

First Jobs Academy

Enhanced Management Training

Curriculum for Employers of Child Welfare Involved Youth

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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 Modules

Approximately thirteen 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 two summer sessions in 2008-2009. 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.

- **Module 1: Introduction to Adolescent Development:** This module 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 impact a youth’s performance in the workplace.
- **Module 2: The Experience of Youth in the Child Welfare System:** This module should directly follow Module 1. This module 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.
- **Module 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.

- **Module 4: Youth, Substance Abuse, and Work:** 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 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.

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 must 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.

Module 1: Introduction to Adolescent Development

Amy Beaulieu, LCSW – Muskie School of Public Service

Description:

This module 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 impact 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, and 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 name tags 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 tough topics will be reviewed during this training program. These sessions are meant to be introductory and broad-based 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 make generalizations. 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 such as trauma, which will be explored later.
- 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.

- Develop advanced skills in: Reasoning, abstract thinking, 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. Discuss social development in 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 7 and 8. 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 impacting 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 9-13. Discuss the neurobiological changes that occur in adolescence.

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/>)

- 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:
 - The "executive" section of the brain, located right behind the forehead.
 - This is the final area to develop.
 - Development is complete 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 more rational thinking 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 14-22. 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 impact 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, n.d.).
 - 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.
- Types 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.
- Complex trauma is defined as repeated and pervasive trauma exposure, especially occurring early in life and perpetuated by a caregiver. Child abuse and neglect is considered complex trauma. Reactions to complex trauma tend to be more pervasive, severe, and ongoing.
- 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. Above and beyond abuse and neglect 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.

Stop for questions at this point.

- 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.

Show PowerPoint slide 23 regarding long-term outcomes from trauma.

- 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?*”

Resiliency & Positive Youth Development (15 minutes)

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

Show PowerPoint slides 24-27. 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 to their experiences with First Jobs Academy youth and what they have learned.

References

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

Amy Beaulieu, LCSW – Muskie School of Public Service

Description:

This module should directly follow Module 1, Introduction to Adolescent Development.

This module 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.

This session should be facilitated by a social worker, mental health professional, or child welfare caseworker/supervisor.

Learning Points:

- Risk factors for child abuse and neglect.
- Types of child abuse and neglect.
- Kinds 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 module is held on a different day than the previous module, provide participants with name tags 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 module 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 (15 minutes)

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

Review the tenets of Maine's Child Welfare Practice Model.

- 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 because of safety concerns. Review types of placements.

- 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. Final decisions about permanency are made by the Court 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 14-15. 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.
- 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)

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.

References

Bass, S., Shields, M.K., & Behrman, R.E. (2004). Children, families, and foster care: Analysis and recommendations. *The Future of Children*, 14(1), 5-31.

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Module 3: Working With Different Learning Styles

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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.

This session should be facilitated by an occupational therapist, psychologist, and/or other mental health professional.

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

Main Steps

Welcome & Introductions (15 minutes)

Cue PowerPoint to title slide (Slide 1). Provide participants with name tags 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 each participant a non-latex glove and instruct them to put it on the hand they do NOT write with. 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 and 7.

- 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 more negative attitudes 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. Don’t 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 8-15.

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 don’t 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” doesn’t 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 16-20.

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 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.

SODAS: Problem-Solving Method (30 minutes)

Show slides 21-34.

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.

Module 4: Youth, Substance Abuse, and Work

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.

This session should be facilitated by a substance abuse counselor 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:

3.75 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 name tags 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.

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 first drug used.
 - 12th graders in Maine reported binge drinking at some time in the past year.
- Youth are very resilient and adaptable.
- Youth make up a significant percentage of the U.S. workforce.

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

Show slides 3-6.

- 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 doesn’t mean that new behavior or values can’t 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 7-10.

- 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 5 or more drinks for men or 4 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 slides 11-12. 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)

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. Don't 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 slides 13-16.

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 14. 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 15. 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 16. 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 businesses 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.