focused.
- The goal is always to have children live in family-based homes.

Elicit from participants some of their assumptions about foster care/foster homes.

Review state placement statistics.

Review permanency options:

Case decisions are generally made by a family team, which consists of key members in the family's case including state agency staff, providers, and informal supports such as neighbors, relatives, or friends. The Court makes final decisions about permanency with input from the state child welfare agency, parent's attorney, the Guardian ad Litem, and sometimes the child.

Reunification with birth parents: This is always the best option if possible. Policy clearly says that the state must work toward reunification first unless there are immediate and egregious safety concerns. Reunification is carefully supervised and lots of support is given to families during the process, such as substance abuse counseling, case management, and family therapy. Should reunification be unachievable, parental rights can be terminated and concurrent planning begins for an alternate permanency plan.

Kinship care: Kinship care is the next desired outcome if reunification is not possible. Kinship care occurs when children are placed with suitable relatives such as grandparents, aunts/uncles, and older siblings. Cite statistics of children in kinship care. There are special programs in Maine available to support kinship care families.

Adoption: Adoption becomes the next priority if a child cannot live with birth family. Adoption provides children with a legal, permanent, and lifelong family connection. Ask participants, "*Why are permanent family connections so important?*"

Guardianship: Maine now has subsidized legal guardianship as an option for children. This is not the preferred option, but it can be the best option for some children. Older youth may be appropriate for this option, especially those that are steadfastly resistant to adoption. Some youth do not want to be adopted out of loyalty to birth family or fear of rejection. Guardianship can provide a legal relationship for these youth without violating their wishes.

Long-term foster care and supervised independent living: These are not preferred options and are avoided whenever possible because these arrangements provide the least amount of stability to a child. Youth can remain in foster care until age 21 under federal and state law. This provides them with continued case management services and education benefits. However, the state is essentially their “parent,” which provides little stability and leaves many youth disconnected once they “age out” on their 21st birthday.

Trauma & Youth in Child Welfare (15 minutes)

Show slides 11-12. Youth in the child welfare system experience trauma even after the abuse and neglect ends. Youth in the child welfare system often experience sustained and profound disruptions such as:

- Removal from birth home.
- Separation from siblings and extended family.
- Frequent moves.
- School disruptions and moves.
- Rejection by caregivers (i.e., being asked to leave a foster home or other placement due to behavior issues or other factors).

Provide statistics on placement disruptions. Child well-being is directly correlated with placement stability (Newton, Litrownik, & Landsverk, 2000). The less a child moves around to different homes and caregivers, the better they do socially and emotionally. As the number of placements increase, child functioning worsens. Although we are doing much better to keep number of placements at a minimum (one placement being the ultimate goal), there is still a lot of work to be done to increase the stability of out-of-home placements.

Youth in First Jobs Academy sometimes change placements and move during their employment. Sometimes, the move is anticipated far in advance and is planful. Other times, placement changes occur quickly and at the last minute.

Moves are stressful for youth. As an employer, if you know a youth has a move coming up, be aware that their stress level is probably rising. Youth will not always tell you if they are under stress, so keep your eyes and ears open for signs of stress in their work.

Outcomes (10 minutes)

Show slides 13-14. Review some outcomes of older youth involved in the child welfare system.

Children over the age of 12 at the time of entry into child welfare are much less likely to achieve permanency and age out of the system at a much higher rate (Bass, Shields, & Behrman, 2004).

Youth living in group care settings or residential treatment are more likely to experience multiple placements compared to youth in foster care (Freundlich & Avery, 2005).

65% of alumni of the foster care system have changed schools seven or more times. 1.5% of alumni have a college degree. Alumni have a lower rate of employment compared to peers in the general

population. In addition, foster care alumni are more likely to receive public assistance and are less likely to have health insurance.

Workplace Behavior (20 minutes)

Show slides 16-20. Discuss workplace behaviors that can occur in this population. The behaviors and issues listed on these slides are gleaned from anecdotal reports collected over several summers of First Jobs Academy – they are not documented in research. The facilitator should steer the discussion in a strengths-based manner, acknowledging that most youth will do very well on the job. However, occasional issues do come up that employers should be prepared for:

- Poor boundaries: Youth can sometimes share too many details about their personal life with co-workers.
- Clinginess: In their desire to form relationships with people, some youth can intensely connect with people and “cling.”
- Lack of interest in relationships: Conversely, some youth may avoid forming relationships altogether.
- Trying too hard to please: These youth fear rejection and so they can try over hard to please.
- Sensitivity to any perceived rejection: Fear of rejection can also lead to a reaction in the face of any perceived rejection. Employers need to give honest and direct feedback to youth, but be prepared that some youth may over generalize those comments and internalize them to some degree.
- Misreading social cues: Trauma and lack of consistent adult role models can result in difficulty reading subtle social cues such as vocal tone and body language.
- Hoarding food: Youth who experienced neglect sometimes collect food. This can be an unconscious fear of going without or a compulsive need to collect.
- Poor personal hygiene: Youth who have been sexually abused can be especially prone to poor personal hygiene. This is often a defense mechanism to discourage others from getting close to them and/or a manifestation of poor self-esteem.
- Lack of trust in others
- Behaving at a developmentally younger age: Youth in foster care often behave as if they were younger. The trauma and inconsistency in their young lives can lead youth to regress.
- “Sabotaging”: Several First Jobs Youth have stolen goods from their employer, quit abruptly, and behaved in such a way to lead to termination of employment. Oftentimes, this happens with youth who are performing very well at work. We call this “sabotaging” because we believe that this may be due to fear of success, fear of long-term commitment to a job, and/or inconsistency with the youth’s self-perceived negative self-image.
- Agitation, lack of focus: Youth in foster care have a high rate of ADHD.

Possible explanations:

- Perceived rejection
- Upcoming move

- Visit with birth family: Youth can be agitated, nervous, or upset before and/or after a visit with their birth family
- Upcoming Family Team Meeting or court date
- Work in therapy: The work the youth is doing in counseling can distract youth and stir up emotions and feelings that make work difficult. This is usually temporary.
- Problems with family
- Issues in group home with structure, caregivers, and/or peers
- Difficulty adjusting to the work environment: Some youth do better in highly structured environments. The relative unpredictability and overstimulation of a workplace (e.g., a large retail store) can be difficult for some youth to manage.
- Mental health symptoms and/or problems with medication
- Trauma triggers

How to Manage as an Employer:

- Keep your promises
- Give youth space
- Define and consistently enforce appropriate boundaries in the workplace
- Be clear and up-front about your expectations
- Ensure clear and consistent policies
- Provide strengths-based feedback
- Engage the youth as a partner, explain the importance of their role in the success of the business
- Provide the context behind your request (i.e., “Why we are doing this”)
- Don’t hesitate to get support from the First Jobs Academy Advisor

Break (15 minutes)

Youth Panel (30 minutes)

Invite a panel of youth in foster care or alumni of foster care to speak to participants about their experiences. Provide a list of questions, a description of the program, and the goals of the panel in advance to the youth so they may prepare. A sample prep sheet is included for reference.

Social Services Provider Panel (30 minutes)

If time, invite representatives from the key public and private child-serving agencies to participate in a panel discussion. Panelists should describe their agency and the services it provides.

Wrap-Up (10 minutes)

Ask participants for their reflections and reactions to the session, particularly the panels.

Take questions from participants.

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Session 3: Working With Different Learning Styles

Mary Melquist, Ph.D. & Mit Thornton-Vogel, M.S., OTR/L – Spurwink Services

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Description:

This session demonstrates the impact of individual learning style on job performance. Participants gain an understanding of the learning needs of youth, including those with mild to moderate disabilities. Problem-solving and decision-making models are introduced and practiced. Methods to integrate these strategies into job tasks and training are provided.

An occupational therapist, psychologist, and/or other mental health professional should facilitate this session.

Learning Points:

- Using rationales.
- Problem-solving methods.
- Decision-making methods, including SODAS.

Time:

2 hours

Materials:

- Laptop/Computer
- LCD projector
- Flipchart paper
- Markers
- PowerPoint slides
- Name tags or name tents
- Cotton balls
- Straws
- Paper plates
- Cups
- Non-latex gloves
- Handouts: SODAS Framework worksheets, Developing and Using Rationales Worksheets – Available for download at: http://tip.fmhi.usf.edu/files/Mod_SODAS_12-14-05.pdf

Main Steps

Welcome & Introductions (15 minutes)

Cue PowerPoint to title slide (Slide 1). Provide participants with nametags or name tents as they arrive. Introduce yourself and give a brief summary of your background and professional experience as they relate to child welfare and/or employment.

Opening Activity (15 minutes)

Show slide 4.

Activity: Sensory Challenge. Give participants a non-latex glove and instruct them to put it on their non-dominant hand. Ask them to pick up a writing utensil (pencil, pen) and write the following sentence, “The red truck slowly moved down the dirt road.” While participants are writing, try to distract them by chatting, making noise, etc. Politely refuse if participants ask you to read the sentence again.

Show slide 5. Ask participants:

- *How did you feel during this activity?*
- *Was I helpful?*
- *How did the glove feel on your hand?*
- *Can you read what you wrote? How many words do you have?*
- *How many of you visualized the scene as you were writing?*
- *Did I say you had to write it in script or cursive? How many printed it? How many used cursive?*
- *Was I clear about the directions?*

The goal of this activity was to have participants connect with what it might feel like to have a sensory impairment because some youth in the child welfare system have sensory issues and/or learn differently. The things that are more comfortable in life are often sensory. Many people go back to a more primitive form of writing in this activity. The directionality of writing was taken away by putting the writing utensil in participant’s non-dominant hand.

Reality Statistics (15 minutes)

Show slides 6-8.

- More than 3 million transition age youth have been diagnosed with a serious mental illness (SMI). Adolescents transitioning to adulthood with SMI are three times more likely to be involved in criminal activity than adolescents without an illness.
- Transition age youth with SMI have higher rates of substance abuse than any other age group with mental illness.
- Rates of SMI are highest among young adults starting at age 18, rate decreases each year after 18.

- Over 60% of young adults with emotional and behavioral difficulties (EBD) are unable to complete high school. Transition age youth with EBD have the poorest outcomes in employment and independent living.
- 20% of youth with EBD have either contemplated or attempted suicide.
- 60% of people with SMI are unemployed. Many of those who are employed are in fact “underemployed.” People with SMI earn a median wage of \$6/hour versus \$9/hour for the general population.
- Employers express attitudes that are more negative about hiring people with SMI than any other group according to surveys conducted over the last 50 years. Ask, “*As employers, why do you think this is?*” According to these surveys, attitudes toward hiring people with SMI are more negative than attitudes toward sexual predators and murderers. This probably has a lot to do with the fear and stigma that remains around mental illness.

Youth in First Jobs Academy may already feel like their employer knows they are a child that comes with problems. They probably fear that you will attribute everything they do to these issues. Be careful not to take what they come in with as the explanation for everything. Do not assume stereotypes according to a diagnosis. Everyone varies in their learning style; never assume people will act a certain way because of their diagnosis, background, or life situation. Encourage youth to focus on their strengths. They sometimes attribute their mistakes and challenges to a diagnosis.

Using Rationales (20 minutes)

Show slides 9-19.

Handouts: Developing and Using Rationales/Rationale Worksheet: Practice Makes Perfect, Checklist on Components of Rationales, Rationales Worksheet.

Services are most effective when youth are able to develop problem-solving skills and learn to experience consequences through their decisions. Many of these youth have not experienced consequences in school or at home. For example, schools may pass them through or they witness domestic violence at home that goes unpunished.

Some kids would rather be “bad” than look “stupid” in order to protect themselves against humiliation. At times, they would rather act out than accept consequences. Using rationales can help kids learn to accept consequences. This technique can help them learn how to manage their behavior and choose their reactions wisely.

Using Rationales:

- Rationales explain why or how a behavior may lead to positive or negative outcomes.
- Rationales have several functions:
 - Help youth make rational, logical decisions by helping them understand the likely connection between their behavior and what happened.
 - Help youth understand why behavior change is important. Rationales justify behavior change and requests made of the youth.

- Help youth develop consideration for others.
- Help youth learn to think before they act (i.e., impulse control)

We tend to tell youth what **not** to do rather than what **to** do. Rationales provide several ways to approach the same problem. People engage with different types of rationales; you will find out what works for the youth you work with. As youth build trust in you, they will let you know when they do not understand what is expected or what they need to do.

Types of Rationales:

1. Describes the benefits of engaging in a specific appropriate behavior.
2. Connects negative outcomes with the failure to engage in a specific appropriate behavior.
3. Describing negative outcomes of engaging in a specific inappropriate behavior.
4. Delineates the benefits of not engaging in a specific inappropriate behavior.

Each type of rationale may be focused on likely consequences for the youth but can also be “other-oriented,” describing the impact of the youth’s behavior on other people or explaining why other people may be likely to react in particular ways to the youth’s choices and behaviors.

A Rationale Is:

- A statement of the benefits the youth may encounter by engaging in appropriate behavior, using new skills, or avoiding inappropriate behavior.
- A statement of problems or negative consequences a student could encounter for engaging in inappropriate behavior or failing to engage in the appropriate behavior.
- A statement that teaches concern for others by describing the effects of the youth’s behavior on others.

Benefits of Rationales:

- It is important for youth to begin learning that their choices and behavior lead to different outcomes. It can be easy for them to fall into the ‘victim role’, blame others for their errors (e.g., “you didn’t explain it to me”), and neglect responsibility for their actions when they do not understand the relationship between their behavior and the events that follow.

In a positive and affirming manner, let the youth know that their error is not due to their issues or diagnosis. Youth do not feel that they have a lot of control in their lives, especially if they have experienced abuse. Employers can help youth gain a sense of control in their work by explaining how their actions can lead to certain positive results. For example, if you smile, the customer will generally smile back. It is important to help youth take responsibility for what they bring to interactions.

- When youth can describe the relationship between their behavior and outcomes that follow, they can learn that they can have control over outcomes.

- Using rationales can help youth strengthen their internal “locus of control,” foster acceptance of personal responsibility, and deepen the understanding that their decisions are linked to outcomes.

Roles of Rationales: We are setting kids up to fail if they do not get consequences. However, rationales do not change behavior in and of themselves. Teaching, positive reinforcement and experiencing negative outcomes lead to behavior change.

Rationales can build relationships. Studies show that ‘mentors’ who use rationales are better respected and perceived as more fair. Rationales can strengthen self-determination and facilitate decision-making by weighing the pros and cons of options.

Guidelines for Effective Rationales: “Because I said so” does not work. Youth need the context and explanations – the “why.” Rationales are a portable skill and can be applied in other areas of their life.

- Be behaviorally specific by focusing on a new or alternative skill.
- State the benefit or natural (positive or negative) consequences.
- Ensure that consequences are personal/meaningful to the youth.
- Remain open to the young person through the quality of your interactions.

Statements that are NOT rationales:

- “Maybe you will get a raise.”
- “You will be suspended from school.”
- “You will be arrested and may have to go to prison.”
- “I wouldn’t do that because you could get hurt.”

Ask, “*Why aren’t these statements rationales?*”

Building Relationships & Strengthening Rationales:

- Care statements: They need to be sincere.
- Descriptive praise statements: Make them behaviorally specific. For example, “*Remember when you helped that customer when you helped her find the item she was looking for by giving her a store map? She was really happy with that and very appreciative. You could get the same reaction with other customers if you continue to give good customer service like that.*”

Problem-Solving (20 minutes)

Show slides 20-29.

Activity: Team Tower Construction. Place a few paper plates, cotton balls, straws, markers, pieces of tape, and cups on each table. Direct participants to work as a team at their table to build a tower. The only ground rules are that they must use all the materials provided and everyone must participate. Provide 10 minutes for construction.

Debrief the activity. Did participants follow the directions? Did everyone participate? Were there leaders and followers on the teams? This activity requires participants to use some important problem-solving skills. Ask participants to identify some of the problem-solving techniques they used in the activity.

Problem Solving is a Skill:

- Problem solving is learned in early childhood by modeling, parallel play, and trial and error. We often think we should not use trial and error but it is a very effective way to learn. Youth involved in child welfare are often scared of trial and error; they are frightened of failure. Adults can be helpful by modeling use of trial and error.
- Problem solving is learned later in life by modeling, making mistakes, recognizing successes, receiving feedback from others, and developing a repertoire of solutions.
- It is difficult to learn solutions when youth feel unsafe, lack confidence, are stressed, or become disregulated. Smells, touches, and sounds can trigger emotional disregulation in youth in foster care. For example, certain smells can remind youth of their abuse or of a specific traumatic event. It is best to practice problem-solving skills in non-stressful situations.
- Problem solving does not become mastered by just using repetition. Practice alone does not work. Adults should consistently state and model expectations. A variety of skills must be practiced, unless only one solution is acceptable in a given situation.
- Problem-solving concepts can be very difficult for people with expressive and receptive language challenges (e.g., youth with autism). In such instances, expectations and skills need to be explicitly explained. For example, the simple directive, “Be friendly” can be extremely challenging to understand for a person with these difficulties. “Being friendly” needs to be modeled and broken down into its components.

Problem solving skill acquisition methods:

- Organizational strategies: Schedules, calendars.
- Visual cues: Pictures, training videos.
- Social Stories™
- Time management: Datebooks, personal planners.
- Scripts, role plays
- Board games, video games, and other play situations
- Team building exercises

Modeling, teaching, and learning:

- Modeling: Use of self to demonstrate responses, skills, and strategy. Doing and showing, rather than explaining.
- Teaching: Using didactic methods to impart information.
- Learning: Helping youth recall what they have learned and project how they can use these skills and knowledge in the future.

The Importance of Self-Regulation: Youth in foster care or youth with emotional and behavioral challenges often experience difficulty regulating their emotional state.

- Self regulation = Experiencing self control
- Internalizing the ability and skill of self-control is a life skill.
- Self-regulation is important to function in daily life, establish and maintain relationships, and participate in society.

Youth can learn simple strategies to regulate their emotions:

- Taste/Gustatory: Chewing gum, using a water bottle
- Smell/Olfactory: Avoiding strong scents (e.g., perfume), Mint
- Touch/Tactile: Using slight or soft touch – no strong or sudden touches!
- Vestibular: Keep moving, taking a quick walk, standing up if sitting for awhile
- Proprioceptive: Lifting bags
- Visual: Dim lighting
- Auditory/Sound: Music, headphones
- Cognitive reframing (changing thought patterns): Can be learned in therapies such as DBT and CBT

SODAS: Problem-Solving Method (30 minutes)

Show slides 29-42.

Handouts: Negotiated Decision-Making: SODAS Framework - Problem-Solving Method, Components Checklist, and Components Worksheet.

The SODAS Approach: Youth need skills that help them think clearly and make thoughtful decisions by considering the advantages and disadvantages to different options.

- S=Situation, O=Options, D=Disadvantages, A=Advantages, S=Solution.
- **Situation:** Describe the current situation as clearly as possible. A clear and complete picture of the situation is needed before soliciting options.
- **Options:** Brainstorm to generate as many options to address the situation as possible. This is a judgment-free activity, with no options discarded or refuted. Options may be revised along the way as the youth sees fit.
- **Disadvantages/Advantages:** List all the likely advantages and disadvantages for each option.
- **Solution:** Youth chooses a solution from the possible options. The solution should be safe and reasonable for the youth to implement. *The solution must be “owned” by the youth.*

Follow-Up: Important to follow-up on the implementation of the solution.

- Was the plan implemented? What happened?
- If the plan was not implemented, why?
- If the plan was implemented, offer descriptive praise to the youth.

- Did the solution resolve the situation?
- If the solution did not resolve the situation, engage in the SODAS process again.

Challenges: Maintaining youth engagement in the process, maintaining nonjudgmental openness during the process, acknowledging advantages of unfavorable options, not valuing the youth's input on options, youth selecting a harmful option as a solution.

Activity: SODAS Practice

Handout: SODAS Worksheets

Participants should role-play a SODAS process working with a partner. One partner should play the role of a youth with the other portraying an adult facilitating the SODAS process. Teams should come up with employment-related situations.

Debrief on the process. How did it go from the youth perspective and from the adult perspective? What were some of the challenges? How might participants use this in their business with youth?

Wrap-Up (10 minutes)

Ask participants for their reflections and reactions to the session.

Take questions from participants.

Session 4: Youth Substance Abuse and the Workplace

Felix “Phil” del Vecchio, LCSW, LADC, CCS

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Description:

This session provides an overview of substance use/abuse and recovery issues specific to youth and young adults. The focus is on the signs of possible substance abuse and related issues that affect job performance including the definition of “recovery” and how to work with it in partnership with the youth/young adult employee. Methods to appropriately address substance use/abuse in the workplace are described. Structure, strengths-based approaches, guidance, empathy, and support are discussed as key elements in dealing with substance use/abuse.

A substance abuse counselor should facilitate this session or another mental health professional experienced in working with youth substance use issues.

Learning Points:

- Define substance abuse.
- Identify the signs of substance use.
- Explain how substance abuse affects employees and employers.
- Develop methods to address substance abuse issues with youth in the workplace.

Time:

4 hours including a 15 minute break

Materials:

- Laptop/Computer
- LCD projector
- Flipchart paper
- Markers
- PowerPoint slides
- Name tags or name tents

Main Steps

Welcome & Introductions (10 minutes)

Cue PowerPoint to title slide (Slide 1). Provide participants with nametags or name tents as they arrive. Introduce yourself and give a brief summary of your background and professional experience as they relate to substance abuse counseling, child welfare, and/or employment.

Introduction (5 minutes)

Show slide 2. Review objectives for the session. Ask participants to introduce themselves and name their working assumptions about youth substance abuse. Record responses on a flipchart and display for the remainder of the session.

Icebreaker Activity: Integrate an icebreaker activity of your choosing.

About Youth and Substance Abuse (15 minutes)

Describe case scenario: A youth shows up for a job interview perhaps under the influence. He appears drunk (slurred speech, bloodshot eyes) and smells of alcohol. Ask, *“How would you react? What would you do as the employer?”*

The national average for age of first use of substances is 12-13 years old. The average age of first use of substances in Maine is 9 years old. This is quite a difference. Ask participants what they think about this statistic. Marijuana is usually the first drug used. 12th graders in Maine reported binge drinking at some time in the past year.

Youth in Foster Care and Youth in Corrections (5 minutes)

Show slides 3-6.

Youth are very resilient and adaptable; they make up a significant percentage of the U.S. workforce.

There are over a half-million youth in foster care in the U.S. today. 90% of these youth were removed from their homes due to substance abuse by parents. Therefore, substance abuse can seem like “normal” behavior or “familiar” to a youth who grew up in a family with regular drinking or drug use. Youth in the child welfare system will generally always feel a connection with their birth family. This is what they know and where they came from. However, that does not mean that new behavior or values cannot be instilled.

60% of youth in foster care report using substances. Job retention is a challenge for this population, with many moving from job to job.

There are about 150,000 youth in the corrections system. That number would probably increase by two or three times if we were to include youth ages 19-26. 90% of these youth have or have had substance abuse issues. Few have meaningful work histories.

Facts on Substance Abuse and Youth (20 minutes)

Show slides 7-11.

On any given day in the U.S. during 2006, 8,000 youth drank alcohol, 4,500 used an illicit drug for the first time, 4,000 tried pot, and 2,500 used a prescription painkiller to get high (Source: SAMHSA, U.S. Department of Health and Human Services). These rates are higher per capita in Maine.

Maine has seen devastating use and abuse of Oxycodone in recent years. 30% of Maine students in middle and high schools admit to using Oxycodone more than once. Oxycodone is an *opiate*. Physical dependence occurs after the first use of an opiate, making it one of the most addictive drugs.

Oxycodone and its generic forms are also more “pure” than other typically used drugs because they are produced for pharmaceutical use. “Street drugs” tend to be more diluted. This purity makes Oxycodone even more addictive and appealing to young people because it is a quick and powerful high.

We have strict laws about underage drinking and drug use but the laws do not work well. Legal consequences have not significantly decreased rates of use or dependency.

Ask participants, “*What are the policies and procedures around substance use at your business?*”, “*What should you/we do to help youth using substances?*” Facilitate a brief discussion, eliciting participants’ thoughts and beliefs about youth substance abuse, consequences, and opportunities to assist.

Federal law prohibits any clinician or system to disclose information about substance abuse treatment by a minor. A release signed by the client and the guardian is needed to discuss this with anyone, including police. These confidentiality laws were put in place to reduce the stigma associated with substance abuse treatment.

Children who drink alcohol before the age of 15 are five times more likely to abuse alcohol than a youth who waits until the legal age to drink. There are 11 million underage drinkers who reported drinking in the last month (1 in 3 underage youth). 8 million underage youth reported binge drinking. Binge drinking is defined as consuming five or more drinks for men or four or more drinks for women over a 2-hour period.

Most young adults in their early 20’s experience a significant shift in their pattern of substance use. This may be associated with the slowing down of brain development. 80% of youth who abuse substances will move into or out of addiction in their early 20’s.

Discuss:

What is substance use with youth? Is it an unofficial rite of passage? Does it really lead to abuse issues?

What is substance abuse with youth? Are they more susceptible or resilient? There is a “myth” that youth are more tolerant and resilient in the face of substance abuse. Abuse and dependence is a matter of biology. For example, young women show signs of physical dependence and withdrawal with nicotine after just two cigarettes.

Is there substance dependence with youth? Physical dependence can happen to anyone at any age. Use, abuse, and tolerance are on a continuum. Use reaches the level of abuse when it affects a person’s ability to function well in work and relationships, and when frequency of use significantly increases. The person starts to lose control over their ability to regulate their use – the substance starts to control them rather than them controlling their use. Tolerance to the substance also increases, meaning that the person needs more of the substance to achieve the same high. The more potent the substance, the faster tolerance increases. It takes about 18 months to physically recover from substance abuse and about three years to psychologically recover.

Dependence occurs when the person has no control over their use and has no ability to stop using on their own. Their body is physically dependent on the drug to maintain homeostasis. Physical withdrawal occurs when the substance is not in their system. Withdrawal can be dangerous, even life threatening. Detoxing from alcohol or benzodiazepines (“downers”) requires hospitalization. Withdrawal from opiates is very physically unpleasant but not lethal.

Youth substance use and abuse numbers are declining but abuse of drugs and alcohol in young people remains a big problem – Why? Possible responses: Media influences (a lot of information on drugs is openly available on the internet), availability, lack of consistent structure or monitoring from busy parents, peer influences.

Is substance abuse genetic and a biological “disease”? Is it learned? Is it a result of trauma? Discuss assumptions and stereotypes held within the group about the causes of substance abuse. Provide facts and information about the genetic link to alcoholism and the disease model. This may also be a good time to mention and define harm reduction in relation to the disease model (e.g., methadone clinics, needle exchanges).

What are the benefits of using? Some youth may start using to add “color” and excitement to their lives, numb difficult emotions (anxiety, depression, anger), or conversely to stimulate emotions or increase feelings of well-being. Adolescent priorities include fitting in with peers, having fun, exploration, and taking risks. Substance use amplifies these experiences.

A high proportion of youth in this population use and have experienced trauma. This can include major traumas (child abuse) and minor traumas (not feeling accepted). Trauma is a leading contributor to substance use. Some youth may start using to “self-medicate,” i.e. suppress difficult memories, feelings, and experiences. This can happen subconsciously; the youth may not be aware they are using to avoid thinking about or the trauma or feeling the associated emotions.

Signs of Substance Abuse in Youth (15 minutes)

Show slide 12. There are some signs and symptoms of substance abuse and dependence.

- *Mental changes:* Memory lapses, poor concentration.
- *Emotional changes:* Mood changes, “flare-ups,” defensiveness, “don’t care” attitude.
- *Physical changes:* Low energy, bloodshot eyes, dilated or very restricted pupils, poor motor coordination (slow, clumsy), slurred speech, and poor personal hygiene/appearance.
- *Behavioral changes:* Poor work efforts, rebelliousness, changing friends and being secretive about friends, sloppy appearance, lack of interest in former hobbies/activities.

BREAK (15 minutes)

Making a Connection (15 minutes)

Show slide 13

There are many more indicators of substance use than those already mentioned. Intuition or a “gut feeling” that something is not right is often a good clue that something might be going on.

It is very important to detect physical changes, as these can be the most obvious signs of substance use. Do not be afraid to get in close to the youth, getting into their personal space (carefully) to smell, look, listen, and observe physical signs. Some substances give off an odor through the skin that can be detected.

Most importantly, care and be empathic. Listen and express concern rather than accuse and threaten. Be real about consequences while offering support and a chance to get help.

If there is time, role-play a scenario of an employer confronting a youth suspected of coming to work under the influence of alcohol. The facilitator should play the role of the employer. Swap roles and give a participant the opportunity to practice having this difficult conversation.

Navigating in the World of Work (60 minutes)

Show slide 14.

Discuss the policies and rules in the participants' businesses that may make it difficult for youth who use to gain and maintain employment; for example, drug testing, zero tolerance policies, confidentiality, and discrimination regulations.

Case Scenario (15-30 minutes)

Show slide 15. Read the following case scenario or another case scenario that is appropriate for your group:

Ted is a 19-year-old single Caucasian male who was placed in foster care after he was horribly abused and neglected by his drug-abusing parents. Sadly, Ted was also abused while in foster care placements. Somehow, he got through it all and now lives on his own. Ted places a high value on work and has three jobs. He also likes to party and drinks alcohol on weekends. He is a very nice and congenial young man but he has strong opinions that he is not hesitant to share. This has gotten him in trouble in the past and has cost him some jobs along the way. As an employer, what can you do to help Ted succeed in his job?

Ask participants to discuss the scenario and develop some responses to the question in small groups. After a few minutes, have each group report out on their thoughts and plan to support Ted. The facilitator should take every opportunity to emphasize the importance of focusing on Ted's strengths.

What Can We Do?

Show slide 16. This is a challenging population but these youth are just as promising and deserving of opportunities as their peers. They need people to believe in them rather than suspect or judge them.

We need to recognize and "own" our own moral and ethical value judgments and stereotypes. Employers and Human Resources departments can have an "us versus them" mentality. Try not to use your position of power to influence youth. This will not work with this population; they will disengage.

80% rule: Research shows that 80% of people that experience substance abuse eventually emerge from it unscathed with little or no intervention. They do not tend to return to abusing substances. This is an encouraging thought and can bring hope.

Resources and Referrals

Show slide 17. Outline resources for support and referral in your community. Some ideas:

- Employee Assistance Programs (EAPs)
- Make a referral to a good clinician who is experienced and empathic with this population.
- Project an attitude of hope that they can change their life.
- Self help groups (AA, NA, etc.)

If you suspect a youth in First Jobs Academy has a substance problem, contact the Advisor immediately while being consistent with your business policies as needed. The Advisor can help formulate a plan for assessment and help.

Final thoughts: Stay non-judgmental and empathic, focus on strengths, let the youth know you care, be consistent with all the youth you work with, risk making a healthy connection with a youth, be present but fair, listen more. Youth in care tend to feel they are not heard – **listen** to them.

Wrap-Up (15 minutes)

Ask participants for their reflections and reactions to the session.

Take questions from participants.

Session 5: Cultural Considerations

Dominic Suru, 211 Maine, Youth Alternatives Ingraham

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Description:

Maine has been a site for refugee resettlement programs for many years, bringing many diverse peoples to the state. As Maine's workforce becomes increasingly diverse, it is important for employers to understand and appreciate the cultural diversity in their businesses. This session introduces participants to the experiences of young "new Mainers" and their unique cultural needs and strengths with respect to the workplace.

Learning Points:

At the end of this session, participants will be able to:

- Cite data on the types of various cultures now living in Maine.
- Identify the advantages of employing people from diverse cultures.
- Explain the differences in the definitions of "refugee" and "immigrant."
- Discuss some of the family, social, and community differences in people of diverse cultures.
- Articulate the strengths that young people from other cultures bring to the workplace.
- Identify some of the challenges facing young people from other cultures as they enter the American workforce.
- Recognize some cultural differences in communication, body language, concept of time, religious observance, gender roles, and dietary laws in the refugee and immigrant populations in Maine.
- Name some strategies that employers can use to help youth from other cultures be successful in the American workplace.

Time:

2 hours

Materials:

- Laptop/Computer
- LCD projector
- PowerPoint slides
- Name tags or name tents

Main Steps

Welcome & Introductions (10 minutes)

Cue PowerPoint to title slide (Slide 1). Provide participants with nametags or name tents as they arrive. Introduce yourself and give a brief summary of your background, professional and personal experience as they relate to the topic.

Module 1

Introduction: Maine's Increasingly Diverse Workforce

Show slides 2-24.

Teaching Points:

- It is advantageous for employers to employ people who can relate to the multicultural community; these employees can act as cultural “brokers,” bringing new customers to the business.
- Provide current data on the many cultures that now call Maine home.
- Provide current data on the multicultural workforce in Maine: Cultures represented, employment sectors, income, and location.
- Not all cultures are the same. There are many differences in religion, family configurations, and social structures among different cultures. For example, because Somalia and Sudan are geographically close, many people assume the cultures are almost identical. However, the Somali and Sudanese cultures are in fact quite different. Even within cultures, there can be subcultures such as the Somali tribes.
- Compare and contrast the definitions of “refugee” and “immigrant.”
- Describe the refugee migration and resettlement processes.

Module 2

Characteristics of Family and Community

Show slides 25-26.

Teaching Points:

- It is helpful for employers to be aware of an employee’s cultural background and the struggles that can go on within families when they come to America as a refugee or immigrant. For example, youth may be fluent in English and are acculturated in America, but their parents and adult relatives may not speak English and keep to cultural customs. Parents often cannot help youth with employment or school due to language or cultural barriers. Youth sometimes have to support and translate for parents with American systems. This is a typical pattern in first generation refugee families.
- Many refugees have gone through traumatic experiences, such as persecution and war in their country of origin,
- Some refugees have left behind professional positions, such as teachers and physicians, but need to be retrained in the United States and can end up in entry-level jobs, such as custodian.
- Youth may have a lot of responsibility for younger siblings, parents, and/or extended family.
- Families place a great emphasis on getting an education and succeeding in the United States.

- Most refugees have a strong belief in family and community. The community often sees itself as the parent of the youth.
- People tend to rely on their community for support, rather than formal systems.
- Families may be broken or separated in the resettlement process. Fathers and mothers may have to stay behind, sending their child to America with an uncle or another family member.

Module 3

Strengths That Young People From Other Cultures Bring to the Workplace

Show slides 27-28.

Teaching Points:

Youth from other cultures often bring the following strengths to the workplace:

- Multilingual – They often can speak three or more languages, including English.
- If given clear expectations, they will work hard to achieve and exceed expectations.
- They have high aspirations and want to learn.
- There is a strong desire to help their families and their community.
- Youth may see the humor in situations that others do not.
- They have developed resilient ways of dealing with problems.
- They may bring in customers from their community.
- They really want to work!

Module 4

Challenges Facing Young People From Other Cultures

Show slide 29.

Teaching Points:

- Understanding the idioms and colloquialisms used in the local language. Parents often cannot help youth with language issues.
- Much emphasis is placed on success in school. Therefore, most youth do not experience in the workplace until after high school. Youth may need support in basic job readiness skills, such as interviewing.
- The respect for rules and policies may be different in another culture.

Module 5

Differences in Cultural Norms

Show slide 30.

Teaching Points:

Communication:

- Communication patterns and norms may be different. For example, youth from African cultures may “speak around in a circle” rather than getting straight to the point, which is more typical of Americans. People in these African cultures can interpret such straightforwardness as being abrupt.
- Sometimes, avoiding eye contact is considered respectful.
- Female to male communication may be more restricted, especially with authority figures such as supervisors or tribal elders.
- Shaking hands when you greet someone is very important in African cultures.

Concept of Time:

- The concept of time also can vary by culture. Some cultures do not see punctuality as important, whereas being on time is very important in the American workplace.

Rules/Policies:

- The respect for rules and policies may be different in another culture.

Work Ethic:

- Youth from other cultures may be driven to succeed to the point where they do not take vacation or time off. They may avoid taking a break during their workday.

Religion

- Holy days and religious observances differ.
- Some faiths have dietary restrictions that affect an employee on the job. For example, a young person working as a grocery cashier may not be able to handle pork products or alcohol.

Module 6

Success Strategies

Show slides 31-33.

Teaching Points:

- Do not assume that youth have low expectations; they often have high career aspirations.
- Youth do well when someone at the workplace takes a personal interest in them and mentors/coaches them. Establishing relationships with youth is very important in establishing trust.
- Youth need support to decipher the “hidden rules” of the workplace. For example, the employer really means it when s/he says be “on time.”
- As with any employee, ongoing training is helpful to learn and maintain skills versus a one-time orientation.
- It is important to understand that cultures can change and develop over time; they do not always stay the same, especially after people have been in the United States for a while.
- Examples of successful strategies in the workplace:

- A supervisor took a personal interest in staff, always greeted them, asked how they were doing, and shook hands – very important in African cultures.
- A local retail chain noticed that many more people from a certain cultural group patronized the store after they hired someone from that community. Feedback indicated that people in that community felt that the store would welcome them and was a safe place to shop because a respected member of their community worked there

Wrap-Up (10-15 minutes)

Show slides 34-36.

Be prepared to spend 10-15 minutes answering questions from participants. Employers will be eager to learn more specific success strategies that they can use in their businesses to successfully hire and retain youth.

Session 6: The Impact of Poverty on Youth

Elaine Miller & Debrajean Scheibel, Essential Learning for Designing Educational Bridges

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NOTE:

The content for this session is proprietary to the aha! Process, Inc., and therefore cannot be included in its entirety in this curriculum. A brief summary is provided to describe the content. The aha! Process, Inc. provides certified consultants to organizations wishing to train their staff or youth on this topic using Dr. Ruby Payne's framework. If you are interested in hosting a training or seminar, go to:

<http://www.ahaprocess.com/>. *The information provided herein is by no means an endorsement of the aha! Process, Inc., its consultants, or publications. The University of Southern Maine is not affiliated with the aha! Process, Inc.*

Description:

Based on the work of Dr. Ruby Payne, this session discusses the impact of chronic and situational poverty on youth. The unique perspectives that youth in poverty have on the world are explored, as well as the differing values systems found in the economic classes.

Learning Objective:

At the end of this session, participants will be able to:

- Develop a personal and professional awareness of poverty through Dr. Ruby Payne's framework in an effort to enhance successful mentoring of youth in First Jobs Academy.

Key Learning Points:

- Poverty is relative.
- Poverty occurs in all races and countries. The proportion of the population that is poor is subject to definition and circumstance.
- Formal and informal support systems are important resources to persons experiencing poverty.
- The "hidden rules" of classes and situations are important to understand.
- Generational poverty and situational poverty differ.
- Most formal systems adopt middle norms and culture. To understand the world of work, one must understand the culture of the middle class.

Time:

2 hours

Materials:

- Laptop/Computer
- LCD projector
- Name tags or name tents

Introduction to Adolescent Development

Muskie School of Public Service

First Jobs Academy Enhanced Management Training



Muskie School of Public Service Introduction to Adolescent Development

Learning Objectives

- Identify the major tasks of adolescence.
- Identify the primary physical, cognitive, and social developmental markers of adolescence.
- Understand the connection between brain development and behavior in adolescence.
- Define trauma and child traumatic stress, and identify sources of child trauma.
- Articulate the aspects of trauma specific to the child welfare involved youth.
- Name pathways to promote positive youth development.



Muskie School of Public Service Introduction to Adolescent Development

Adolescence

- The last step before adulthood
- Ages 12-22
 - Early Adolescence: Ages 12-14
 - Middle Adolescence: Ages 14-17
 - Late Adolescence: Ages 17-22
- Marked by rapid physical, cognitive, social and emotional development



Muskie School of Public Service Introduction to Adolescent Development

A Time of Transitions: Physical development

- Rapid rate of growth in height, weight, sexual, and brain development.
- What does it look like in a typical teen?
 - Sleep longer
 - Clumsiness & lack of coordination
 - Sensitivity about weight and appearance
 - Onset of puberty
 - Moodiness, irritability

Source (Slides 4-7): Morgan, E. & Huether, A. (2008). Adolescent Growth & Development. Publication Number 250-850. Virginia Cooperative Extension.



Muskie School of Public Service Introduction to Adolescent Development

A Time of Transitions: Cognitive development

- Adolescents develop advanced skills in:
 - Reasoning
 - Abstract thinking
 - Meta-cognition: "Thinking about thinking"
- What does it look like in a typical teen?
 - Heightened self-consciousness
 - Over dramatic reactions ("No one has ever felt this way before!")
 - Infallibility ("It won't happen to me!")
 - Preoccupation with justice; black-and-white thinking. ("This is so unfair!")



Muskie School of Public Service Introduction to Adolescent Development

A Time of Transitions: Social development

- Establishment of:
 - Identity
 - Autonomy
 - Intimacy with others
 - Sexuality
 - Achievement



A Time of Transitions: Social development

- What does it look like in a typical teen?
 - Spending more time with friends than family
 - Asking questions and exploring sex
 - Enforcing personal space and boundaries
 - Involvement in many activities
 - Argumentative
 - Doesn't want to be seen in public with parents
 - Seeing parents as people for the first time



Typical Behaviors

- Adolescents accomplish these tasks through behaviors such as:
 - Experimentation
 - Risk-taking
 - Conformity and/or non-conformity
 - Periods of dramatic emotional expression and withdrawal



Typical Behaviors (cont.)

- While such behaviors are expected in adolescents, there are behaviors that surpass what is considered "typical".
- Important to watch to signs of depression and other clinical issues that may signal need for professional assistance, such as:
 - Excessive withdrawal
 - Lack of interest in activities
 - Lack of social contacts
 - Self-injurious behavior
 - Ongoing lack of sleep
 - Extremely risky behavior (substance use, law-breaking, truancy)
- Contact a physician or mental health provider and talk to the youth right away with any concerns.



The Adolescent Brain

- Research has shown that the brain changes and develops extensively during adolescence, perhaps through age 25.
- New imaging studies suggest connections in the brain are created and lost rapidly in adolescence, "use it or lose it".



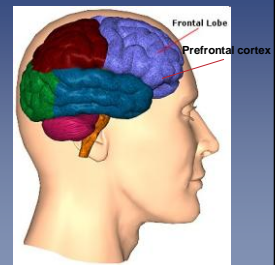
The Adolescent Brain

- "Gray matter" has a second wave of production just prior to puberty (*Giedd, Blumenthal, & Jeffries, 1999*).
- Areas of the brain responsible for language and spatial relations develop first and are largely complete by age 12.



The Prefrontal Cortex

- The "executive" part of the brain
- Final area to develop
- Development complete in early adulthood around age 25



<http://www.neuroskills.com/tbi/bfrontal.shtml>



The Adolescent Brain (cont.)

- Prefrontal cortex is responsible for organization, planning, impulse control, and reasoning.
- As teens get older, emotions are processed more in the frontal cortex area of the brain, leading to better performance and less reactivity (Baird, Gruber, Fein, et al., 1999).



The Adolescent Brain in Action

- Due to these brain changes, adolescents can lack ability to regulate their behavior and make good decisions.
- What does this look like?
 - Poor planning or lack of planning
 - Difficulty following directions with multiple steps
 - Challenges setting priorities
 - Poor impulse control
 - Trouble connecting actions to consequences



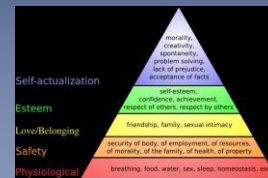
Adolescence & Trauma (NCTSN, 2009)

- **Trauma:** *An event that a person was involved in or witnessed which causes feelings of being intensely threatened.*
- Child traumatic stress is a psychological reaction experienced in reaction to a traumatic experience.
- Reaction to trauma is unique to each person; not every child experiences traumatic stress after a trauma.



Adolescence & Trauma

- Traumatic stress overwhelms a child's sense of physical and psychological safety. Both are vital for healthy development.



Sources: NCTSN, 2009; Maslow, 1970.



Acute Trauma

- **Acute trauma** is a single traumatic event that is limited in time. Examples include:
 - Serious accidents
 - Community violence
 - Natural disasters (earthquakes, wildfires, floods)
 - Sudden or violent loss of a loved one
 - Physical or sexual assault (e.g., being shot or raped)
- During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008.



Chronic Trauma

- **Chronic trauma** refers to the experience of multiple traumatic events.
- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma such as physical abuse, neglect, or war.
- The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008.



Complex Trauma

- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.

Sources: NCTSN Child Welfare Trauma Training Toolkit, 2008; Cook et al. (2005). *Psychiatr Ann* 33(5):390-398.



Traumatic Experiences: Domestic Violence

Lisa 911 call:



Source: NCTSN Child Welfare Trauma Training Toolkit, 2008



Trauma & the Child Welfare System

- Children in the child welfare system experience trauma through:
 - Chronic poverty
 - Witnessing domestic violence
 - Frequent moves & separations
 - Abuse & neglect
 - School interruptions
 - Loss of birth family.
- These are profound and often long-term traumas experienced repeatedly and over time.



Reactions to Trauma

- The impact of a potentially traumatic event is determined by both:
 - The objective nature of the event
 - The child's subjective response to it
- Something that is traumatic for one child may not be traumatic for another.
- People of different cultural, national, linguistic, spiritual, and ethnic backgrounds may define "trauma" in different ways and use different expressions to describe their experiences.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008.



Reactions to Trauma

- Traumatic stress causes powerful physical and emotional reactions.
- If reactions persist over time, they can develop into traumatic stress or Post-traumatic Stress Disorder (PTSD).

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008



Reactions to Trauma

- A national study of adult "foster care alumni" found higher rates of PTSD (21%) compared with the general population (4.5%). This was higher than rates of PTSD in American war veterans.
- Nearly 80% of abused children face at least one mental health challenge by age 21.

Sources: NCTSN Child Welfare Trauma Training Toolkit, 2008; Pecora, et al. (December 10, 2003). *Early Results from the Casey National Alumni Study*; ASTHO. (April 2005). *Child Maltreatment, Abuse, and Neglect*.



Reactions to Trauma

- “Trauma trigger”: Any person, place, situation, sensation, feeling, or thing reminding the youth of the traumatic event.
- Behaviors in response may be exaggerated and inappropriate in the current surroundings.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008.



Reactions to Trauma

- Post-traumatic stress reactions can include:

Emotional/Psychological: Flashbacks, overreactions to everyday events, avoiding situations, no memory of the experience, numbing of emotions.

Physical: Trouble sleeping, irritability, startling, trouble concentrating, headaches, stomachaches.

Source: NCTSN, 2009.



Adolescence & Trauma

- In response to trauma, **adolescents** may feel:
 - That they are weak, strange, childish, or “going crazy”
 - Embarrassed by their bouts of fear or exaggerated physical responses
 - That they are unique and alone in their pain and suffering
 - Anxiety and depression
 - Intense anger
 - Low self-esteem and helplessness

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008.



Adolescence & Trauma

- Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. In these teens:
 - Reminders of past trauma may elicit cravings for drugs or alcohol.
 - Substance abuse further impairs their ability to cope with distressing and traumatic events.
 - Substance abuse increases the risk of engaging in risky activities that could lead to additional trauma.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008.



Long-Term Outcomes

- Childhood maltreatment has been associated with changes in brain structure, function, and neurodevelopmental changes (Anda et al., 2006).
- These changes lead to significantly increased rates of mental health conditions, substance use, risky behavior, impaired memory, and health problems in youth who experienced childhood maltreatment.

Source: NCTSN, 2009



Long-Term Outcomes

- **Attachment**: Traumatized children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- **Biology**: Traumatized children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- **Mood regulation**: Children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008



Long-Term Outcomes

- **Dissociation:** Some traumatized children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- **Behavioral control:** Traumatized children can show poor impulse control, self-destructive behavior, and aggression towards others.
- **Cognition:** Traumatized children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- **Self-concept:** Traumatized children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

Source: NCTSN Child Welfare Trauma Training Toolkit, 2008



Positive Youth Development

- Adolescence is a special developmental period that requires additional support.
- There are many ways we can support youth in developing positive, healthy behaviors and prevent risky behaviors.
- *Positive Youth Development* is an approach that promotes resiliency and identifies risk factors in youth by focusing on strengths, skills and abilities (Benson et al., 2006).



Developmental Assets

- Building blocks of healthy development
- **External Assets:** Derived from and developed within context of the community and family.
- **Internal Assets:** Personal strengths and attributed that are developed within and self-motivated.

Source: Search Institute, 1997, 2006



Promoting Positive Youth Development

- **Sense of industry & competency:** *Support participation in employment and recognize the youth's productivity.*
- **Sense of control over one's life:** *Respond to the youth's actual behavior, not your preconceived notions about their motives and behaviors.*

Source: U.S. Department of Health & Human Services, 1997



Promoting Positive Youth Development (cont.)

- **Connectedness to others:** *Provide social and emotional support while allowing for independence. Monitor activities while also providing opportunity for choices.*
- **Sense of identity:** *Provide opportunity for community involvement and support for the youth's future goals.*

Source: U.S. Department of Health & Human Services, 1997



The Experience of Youth in the Child Welfare System

Muskie School of Public Service

First Jobs Academy Enhanced Management Training



Muskie School of Public Service

The Experience of Youth in the Child Welfare System

In their own words ...

- Video:

<http://abcnews.go.com/video/playerIndex?id=2031272>



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The Experience of Youth in the Child Welfare System

Child Abuse & Neglect (CA/N)

- Occurs in all groups and demographics
- No single, identifiable cause, but risk factors are known:
 - Low income
 - Substance abuse
 - Parent was a victim of CA/N
- Specific legal definitions of CA/N are defined by each state's law.



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The Experience of Youth in the Child Welfare System

Maine Statistics

690,061 reports of child maltreatment in the United States during 2008

4,033 reports were in Maine - 1.4% of the state's children

1,737 children are in state custody in Maine (as of March 30, 2010)

178 youth ages 18-21 in extended care ("V-9") in 2009

Sources: U. S. DHHS, 2010; Maine Office of Child & Family Services, 2010.



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The Experience of Youth in the Child Welfare System

Types of Child Abuse & Neglect

- Physical
- Sexual
- Emotional
- Neglect



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The Experience of Youth in the Child Welfare System

Maine's Child Welfare Practice Model

- Child safety, first and foremost
- Parents have the right and responsibility to raise their own children
- Children are entitled to live in a safe and nurturing family
- All children deserve a permanent family
- How we do our work is as important as the work we do



Types of Out-of-Home Placements

- Foster Home
- Treatment Foster Care
- Kinship Care
- Adoptive Home
- Group Care
- Hospitalization
- Residential Treatment
- Juvenile Detention



Maine Placement Statistics

Placement Type	% of total children in custody (+/- 8%)
Non-relative foster care	46%
Kinship foster care	25%
Residential Treatment / Group homes	8%
Trial home visit with parent	7%
Pre-Adoptive homes	6%

Source: Maine Department of Health & Human Services, 2010

Permanency Options

- Reunification with birth parents: *First priority and best option.* Carefully supervised process.
- Kinship Care: Placement with suitable birth relatives.
- Adoption
- Permanency Guardianship



Other options

- Long-term foster care: Not an option anymore, but still occurs occasionally.
- Supervised Independent Living



Trauma & Youth in Child Welfare

Youth in the child welfare system often experience sustained and profound disruptions beyond the abuse they experienced.

- Removal from birth home
- Separation from siblings and extended family
- Frequent moves
- School disruptions
- Rejection by caregivers



Placement Disruptions

- Child well-being steadily decreases as the number of placements increase.

Number of placements	% of Maine children
1-2	57%
3-5	25%
6 +	17%



Source: Maine Department of Health & Human Services

Outcomes for Older Youth

- Children over age 12 at the time of entry into child welfare are much more likely to age out of the system rather than achieve permanency.
- Youth living in group care settings or residential treatment are much more likely to experience multiple placements compared to youth in foster care.

Sources: Bass, Shields, & Behrman, 2004; Freundlich & Avery, 2005.



Outcomes for Foster Care Alumni

- 65% of experienced 7 or more school changes through high school.
- Only 1.5% completed a college degree.
- Lower employment rate than general population.
- Higher rate of public assistance and lack health insurance at twice the rate of the general population.

Source: Pecora et al., 2003



Workplace Behavior

- Poor boundaries
- Lack of interest in forming relationships
- Trying too hard to please adults
- Sensitivity to any perceived criticism
- Misreading social cues
- Hoarding food
- Poor personal hygiene



Workplace Behavior (cont.)

- Lack of trust in others
- Behaving at a developmentally younger age
- “Sabotaging” – Stealing or other acts that lead to discipline/termination
- Agitation
- Lack of focus, difficulty completing task at hand
- The “TMI” effect



Possible Explanations for Challenges

- Perceived rejection
- Upcoming or in-process move
- Visit with birth family
- Impending Family Team Meeting or Court date
- Work in therapy



Possible Explanations for Challenges

- Problems with foster or adoptive family
- Issues in group home with structure or peers
- Difficulty transitioning to a new environment (i.e. workplace)
- Mental health symptoms or problems with medication
- Trauma triggers



How to Manage as an Employer

- Keep your promises
- Give the youth space while forming a working relationship
- Define the appropriate boundaries for the workplace
- Be clear and up-front about expectations
- Clear and consistent policies
- Provide strengths-based feedback
- Engage youth as a partner – explain their role in the business
- Provide the context behind requests (the “*why*”)
- Ask for assistance from the Advisor



Questions?



First Jobs Academy Business Mentor Training

Youth Panel

This is a training session for employers who are hiring youth in care for summer jobs. The training helps employers understand teenagers and what they need to succeed at work. The training also talks about how youth come into care and how their experiences in care may affect their performance at work. By training employers before the summer, we hope that employers will look at teenagers in a positive way that focuses on their strengths and abilities rather than their challenges. Employers will be better able to make sure youth have what they need for a successful summer job.

Possible Questions for Panel:

1. Tell us about yourself and talk about a job you really liked and why you liked it.
2. What are you doing now for school and/or work?
3. When you think of the future, what do you see yourself doing for a career?
4. Thinking about a job or a work experience that was positive, what did the employer do that was most helpful to support you? How are employers sometimes not supportive or helpful?
5. Many employers are not familiar with group homes and want to understand them better. What is it like living in a group home?
6. What are the helpful things about living in a group home? A foster home?
7. What are the challenging things about living in a group home? A foster home?
8. Do you (or did you) have a hard time working at a job in the community while living in a group home? What was difficult about it?
9. What advice do you have for employers who work with teens?

If there is time, we will have questions from the employers for you in a Q & A format. Please feel free to pass on any question if you feel uncomfortable answering it.

Mentor and Leadership Training

Presented by:
Mary Melquist, PhD
Director of Admissions and Utilization Review
Spurwink Services
&
Mary Thornton Vogel
Senior Occupational Therapist
Spurwink Services
27 April 2010

(c) Mary Melquist & Mit Thornton-Vogel

Topic schedule

- ▣ Opening Activity – 5 min.
- ▣ Reality statistics – 5 min.
- ▣ Importance of work – 10 min.
- ▣ Rationale for training/program – 20 min.
- ▣ Building activity – 10 min.
- ▣ Learning Styles – 20 min.
- ▣ Use of self regulation strategies – 10 min
- ▣ SODA – 20 min.
- ▣ Questions and hopefully answers

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(c) Mary Melquist & Mit Thornton-Vogel

Opening activity

- ▣ Put glove on non-dominant hand
- ▣ Pick up writing implement
- ▣ Write this sentence
- ▣ Mit will read this sentence out loud
- ▣ Analyze the product – sentence, etc.
- ▣ Your learning strengths/weaknesses
- ▣ Our teaching style – strengths/weaknesses
- ▣ What did you use to regulate yourself?
- ▣ Goal of the activity



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How was that for you??



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Reality Statistics-Prevalence

- ▣ More than 3 million transition age youth have been diagnosed w/a Serious Mental Illness (SMI)
- ▣ Adolescents transitioning to adulthood with a SMI are 3x more likely to be involved in criminal activity than adolescents without an illness
- ▣ Transitional age youth with a SMI have higher rates of SA than any other age groups with mental illness
- ▣ Rates of SMI are highest among young adults age 18 and rates decrease for each year thereafter

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Reality Statistics-Unmet Needs and Consequences

- ❑ Over 60% of young adults w/emotional/behavioral difficulties (EBD) are unable to complete high school.
- ❑ An estimated 20% of youth receiving tx for EBD have either contemplated or attempted suicide
- ❑ Transition age youth with EBD experience the poorest outcomes in employment and independent living
- ❑ 60% of people with SMI are unemployed & many who are employed are "underemployed". For example, about 70% with college degrees earn less than \$10 per hour. Overall, people w/psychiatric disabilities earn a median wage of about \$6/hr versus \$9/hr for the general population
- ❑ Employers express more negative attitudes about hiring workers w/psychiatric disabilities than any other group according to surveys conducted over the last 50 YEARS

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So how can we help?

- ❑ Services are most effective when youth are able to develop problem-solving skills and learn to experience consequences through their decisions.

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Using Rationales

- ❑ Rationales explain why or how a behavior may lead to positive or negative outcomes
- ❑ Rationales have several functions-
 - 1) They help a youth make rational, logical decisions by helping them understand the likely connections between their behavior and what happens to them.
 - 2) They help youth understand why behavior change is important (i.e., they justify behavior change and requests that others may make of the youth)
 - 3) They help youth learn consideration for others as well as to think before they act

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Types of Rationales

- ❑ 1-Describes to the youth the benefits of engaging in a specific appropriate behavior
- ❑ 2-Connects negative outcomes with the failure to engage in a specific appropriate behavior
- ❑ 3-Describing negative outcomes of engaging in a specific inappropriate behavior
- ❑ 4-Delineates the benefits of not engaging in a specific inappropriate behavior
- ❑ Each of these types of rationales may be focused on likely consequences for the youth, but can also be "other-oriented" describing the impact of the youth's behavior on other people or explaining why other people may be likely to react in particular ways to the youth's choices and behaviors

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A Rationale Is:

- ❑ A statement of the **benefits** the youth may encounter by engaging in the appropriate behavior, using new skills or avoiding inappropriate behavior
- ❑ A statement of the **problems or negative consequences** a student could encounter for engaging in inappropriate behavior or failing to engage in the appropriate behavior
- ❑ A statement that teaches **concern for others** by describing the **effects of the student's behavior on others**

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Benefits of Using Rationales

- ❑ Impt for youth to begin learning that their choices abt their behavior lead to different outcomes. When youth don't understand the relationship between their behavior & the events that follow, they tend to take a victim role, blame others for negative outcomes, & neglect any responsibility for the outcome
- ❑ When youth can describe the relationship between their behavior & outcomes that follow their behavior, they can learn that they often have control of their outcomes & are not a victim of fate. In other words they perceive the locus of control to be internal.
- ❑ In contrast, youth with an external locus of control believe their life experiences are determined by sources they have no control over-fate, chance, luck, or other people.
- ❑ Using rationales can help youth strengthen their internal locus of control & foster accepting responsibility & understanding that the decisions the youth makes are linked to outcomes



Role of Rationales

- ❑ Rationales do not in and of themselves change behavior
- ❑ It is through teaching, positive reinforcement (praise and positive outcomes), & experiencing negative outcomes that behavior is changed
- ❑ Rationales can build relationships. Studies show that "mentors" who use rationales are better liked and are seen as more fair.
- ❑ Rationales can help strengthen choice and self-determination & facilitate decision making based on weighing the advantages & disadvantages of options

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Guidelines for Effective Rationales

- ❑ Be behaviorally specific by focusing on a new or alternative skill



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Guidelines for Effective Rationales

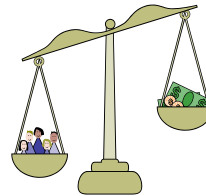
- ❑ State benefit or natural (+ or -) consequences for youth



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Guidelines for Effective Rationales

- ❑ Ensure that consequences are "personal/meaningful" to the young person



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Guidelines for Effective Rationales

- ❑ Remain open to the young person through the quality of your interactions



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Statements we make that are not rationales

- ❑ "Maybe he will give you a raise"
- ❑ "You will be suspended from school"
- ❑ "You will probably be arrested and may have to serve prison time"
- ❑ "I wouldn't do that because you could get hurt"

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Building Relationships & Strengthening Rationales

- ▣ Care statements can be used with Rationales
- ▣ Descriptive Praise Statements
- ▣ Practice



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Problem solving is a skill

- ▣ Learned early in childhood by modeling, parallel play and trial and error
- ▣ Learned later by modeling, making mistakes, having successes recognized, feedback from adults and others, having a repertoire of solutions vs. just one way



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- ▣ Difficult to learn solutions when you are feeling unsafe, lack confidence or overwhelmed (stressed), dysregulated.
- ▣ How can you help them "regulate?" And "learn" without errors or "stress?"
- ▣ Problem solving does not occur with just repetition.
- ▣ Most problem solving comes from "playing" with the problem and seeing all the different possible outcomes.



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- ▣ Problem solving skills often have to be identified as such before knowing what they are. This is especially true if you have difficulty with concepts.
- ▣ Problem solving skills can also be taught and experienced.
- ▣ Regardless of age, past experience, problem solving skills can be modified.



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Problem solving skill acquisition

- ▣ Organizational strategies – schedules, calendars, etc.
- ▣ Visual cues, strategies – pictures, etc.
- ▣ Carol Gray's Social Stories
- ▣ Time management skills
- ▣ Scripts, practice roles
- ▣ Comic Book Conversations (thought bubbles)
- ▣ Board games, video games, play situations
- ▣ Team building exercises, activities

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Modeling, teaching and learning

- ▣ Modeling – therapeutic use of self, demonstrating responses and strategy use, staff use the strategy and talk about how it made them feel
- ▣ Activity
- ▣ Teaching – teaching the constructive use of energy from emotions, all behaviors have purpose, teaching self control, "teaching the use of the strategy"
- ▣ Activity
- ▣ Learning – helping them recall what they have learned, previous experiences, project how they can use in future, overall learning – self control, self care, healthy lifestyle and relationships.
- ▣ Activity

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Importance of Self Regulation



- ▣ The ability to stay focused and alert
- ▣ The ability to monitor ourselves and adjust
- ▣ The ability to interact, explore, and engage
- ▣ The ability to tolerate others, the environment, and change
- ▣ The ability to use situation-appropriate emotional responses

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Self Regulation

- ▣ Experiencing self control, self regulation
- ▣ Internalizing the ability and skill of self control and self regulation, a life skill
 - Self-calming
 - Delaying gratification
 - Responding to violations of expectations
- ▣ Importance of self regulation in order to function, establish and keep relationships, social participation



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Strategies to Change or Maintain

- ▣ Taste/Gustatory
- ▣ Smell/Olfactory
- ▣ Touch/Tactile
- ▣ Vestibular – Movement
- ▣ Vestibular – Gravity
- ▣ Proprioceptive
- ▣ Visual
- ▣ Auditory/Sound
- ▣ Cognitive (DBT, CBT, etc.)

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Examples of Strategies

- ▣ Taste/Gustatory – gum, water bottle
- ▣ Smell/Olfactory – no perfumes, mint
- ▣ Touch/Tactile – slight touch
- ▣ Vestibular – Movement – errands
- ▣ Vestibular – Gravity – standing up
- ▣ Proprioceptive – lifting bags
- ▣ Visual – dim lights
- ▣ Auditory/Sound – music, headphones
- ▣ Cognitive (DBT, CBT, etc.)

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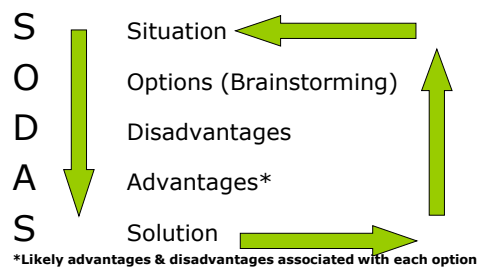
Negotiated Decision Making: The SODAS Approach

- ▣ Youth need skills that help them to think clearly and make thoughtful decisions by considering the advantages and disadvantages of different options



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SODAS Problem-Solving Method



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SODAS Problem-Solving Method

- ❑ **Situation**-working with youth in describing as clearly as possible the current situation
- ❑ **Options**-Undertake a brainstorming process to generate as many options (i.e., approaches, actions) to the situation as possible. Should be judgment free, and not eliminate or refute any options
- ❑ **Disadvantages and Advantages** -List all the likely advantages and disadvantages related to each option
- ❑ **Solution**- The youth can then make an informed decision. The choice they make represents a solution. The table on the previous slide illustrates that every "solution" creates a "new situation" which may or may not need to be problem solved

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Situation

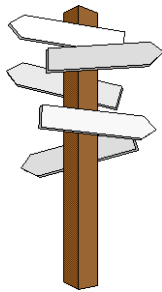
- ❑ The job of the facilitator is to get a clear and complete picture of the situation before moving on to soliciting options to address the situation
- ❑ The facilitator should summarize the emerging description along the way, so the youth has an opportunity to react, confirm, or correct the facilitator's perceptions



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Options

- ❑ The facilitator should help then youth generate a number of possible options to address the situation or solve the problem
- ❑ The facilitator should accept all the options generated and reinforce the youth for coming up with ideas



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Disadvantages and Advantages

- ❑ The facilitator's role is to help the youth explore realistic advantages and disadvantages of each option
- ❑ This may involve revising options



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Solution

- ❑ The facilitator guides the youth in selecting an option that is safe and that the youth can implement
- ❑ Important that the facilitator guides and does not direct the process.
- ❑ **The choice must be owned by the youth**
- ❑ The facilitator offers and encourages practicing the interactions in which the youth will need to engage in order to implement the plan with comfort and success



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Follow up

- ❑ Follow up includes asking and discovering:
 - 1) Was the plan implemented?
 - 2) What happened when the plan was tried?
- ❑ If not implemented, was it because the problem was not so critical, or did the youth want time to talk with the facilitator, or was the youth not comfortable with the option selected and the implementation strategy
- ❑ If implemented, offer descriptive praise for engaging in the process and following through
- ❑ Ask if solution helped resolve the situation
- ❑ If not, teach youth to persist and normalize the experience that many people go through multiple options until a satisfactory solution is found

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Challenges in Applying SODAS

- ▣ Youth Participation



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Challenges in Applying SODAS

- ▣ Facilitator Maintaining Nonjudgmental Openness



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Challenges in Applying SODAS

- ▣ Facilitator Acknowledging Advantages of Unfavorable Options



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Challenges in Applying SODAS

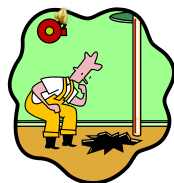
- ▣ Not Listening to Youth's Input on Options



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Challenges in Applying SODAS

- ▣ Young person selects a Harmful Option as Solution



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Teaching SODAS to Youth

- ▣ Initiating the Teaching of SODAS Process to Youth
- ▣ Youth should practice each step
- ▣ Facilitator Follows Up with Youth

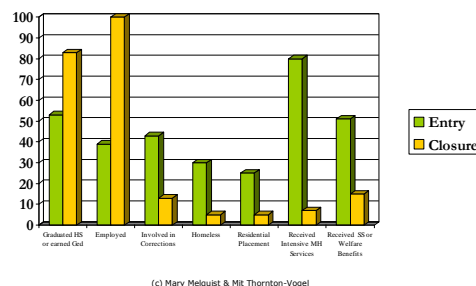


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The Good News Cost avoidance-VT's Jobs Initiative Government Outlays Avoided

Direct Costs	# Diverted	Cost Per Person	Total Estimated Savings
Corrections	24 out of 34 youth ended involvement with corrections	\$28,663	\$687,912
Welfare Benefits	21 youth surveyed no longer rec'd Food Stamps	\$2,016	\$42,336
Social/Supplementary Security Benefits	3 out of 13 no longer rec'd SSA Benefits. The other 10 reduced their dependence	\$7,248	\$37,911

Outcome Indicators of Progress in Community Life Functioning



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Questions and Resources



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References, Resources

- All Kinds of Minds - www.allkindsofminds.org
- Schools Attuned - www.schoolsattuned.org
- Diana Henry OTR, Tools for Teens, www.ateachabout.com
- How Does Your Engine Run? Williams and Shellenberger, TherapyWorks, Inc. www.AlertProgram.com
- Carol Gray's Social Stories-www.socialstories.com

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- Blasé, K., Wagner, R., & Clark, H.B. (2005). *Problem solving/Decision making processes for working with transition-aged youth and young adults: The SODAS framework personnel training module*. Tampa, FL: Louis de la Parte Florida Mental Health Institute.

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- The Arc-www.thearc.org/related-links.htm

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Youth, Substance Abuse and Work: Working with Wonderful Chameleons



Felix ("Phil") del Vecchio,
LCSW, LADC, CCS
The Way Home, Inc.

(c) Phil DelVecchio, The Way Home, Inc.

1

Introduction



- The purpose of this workshop is to discuss what is youth and substance abuse and how/does it affect them/us at work. We will also discuss what we can do about these types of issues.
- Who am I? Just a man, trying to live a life in this mysterious and wonderful world. I've been very humbled to work with many young people who have taught me some. There so much more to learn.
- Who are you?

8/4/2010

2

Youth, Substance Abuse and Work: The Wonderful Chameleons



- Youth comprise a significant percentage of our workforce here in the US. It is the optimum and expected goal of most every person to seek employment and become, some how self sufficient. When you add facts of a history of concurrence of foster-care, corrections, poverty and substance abuse you make the picture more colorful. This is what we will explore.

8/4/2010

3

Youth-What are we talking about? Who are they?

Hold on, please?



- For this discussion we will discuss youth who are between the ages of 14-15 and 25-26.
- Most of the youth we will talk about are from either the foster care system of juvenile corrections. We will not limit it to those specific pop's however.
- These are primarily the youth you may employ and work with in your agencies.

8/4/2010

4

Youth and Foster-Care

Innocence



- There are currently over 1/2 million youth in foster-care in the US today.
- 20,000 "age out" per year and are quickly replaced by those entering.
- 90%+ come from homes where SA/poverty/abuse are primary reasons for their placement.
- Nearly 60% use/abuse substances.
- Work is a primary goal for them but retention is a challenge. Many go from job to job.

8/4/2010

5

Youth and Corrections


Lost Children



- There are nearly 150,000 youth in corrections today. If we were to add, by our definition the ages 19-26, it would probably bring that number significantly higher (2-3X's).
- 90% of those have had or have SA issues.
- Few have any real positive work histories.


8/4/2010

6



Substance Abuse and Youth

Be Happy!!!



- On an "average day" in the US in 2006, 8000 youth drank alcohol, 4500 used an illicit drug for the 1st time, 4000 tried pot and 2500 used a pain killer to get high. (SAMHSA) Higher in Maine.
- Although we have some strict laws about underage drinking and drug use/abuse, how well do we enforce it?
- What are the policies and procedures where you work around these issues? What should you/we do?

8/4/2010 7

Youth and Poverty: What are some of the affects.

What are the effects of child poverty?
 Psychological research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and wellbeing of our nation's children.
 Poverty impacts children within their various contexts at home, in school, and in their neighborhoods and communities.
 Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition and food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods, and under-resourced schools which adversely impact our nation's children. Poorer children and teens are also at greater risk for several negative outcomes such as poor academic achievement, school dropout, abuse and neglect, behavioral and socioemotional problems, physical health problems, and developmental delays.
 These effects are compounded by the barriers children and their families encounter when trying to access physical and mental health care.
 Economists estimate that child poverty costs the U.S. \$500 billion a year in lost productivity in the work force and spending on health care and the criminal justice system.

8/4/2010 8


More Facts on Youth+SA

YIKES!




- Children who drink bf the age of 15 are 5X more likely to have etoh problems than someone who waits til there 21 +.
- 11 million underage drinkers (12-20) reported drinking in the last month. (1 in 3).
- 8 million binge drank.

8/4/2010 9




Substance Abuse and Youth

Do we not see?




- What is substance use with youth? Is it a unofficial rite of passage for our youth? Does it really lead to real problems and SA issues?
- What is substance abuse with youth? Are they more susceptible or resilient?
- Is there substance dependence in youth?

8/4/2010 10



Alcohol, Drugs and Youth

The devil made me do it!



- Despite declining numbers in the use and abuse of alcohol and drugs in our youth it is still a big problem. Why?
- Is it genetic and a biological "disease"? Learned? Psychological? A bad person? From trauma?
- What are the other contributors?
- Why use? Benefits? Risks?
- What should we do?

8/4/2010 11



How can you tell? The colors of the chameleon.

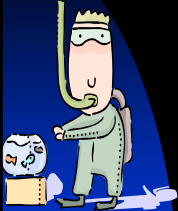
Oh no, not me man!



- Mental Changes:** Memory lapses, poor concentration.
- Emotional Changes:** mood changes, flare-ups, defensiveness and a "don't care" (fuck it) attitude.
- Physical Changes:** low energy, bloodshot eyes, poor coordination, slurred speech, unkempt.
- Behavioral Changes:** Poor work efforts, rebellious, changing friends and secretive about it, sloppy appearance, lack of former interests.

8/4/2010 12

Get Close and Look Deep: Risk Connection

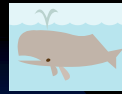


- There are many more indicators. Listen to you gut, your intuition. It tells you when something isn't right.
- Get close, into some personal space carefully. Smell! Look! Observe! Feel (if possible)! Listen!
- How really different are they than ourselves?
- Care and be empathic.

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13

Work and Navigating the Sea of Rules and Policies



8/4/2010

- Are there policies/rules at your agency that would make it more difficult for youth to get employed? Let's discuss some of that please.
- What about SA policies? Do/should you do drug testing? What happens when a problem/issue is found? Zero tolerance?
- These issues haunt all employers and we struggle at best with them.
- Confidentiality and discrimination.



14

Real Life "Colors"



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- Ted is a 19 y/o S/W/M who was placed in FC after he was horribly abused and neglected by his drug abusing parents. Sadly, while in FC placements he was also abused (in other ways too). He got thru some how and now lives basically on his own. He has a value that he must work super hard and has 3 different jobs. He also likes to party with some alcohol on the weekends primarily. He is a very nice and congenial young man but he has strong opinions that he is not hesitant to share. This has sometimes gotten him into trouble and costs him some jobs along with his drinking. What can we do?
- What would you want to do, have to do? Do you have a story to share?

15

What Does This Mean and what can we do about it?



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- Yes, this is a challenging population but they are so worth it! They need us to believe in them and not judge them. They need us to support and encourage them. We need them to be whole and grow. We need each other.
- Often what it is in another that scares us or makes us unsure is their possibility of our being so much like them. Recognize that. Own it.
- Research shows us that 80% of humans that go into SA come out eventually with no or little interventions unscathed and okay (no continuing their abuse/use. That is encouraging to know.

16

Resources/Referrals:



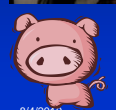
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- We can utilize an EAP if you have one.
- Better you can refer straight out to a good clinician who is empathic and works well with this population.
- You can hold on and believe.
- Give them hope and a chance to change their life!
- Self Help



17

Endings and Goodbyes



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- You have been MARVELOUS!
- So are our children and youth.
- Stay mutual and non-judgmental
- Believe the young person to be one of yours
- Thank you and thank them.
- Together we are alive and unstoppable.

18



8/4/2010

Next Steps



- Be gentle and yet consistent with all youth.
- Let them know you care. Don't be afraid to show it. They fear connection, don't collude with that.
- Risk connection; a healthy one.
- Be present and caring but fair.

There is still so much for us all to learn and listen to.
I do not know how well youth feel heard. We must listen so much more and not just with our ears. Spend time and talk together. Honor them.

19

1

MAINE'S INCREASINGLY DIVERSE WORKFORCE

(C) Doreen Suto

WHO ARE IMMIGRANTS?

2

A "Immigrant" is:

a person who comes to a country where they were not born in order to settle there

Immigrants typically cross the border in hopes of better economic conditions and seek citizenship in the new country. Countries that widely encourage immigration are Israel, the United States, Australia, New Zealand and Canada. Immigrants must be employable to receive entry to these

WHO ARE REFUGEES?

4

5

A "refugee" is:

The United Nations High Commissioner for Refugees (UNHCR) defines a "refugee" as a person who has fled his/her country of nationality (or habitual residence) and who is unable or unwilling to return to that country because of a "well-founded" fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group. This definition of a "refugee" excludes those who have left their homes only to seek a more prosperous life.

who are "refugees"?



Refugee "Homes" within a UN Refugee Camp

7



REFUGEE CAMP HOME DESTROYED BY FLOOD



Kakuma Refugee Camp, Kenya



GLOBAL FACTS ON REFUGEES

10



There are currently 35 million Refugees and Internally Displaced People (IDPs) in the world today: 17 million refugees and 18 million IDPs.

- ◆ 57 countries are sources of refugees and IDPs
- ◆ 94 countries host significant numbers of refugees and IDPs
- ◆ Many refugees have been living in refugee camps for 10 years or more before they can be resettled in other countries

RESETTLEMENT IN THE US

11

Each year the President of the United States sets the maximum number of refugees to be admitted.

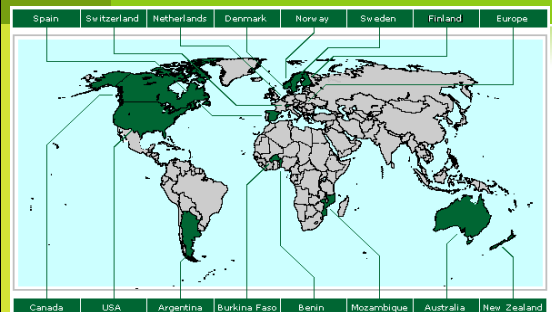
- A maximum of 80,000 refugees can be resettled in the United States in FY 2008.
- Refugees being resettled in the US are thoroughly screened by the government prior to being accepted for resettlement.
- All refugees over the age of 16 are legally authorized to work in the US.



COUNTRIES OF RESETTLEMENT (COURTESY OF THE UNHCR)

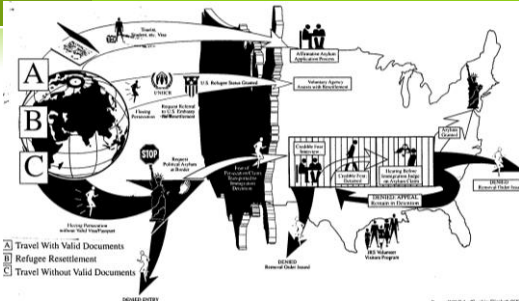
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THE U.S. HAS RESETTLED 2 MILLION+ REFUGEES SINCE 1980



HOW REFUGEES COME TO THE U.S.

13



APPROXIMATELY 75% OF THE WORLD'S REFUGEES ARE WOMEN AND CHILDREN



15

Approximately 65% of the world's refugees are African



16

Approximately 67% of refugees are Muslim



17

10% of refugees are elderly

And the majority of elderly refugees are women



REFUGEE PROCESS:
MIGRATION

REFUGEE PROCESS: MIGRATION

**Flight to first country of
Asylum/Refugee Camp**

**Refugee Processing
(waiting for resettlement)**

**Resettlement in
new country**

**Acculturation
(school enrollment,
employment, healthcare,
community involvement)**



REFUGEES IN MAINE HAVE COME FROM OVER 25 COUNTRIES IN:

- Southeast Asia
- Eastern Europe
- Former Soviet Republics
- Middle East
- Eastern Africa



21

State of Maine's Demographics

	Number	Percentage
Total Population	1,274,923	100%
White	1,236,014	96.9%
Two Or More Races	12,647	1.0%
Hispanic (All Races)	9,360	0.7%
Asian	9,111	0.7%
Black	6,760	0.5%
American Indian	7,098	0.6%
Some Other Race	2,911	0.2%

Source: U.S. Census 2000

22

City of Portland's Demographics

	Number	Percentage
Total Population	64,249	100%
White	58,638	91.3%
Asian	1,982	3.1%
Black	1,665	2.6%
Two Or More Races	1,995	1.9%
Hispanic (All Races)	974	1.5%
Some Other Race	431	0.7%
American Indian	302	0.5%

Source: U.S. Census 2000

23

**Maine's
increasingly
diverse
workforce**

24

MAINE'S INCREASINGLY DIVERSE WORKFORCE

- It is advantageous for the employer to employ people who can relate to all multicultural community; these employees may bring new customers to them

25

CHARACTERISTICS OF FAMILY & COMMUNITY

youth have literacy/English language and become Americanized, but parents may not have English and may keep to old customs

Parents often can't help youth w/ job or school, youth sometimes support and translate for parents

This is a typical 1st generation pattern

Many refugees have gone through traumatic experiences, young people may have grown up in a war zone

26

CHARACTERISTICS OF FAMILY & COMMUNITY

- Some refugees have left behind professional positions, but need to get retrained here
- Youth may have lots of responsibility for younger siblings or supporting parents; may have to grow up fast to help support their families
- Families put great focus on getting an education and succeeding in America
- Most have a strong belief in family and community
- Extended community is very important

27

STRENGTHS THAT YOUNG PEOPLE FROM OTHER CULTURES BRING TO THE WORKPLACE

- Multicultural, multilingual (English may be 2nd, 3rd, 4th language)
- Work hard to achieve (If given a vision/expectations)
- Have high aspirations, want to learn
- Strong desire to help their families/communities
- Humor in situations / a developed resilient ways of dealing with problems

28

STRENGTHS THAT YOUNG PEOPLE FROM OTHER CULTURES BRING TO THE WORKPLACE

- They really want to work!
- Dedicated to work, respectful of authority
- Bring in customers from another culture
- Most are very responsible and see the opportunity to build experience @ a job

29

CHALLENGES FACING YOUNG PEOPLE FROM OTHER CULTURES

- Language is often the issue; youth may not be able to get language help from a parent
- Most youth in high school have no experience w/ work
- Need job readiness skills: communication, interviewing
- Respect for rules/policies may be different in another culture

30

DIFFERENCES IN CULTURAL NORMS

- Communication
 - Speaking with authority
 - Communication male-female
- Concept of time
- Rules/Policies
- Work ethic
- Holidays/Dietary Laws

31

SUCCESS STRATEGIES

- Many instances show the importance of a coach or how well youth do when someone takes a personal interest in them
- Youth need support/ role models/someone to point out the "hidden rules", e.g., the employer really means it when he says "on time"
- Employees from other cultures need ongoing training; one time orientation not enough

32

SUCCESS STRATEGIES

- Important to know that cultures can change/develop...they don't always stay the same, especially after people have been in America a while
- Importance of establishing relationships with young people

33

SUCCESS STRATEGIES

- Examples of successful strategies:
 - Working @ Kohl's: supervisor took a personal interest in staff, always greeted them, always asked how they were doing, e.g., shook hands (very important in African cultures)
- Many employers in Portland hiring people from other cultures: TD Bank, City of PWM, 211, Whole Foods...can relate to multicultural customers

34

REFUGEES AND AMERICAN COMMUNITIES

It is hard to try to start one's life over after extreme hardship, but with understanding and acceptance, a new life in a new country is possible.

Thank you for welcoming refugees into your communities

35

REFUGEES AND AMERICAN COMMUNITIES

- We are always adding new features to serve you better. Please come back often.



36



QUESTIONS



NEXT STEPS