



**Children, Youth &
Families Department**
STATE OF NEW MEXICO

NM Certified Youth Peer Support Specialist Field Guide



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Safety and Self-Care



Connect and Reflect Worksheet



Connect and Reflect

<p style="text-align: center;">Phase 1: Reconnect to your “why” <i>Identify why you are doing this work. Is it still making you happy and is this still a part of your long-term legacy?</i></p>
<p>My why:</p>
<p style="text-align: center;">Phase 2: Daily anchors <i>Select 3-5 daily anchors that keep you grounded in your life that are non-negotiable.</i></p>
<p>Anchor #1:</p> <p>Anchor #2:</p> <p>Anchor #3:</p> <p>Anchor #4:</p> <p>Anchor #5:</p>
<p style="text-align: center;">Phase 3: Reflect and celebrate daily and weekly <i>Reflect on at least 3 wins or things you are grateful for each day.</i></p>
<p>Win #1:</p> <p>Win #2:</p> <p>Win #3:</p>



My Safety Plan



MY SAFETY PLAN

ACTIVATORS

What are some things that activate you? Feel free to make a list of those things below and make a mental note of your activators while filling out this worksheet.

WARNING SIGNS

Warning signs are changes in thoughts, moods or behaviors that suggest you may be heading towards a crisis or altered emotional state. How do you feel when you get triggered? Knowing your warning signs can help you take action early.

COPING STRATEGIES

Are there things that you can do to take your mind off of the situation (breathing techniques, stepping out of the room, etc.)? Are there any people that might be able to help you cope (Maybe one of the trainers? Can you text a friend? Other ideas?)



CRISIS & SAFETY PLANNING TIPSHEET

- 1. PROVIDE COACHING:** If the young person is uncomfortable speaking about their plan in the team setting, meet with them one-on-one and provide coaching on how they should bring up their plan to their team members.
- 2. EMPHASIZE THE IMPORTANCE OF A YOUTH/YOUNG ADULT-LED PROCESS:** Make sure that the young person knows that they are the only person who can lead the crisis and safety planning process because they are the only ones who know:
 - ➔ What triggers their crises
 - ➔ What constitutes a crisis for them
 - ➔ What works to prevent or diffuse their crises
- 3. ASK QUESTIONS:** When young people are struggling to create their crisis and safety plans, ask them simple questions to get them started:
 - ➔ What makes you anxious or upset?
 - ➔ What activities do you like to do just for yourself?
 - ➔ What helps you feel happy or calm?
 - ➔ What does “crisis” look like for you?
 - ➔ Who do you like to talk to/who do you trust?
- 4. USE MORE GENERAL PHRASING:** Not all young people respond well to the terms “crisis” and “safety.” Tailor your vocabulary to fit what you know about the youth/young adult’s experience. Think about what those words mean to them and why they might benefit from this process.
 - ➔ **EXAMPLE:** instead of saying “let’s create your crisis and safety plan” try saying something like “let’s talk about what helps you when you feel panicked”
- 5. ALWAYS HAVE A PLAN B:** We can never predict how exactly a crisis will go, therefore it is critical that the young person identifies multiple options for crisis prevention and diffusion.



Crisis and Safety Plan Checklist



CRISIS & SAFETY PLAN CHECKLIST

It is imperative that each young person you work with has an current crisis and safety plan in place. If the young person does not have an existing plan, make sure you and the team address it with them and take steps to create one.

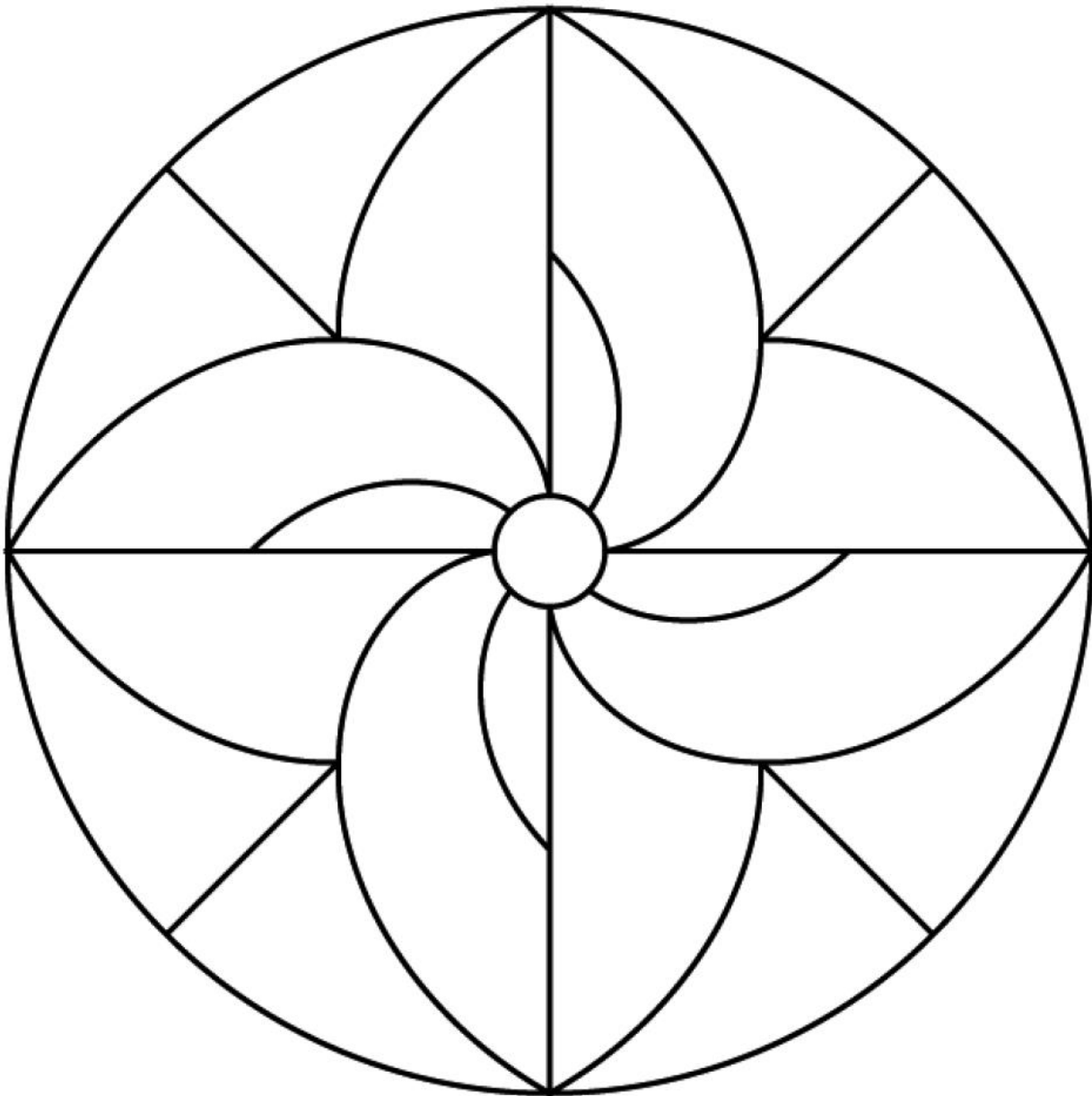
The crisis and safety planning process must:

- REMAIN YOUTH/YOUNG ADULT-LED:** the young person explains what works best for them, what doesn't work for them, what their triggers are, etc.
- BE INFORMED BY FAMILY AND NATURAL SUPPORTS:** family members and natural supports explain what has worked in the past, what hasn't worked, what they can contribute/help with, what they believe has led to previous crises, etc.
- INVOLVE MULTIPLE STAGES:** plans must not start and end with "call the crisis line." Teams should work to establish multiple steps and preventative actions.
- INCORPORATE PROVIDER INPUT:** providers should be able to make suggestions throughout the process but should not be allowed to dictate the plan unilaterally.
- INCLUDE A PLAN B:** all plans must have multiple options and be adaptable to fit the needs of various situations.





Mandala Coloring Page



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Elevate Self-Care Plan

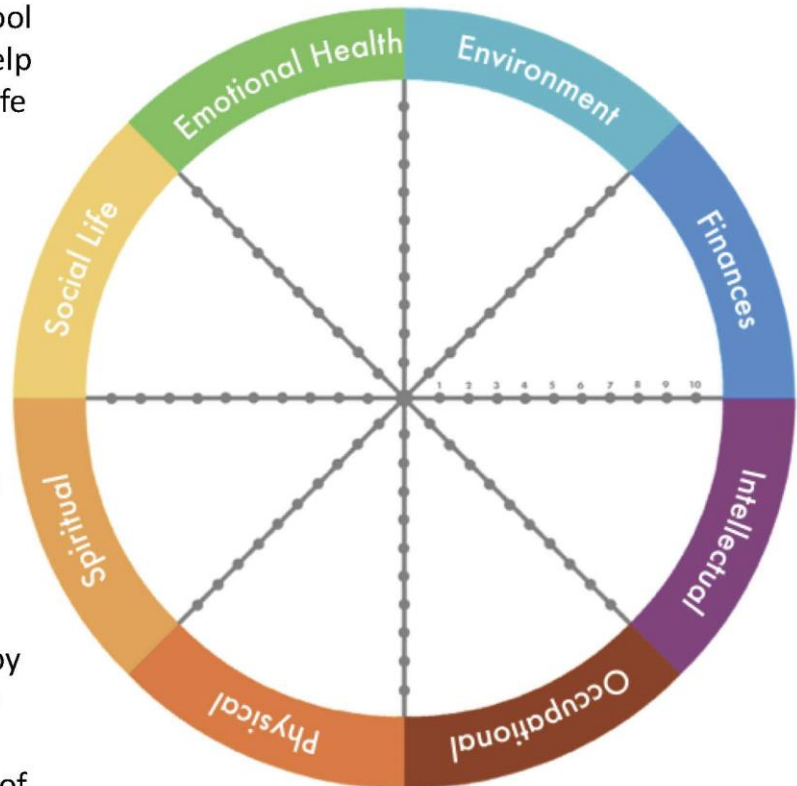


Self-Care Plan

Step 1: Assess Your Wellness

The "wheel of life" is a coaching tool used by coaches everywhere to help clients assess what areas in your life you are satisfied with and what areas need some attention and growth.

We find it useful to utilize the 8 dimensions of wellness to assess a full picture of your life, or you can use a blank wheel to identify the areas that are most important to you.



Start here

1. Rate each category from 0-10 by level of satisfaction (10 being fully satisfied).
2. Connect the dots and fill inside of the circle to see the balance of your life.

Follow-up Questions

- What do you notice when you look at your wheel?
- What does your answer tell you?
- What area would you like to focus on?
- What are you currently doing in your life that would help you move forward in this area?
- What would success look like in this area?
- What are the action steps you are willing to commit to to move forward in this area?

Self Care Plan

Step 2: Identify Your Self-Care Needs

What are your current practices in each area of wellness? What else would you like to try?

Areas of Wellness	Current Practices	Practices to Try
Physical Recognizing the need for physical activity, healthy foods, and sleep		
Spiritual Expanding a sense of purpose and meaning in life		
Social Life Developing a sense of connection, belonging, and a well-developed support system		
Emotional Health Coping effectively with life and creating satisfying relationships		
Environment Good health by occupying pleasant, stimulating environments that support well-being		
Finances Satisfaction with current and future financial situations		
Intellectual Recognizing creative abilities and finding ways to expand knowledge and skills		
Occupational Personal satisfaction and enrichment from one's work		

Self Care Plan

Step 3: Evaluate Your Coping Skills

Knowing and owning your coping skills is an important step in developing effective self-care strategies. Coping skills can be useful or not useful in your life, and some that used to be useful may not be serving you anymore. List your coping strategies here:

Useful	Not Useful
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•
•	•

- Which of these would you like to continue using or get better at?
- Which would you like to change or use less frequently?
- What might allow you to replace some of the coping strategies in the not useful list?
- Are there strategies that have been helpful in the past that you'd like to start using again?



16 Signs of Trauma Exposure

Step 4: Awareness of Trauma Exposure

Where does each sign of trauma show up negatively throughout your day? Positively?

Sign	Shows up Negatively?	Shows up Positively?
Feeling Helpless/ Hopeless		
A Sense That One Can Never Do Enough		
Hypervigilance		
Diminished Creativity		
Inability to Embrace Complexity		
Minimizing		
Chronic Exhaustion / Physical Ailments		
Inability to Listen / Deliberate Avoidance		
Dissociative Moments		
Sense of Persecution		
Guilt		
Fear		
Anger & Cynicism		
Inability to Empathize / Numbing		
Addictions		
Grandiosity		

Self Care Plan

Step 5: Emergency Self Care

Having some grounding coping strategies in advance of a crisis can be incredibly helpful. It’s also important to share these strategies and emergency self care plan with loved ones who will need to be a support in times of need, and can remind you of what works for you when you might not be able to remind yourself. What works for you?

Emergency Self Care Tools	Helpful (What To Do)	Harmful (What NOT To Do)
<p>Relaxation/Staying Calm Which activities help you to relax (e.g. deep breathing, taking a walk)? Which activities make you more agitated or frustrated (e.g. yelling, swearing, or drinking)?</p>		
<p>Self-Talk Helpful self-talk may include, “I am safe/I can do this.” Harmful self-talk may include, “I can’t handle this/I knew this would happen/I deserve this.”</p>		
<p>Social Support Which family members and friends can you reach out to for help or support? Which people should you avoid during times of stress? Be honest about who helps and who zaps your energy. Be sure to include any professionals that help.</p>		
<p>Mood Which activities support a positive mood (e.g. listening to uplifting music, enjoying the sunshine)? What should you avoid when times get tough (e.g. staying in bed all day, avoiding social activities)?</p>		
<p>Resilience What, or who, helps you to get through difficult times? What helps you bounce back? Conversely, what or who feeds negativity for you?</p>		

Role of a Youth Peer Support Specialist

What is Peer Support and What is NOT Peer Support?

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What Is Peer Support and What Is NOT Peer Support?



What’s a Youth Peer Support Specialist?

A youth peer support specialist (YPSS) works with young people transitioning to adulthood, who are usually involved in a child-serving system (e.g., foster care, mental health) or experiencing a unique challenge. YPSSs are typically close in age with the young people they work with. YPSSs use their own lived experience with mental health and child-serving systems to relate and engage with the youth they serve. In their work together, YPSSs help youth to identify goals and advocate for themselves. YPSSs achieve this through the following strategies:



Building Hope

YPSSs use their lived experience to relate to the young people they are working with and show them that there is hope for a brighter future, even if things seem bleak in the present. Lived experience refers to a person’s journey through a system, trauma, or unique challenge that a young person might relate to. The purpose of sharing one’s lived experience is to empathize, relate, and inspire hope. When talking about their lived experience, YPSSs are very intentional about how and what they share (see strategic sharing definition on the next page) so as to not discourage, overshadow, or mislead a young person. It is also important for the YPSS to remember that they are not a superhero, and are not expected to be a perfect role model or example of “what to do” for a young person. Rather, the YPSS can normalize feelings, thoughts, or situations that the young person might be experiencing, so the young person feels less alone or alienated by what they might be going through or experiencing.

Strategic Sharing*

When a YPSS talks about their lived experience, they only share parts of their story that are relevant to the young person, and do so in a way that helps to advocate with and/or for the youth, make them feel like they are not alone, or show them that there is hope. The YPSS is careful not to share unnecessary parts of their story or share in such a way where they monopolize the conversation or divert attention from the youth and their goals. The YPSS also needs to be conscientious of their own triggers and vulnerabilities while sharing their story, and should ensure that they take care of themselves as this can be sensitive. Doing strategic sharing well is not easy and can be tricky.



**Strategic Sharing: As a peer support specialist, you should learn about this in depth at your peer delivered services certification training. See the Strategic Sharing Workbook: Youth Voice in Advocacy, which is available for free download at the Research and Training Center for Pathways to Positive Futures: <https://www.pathwaysrtc.pdx.edu/pdf/pbStrategicSharingGuide.pdf>*

Shared Understanding

The YPSS is able to empathize with the young people they encounter through shared understanding. The YPSS is able to draw on their own experience to relate to the young people they are working with, even when they do not share the same experience as a particular young person.



Affirmation

The YPSS helps young people identify their goals, and offers validation. They affirm the young person's goals and ideas by helping them explore the situation, identify a plan, and come up with action steps. The YPSS consistently checks in about goals and plans, and affirms the youth's perspective by supporting them to pursue and/or change their goals.

Normalization

The YPSS helps the youth they serve feel less isolated by reminding them that other people experience struggles similar to theirs. The YPSS does this through sharing their own story, validating the youth's feelings, offering shared understanding, and destigmatizing the young person's experience.

Destigmatization

Young people who have been involved in systems often internalize stigmatizing beliefs about themselves. By normalizing the youth's feelings and sharing some of their own struggles and successes, the YPSS helps to challenge these stigmatizing labels and assumptions about young people who have systems experience. YPSSs also serve as advocates within their communities, and thus work to destigmatize mental health challenges and system experience in the public arena.



Relationship Building

The YPSS builds relationships with youth through rapport building. This includes tapping into their *peerness** by relating to youth culture; talking with the youth one on one; learning about the youth's interests, goals and experiences; sharing parts of their own story; and (most importantly) listening to the youth and affirming their voice. By building a healthy relationship with a young person, the YPSS is helping them gain skills to build and maintain new relationships in life. Furthermore, by building a trusting relationship, the YPSS is able to help the youth identify their strengths and use those as tools to meet their needs and accomplish their goals.

**Peerness: YPSSs are usually peers or near peers, meaning that they are the same age or near the same age of the young people they work with. This allows them to share their "peerness" and engage in conversations around youth culture and have similar knowledge and experience with things like media, pop culture, technology, etc.*

Individualized Support

The YPSS acknowledges that each youth they work with has a unique set of strengths, needs, and goals. Considering this, the YPSS uses different methods to support youth as needed, and relies on their relationship-building skills to learn more about the young person and what kind of support they would like. YPSSs help to "build a bridge" so that young people can better connect with their providers or connect with new supports. In doing so, the YPSS uses individualized approaches to help young people connect with their professional team members and other resources.



It is NOT your role as a Peer Support Specialist to...

...Be a superhero (but you can wear a cape)

YPSSs often work with young people experiencing crisis. While a YPSS should have some crisis intervention training, they should not be the only resource for a youth in crisis, nor should they be expected to be able to respond to or handle every crisis situation. YPSSs can help youth create a safety plan to help prevent crisis, and should debrief crisis situations with youth, but they should not be expected to serve as on-call crisis response support. YPSSs should also not be expected to represent perfection, have all of the answers or be seen without flaws; rather they should demonstrate that recovery is an ongoing process and normalize this for the young people they work with.



...Be their therapist

YPSSs help youth through difficult situations, and through relationship building speak with youth about difficult topics and feelings. While there may be a therapeutic element to their role, it is important to remember that YPSSs do not have a professional clinical background and should not be making clinical decisions for the young person. Instead, they should be helping the youth to identify and connect with resources that may work for them (clinical or not) and working with them to identify goals and strategies for achieving their goals.

...Tell them what to do

YPSSs are charged with helping youth make decisions for themselves by helping them identify their goals and strategies for achieving them. The YPSS should not make suggestions or be discouraging regarding a young person's goals or ideas. It is also not the YPSS's job to persuade the young person to do what the adults in their life want them to do; rather they should assist the young person in talking to the people in their social network about the goals that are important to them.



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...Be their spokesperson

It is not the YPSS's job to speak for the youth, unless the youth explicitly asks them to and has vetted what they will say. Instead, the YPSS should plan with the youth around how they would like to communicate important matters to the adults in their life, and what kind of support (if any) they need to do that.



...Be the resource

Youth often look to their YPSS for answers, and it can be easy for the YPSS to become their main resource for answers. It is important for the YPSS to uphold their boundaries and help the youth identify and connect to resources rather than being the sole resource to meet their needs. The YPSS does this by providing the appropriate amount of support depending on the youth's needs, and helps the young person discover what resources are a good fit for them.

...Be the star

It is a part of the YPSS's job to share parts of their story with young people so they can see that someone with shared or similar lived experience has successfully overcome some obstacles, and thus find hope to do the same. It is extremely important that YPSSs only share their story when it helps the young person, and does not overshadow or draw attention away from the young person's ideas or goals. It is also important that the YPSS not compare the youth's experience to their own, but recognizes them as separate journeys.



...Be their chauffeur

YPSSs work in the community with young people, and often are present when a young person has a meeting or an important event. While there may be times when YPSSs drive young people, they should not be expected to be their primary source of transportation to meetings, groups, one-on-one visits, etc. Instead, the YPSS should explore transportation options with the youth and make sure they have plans to get to places they need to go.



...Be their babysitter

Often times adults involved in a young person's life will want their YPSS to "watch" them during unsupervised time. It is important for the YPSS to clarify that while they spend one-on-one time with youth, it is not within their role to monitor or discipline them. Other providers would not be asked to babysit youth, and neither should YPSSs.

...Be their friend

YPSSs build unique relationships with youth that are built on trust and mutual respect, but there are clear boundaries in place that allow them to work on specific goals. While YPSSs are friendly (because duh), they are still mandatory reporters, professionals, and have a code of ethics they are expected to abide by. YPSSs work with young people to help them build healthy social skills and connect to the community so they can build long lasting friendships of their own.



...Police them

YPSSs are agents of hope who help youth build skills by affirming their voice, helping them identify goals, and working with them to come up with plans to achieve their goals. None of this is accomplished through disciplinary, coercive, or shaming strategies. Sometimes, adults involved in a young person’s life will want the YPSS to change the youth’s behavior or report on what the youth is doing, which is not the YPSSs’ role.



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Daily Responsibilities of a Youth Peer Support Specialist

Role of a Youth Peer Support Specialist

- ◇ Practice cultural responsiveness
- ◇ Role model & promote self-care & wellness
- ◇ Build relationships & collaborate
- ◇ Mentor & support young person's vision
- ◇ Demonstrate safe, professional, & ethical behavior
- ◇ Advocate for the inclusion of youth voice in agency policy and procedure

Position Responsibilities

- Sharing lived experience to provide peer support to young adult participants and helping them navigate the system(s) they participate in (mental health, addiction/recovery, incarceration/juvenile justice, foster care, education, LGBTQ+, etc.);
- Reaching out to youth to schedule one-on-ones (or orientations) upon receiving a referral;
- Meeting with youth one-on-one to provide peer support, support them through challenges they are going through, and create action steps to support their wellness and mental health, including the development of a self-care plan;
- Creating and enforcing a Safety Plan for each young person participating in Youth Peer Support;
- Organizing and executing additional meetings or communication regarding support, resources, and crisis intervention as may apply;
- Hosting events and youth groups that youth in the community are interested in to promote socialization, skill building, mental wellness, connection with peers, etc.;
- Promoting the program to community partners and recruiting young adults to engage in one-on-one peer support and in other youth programming;

- Acting as a partner between formal mental health staff and peers by providing/advocating for recovery-based services, assisting young people in receiving services that suit their journey, meeting with providers to improve relations, and role modeling effective problem-solving skills;
- Providing culturally responsive assistance to each participant utilizing evidence-based practices including Positive Youth Development, Wraparound, and the 40 Developmental Assets;
- Empowering young people to advocate for themselves, set goals and identify life assignments (using The 40 Developmental Assets) and implement achievable steps towards reaching them;
- Referring youth to other community-based resources, support, and opportunities;
- Communicating with participants via phone, text/chat, and social media;
- Serve as a mandated reporter, documenting and reporting cases of abuse or neglect to the Children Youth and Families Department;
- Collecting paperwork and complying with confidentiality procedures, tracking youth interactions, and inputting data into data tracking software;
- Attending staff meetings, reporting to and communicating with supervisor;
- Traveling to attend one-on-ones and community meetings;
- Complying with all agency specific policies and procedures;
- Performing other assigned duties as needed.

Example Duties of a Youth Peer Support Specialist

Daily Tasks

- Cleaning
- Attendance/Sign-In Sheets
- Responding to young people’s messages
- Emails
- Updating Calendar
- One-on-one peer support meetings with youth
- Checking in with supervisor
- Social media engagement
- Prep/Run Drop-In Center activities
- Progress notes
- Scheduling one-on-one meetings

Weekly Tasks

- Enter Youth Peer Support recipients into agency system
- Weekly reports
- Attend weekly team agency meeting
- Clean/Organize Drop-In Center
- Event/group prep
- Creating lists for events to be approved
- Submit expenses for reimbursement (if any)
- Submit timesheets to supervisor for approval

Monthly Tasks

- Progress notes
- Meet with supervisor one-on-one for supervision/coaching
- Plan youth events
- Community engagement and outreach
- Field trips
- Submit required reporting

Adapted from Youth Era, YOUTH PEER SUPPORT SPECIALIST JOB DESCRIPTION, 2021

Code of Ethics



Code of Ethics for Youth Peer Support Specialists (YPSS)

1. YPSS believe that all youth have strengths and the ability to accomplish their dreams.
2. YPSS empower and support youth to meet their needs and achieve their goals.
3. YPSS maintains high standards of personal and professional conduct.
4. YPSS seek to role-model recovery and conduct themselves in a manner that maintains healthy behaviors and supports their recovery.
5. YPSS openly and strategically share their lived experiences with youth they support to promote recovery and resilience.
6. YPSS respect the rights and dignity of those they serve at all times.
7. YPSS never intimidate, harass, or threaten those they serve; they never use undue influence, manipulation, physical force, or verbally abusive language; and never make unwarranted promises.
8. YPSS do not condone, facilitate, or participate in any form of harassment or discrimination on the basis of ethnicity, race, class, religion, political affiliation, age, sex, gender, sexual orientation, appearance, pregnancy, veteran's status, marital status, citizenship, ability, or other protected status.
9. YPSS respect the privacy and confidentiality of those they serve.
10. YPSS promotes and supports services that foster the full integration of youth into their communities.
11. YPSS never enter into dual relationships or commitments that conflict with the interests of those they serve.
12. YPSS never engage in sexual or other inappropriate activities with youth they serve.
13. YPSS do not use illegal substances, misuse alcohol, or abuse other drugs (including prescription medications).
14. YPSS do not accept gifts of significant value from those they serve. **We shouldn't be spending our own money for gifts either.**
15. YPSS never provide services beyond their qualifications (this includes diagnosing an illness, prescribing medications, or providing clinical services).
16. YPSS do not accept gifts of significant value from those they serve.
17. YPSS never provide services beyond their qualifications (this includes diagnosing an illness, prescribing medications, or providing clinical services).

What – So What – Now What: YPSS Code of Ethics Activity



What - So What - Now What

Facilitation technique to support deepening your understanding of a topic.

What = The topic

So What = Why does the topic matter to me, to the group, to the bigger purpose?

Now What = Now that I understand the topic and why it matters how will I operate differently or change my perspective?

YPSS Code of Ethics Activity

Discussion points:

1. How will you honor these codes of ethics within your work?
2. In what ways do you think boundaries will support you in upholding these ethics?

What (ethic #)	<u>So</u> what	Now what
<i>Example: YSS believe that all youth have strengths and the ability to accomplish their dreams.</i>	<i>Youth need someone to believe in them</i>	<i>I will do my best to listen and support a youth no matter what their vision or goal is for themselves.</i>

Ethics Scenarios Worksheet



Peer Plus Ethics Scenarios Worksheet

Directions: Please read the scenario with your group. Discuss together what would be the appropriate response and fill in the “response” box, then discuss what the next steps would be and fill in the “next steps” box.

Things to consider: Reflect on what peer support is and what it is *not* using your resources.

Scenario	Response	Next Steps
A young person expresses feelings for you		
A young person calls you on a holiday with nowhere to go		
A young person calls to tell you they got kicked out of the house		
Two of the young people you support get into a domestic violence situation		
A youth tells you they got invited to a party with alcohol and asks if you can go		
A young person texts to tell you that they are having suicidal thoughts		

New Mexico Mandatory Reporting Script

New Mexico Mandatory Reporting

“Hello, my name is _____. It’s nice to meet you.

I work for _____, as a _____.

I want you to know that you can tell me anything you want to. Anything you tell me about school, work, family, friends, your partner, or other aspects of your life will stay just between us.

In general, I will not share your private information, however, there are three things I will need to tell someone about if you mention.

Those are:

1. If you are going to hurt yourself
2. If you are hurting or going to hurt someone else
3. Or if you tell me you know of a child being abused.

If you tell me any of these things, then I am mandated to report it to ensure everyone is safe.

My preference is not tell on you, but tell with you.

Do you understand what I just said? Do you have any questions?

It is New Mexico Law that anyone 18 years and older has a legal responsibility to report child abuse. My intention is for you and others to be safe. If you tell me any of those three things, I have to:

1. Tell my supervisor
2. Report by dialing #SAFE on your cell phone
3. Report to law enforcement or the appropriate tribal entity
4. Report this by phone to the Statewide Central Intake Child Abuse Hotline at 1-855-333-7233

CYFD Information on Child Abuse & Neglect

cyfd New Mexico Children, Youth & Families Department

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Child Abuse & Neglect

Report suspected child abuse or neglect by calling **#SAFE (#7233) from a cell phone or 1-855-333-SAFE.**

Protective Services strives to enhance the safety, permanency and well-being of children and families in New Mexico. We believe that a concern for children extends to all children in New Mexico, not just our own.

Protective Services receives reports of alleged child maltreatment 24 hours a day, seven days a week, through Statewide Central Intake at **1-855-333-SAFE (7233)** or **#SAFE** from cell phones. We investigate reports of child maltreatment and intervene to keep New Mexico's children safe. We provide foster care to approximately 2,500 children each day and work with families to enable parents to safely and appropriately care for their children. When that cannot be accomplished, Protective Services workers find safe, permanent families for children through adoption or permanent guardianship.

Child Abuse & Neglect Links

- Reporting Abuse or Neglect
- Definitions of Abuse & Neglect
- Alternatives to Lashing Out at Your Child

Definitions of Abuse and Neglect

(Abuse and Neglect Act (32A-4-2, NMSA, 1978))

It is important for every person to take child abuse and neglect seriously and to be able to recognize when it happens. Abuse and neglect may be physical, sexual or emotional.

Physical abuse includes:

1. Cases in which a child exhibits evidence of a skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of a bone, subdural hematoma, tissue swelling or death, AND
2. There is not a justifiable explanation for the condition or death.

Sexual abuse includes:

1. Criminal sexual contact
2. Incest or criminal sexual penetration
3. Sexual exploitation (acts such as allowing, permitting or encouraging a child to engage in prostitution or obscene or pornographic photographing, or filming a child for obscene or pornographic commercial purposes)

Neglect includes:

1. The abandonment of a child by a parent, guardian or custodian.
2. The failure of a parent, guardian or custodian to provide a child with proper parental care and control or subsistence, education, medical or other care or control necessary for the child's well-being.
3. When a child is physically or sexually abused and the child's parent, guardian or custodian knew or should have known of the abuse and failed to take reasonable steps to protect the child from further harm.
4. Parental inability to discharge their responsibilities to and for the child because of parental incarceration, hospitalization, or physical or mental disorder or incapacity.





New Mexico Children,
Youth & Families Department

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Protective Services

- > PS Overview
- > Adoptions
- > Foster Care
- > Child Abuse & Neglect
- > Children's Trust Fund

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- > Facilities
- > Probation & Aftercare
- > Reintegration Centers
- > Transition Services
- > JJS Special Programs

Behavioral Health Services

- > BHS Overview
- > Domestic Violence
- > Infant & Early Childhood Mental Health
- > Licensing & Certification

Additional Services

> RFP

Early Childhood Services

> Visit NMECED.org

Home > Child Abuse & Neglect > Here

Reporting Abuse or Neglect

Mandated Reporting

Every person who knows or has reasonable suspicion that a child is being abused or neglected in New Mexico must report the matter immediately to CYFD's Statewide Central Intake child abuse hotline (**1-855-333-SAFE [7233] or #SAFE from a cell phone**), or to law enforcement or the appropriate tribal identity. Specific professionals mentioned under the law as mandated reporters are: licensed physicians, residents or interns, law enforcement officers, judges presiding during a proceeding, nurses, schoolteachers, school officials, social workers, and members of the clergy who have information not privileged as a matter of law.

Reporting Abuse or Neglect

It is important for every person to take child abuse and neglect seriously, to be able to recognize when it happens, and to know what to do when you see it. Call CYFD's Statewide Central Intake (SCI) at 1-855-333-SAFE [7233] or #SAFE from a cell phone if you suspect child maltreatment is occurring.



When making a report of abuse or neglect, you may choose to remain anonymous as the reporter, and will be immune from liability, civil or criminal, as long as you have acted in good faith by reporting. We encourage reporters to provide information about who they are, as it assists us in the investigative process. The reporter's name remains confidential unless ordered to be released by a court of law. In rare cases, a reporter could be required to testify in court if such testimony is necessary to protect the child.

While we make every effort to protect a reporter's identity, CYFD cannot guarantee that an alleged perpetrator will not figure out who has made the report. There do exist cases in which parents or alleged perpetrators are able to guess who reported the abuse based on the nature of the report. In these cases, CYFD's role is to attempt to redirect the alleged perpetrators and engage them in focusing on the concerns for the child.

As a reporter of abuse or neglect, it is important to include as many details about the suspected maltreatment as possible. In order for a report to be screened in for investigation, you must be able to provide enough information about so that we might be able to find the child. While certainly desirable, it is not necessary to know the name and address of the child and/or parents. All descriptive information you can provide about the child, parent, and location of the abuse helps, such as: the child's school, parent's work place, vehicle license plate, etc.

Mandatory Reporting Requirements: New Mexico

Mandatory Reporting Requirements: Children New Mexico

Last Updated: March 2020

Question	Answer
Who is required to report?	<ul style="list-style-type: none"> • Every person (including licensed physicians, residents or interns examining, attending or treating a child, law enforcement officers, judges presiding during a proceeding, registered nurses, visiting nurses, schoolteachers, school officials, social workers acting in an official capacity, and members of the clergy, who has information that is not privileged as a matter of law) is a mandatory reporter. <ul style="list-style-type: none"> • Since expressly applicable to "every person," the statute imposes a universal mandatory reporting requirement, notwithstanding statute's listing of specific occupational groups as reporters. <i>State v. Strauch</i>, 345 P.3d 317 (N.M.S.C. 2015).
When is a report required and where does it go?	<p>When is a report required?</p> <ul style="list-style-type: none"> • When any person has knowledge or reasonable suspicion that a child is abused or neglected. <p>Where does it go?</p> <ul style="list-style-type: none"> • A local law enforcement agency, the Children, Youth and Families Department (available at: https://pulltogether.org/support/keep-my-children-safe/child-abuse-neglect/?child-abuse-neglect) (1-855-333-SAFE / 1-855-333-7233), or a tribal law enforcement or social services agency for any Indian child residing in Indian country.
What definitions are important to know?	<ul style="list-style-type: none"> • "Abandonment" includes instances when the parent, without justifiable cause: <ul style="list-style-type: none"> • Left the child without provision for the child's identification for a period of 14 days; or • Left the child with others, including the other parent or an agency, without provision for support and without communication for a period of: <ul style="list-style-type: none"> • 3 months if the child was under 6 years of age at the commencement of the 3-month period; or • 6 months if the child was over 6 years of age at the commencement of the 6-month period. • Abandonment of a dependent consists of a person having the ability and means to provide for his spouse or minor child's support and abandoning or failing to provide for the support of such dependent. <ul style="list-style-type: none"> • Whoever commits abandonment of a dependent is guilty of a fourth degree felony. • "Abused child" means a child: <ul style="list-style-type: none"> • Who has suffered or who is at risk of suffering serious harm because of the action or inaction of the child's parent, guardian or custodian; • Who has suffered physical abuse, emotional abuse or psychological abuse inflicted or caused by the child's parent, guardian or custodian; • Who has suffered sexual abuse or sexual exploitation inflicted by the child's parent, guardian or custodian;
	<ul style="list-style-type: none"> • Whose parent, guardian or custodian has knowingly, intentionally or negligently placed the child in a situation that may endanger the child's life or health; or • Whose parent, guardian or custodian has knowingly or intentionally tortured, cruelly confined or cruelly punished the child. • "Adult" means a person who is 18 years of age or older. • "Child" means a person who is less than 18 years old. • "Custodian" means an adult with whom the child lives who is not a parent or guardian of the child. • "Department" means the children, youth and families department, unless otherwise specified. • "Guardian" means a person appointed as a guardian by a court or Indian tribal authority or a person authorized to care for the child by a parental power of attorney as permitted by law. • "Indian child" means an unmarried person who is: <ul style="list-style-type: none"> • Less than 18 years old; • A member of an Indian tribe or eligible for membership in an Indian tribe; and • The biological child of a member of an Indian tribe. • "Indian tribe" means a federally recognized Indian tribe, community or group pursuant to title 25 of the U.S. Code. • "Neglected child" means a child: <ul style="list-style-type: none"> • Who has been abandoned by the child's parent, guardian or custodian; • Who is without proper parental care and control or subsistence, education, medical or other care or control necessary for the child's well-being because of the faults or habits of the child's parent, guardian or custodian or the failure or refusal of the parent, guardian or custodian, when able to do so, to provide them; • Who has been physically or sexually abused, when the child's parent, guardian or custodian knew or should have known of the abuse and failed to take reasonable steps to protect the child from further harm; • Whose parent, guardian or custodian is unable to discharge that person's responsibilities to and for the child because of incarceration, hospitalization or physical or mental disorder or incapacity; or • Who has been placed for care or adoption in violation of the law; provided that nothing in the Children's Code shall be construed to imply that a child who is being provided with treatment by spiritual means alone through prayer, in accordance with the tenets and practices of a recognized church or religious denomination, by a duly accredited practitioner thereof is for that reason alone a neglected child within the meaning of the Children's Code; and further provided that no child shall be denied the protection afforded to all children under the Children's Code. • Failure to avoid domestic violence, when it is an essential part of the parent's treatment plan, contributes to a finding of neglect; even non-abuser parents, who are the victims of domestic violence, can be obligated by the court to avoid domestic violence. <i>State, ex rel. Children Youth and Families Dept. v. Arthur C.</i>, 2011 WL 1195942. • "Parent" or "parents" includes a biological or adoptive parent if the biological or adoptive parent has a constitutionally protected liberty interest in the care and custody of the child. <ul style="list-style-type: none"> • Under state law, it is not necessary to wait until a child has been injured to seek termination of parental rights, since knowingly, intentionally or negligently placing a child in danger constitutes abuse and is a

22	<p>ground for terminating parental rights. <i>State, ex rel. Children Youth and Families Dept. v. Arthur C., 2011 WL 1195942.</i></p> <ul style="list-style-type: none"> • “Physical abuse” includes any case in which the child suffers strangulation or suffocation and any case in which the child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling or death and: <ul style="list-style-type: none"> • There is not a justifiable explanation for the condition or death; • The explanation given for the condition is at variance with the degree or nature of the condition; • The explanation given for the death is at variance with the nature of the death; or • Circumstances indicate that the condition or death may not be the product of an accidental occurrence. • “Sexual abuse” includes criminal sexual contact, incest or criminal sexual penetration, as those acts are defined by state law. • “Sexual exploitation” includes: <ul style="list-style-type: none"> • Allowing, permitting or encouraging a child to engage in prostitution; • Allowing, permitting, encouraging or engaging a child in obscene or pornographic photographing; or • Filing or depicting a child for obscene or pornographic commercial purposes, as those acts are defined by state law.
What timing and procedural requirements apply to reports?	<ul style="list-style-type: none"> • Reports must be made immediately. • The department shall immediately transmit the facts of the report and the name, address and phone number of the reporter by telephone to a local law enforcement agency and shall transmit the same information in writing within 48 hours.
What information must a report include?	<p>Written report from law enforcement to CYFD shall be submitted on an agreed upon standardized form and must contain:</p> <ul style="list-style-type: none"> • Name and address of child and child’s parents, guardian or custodian; • Age of child; • Nature and extent of child’s injuries, including evidence of previous injuries; and • Other information that may be helpful in establishing cause of injuries and identity of person responsible for injuries.
Anything else I should know?	<ul style="list-style-type: none"> • Any person who fails to report is guilty of a misdemeanor. • Anyone who obstructs reporting or investigation of child abuse or neglect is guilty of a misdemeanor. <p>Obstruction of reporting consists of:</p> <ul style="list-style-type: none"> • Knowingly inhibiting, preventing, obstructing or intimidating another from reporting child abuse or neglect, including child sexual abuse, or • Knowingly obstructing, delaying, interfering with or denying access to a law enforcement officer or child protective services social worker in the investigation of a report of child abuse or sexual abuse.
Statutory citation(s):	<ul style="list-style-type: none"> • N.M. Stat. § 30-6-2, 30-6-4, 32A-1-4, 32A-4-2, 32A-4-3.



YPSS Core Competencies



CORE COMPETENCIES FOR YOUTH PEER SUPPORT SPECIALISTS

OVERVIEW

Youth Peers Support has been growing over the last decade, due to overall demand and the recognition that not only youth have unique needs, but the Youth Peer workforce has unique needs as well. Young professionals who seek to work in the Youth Peer Support space face unique challenges upon entering this workforce: this may be their first professional role, they are still navigating their own mental health and lived experience, facing normal identity development, and working to secure basic necessities like housing, budgeting, employment, education, etc. While Peer Support has been around for decades, there is a growing recognition to identify core competencies that address the unique role that Youth Peer Support Specialists (YPSS) face when serving youth and young adults (YYA).

BACKGROUND

What is Youth Peer Support?

A Youth Peer Support Specialist (YPSS) is someone who offers peer support to other young people, not limited to, but typically ranges between the ages of 14-25. Peer support is “a system of giving and receiving help” through “shared responsibility, and mutual agreement of what is helpful.”¹ YPSS engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill

¹ Mead, S., Hilton, D. & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141. ² Jacobson, N. et.al. (2012). What do peer support workers do? A job description. *BMC Health Services Research*. 12:205

building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.

How were these competencies developed?

Recognizing the work done around Peer Support Competencies for adult consumers, the panel of experts reviewed the SAMHSA document Core competencies for peer workers in behavioral health services (2015). The panel of experts (Panel) was composed of YPSS, YPSS supervisors, and directors, all of whom had experience as professionals in the youth peer support field, as well as personal lived-experience with mental health, oppression, recovery, and other adversity. The panel reviewed each section and identified the core competencies that applied to Youth Peer Support best practices. The group then added any competencies and context that was missing which was unique to youth peer support practice. The group reviewed and discussed until consensus was reached. Multiple rounds of review were conducted, utilizing the Delphi technique to ensure consensus.

Additionally, leadership competencies were separately identified through an importance sort process, utilizing the Lominger Leadership Architect competency profile sorting process. Lawshe's content validity ratio analysis was conducted, verifying perfect (1.0) and highly valid (0.778) consensus amongst the Panel. The leadership competencies which overlapped Panel-identified competencies are denoted with a star (★); the remaining leadership competencies are listed in Practice Area 13.²

² Adapted in part from Substance Abuse and Mental Health Services Administration. (2015). Core competencies for peer workers in behavioral health services. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2015. Retrieved from: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

COMPETENCIES

Theme One: Professional Foundations

Practice Area 1: Ethics

These competencies provide guidance on how YPSSs interact verbally and in writing with colleagues and other folks. These competencies suggest language and processes used to communicate and reflect the value of respect, and ensure YPSSs are following an ethical code of conduct.

- 1.** Upholds ethics and guidelines of YPS practice (See Code of Ethics)
- 2.** Documents information as required by program policies and procedures
- 3.** Follows laws and rules concerning confidentiality and respects others’ rights for privacy

Youth Peer Support Specialist Code of Ethics

- YPSS believes that all youth have strengths and the ability to accomplish their dreams.
- YPSS empower and support youth to meet their needs and achieve their goals.
- YPSS maintains high standards of personal and professional conduct.
- YPSS seek to role-model recovery and conduct themselves in a manner that maintains healthy behaviors and supports their recovery.
- YPSS openly and strategically share their lived experiences with youth they support to promote recovery and resilience.
- YPSS respect the rights and dignity of those they serve at all times.
- YPSS never intimidate, harass, or threaten those they serve; they never use undue influence, manipulation, physical force, or verbally abusive language; and never make unwarranted promises.
- YPSS do not condone, facilitate, or participate in any form of harassment or discrimination on the basis of ethnicity, race, class, religion, political affiliation, age, sex, gender, sexual orientation,

appearance, pregnancy, veteran’s status, marital status, citizenship, ability, or other protected status.

- YPSS respect the privacy and confidentiality of those they serve.
- YPSS promote and support services that foster the full integration of youth into their communities.
- YPSS never enter into dual relationships or commitments that conflict with the interests of those they serve.
- YPSS never engage in sexual or other inappropriate activities with youth they serve.
- YPSS do not use illegal substances, misuse alcohol, or abuse other drugs (including prescription medications).
- YPSS do not accept gifts of significant value from those they serve. We shouldn’t be spending our own money for gifts either.
- YPSS never provide services beyond their qualifications (this includes diagnosing an illness, prescribing medications, or providing clinical services).

Practice Area 2: Cultural Humility and Responsiveness

These competencies provide a foundation for how YPSS engage with YYA through cultural lenses. It is essential for YPSS to reflect on privilege, unconscious bias, and cultural humility in order to most effectively engage with YYA from various cultures and identities.

- 4.** Reflects, examines, and understands how their own personal values, culture, and privilege may contribute to implicit biases, judgements and beliefs to those of a different culture or ethnic background
- 5.** Acknowledges how systemic oppression, prejudice, and biases impact YYA experiences and perceptions
- 6.** Appreciates and respects the identity, the cultural and spiritual beliefs of YYAs and their natural supports by connecting YYA to cultural communities and supports
- 7.** Strives to stay up to date on the latest trends as reflected in youth culture
- 8.** Identify generational considerations and works to address generational differences bridge the gap between YYA and adults

Theme Two: Engagement with Youth

Practice Area 3: Engages YYA in collaborative and caring relationships

These competencies emphasize YPSS' ability to initiate and develop on-going relationships with YYAs and their natural supports, including interpersonal and relationship management skills.

- 9.** Utilizes best practices in youth engagement with initial engagement with youth
- 10.** Seeks to understand youth perspective through active listening, compassion and empathy
- 11.** Demonstrates understanding of youth's experiences and feelings
- 12.** Demonstrates genuine acceptance and respect
- 13.** Engages with YYA to establish frequency, consent, and boundaries of YPPS relationship

Practice Area 4: Provides Individualized Support

The competencies in this Practice Area are critical for the YPSS to be able to provide the mutual support YYAs living with life challenges may want. These competencies help YPSSs to individualize the support services provided. By personalizing peer support, the YYA operationalizes the notion that there are multiple pathways to wellbeing and recovery.

- 14.** Encourage / Assist YYA in finding identified community
- 15.** Celebrates YYAs' efforts and accomplishments
- 16.** Provides intentional and tangible assistance to help YYA accomplish tasks and goals through the utilization of evidence-based practices, trauma informed practices, facilitation skills and engagement tools
- 17.** Recognizes and responds to the complexities and uniqueness of each YYA's process of mental health, wellness, and recovery
- 18.** Tailors services and support to meet the preferences and unique needs of YYAs, natural supports, and identified family

Practice Area 5: Shares Lived Experience

These competencies are unique to peer support, as most roles in human services do not emphasize or even prohibit the sharing of lived experiences. YPSSs need to be skillful in telling their stories and using their lived experiences as a way of inspiring and supporting a person living with difficult life challenges.

- 19.** Relates their own lived experience stories, and with permission, the lived experience stories of other YPSS to inspire hope
- 20.** Utilizes strategic sharing to recognize when and how to share experiences and when to listen.
- 21.** Describes ongoing personal practices and helps YYAs discover coping strategies, wellness habits and personal growth techniques that work for them
- 22.** Demonstrates mutuality through vulnerability and sharing with unconditional positive regard and acceptance (without blame or judgement) in an effort to limit power dynamics

Theme Three: Supporting Youth Outcomes

Practice Area 6: Supports Goal Setting & Planning

These competencies enable YPSSs to support YYAs to take charge of their lives. Achieving well-being often leads people to want to make changes in their lives. Life planning assists people to set and accomplish goals related to home, work, community and health.

- 23.** Assists and supports YYA to set goals and to dream of future possibilities
- 24.** Offers strategies to help YYA accomplish tasks or goals
- 25.** Supports YYA to use decision-making strategies when choosing services and supports, including critical thinking and problem-solving skills
- 26.** Utilizes knowledge of adolescent brain development to assist youth in the navigation of risks and barriers in achieving their goals

Practice Area 7: Provides information about skills related to health, wellness, and recovery

These competencies describe how YPSSs coach, model or provide information about skills that enhance recovery and wellbeing. These competencies recognize that YYAs have knowledge, skills and experiences to offer YYAs and that the recovery process often involves learning and growth.

- 27.** Informs YYA about health, wellness, recovery practices
- 28.** Models desired skills and strategies for YYA
- 29.** Empowers YYA on how to converse with family members and other supportive individuals about their identity, physical health, mental health, wellness, and recovery practices
- 30.** Uses approaches that are driven by the preferences and needs of YYA

Practice Area 8: Links to resources, services, and supports

These competencies assist YPSSs to help YYAs acquire the resources, services and supports they need to enhance their wellbeing and achieve life goals. YPSSs apply these competencies to assist YYAs to link to resources or services both within systems and in the community. It is critical that YPSSs have knowledge of youth-friendly and accessible resources within their communities as well as on-line resources.

- 31.** Strives to be knowledgeable about current community resources and services
- 32.** Empowers YYA to research, identify, select, and utilize needed and desired resources and services
- 33.** Accompanies YYA to and participates in community activities and appointments when requested
- 34.** Helping YYA identify, develop, and maintain natural supports and social capital

Theme Four: Crisis Management

Practice Area 9: Helps YYA to manage crises

These competencies assist YPSS to identify potential risks and to use procedures that reduce risks to YYAs and others. YPSS may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other YYA.

- 35.** Recognizes signs of distress and threats to safety among YYA and in their environments
- 36.** Provides reassurance to YYA in distress while maintaining and modeling composure
- 37.** Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of YYA
- 38.** Assists YYA in developing a safety plan and coping strategies

Theme Five: Professional Collaboration and Development

Practice Area 10: Supports collaboration and teamwork

These competencies provide direction on how YPSS can develop and maintain effective relationships with colleagues and others to enhance the peer support provided.

- 39.** Uses respectful, person-centered, strengths-based language in written and verbal interactions with YYA, family members, community members, and colleagues
- 40.** Utilizes active and reflective listening skills with family members, community members, and colleagues
- 41.** Collaborates with colleagues to enhance the provision of services and supports
- 42.** Coordinates with YYA to collaborate with youth-serving systems and natural supports

- 43.** Manages conflict and maintains composure in professional relationships

Practice Area 11: Promotes personal growth and development

These competencies describe how YPSS can grow and develop in their professional practice. The competencies recommend specific actions that may serve to increase YPSS' success, satisfaction, and sustainability in their current roles and contribute to career advancement.

- 44.** Maintains a growth mindset and seeks opportunities to increase knowledge and skills of YPS
- 45.** Uses supervision and coaching effectively by preparing for meetings and engaging in problem-solving strategies with the supervisor and/or coach
- 46.** Recognizes feelings in oneself that may be activated by youth peer support work (i.e. empathy fatigue, vicarious trauma, retraumatization, burnout), recognizes signs of distress, and actively seeks support
- 47.** Maintains and grows a professional network
- 48.** Strategically partners with community members and organizations to strengthen opportunities for YPSS

Theme Six: Leadership & Advocacy

Practice Area 12: Promotes Education and Advocacy

These competencies describe actions that YPSS use to provide education across helping professions to advance YPS engagement across the continuum of services. They also guide YPSS on how to advocate for the legal and human rights of YPSS as a profession.

- 49.** Uses knowledge of relevant rights and laws and legal resources (ADA, HIPAA, Olmstead, etc.) to ensure that YYA's rights are respected
- 50.** Advocates for the needs and desires of YYAs in team meetings with formal and natural supports
- 51.** Participates in efforts to eliminate all prejudice and discrimination, such as discrimination on the basis of mental health, trauma, identity, addiction, and other life challenges
- 52.** Educates non-peer colleagues about the role and outcomes of the youth support specialist
- 53.** Teaches and models self-advocacy skills with YYA



Youth Empowerment

Hart's Ladder

Hart's Ladder

QUALITY OF PARTICIPATION

EXAMPLES

Key Questions

Which level of Hart's Ladder is our project on?
Which level of Hart's Ladder should our project be on?
What do we need to do to move to the right level on the ladder for our project?

NON-PARTICIPATION

It is important to remember that tokenism, decoration and manipulation are not examples of youth participation. You do have the choice to move away from these methods towards more meaningful participation.

Young people and adults share decision-making	Young people have the ideas, set up the project and invite adults to join them in making decisions throughout the project. They are equal partners.	Young people decide they need a one-stop shop in their community. They partner with adults in different youth organisations and together lobby the government for resources.
Young people lead and initiate action	Young people have the initial idea and decide how the project is to be carried out. Adults are available and trust in the leadership of young people.	A group of students get permission from their principal to run an environmental day. The students make the decisions, and the school provides support.
Adult-initiated, shared decisions with young people	Adults have the initial idea, and young people are involved in making decisions, planning and implementing the project.	A community co-ordinator asks young people for event ideas for 'Youth Week'. The young people suggest having a skating event. The co-ordinator and young people work together to make decisions and apply for funding.
Young people are consulted and informed	Adults design and facilitate the project, and young people's opinions are given weight in decision-making. Young people receive feedback about their opinions.	A local council runs several consultations to get young people's input about a recreation park. Young people tell the council about features in the park they want changed. The council provides feedback to the young people about how their views affected decision-making.
Young people assigned but informed	Adults decide on the project and young people volunteer for it. Young people understand the project and adults respect their views.	A conference creates positions for two young people on a panel of speakers. Young people decide how to select their representatives and work with adults to understand their role.
Tokenism	Young people are given a limited voice and little choice about what they can say and how they can communicate.	A young person is asked by adults to be on a panel and represent 'youth'. The young person is not given the opportunity to consult with peers or understand the role.
Decoration	Young people take part in an event in a very limited capacity and have no role in decision-making.	A group of young people are given a script by adults about 'youth problems' to present to adults attending a youth conference.
Manipulation	Adults have complete and unchallenged authority and abuse their power. They use young people's ideas and voices for their own gain.	A publication uses young people's cartoons; however, the publication is written by adults.

Ladder of Youth Voice



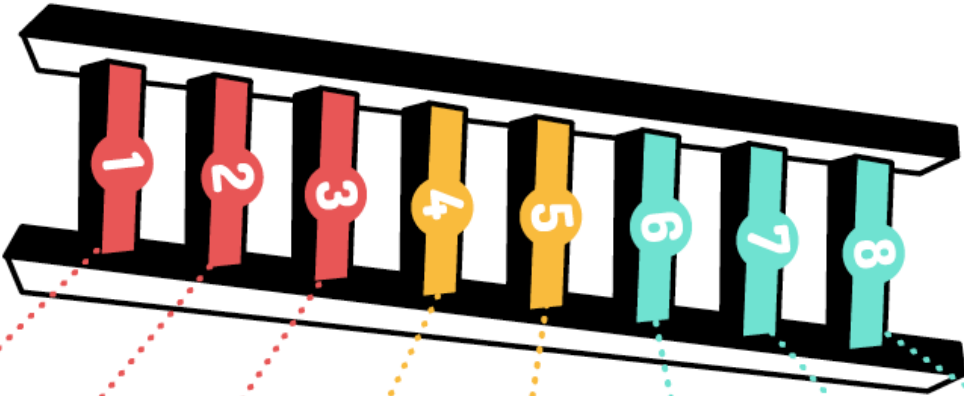
24 LADDER OF YOUTH VOICE



CHALLENGE



REWARD



YOUTH/ADULT EQUITY

All youth, young adults and older adults are recognized for their impact and ownership of the outcomes.

COMPLETELY YOUTH-DRIVEN ACTION

These activities do not include adults in positions of authority; rather, adults are there in secondary roles to support young people

YOUTH/ADULT EQUALITY

This is a 50/50 split of responsibilities, authority, obligation and commitment.

YOUTH-CONSULTED

Adults actively consult young people while they're involved.

YOUTH-INFORMED

Young people inform adults.

TOKENISM

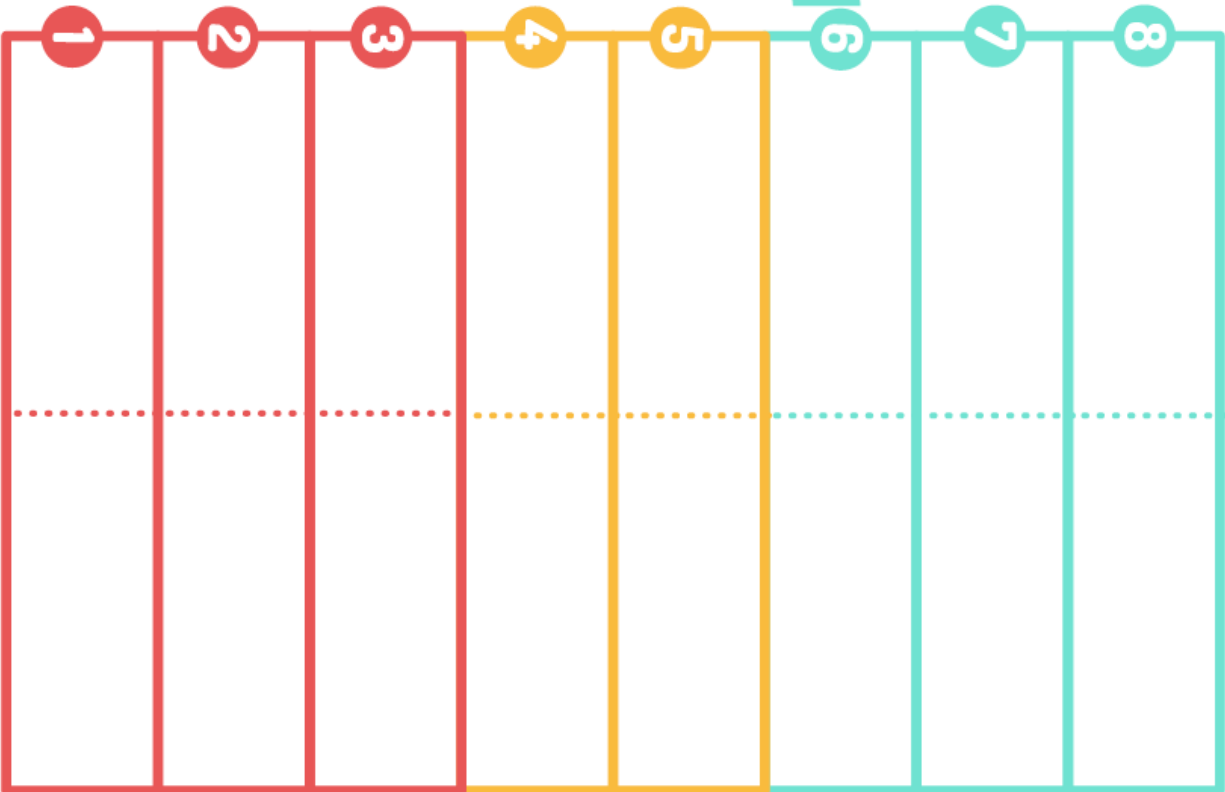
Adults assign young people only token roles.

DECORATION

Adults use young people to decorate their activities.

MANIPULATION

Adults manipulate young people.



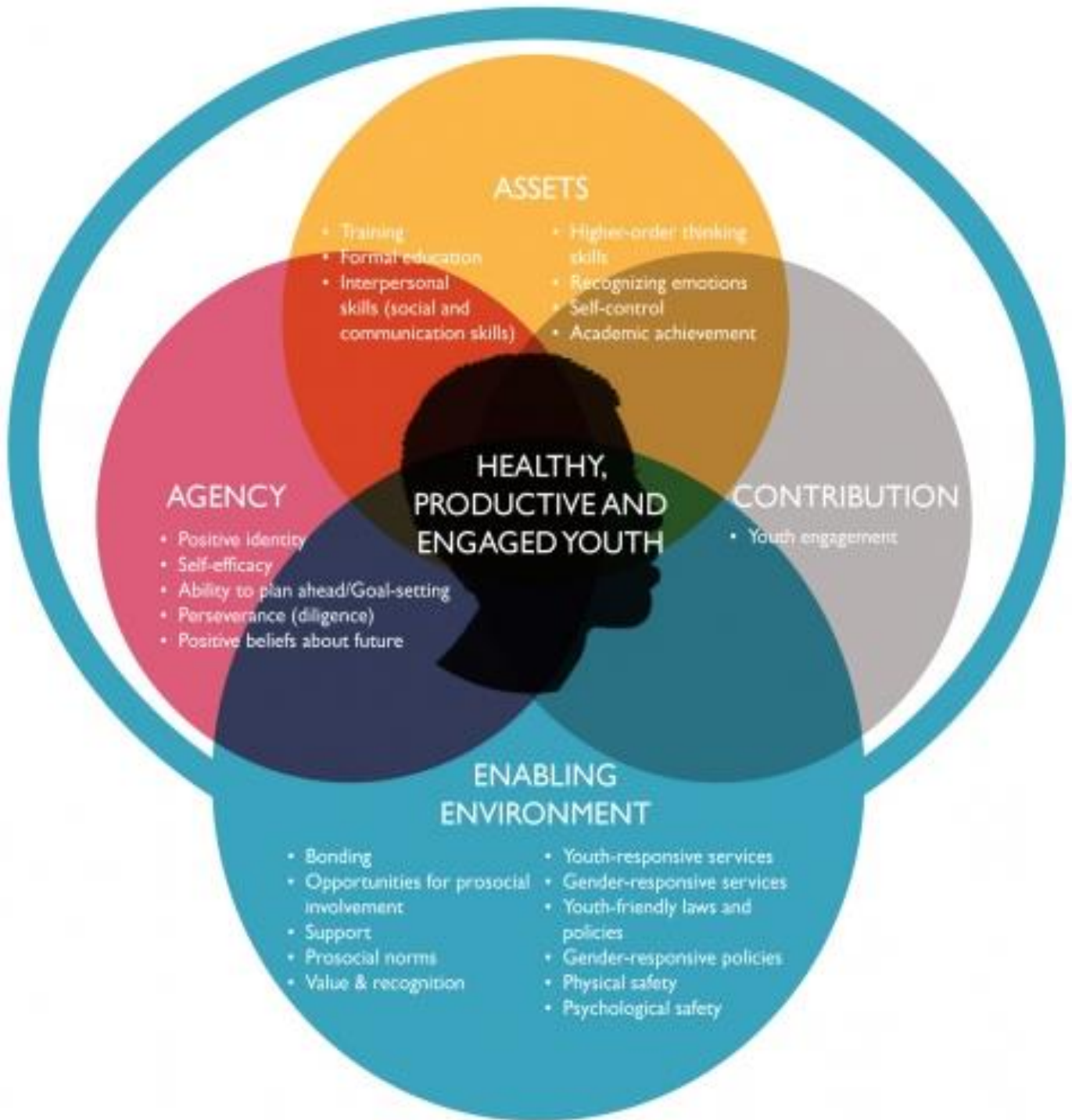
WWW.YOUTHERA.ORG
2019 YOUTH ERA ©

The Freechild Project Youth Voice Rubric

THE FREECHILD PROJECT YOUTH VOICE RUBRIC

	THE WAYS YOUNG PEOPLE ARE ENGAGED	CHALLENGE	REWARD
ENGAGEMENT	8. Youth/Adult Equity. All youth, young adults and older adults are recognized for their impact and ownership of the outcomes.	This is an exceptional relationship in communities that requires conscious commitment by all participants. Deliberately addresses barriers and constantly ensures shared outcomes.	Creates structures that establish and support safe, supportive, effective and sustainable environments for engagement, and ultimately recreates the climate and culture of organizations and communities.
	7. Completely Youth-Driven Action. These activities do not include adults in positions of authority; rather, adults are there in secondary roles to support young people.	Young people may operate in a vacuum, often without the recognition of their impact on the larger community. Activities driven by youth and young adults may not be seen by older adults with deserved validity.	Developing complete ownership in communities allows young people to effectively drive community engagement. Young people experience the outcomes of their direct actions on themselves, their peers and the larger community.
	6. Youth/Adult Equality. This is a 50/50 split of responsibilities, authority, obligation and commitment.	There isn't recognition for the specific developmental needs or representation opportunities for young people. Without receiving that recognition, young people may lose interest and become disengaged.	Young people can substantially transform adults' opinions, ideas and actions.
PARTIAL ENGAGEMENT	5. Youth-Consulted. Adults actively consult young people while they're involved.	Young people have only the authority that older adults grant them, and their engagement is subject to external approval.	Young people can substantially transform adults' opinions, ideas and actions.
	4. Youth-Informed. Young people inform adults.	Adults do not have to let young people impact their decisions.	Young people <i>may</i> influence adult-driven decisions or activities.
NON-ENGAGEMENT	3. Tokenism. Adults assign young people only token roles.	Youth and young adults are used inconsequentially by adults to reinforce the perception that young people are engaged.	Validates youth and young adults attending events without requiring effort beyond that.
	2. Decoration. Adults use young people to decorate their activities.	The presence of young people is treated as all that is necessary without reinforcing active engagement.	Attendance by youth and young adults is a tangible outcome that may demonstrate consideration for engaging young people.
	1. Manipulation. Adults manipulate young people.	Young people are forced to attend without regard to their interest.	Adults experience involving young people and gain rationale for continuing activities.

Positive Youth Development Framework



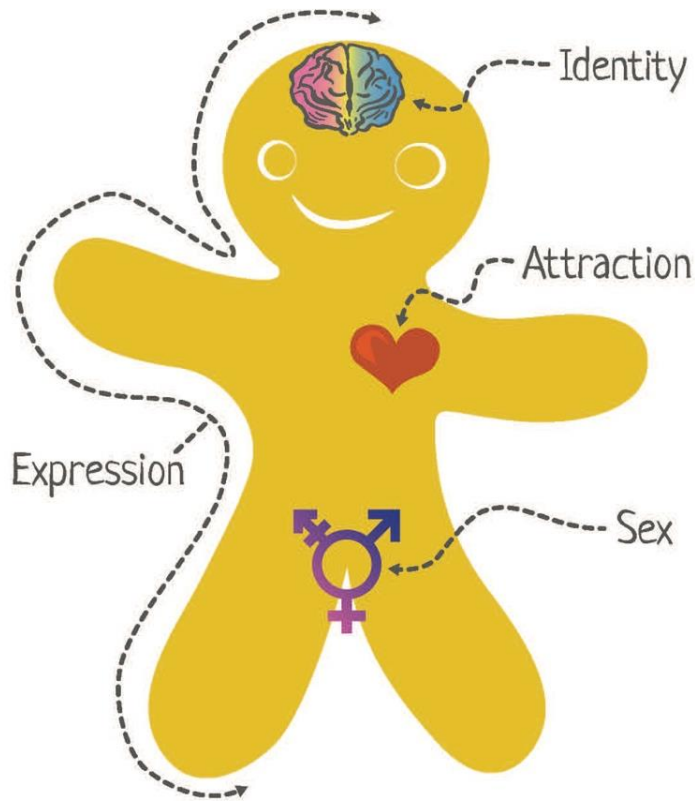
LGBTQ+ Resources

LGBTTQQAAP

L	Lesbian A woman who is primarily attracted to women.
G	Gay A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.
B	Bisexual An individual attracted to people of their own and opposite gender.
T	Trans-gender A person whose gender identity differs from their assigned sex at birth.
T	Transsexual An outdated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.
Q	Queer An umbrella term to be more inclusive of the many identities and variations that make up the LGBTQ+ community.
Q	Questioning The process of exploring and discovering one's own sexual orientation, gender identity and/or gender expression.
I	Intersex An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male."
A	Ally Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than them.
A	Asexual An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many sub-groups.
P	Pansexual A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.

The Genderbread Person

The Genderbread Person v4 *by its pronounced METROsexual.com*



⊘ means a lack of what's on the right side

Gender Identity

- ⊘ → Woman-ness
- ⊘ → Man-ness

Gender Expression

- ⊘ → Femininity
- ⊘ → Masculinity

Anatomical Sex

- ⊘ → Female-ness
- ⊘ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

- Sexually Attracted to... and/or (a/o)
- ⊘ → Women a/o Feminine a/o Female People
 - ⊘ → Men a/o Masculine a/o Male People

- Romantically Attracted to...
- ⊘ → Women a/o Feminine a/o Female People
 - ⊘ → Men a/o Masculine a/o Male People

Pronoun Awareness

Pronoun Awareness

NHS
St George's University Hospitals
NHS Foundation Trust

Pronouns often infer gender, but sometimes these are not always accurate. Mistaking someone's pronouns can cause hurt and offense. Using the person's pronouns correctly shows respect.

Opening with your pronouns is the easiest way to avoid confusion or offense.

If you get it wrong, correct yourself, say sorry and move on.

Speech bubbles:
 - "Hi, my names Jax and my pronouns are they / them"
 - "Hi, my names Carol and my pronouns are she / her"
 - "Hey"
 - "Let me introduce you to my friend, he's... sorry, I mean she's a Doctor here."

She / Her / Hers
 He / Him / His
 They / Them / Theirs
 Sie / Zie / Hir / Zir / Hirs / Zirs

Do Ask. If in doubt use 'They'. Practice makes perfect! Learn to correct yourself.

Don't Give up. It takes practice and we all make mistakes. Over apologise, say sorry, correct yourself and move on. Deliberately misgender someone or simply assume their gender based on looks.

Ask > Listen > Take Note > Practice

excellent
kind
responsible
respectful

Outstanding care every time

Trauma and Conflict

Privilege for Sale

Please look at the following list of privileges. Each privilege costs \$100 to purchase. As a group, please purchase as many privileges as your money allows.

1. Celebrating your marriage(s) with your family, friends, and coworkers.
2. Paid leave from your job when grieving the death of your partner(s).
3. Inheriting from your partner(s)/lover(s)/companion(s) automatically after their death.
4. Having multiple positive TV role models.
5. Sharing health insurance with your partner(s).
6. Being able to find role models of the same sexual orientation.
7. Being able to see your partner(s) immediately if in an accident or emergency.
8. Being able to be promoted in your job without your sexuality playing a factor.
9. Adopting your children.
10. Filing joint tax returns.
11. Able to obtain child custody.
12. Being able to complete forms and paperwork with the information you feel most accurately communicates who you are.
13. Being able to feel safe in your interactions with police officers.
14. Being able to travel, or show ID in restaurants or bars, without fear you'll be rejected.
15. Kissing/hugging/being affectionate in public without threat or punishment.
16. Being able to discuss and have access to multiple family planning options.
17. Not questioning normalcy both sexually and culturally.
18. Reading books or seeing movies about a relationship you wish you could have.
19. Receiving discounted homeowner insurance rates with your recognized partner(s).
20. Raising children without worrying about state intervention.
21. Having others comfort and support you when a relationship ends.
22. Being a foster parent.
23. Using public restrooms without fear of threat or punishment.
24. Being employed as a preschool or elementary school teacher without people assuming you will "corrupt" the children.
25. Dating the person you desired in your teens.
26. Raising children without worrying about people rejecting your children because of your sexuality.
27. Living openly with your partner(s).
28. Receiving validation from your religious community.
29. Being accepted by your neighbors, colleagues, and new friends.
30. Being able to go to a doctor and getting treatment that doesn't conflict with your identity.
31. Being able to access social services without fear of discrimination, or being turned away.
32. Sponsoring your partner(s) for citizenship.
33. Being open and having your partner(s) accepted by your family.

www.TheSafeZoneProject.com

ACES Resilience Questionnaire

ACES Resilience Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

definitely true probably true not sure probably not true definitely not true

2. I believe that my father loved me when I was little.

definitely true probably true not sure probably not true definitely not true

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

definitely true probably true not sure probably not true definitely not true

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

definitely true probably true not sure probably not true definitely not true

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

definitely true probably true not sure probably not true definitely not true

6. When I was a child, neighbors or my friends' parents seemed to like me.

definitely true probably true not sure probably not true definitely not true

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

definitely true probably true not sure probably not true definitely not true

8. Someone in my family cared about how I was doing in school.

definitely true probably true not sure probably not true definitely not true

9. My family, neighbors and friends talked often about making our lives better.

definitely true probably true not sure probably not true definitely not true

10. We had rules in our house and were expected to keep them.

definitely true probably true not sure probably not true definitely not true

11. When I felt really bad, I could almost always find someone I trusted to talk to.

definitely true probably true not sure probably not true definitely not true

12. As a youth, people noticed that I was capable and could get things done.

definitely true probably true not sure probably not true definitely not true

13. I was independent and a go-getter.

definitely true probably true not sure probably not true definitely not true

14. I believed that life is what you make it.

definitely true probably true not sure probably not true definitely not true

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?)

Of these circled, how many are still true for me?

ACES Score

ACES Score

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

No____ If Yes, enter 1____
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

No____ If Yes, enter 1____
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

No____ If Yes, enter 1____
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

No____ If Yes, enter 1____
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No____ If Yes, enter 1____
6. Were your parents ever separated or divorced?

No____ If Yes, enter 1____
7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No____ If Yes, enter 1____
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

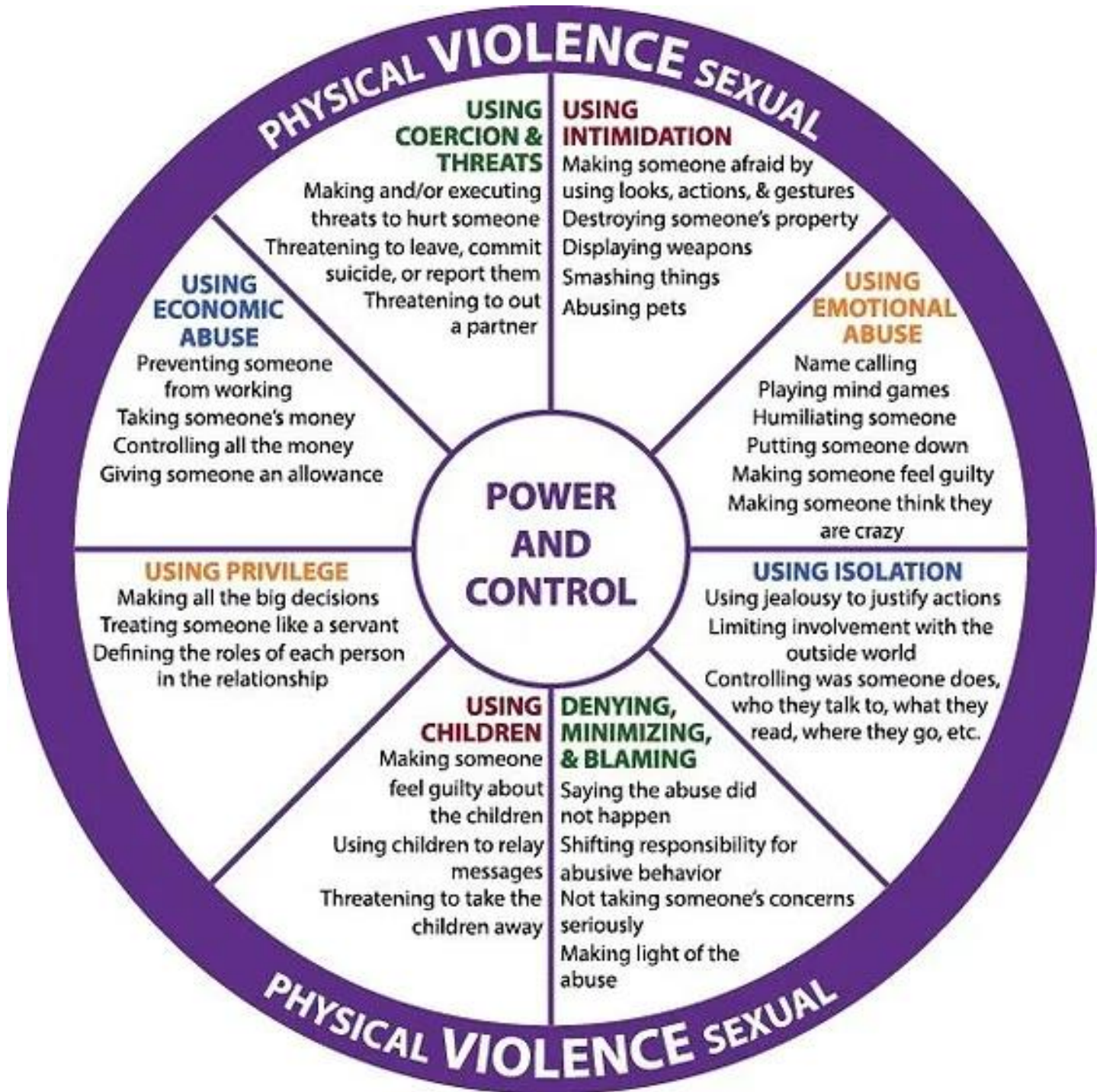
No____ If Yes, enter 1____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No____ If Yes, enter 1____
10. Did a household member go to prison?

No____ If Yes, enter 1____

Now add up your "Yes" answers. This is your ACE Score: _____

Wheel of Power and Control





35
National & Statewide Domestic Violence Resources

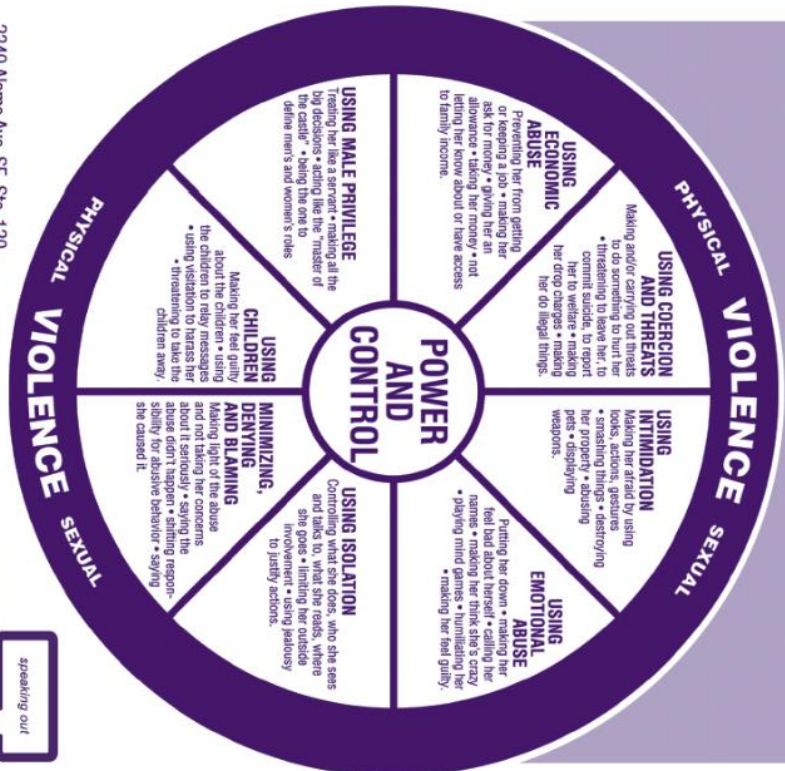
National Domestic Violence Hotline 24 hours a day, Toll-free (800) 799-7233 www.thehotline.org	www.DomesticShelters.org National online search tool to locate nearest shelter and services	Coalition to Stop Violence Against Native Women (505) 243-9199 www.csvanw.org
Love is Respect – National Teen Dating Abuse Helpline (866) 331-9474 Text "loveis" to 22522 www.loveisrespect.org	New Mexico Legal Aid Domestic Violence Helpline (877) 974-3400 helpline@nmlegalaid.org www.nwmexicolegalaid.org	New Mexico Coalition of Sexual Assault Programs (888) 883-8020 www.nmcsap.org

Domestic Violence Resources in New Mexico

Alamogordo COPE (866) 350-2673	Espanola Crisis Center of Northern NM (800) 206-1656	Las Vegas Tri-County Family Justice Center of Northern NM (505) 425-1048	Santa Fe Esperanza Shelter (800) 473-5220
Albuquerque DVRC (505) 248-3165	Enlace Comunitario (505) 246-8972	Los Lunas Valencia Shelter Services (505) 864-1383	Shiprock Northern TREE House Shelter (505) 368-1157
Artesia Grammy's House (575) 365-5144	S.A.F.E. House (505) 247-4219	Nambe Pueblo Nambe Pueblo Domestic Violence Program (505) 455-5593	Strengthening Families (505) 368-1157
Carlsbad Carlsbad Battered Families Shelter (575) 885-4615	Torrance County DV Project (505) 705-0925	Raton NUMC New Beginnings (505) 325-7578	Silver City El Refugio (888) 538-2125
Clovis The Hartley House (800) 401-0305	Farmington Family Crisis Center (888) 440-9192	Rio Rancho Haven House (800) 526-7157	Socorro El Puente del Socorro (575) 835-0928
Crisis Line (505) 769-0305	Gallup Battered Family Services (800) 634-4508	Roswell Roswell Refuge (575) 627-8361	Taos Community Against Violence (575) 758-9888
Deming The Healing House (575) 546-6539	Grants Roberta's Place (505) 287-7724	Ruidoso COPE (866) 350-2673	Truth or Consequences Domestic Abuse Intervention Center (575) 894-3557
Dulce Jicarilla Behavioral Health (575) 759-7296	Hobbs Option, Inc. (575) 397-1576	H.E.A.L. (866) 378-6378	
	Las Cruces La Casa (800) 376-2272		

Call 911 if you are in danger or need immediate help.

CHARACTERISTICS OF AN ABUSIVE RELATIONSHIP



2340 Alamo Ave. SE, Ste. 120
Albuquerque, NM 87106
info@nmcadv.org • www.nmcadv.org
(505) 246-9240



The New Mexico Coalition Against Domestic Violence (NMCADV) works to achieve a coordinated local, regional and statewide response to domestic violence through: public awareness, education, training, technical assistance, and legislative and policy advocacy. NMCADV serves as a clearinghouse for information and referrals. We collaborate with groups and organizations all across New Mexico.

Wheel Developed by: Domestic Abuse Intervention Project, 202 East Superior Street Duluth MN 55902 (218) 722-4134

Domestic Violence Resources

36

Do you feel safe with your partner?

If you recognize just ONE trait from the Power & Control Wheel, you might be in an abusive relationship.

Keep in mind that...

- You are not alone.
- You have choices.
- You deserve to be safe at home.

Talk with someone about what is going on; they may be able to help you.

It is hard to decide when to leave, but when you are ready you must have a safety plan.

Personal Safety Planning

What is a safety plan? It is a tool that allows you to plan for situations that ensure your safety. You can choose to leave, remain in the relationship or get an order of protection. You may choose to go to shelter or stay with friends or family. Each option has its own risks to consider when developing a safety plan.

Here are some general questions that can guide you in creating your safety plan:

- What are your risks in different locations: school, your children's school, home and work?

- Who are your allies in each location? (An ally is someone you can trust and who can help you be safe.)
- How can you enlist the support of your allies?

- What actions can you take to increase your safety in each location or situation?
- What are the barriers to your safety in each location or situation?

- What solutions can you come up with that will increase your safety in each situation?
- What would your day look like if you were safe?

A safety plan is a continual process that should look at every aspect of your life to ensure the utmost safety. A safety plan is constantly evolving. As your life moves forward, your safety plan will need to be examined and altered to fit both minor and major life changes, for example a new job or any other changes in your daily routine.

Safety Plan for Staying

Personal Safety

- If an argument seems unavoidable, try to move to a room with access to an exit. Stay away from the bathroom, kitchen, and bedroom or anywhere weapons might be available.
- Identify neighbors you can tell about the violence and ask them to call the police if they hear a disturbance coming from your home.

- Use your own instincts and judgment. If the situation is very dangerous, consider giving the abuser what they want to calm him down. You also have the right to protect yourself until you are out of danger.

Children's Safety

- Devise a code word to use with your children, family, friends and neighbors when you need the police.

- Practice how to get out of your home safely. Identify which doors, windows, elevator, stairwell, etc. would be best.
- Teach your children how to use the telephone to contact the police and fire department.

Emergency Safety

- Decide and plan where you will go if you have to leave home (even if you do not think you will need to do so).
- Keep your purse and car keys ready in order to leave quickly.
- Have a packed bag ready and keep it at a relative's or friend's home in case you need to leave quickly.

Safety Plan for Leaving

Abusers can take drastic actions when they find out they are losing the thing they thought they had control over. Emotions are high. For victims, this is the most dangerous time in an abusive relationship. Do the thinking before taking action.

Economic Safety

- Open a savings account and/or credit card in your own name to establish or increase your independence. Think of other ways in which you can increase your financial independence.

Children's Safety

- Identify the people who have permission to pick up your children and inform the people who take care of your children who they are. Also, tell them your partner is not permitted to do so.

Leaving Safely

- Leave money, an extra set of keys, copies of important documents, extra medicines/prescriptions and clothing with someone you trust so you can leave quickly.
- Identify places you can go where you feel comfortable and safe and/or identify your local emergency shelter.
- Determine who would be able to let you stay with them or lend you some money.
- Always tell a friend or family member where you are and with whom you are staying.

Staying Safe

- Keep the shelter hotline number close at hand and keep some change or a calling card on you at all times for emergency phone calls.
- Review your safety plan as often as possible in order to plan the safest way to leave your abuser.
- Remember leaving your abuser is a very dangerous time. Statistically, the victim is considered most at risk during the first 72 hours.

Always remember you don't deserve to be hit or threatened!

De-Escalation Strategies

De-Escalation Strategies

Using Nonviolent Communication

Observations

- Observation without interpretation consists of noticing concrete things and actions around us. We learn to tell the difference between judgment and what we sense in the present moment, and to simply observe what is there

EXAMPLES: I hear, see, imagine, etc.

Feelings

- When we notice things around us, we inevitably experience varying emotions and physical sensations in each particular moment
- Distinguishing feelings from thoughts is an essential step to the NVC process

EXAMPLES: I feel joy, sadness, anger, etc.

Needs

- All individuals have needs and values that sustain and enrich their lives. When those needs are met, we experience comfortable feelings, like happiness or peacefulness, and when they are not, we experience uncomfortable feelings, like frustration.
- Understanding that we, as well as those around us, have these needs is perhaps the most important step in learning to practice NVC and live empathetically.

EXAMPLES: What I need is collaboration, help, to be heard, etc.

Requests

- To make clear and present requests is crucial to the transformative mission. When we learn to request concrete actions that can be carried out in the present moment, we begin to find ways to cooperatively and creatively ensure that everyone’s needs are met

EXAMPLES: Would you be willing to...

Tips:

- Give undivided attention
- Be nonjudgmental
- Focus on feelings
- Pay attention to body language
- Allow silence
- Clarify messages
- Develop a plan
- Use positive self-talk
- Recognize personal limits
- Debrief

Mistakes to Avoid:

- Touching without permission
- Being condescending
- Approaching in startling/aggressive manner
- Making assumptions
- Standing over them
- Getting too close
- Making sudden movements
- Speaking loudly



What - So What - Now What

Facilitation technique to support deepening your understanding of a topic.

What = The topic

So What = Why does the topic matter to me, to the group, to the bigger purpose?

Now What = Now that I understand the topic and why it matters how will I operate differently or change my perspective?

Trauma Informed Care Principles

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues
- Honors experiences and differences and recognizes biases

Discussion points:

1. Have you experienced a place where the trauma informed care principles were honored?
2. In what ways will you incorporate the trauma informed care principles in your peer support?

What	So what	Now what
Safety		
Trustworthiness & Transparency		

PeerPlus

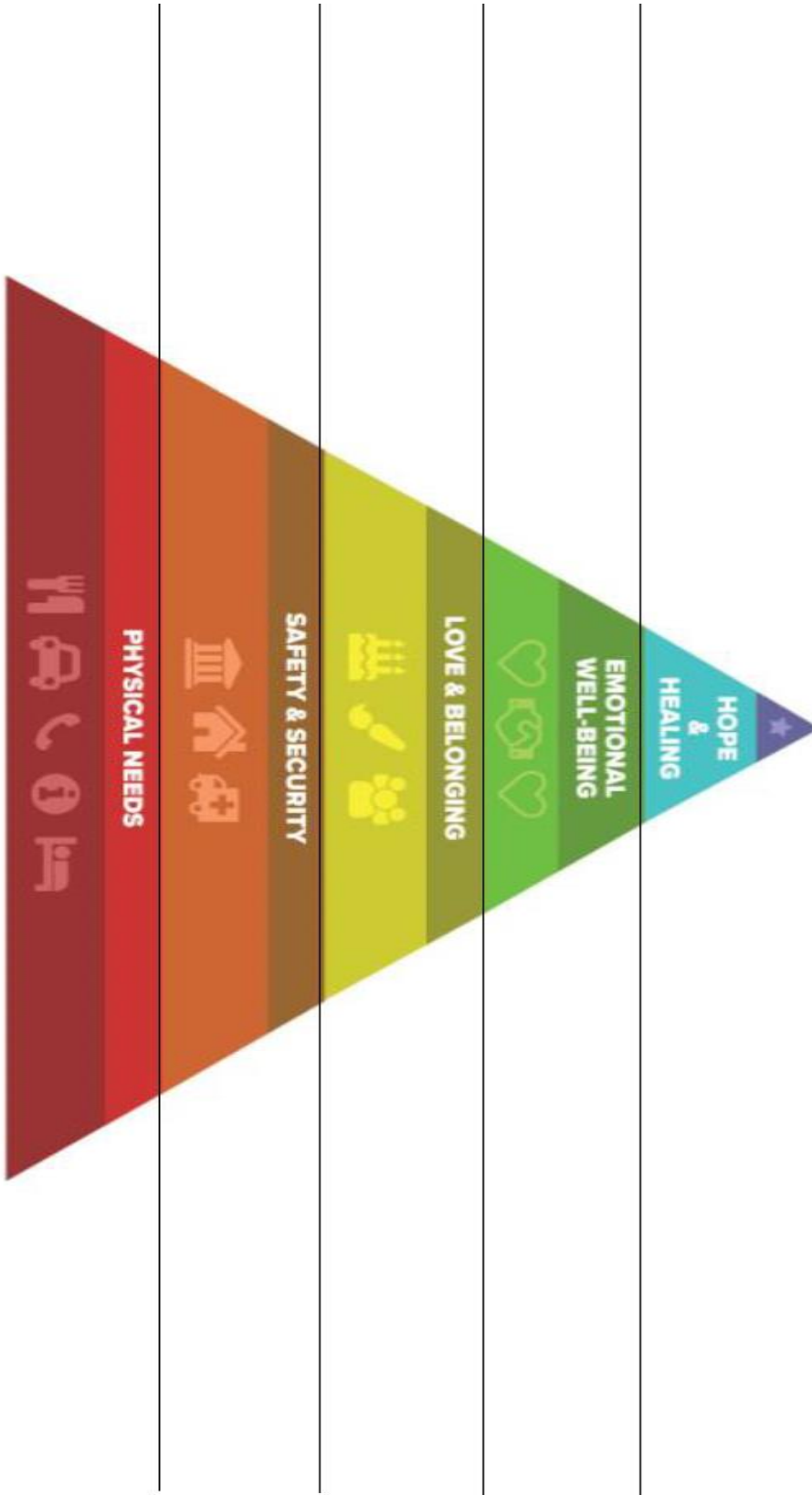
PEER DELIVERED SERVICES TRAINING

Peer Support		
Collaboration & Mutuality		
Empowerment, voice, and choice		
Cultural, historical, and gender issues *honors experiences and differences and recognizes biases		

Strengths and Needs



Needs Pyramid



On the sides of the pyramid write in some of the needs that would fall under each category:

Vignette: Samantha







Vignette:

Samantha is 16 years old and was recently suspended from school for talking back to a teacher. She has problems with authority figures and has been disciplined accordingly. She spends the majority of her free time with peers, she drinks and smokes marijuana regularly. She was recently arrested and checks in with her probation officer weekly. When she attends school, she gets A's and B's but has not been attending due to her suspension and is frequently truant. She is currently couch surfing due to conflict at home. Her mother reports that she is "impossible" and is thinking about having her live with a friend or relative permanently.





STRENGTHS	NEEDS



40 Developmental Assets

Internal Assets	Commitment to Learning		<p>21. Achievement Motivation—Child is motivated and strives to do well in school.</p> <p>22. Learning Engagement—Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school.</p> <p>23. Homework—Child usually hands in homework on time.</p> <p>24. Bonding to school—Child cares about teachers and other adults at school.</p> <p>25. Reading for Pleasure—Child enjoys and engages in reading for fun most days of the week.</p>
	Positive Values		<p>26. Caring—Parent (s) tell the child it is important to help other people.</p> <p>27. Equality and social justice—Parent(s) tell the child it is important to speak up for equal rights for all people.</p> <p>28. Integrity—Parent (s) tell the child it is important to stand up for one’s beliefs.</p> <p>29. Honesty—Parent (s) tell the child it is important to tell the truth.</p> <p>30. Responsibility—Parent (s) tell the child it is important to accept personal responsibility for behavior.</p> <p>31. Healthy Lifestyle—Parent (s) tell the child it is important to have good health habits and an understanding of healthy sexuality.</p>
	Social Competencies		<p>32. Planning and decision making—Child thinks about decisions and is usually happy with results of her or his decisions.</p> <p>33. Interpersonal Competence—Child cares about and is affected by other people’s feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself.</p> <p>34. Cultural Competence—Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity.</p> <p>35. Resistance skills—Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things.</p> <p>36. Peaceful Conflict Resolution – Child seeks to resolve conflict nonviolently.</p>
	Positive Identity		<p>37. Personal power—Child feels he or she has some influence over things that happen in her or his life.</p> <p>38. Self-esteem—Child likes and is proud to be the person that he or she is.</p> <p>39. Sense of purpose—Child sometimes thinks about what life means and whether there is a purpose for her or his life.</p> <p>40. Positive view of personal future—Child is optimistic about her or his personal future.</p>

40 Developmental Assets

External Assets	Support		<p>1. Family support—Family life provides high levels of love and support.</p> <p>2. Positive family communication—Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s).</p> <p>3. Other adult relationships—Child receives support from adults other than her or his parent(s).</p> <p>4. Caring neighborhood—Child experiences caring neighbors.</p> <p>5. Caring school climate—Relationships with teachers and peers provide a caring, encouraging environment.</p> <p>6. Parent involvement in schooling—Parent(s) are actively involved in helping the child succeed in school.</p>
	Empowerment		<p>7. Community values youth—Child feels valued and appreciated by adults in the community.</p> <p>8. Children as resources—Child is included in decisions at home and in the community.</p> <p>9. Service to others—Child has opportunities to help others in the community.</p> <p>10. Safety—Child feels safe at home, at school, and in his or her neighborhood.</p>
	Boundaries & Expectations		<p>11. Family boundaries—Family has clear and consistent rules and consequences and monitors the child's whereabouts.</p> <p>12. School Boundaries—School provides clear rules and consequences.</p> <p>13. Neighborhood boundaries—Neighbors take responsibility for monitoring the child's behavior.</p> <p>14. Adult role models—Parent(s) and other adults in the child's family, as well as nonfamily adults, model positive, responsible behavior.</p> <p>15. Positive Peer Influence - Child's closest friends model positive, responsible behavior.</p> <p>16. High expectations—Parent(s) and teachers expect the child to do her or his best at school and in other activities.</p>
	Constructive Use of Time		<p>17. Creative activities—Child participates in music, art, drama, or creative writing two or more times per week.</p> <p>18. Child programs—Child participates two or more times per week in cocurricular school activities or structured community programs for children.</p> <p>19. Religious community—Child attends religious programs or services one or more times per week.</p> <p>20. Time at home—Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games.</p>

40 Developmental Assets Checklist

40 DEVELOPMENTAL ASSETS CHECKLIST

External Assets

If you believe you have any of the following Assets, check the box marked “achieved.” If you wish to target any of the assets, check the box marked “targeted.” If neither applies to you, leave it blank.

SUPPORT

ASSET	TARGETED	ACHIEVED
1. Family Support - Your family life provides you with high levels of love and support.		
2. Positive Family Communication - You and your parent(s) communicate positively and you are willing to seek advice and counsel from your parent(s).		
3. Other Adult Relationships - You receive support from three or more non-parent adults.		
4. Caring Neighborhood - You experience caring neighbors.		
5. Caring School/Work Climate - Your school/work provides you with a caring and encouraging environment.		
6. Parent Involvement in Schooling - Your parent(s) are actively involved in helping you succeed in school.		

EMPOWERMENT

ASSET	TARGETED	ACHIEVED
7. Community Values Youth - You perceive that adults in the community value youth.		
8. Youth as Resources - You are given useful roles in the community.		
9. Service to Others - You serve in the community one hour or more per week.		
10. Safety - You feel safe at home, school, and in the neighborhood.		

EMPOWERMENT

ASSET	TARGETED	ACHIEVED
11. Family Boundaries - Your family has clear rules and consequences and monitors your whereabouts.		
12. School/Work Boundaries - Your school/work provides clear rules and consequences.		
13. Neighborhood Boundaries - Your neighbors take responsibility for monitoring young people’s behavior		
14. Adult Role Models - Your parent(s) and other adults model positive, responsible behavior.		
15. Positive Peer Influence - Your best friends model responsible behavior.		
16. High Expectations - Your parent(s) and teachers/bosses encourage you to do well.		

CONSTRUCTIVE USE OF TIME

ASSET	TARGETED	ACHIEVED
17. Creative Activities - You spend three or more hours per week in lessons or practice in music, theater, or other arts. .		
18. Youth Programs - You spend three or more hours per week in sports, clubs, or organizations at school and/or in the community.		
19. Religious Community - You spend one or more hours per week in activities in a religious institution.		
20. Time at Home - You are out with friends with “nothing special to do” two or fewer nights per week.		

40 DEVELOPMENTAL ASSETS CHECKLIST

Internal Assets

If you believe you have any of the following Assets, check the box marked “achieved.” If you wish to target any of the assets, check the box marked “targeted.” If neither applies to you, leave it blank.

COMMITMENT TO LEARNING

ASSET	TARGETED	ACHIEVED
21. Achievement Motivation - You are motivated to do well in school.		
22. School Engagement - You are actively engaged in learning.		
23. Homework/Work - You report do at least one hour of homework every school day.		
24. Bonding to School/Work - You care about your school.		
25. Reading for Pleasure - You read for pleasure three or more hours per week.		

POSITIVE VALUES

ASSET	TARGETED	ACHIEVED
26. Caring - You place high value on helping other people.		
27. Equality and Social Justice - You place high value on promoting equality and reducing hunger and poverty.		
28. Integrity - You act on convictions and stand up for your beliefs.		
29. Honesty - You tell the truth even when it is not easy.		
30. Responsibility - You accept and take personal responsibility.		
31. Restraint - You believe it is important to practice safe sex and follow the law.		

POSITIVE VALUES

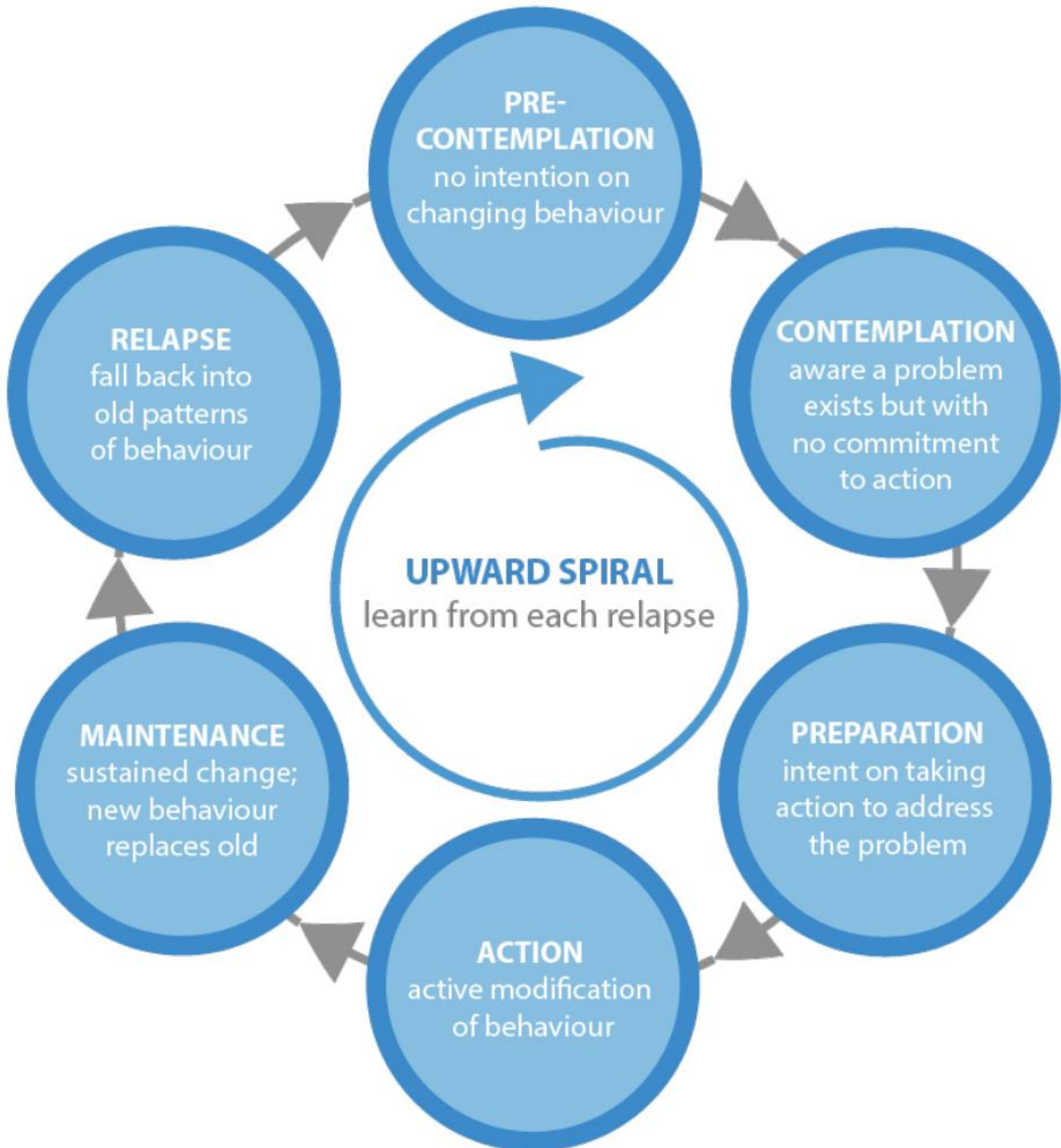
ASSET	TARGETED	ACHIEVED
32. Planning and Decision Making - You know how to plan ahead and make choices.		
33. Interpersonal Competence - You have empathy, sensitivity, and friendship skills.		
34. Cultural Responsiveness - You have knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.		
35. Resistance Skills - You can resist negative peer pressure and dangerous situations.		
36. Peaceful Conflict Resolution - You seek to resolve conflict nonviolently.		

POSITIVE IDENTITY

ASSET	TARGETED	ACHIEVED
37. Personal Power - You feel you have control over things that happen to you.		
38. Self-Esteem - You report having a high self-esteem.		
39. Sense of Purpose - You report that your life has a purpose.		
40. Positive View of Personal Future - You are optimistic about your personal future.		

Stages of Change and Motivational Interviewing

STAGES OF CHANGE





Stages of Change Worksheet



Stages of Change Worksheet

Action

Stage Characteristics:

Stage Characteristics:

Maintenance

Stage Characteristics:

Stage Characteristics:

Relapse

Stage Characteristics:

Stage Characteristics:

Four Processes of Motivational Interviewing

Four Processes of Motivational Interviewing

Process	Description
Engaging	<ul style="list-style-type: none">• Establishing rapport with the client• Understanding the client's concerns and showing empathy• Promoting the client's acceptance to the change process
Focusing	<ul style="list-style-type: none">• Developing a direction toward change• Clarifying the client's readiness for change
Evoking	<ul style="list-style-type: none">• Exploring the client's motivation, goals, and ideas• Identifying barriers to change• Helping strengthen the client's own motivation to change
Planning	<ul style="list-style-type: none">• Developing the client's commitment to change• Formulating a concrete plan of action



Strategies to Elicit or Build Motivation

Strategies to Elicit or Build Motivation

Looking Forward

- How might your life be different if you made this change?
- What would you gain if you made this change?

Question Extremes

- If nothing changes what's at stake for you?
- What can you imagine happening if you decide not to make a change?

Assessing Motivation

- How important is it for you to make this change? (0-10 Ruler)
- How high a priority is it for you to make this change? (0-10 Ruler)

Hypothetical Change

- If you were to decide one day to make this change, how might you do it?
- When you imagine making this change, what do you think would happen?

Identifying Personal Strengths

- If you decided to change this, what personal strengths/skills might you use?
- What core beliefs about yourself would you see as most self-supporting?
- What experiences have you had you might draw upon to be successful?
- What might your best friend say about your strengths to make this change?

Summarize The Big Picture

- Here are the themes I heard... What do you think of these themes?
- What do you make of these (iterated list) that you just told me?
- What are you thinking now about these issues?

Ask a Transition Question(s)

- Where does that leave you now?
- What happens next for you?
- What do you think your next step will be, if any?
- What changes, if any, are thinking about?
- If you've decided to do something, what is the smallest step you might do?

Affirmations

Seek every opportunity to affirm, appreciate, & reinforce [genuinely]

- Focuses on strengths and attributes
- Focuses on past successes and future hopes
- Focuses on struggles and desires
- Focuses on current and past efforts to improve things
- Focuses on the humanity, character, and resilience of your participant

Benefits

- Strengthens the working relationship
- Enhanced an attitude of self-responsibility and empowerment
- Reinforces effort and change talk
- Supports self-esteem

General Guidelines

- Avoid using the word “I”
 - “I think you’re good at…”
 - “I see that you are amazing.”
- Try to use “**YOU**” language

Examples:

- You’ve been listening so carefully today - thank you
- You recognized your risks, and show courage to make changes before things get more serious
- You two have gone through a lot; staying together says a lot about your commitment
- You really thought deeply about these ideas for how you might make things change
- You’ve taken a big step today, and clearly have a lot of determination
- You’re a loyal friend - willing to defend friends, even if it causes you trouble
- The way you handled that showed a lot of deep strengths
- You’re the kind of person who cares a lot about other people
- You’ve got a lot of resolve to come in today, despite your strong reservations

Levels of Reflection



Levels of Reflection

Simple

- Repeating or Parroting** - Repeats an element of what the speaker said
- Rephrasing** - uses or switches words around

Complex

- Paraphrasing** - Makes a guess to unspoken meaning
- Reflection of Feeling** - Considered by the deepest form; a paraphrase emphasizing emotional dimensions (feeling statements), but it can also be focused on a core belief.
 - Generally, simple reflections are used early on; when meaning is less clear or are more stabilizing
 - Deeper complex reflections can be ventured as understanding increases - You may feel that they are riskier, but are worth it- as youth will correct you
 - Jumping too far beyond what was said can turn into a loss of engagement

Strategic Reflections

- Understand Reflections** [Diminished]
"You are a little peeved" "Oh that annoyed you a bit"
- Overstated Reflections** [Amplified]
"That was the worst thing in the world."
"That blew you out of the water."
Understated or overstated reflections can continue the dialogue (but not always).
- Double-Sided Reflection** - A reflection including both the youth's sustain talk & change talk, often using the conjunction "and". It's best to begin with sustain talk, and end with the change talk.

Common Reflection Openings

So you feel... You're wondering if... It seems to you that... You're feeling... So you...

But as you become more experienced with reflections, it is better to make them shorter:

You are... _____

Reflection Activity

Reflection Activity

A1 - "I've tried to quit smoking more times than I can remember, but man I don't know if I can quit, and I love smoking, except for the cost."

A2 - "When I stop smoking, I get crazy and restless, and it is so depressing."

A3 - "Thinking about quitting is easy. Doing it is another story."

A4 - "I'd like to quit for my children, but my dad never quit for me, and I turned out fine."

Motivational Interview Video Worksheet



Motivational Interview Video Worksheet

Directions: As you watch the first video begin to list what you see was *not* a motivational interviewing approach, and for the second video list what you see is a motivational interviewing approach.

What did the counselor do that was <i>not</i> a motivational interview approach?	What did the counselor do that was a motivational interview approach?
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

How did the counselor change her approach in the 2nd video?

Systems of Care

System of Care Tipsheet



SYSTEM OF CARE TIPSHEET

Use the following tips to execute a functional and collaborative System of Care.

1. Engage systems, providers, families, and youth
2. Form governance structure
3. Develop administrative and staff team
4. Learn Systems of Care (SOC) values and principles and adherence agreement
5. Conduct strengths and needs assessment of the local System of Care
6. Develop a shared vision and mission
7. Create a logic model
8. Select Systems of Care (SOC) strategies and develop a strategic plan
9. Create an evaluation structure
10. Create a sustainability plan
11. Develop a social marketing plan
12. Implement a plan for continuous quality improvement
13. Create a training and technical assistance plan



Peer Plus © Youth Era 2018

Familia Orozco Vignette

Raquel is a 14-year-old Latina in her second foster care placement. She was molested by her aunt Denise's boyfriend when she was ten years old. The family then became involved with Child Protective Services, and her aunt's boyfriend was charged and given a 30-year prison sentence for multiple charges. When Raquel's mother, Ana, and father, Alejandro, "did not comply" with court-ordered mental health services, Raquel was removed from their care at age 11. Raquel has lived in two different foster home placements, although her DHS caseworker has remained consistent since entering care. She was removed from her first foster placement after two years due to a consensual sexual relationship with her foster parents' biological son. The foster parents blame Raquel for initiating the relationship and asked that Raquel be removed from their home.

Raquel is currently placed with a white family in a different county, outside of her home community. Her foster parents report she is disrespectful and does not follow the rules. Raquel has limited contact with her biological parents due to the distance and their work demands. Ana and Alejandro are described by providers as "unengaged, resistant to treatment options, and difficult to work with." Although Raquel is angry at her parents for not complying with DHS court orders, she and her parents both want her living at home in her community. Her parents report that seeking therapy doesn't work for them as they value faith and their community to see them through challenges. They have requested that documentation be provided in Spanish. Raquel is also very close with her aunt Elizabeth, as well as several undocumented family members who are hesitant to engage.

After being removed from her first foster placement a year ago, Raquel began seeing a therapist. During their sessions, they speak Spanish and have built a positive rapport. Her therapist is pleased with Raquel's progress and focuses their sessions on managing her anxiety and understanding her PTSD diagnosis. Her therapist has noticed that Raquel has boundary issues with the same age and older males and she is attending a sexual education group.

At school, Raquel is enrolled in regular classes and receives As and Bs. She hopes to attend college after high school and become an immigration attorney. Raquel started playing on her school soccer team this year and would like to continue playing. Although Raquel’s teacher reports she is advanced academically and sees potential in her, she struggles with Raquel’s “loud, obnoxious, and disrespectful” behavior in class. Raquel has been sent to the principal a few times, most recently because she hit another student and called him a “mother f**ker” last week. Raquel is not currently working but would like to work at her aunt’s panadería and begin earning her own money.

Raquel shares that she is slow to warm up to people and can be loud, outspoken, and resistant to authority figures. She feels very isolated from her community and really values that she can speak Spanish with her therapist, who “gets it.” Raquel uses humor as a strength to cope with challenges and enjoys watching movies, playing soccer, shopping, and watching Mexican Telenovelas.

What – So What – Now What: Health Navigation



What - So What - Now What

Facilitation technique to support deepening your understanding of a topic.

What = The topic

So What = Why does the topic matter to me, to the group, to the bigger purpose?

Now What = Now that I understand the topic and why it matters how will I operate differently or change my perspective?

Health Navigation

Discussion points:

1. Why is discussing health important for youth?
2. In what ways will you incorporate health promotion in your peer support?

What	So what	Now what
Chronic diseases & conditions (impact on youth)		

Documentation

Medicaid Translations for Documentation

This tool is intended to translate what we do in our 1:1s into Medicaid language for documentation. This should be a living breathing document that is continuously growing.

Common Terms to know:

- Collaborative Problem Solving (CPS)
- Critical Thinking Skills
- Coping Skills
- Brainstorming
- Peer Support
- Emotional and Self-Regulation
- Cognitive Flexibility
- Social Thinking Skills
- This Writer (TW, T/W)

***Note: This is not an exhaustive list of terms to know*

***Note: It is recommended substituting “youth” for “client” as it is more youth friendly.*

Example Scenarios and their translations

***Note: You always want to start your interventions with “TW utilized peer support to...”*

Peer World	Medicaid
“Youth had a bad day but wasn’t ready to talk about it we listened to music instead”	“Youth practiced emotional regulation and was able to utilize their coping skills”
“Youth was mad at their parent because they were grounded and not allowed to play video games, we talked about other things youth could do”	“Youth practiced critical thinking skills and brainstorming to come up with other things to do while grounded”
“Youth wanted to talk about their partner and some things that were coming up in their relationship”	“Youth learned healthy relationship boundaries strategies to improve their relationship and build communication skills”
“Youth got into an argument w/ parent for not doing their chores, we talked about why they didn’t want to do their chores”	“TW empathized with youth and utilized cps to brainstorm ways to get both parents and youth’s needs met”

<p>“Youth got upset during the wraparound meeting then left the room.”</p>	<p>“Youth practiced their coping skills by taking space to gather thoughts while getting escalated. TW provided peer support by active listening, empathizing with youth and strategically sharing TW lived experiences”</p>
<p>“Youth was lashing out and shutting down by refusing to talk or cooperate with family or during the meeting ”</p>	<p>“TW provided peer support by validating and translating feelings for youth to amplify youth’s voice to family/ team. Once youth felt heard, they were able to emotionally regulate themselves.”</p>
<p>“Youth keeps mentioning the same obstacles over and over again and nothing is changing.”</p>	<p>“TW provided peer support by using the “Change Ruler” to help youth practice critical thinking skills and identify how youth can practice self efficacy.”</p>
<p>“We went for a walk and had a good time.”</p>	<p>“TW continued to build rapport with youth and modeled healthy boundaries with youth”</p>

Documentation Terminology

Common Intervention Terminology in Documentation

<ul style="list-style-type: none"> • Acknowledged attempts to... • Actively listened to ct as... • Addressed ct's concerns... • Addressed worries/fears... • Aided in developing insight... • Allowed ct to ventilate... • Amplified... • Affirmed... • Asked about... • Assessed risk... • Assessed for... • Assigned task... • Assisted ct in/with... • Attempted to generalize... • Built rapport by... • Built trust through... • Challenged beliefs/ thoughts • Clarified/Sought clarification... • Commended... • Connect comments about... • Confronted... • Contracted for... • Cued... • Deescalated... • Developed a contingency plan... • Developed behavioral program... • Developed positive affirmations... • Discussed... • Directed/Redirected... • Educated... • Elicited... • Encouraged... • Encouraged verbalization... • Engaged ct in play... 	<ul style="list-style-type: none"> • Empathically responded... • Established boundaries... • Established connections between... • Examined benefits/ consequences... • Explained... • Explored... • Explored self-defeating life patterns and beliefs • Explored options... • Evaluated... • Facilitated... • Focused on... • Gave feedback... • Guided... • Helped ct develop... • Helped ct to express anger constructively... • Helped ct redefine... • Highlighted consequences... • Identified... • Identified themes... • Identified triggers... • Increased awareness... • Inquired about... • Informed... • Interpreted... • Investigated... • Led ct in practicing... • Listed ct's... • Modeled... • Monitored... • Normalized ct's feelings... • Praised... • Probed... • Processed... • Problem solved... • Provided feedback... • Provided a corrective social experience... 	<ul style="list-style-type: none"> • Provided ct with unconditional positive regard... • Questioned... • Reassured... • Redefined... • Reflected... • Reflected... (ND Play Therapy) • Refocused... • Reframed... • Reinforced... • Responded to... • Restated... • Reviewed... • Reviewed limits... • Recommended... • Role played... • Set limits... • Summarized... • Supported... • Taught coping skill... • Tracked... (ND PlayTherapy) • Used directive comments to... • Utilized desensitization... • Utilized imagery/ visualization... • Utilized assertiveness training. • Utilized relaxation training... • Utilized humor... • Utilized empathic understanding... • Utilized silence... • Validated ct's point... • Verbalized... • Worked on behavioral program
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Therapeutic Interventions

- Asked open ended questions. Explored statements made and feelings expressed.
- Explain to Caregiver/Client the signs and symptoms that many people experience during the long-term phase of physical abuse, i.e., ongoing/ periodic mild/moderate/severe aggressive behaviors toward peers and adults; long standing irritability, low frustration tolerance, and arguing with adults/peers leading to ongoing/periodic runaway behavior
- Assist Client in identifying feelings associated with being victimized
- Assist Client in recognizing and verbalizing feelings of inadequacy and need for acceptance from others
- Assist in setting realistic, concrete goals and determining appropriate actions to meet those goals
- Provide positive reinforcement to enhance self-esteem and encourage repetition of desirable behaviors
- Assist client in devising a plan of therapeutic activities and developing a written time schedule
- Assist client in identifying areas of life situation that he or she can control.
- Encourage Client to express feelings related to inability in an effort to deal with unresolved issues
- Assist Client in identifying ways to achieve a sense of acceptance over areas within his environment that are out of his control
- Assist Client to focus on reality and talk about real events and real people.
- Assist Client to differentiate between reality and non-reality-based thinking.
- Teach thought stopping techniques when irrational or negative thoughts prevail.
- Assist Client in identifying feelings or circumstances that reduce motivation or that produce discouragement
- Assisted Client in recognizing what she can do to improve day to day functioning
- Assist Client in working through feelings of guilt related to the traumatic event of
- Explore with Client underlying feelings which may be contributing to irrational fears and understand how facing these feelings can result in more adaptive coping abilities
- Assist Client in identifying methods of coping with stress in the past and determine whether the response was adaptive or maladaptive
- Assist Client in developing structured scheduled of activities
- Encourage Client to take as much responsibility as possible for her own self care practices
- Assist Client in identifying his own behavior that produce negative responses from others
- Assist Client in identifying needs that are being met through the sick role and formulate a more adaptive means for fulfilling these needs
- Assist Client in choosing one form of self-relaxation and practice it once each day
- Utilize therapeutic game to increase Client's awareness of self and others
- Assist Client in identifying physical outlets for healthy release of hostile feelings
- Assist Client in expressing fears and feelings associated with change

Documenting Therapeutic Interventions

- Therapist asked clarifying questions to...
- Therapist provided...
- Improve ability to articulate and identify feelings
- Therapist asked open and closed ended questions related to...
- Therapist assisted client with alternative means of...
- Therapist provided empathic listening
- Therapist acknowledged client's feelings...concerns...efforts...etc.

- Therapist assisted client with reframing...
- Therapist facilitated discussion with client...
- Therapist asked questions to explore the situation with client...
- Client's feelings were processed at length...
- Explored ways client can manage...
- Therapist acknowledged and normalized client's concerns...
- Interventions include...
- Therapist engaged with client in...
- Therapist provided unconditional positive regard and a supportive environment...
- Therapist explored client's report of...
- Therapist praised client's self-expression of...
- Guided client to process his/her feelings about...
- Guided client to identify how...
- Guided client to gain insight and confidence...
- Guided client to increase social and communication skills by practicing...
- Reinforced client's great skill and courage in...
- Assessed client's level of symptoms.
- Assessed daily and emotional functioning.
- Assessed client's level of fatigue
- Assessed emotional and health functioning.
- Assessed client's symptoms and relevant stress factors
- Assessed client's level of confidence per scale of 1-10
- Provided client observation on one barrier of...
- Provided client feedback of...
- Provided client education and guided client to...
- Provided client ideas to be...
- Provided reframe of client's statement to focus on...
- Guided client to complete a confidence building exercise identifying...
- Client needed prompts from therapist and then reported...
- Encouraged client to keep in mind...
- Encouraged client to keep mindful of what factors contribute to...
- Encouraged client to consider...
- Therapist will continue to monitor...
- Reinforced client's proactive effort with...
- Further reinforced client being a... (i.e., good friend, etc.)
- Guided client to increase self-esteem by...
- Guided client to identify ways s/he can...
- Asked client to verbalize another (i.e., self-positive talk statement)
- Discussed self-care and preservation being necessary to...
- Utilized role play to...
- When exploring level of how client is emotionally affected by...
- Validated client's response while reinforcing the importance for...
- Assisted with challenging irrational thoughts and with improving sense of locus of control.
- Assisted with development of reality-based cognitions and realistic expectations.
- Reviewed the clt's progress with tx goals.
- Provided positive regard, containment, and assisted with identification and expression of feelings.

- Explored daily functioning patterns
- Assisted client with connecting feelings to behaviors.
- Explored progress with current stressors and clt's stress mgmt.
- The clts verbalization reveals feelings of...
- Exploration of the feelings of anger were about...
- Assisted clt with continuing cognitive restructuring, challenging irrational thoughts, and helping with development of reality-based cognitions.
- Clt worked through feelings.
- Therapist worked with clt to process his/her thoughts and feelings related to a variety of situations which contribute to anxiety and depressed mood.
- Therapist worked with clt to identify ways in which s/he can modify thoughts and actions to empower him/her and prevent him/her from experiencing these emotional reactions to certain situations.
- Therapist met with clt and engaged in conversation to address anxiety sx, particularly as they interfere with her occupational functioning.
- Therapist worked with clt to process recent events/situations that have been contributing to her anxious and depressed mood.
- Therapist assisted ct in developing insight into the connection between past trauma experiences and her current anxiety-based thoughts and subsequent behaviors.
- Clt was able to engage in adaptive expression of emotion and displayed moments of insight into her anxiety and depressive sx.
- Therapist continually reflected and validated clts emotions and experiences and praised her for her expression abilities and insights.

Verbs Commonly Used to Document Interventions

- | | | |
|---|-------------------------------------|--------------------------------|
| • Acknowledged attempts to... | • Encouraged... | • Processed fears... |
| • Addressed client's concerns... | • Examined benefits/consequences... | • Provided feedback... |
| • Affirmed... | • Explained... | • Reflected... |
| • Asked about.... | • Explored options... | • Refocused... |
| • Assessed suicide potential.... | • Evaluated... | • Reframed... |
| • Assigned client to keep a journal/homework... | • Facilitated... | • Reinforced... |
| • Assisted client in... | • Focused on... | • Responded to... |
| • Clarified Sought clarification... | • Guided... | • Reviewed limits... |
| • Contracted for... | • Helped client develop... | • Recommended... |
| • Developed a contingency plan... | • Identified... | • Set limits... |
| • Discussed... | • Inquired about... | • Validated client's point... |
| • Directed/ Redirected... | • Informed... | • Normalized client's feelings |
| • Established boundaries/ | • Investigated... | • Verbalize |
| • Rapport... | • Lead client in practicing... | |
| • Elicited... | • Listened... | |
| | • Modeled... | |
| | • Praised... | |
| | • Pointed out consequences... | |

Example Notes



3-2-1

Progress Notes

3 – Three sentences about the purpose of the one on one:

TW met with youth for a scheduled meeting. Youth appeared to be in good spirits and was engaged throughout the meeting. Youth stated they “didn’t want to work on wraparound things today”. TW and youth listened to music and talked about youth’s current relationship.

2 – Two sentences about the strategies used:

TW used peer support to support youth voice and empowerment. TW and youth also talked about healthy relationships, youth was able to identify healthy boundaries they could set with their partner.

1 – One sentence about plans for the next meeting:

TW and youth will meet next week for the regularly scheduled meeting.

Date of next meeting: 3-27-2020

Location: Mod Pizza



3-2-1

Progress Notes

3 – Three sentences about the purpose of the one on one:

TW met with youth for emergency crisis support. Youth stated they were experiencing SI and were not able to use their coping skills. TW and youth worked on a new safety plan and youth stated they were willing to try the new plan and call TW if the plan did not work.

2 – Two sentences about the strategies used:

TW used peer support to help youth practice emotional regulation, critical thinking, and brainstorming skills. Youth was able to fully engage and come up with their own strategies for new coping skills.

1 – One sentence about plans for the next meeting:

TW will increase peer support with this youth to twice a week and will meet with youth again in 2 days to follow up.

Date of next meeting: 3-22-2020

Location: Cathedral coffee shop

**3-2-1
Progress Notes**

Youth Initials:

Name of Youth Peer Support Specialist:

Time of Meeting:

Date of Meeting:

Insurance Billing Code:

3 - Three sentences about the purpose of the one on one:

2 - Two sentences about the strategies used:

1 - One sentence about plans for the next meeting:

Date of next meeting: _____

Location: _____

Progress Note Vignette

Frankie is a 16-year-old youth involved in Wraparound. At the last Wraparound meeting Frankie’s teacher shared her need for Frankie to complete his homework. After talking to Frankie, he shared that he tries to do his homework in the morning before school because he likes to play video games right after school. Frankie doesn’t want to give up playing video games because he’s the party leader and it’s really important to him. In your one-on-one Frankie explains that the game party ends at 4:30pm and dinner is usually at 6:00pm.

Documentation Self-Assessment Tool

Documentation Self-Assessment Tool

Attitudes and Beliefs

What are my attitudes and beliefs about documentation?

How do I see documentation as part of my job?

Do I have fears or concerns related to documentation? If so, what are they?

Strengths and Skills

What strengths and skills do I possess that will aid in my documentation efforts (i.e., good computer skills, prior office experience, neat handwriting, quick learner)?

Barriers and Challenges

What barriers or challenges could get in the way of my documentation efforts (i.e., little computer experience, difficulties with time management, afraid to ask for help, unsure of how much detail is needed for notes, etc.)?

Action Plan

What support do I anticipate might be helpful?

What accountability structure might be helpful?

How can I use my strengths and skills to overcome any barriers or challenges?

What else can I do to overcome challenges?



Blank Forms for Youth Peer Support Practice



Safety Plan



MY SAFETY PLAN

ACTIVATORS

What are some things that activate you? Feel free to make a list of those things below and make a mental note of your activators while filling out this worksheet.

WARNING SIGNS

Warning signs are changes in thoughts, moods or behaviors that suggest you may be heading towards a crisis or altered emotional state. How do you feel when you get triggered? Knowing your warning signs can help you take action early.

COPING STRATEGIES

Are there things that you can do to take your mind off of the situation (breathing techniques, stepping out of the room, etc.)? Are there any people that might be able to help you cope (Maybe one of the trainers? Can you text a friend? Other ideas?)

Elevate Self-Care Plan



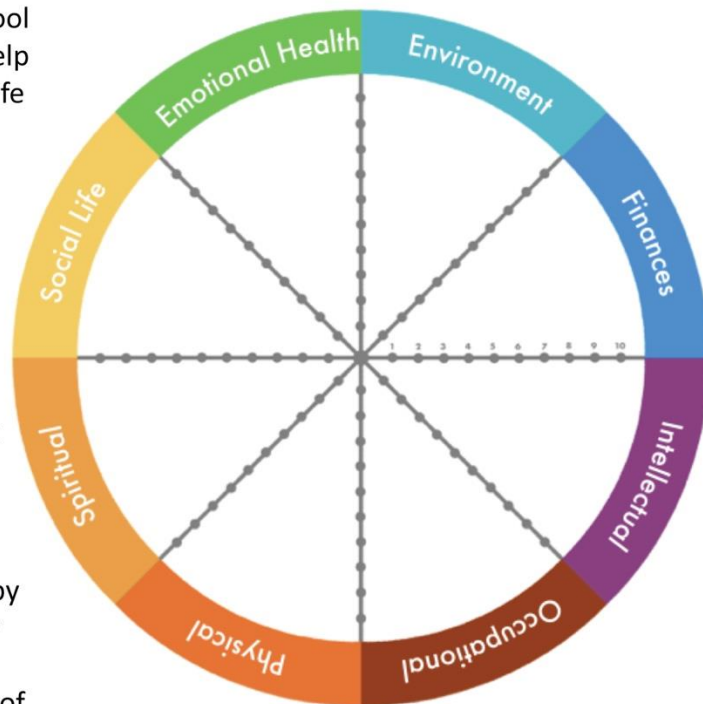
Self-Care Plan



Step 1: Assess Your Wellness

The "wheel of life" is a coaching tool used by coaches everywhere to help clients assess what areas in your life you are satisfied with and what areas need some attention and growth.

We find it useful to utilize the 8 dimensions of wellness to assess a full picture of your life, or you can use a blank wheel to identify the areas that are most important to you.



Start here

1. Rate each category from 0-10 by level of satisfaction (10 being fully satisfied).
2. Connect the dots and fill inside of the circle to see the balance of your life.

Follow-up Questions

- What do you notice when you look at your wheel?
- What does your answer tell you?
- What area would you like to focus on?
- What are you currently doing in your life that would help you move forward in this area?
- What would success look like in this area?
- What are the action steps you are willing to commit to to move forward in this area?



Self Care Plan

Step 2: Identify Your Self-Care Needs

What are your current practices in each area of wellness? What else would you like to try?

Areas of Wellness	Current Practices	Practices to Try
Physical Recognizing the need for physical activity, healthy foods, and sleep		
Spiritual Expanding a sense of purpose and meaning in life		
Social Life Developing a sense of connection, belonging, and a well-developed support system		
Emotional Health Coping effectively with life and creating satisfying relationships		
Environment Good health by occupying pleasant, stimulating environments that support well-being		
Finances Satisfaction with current and future financial situations		
Intellectual Recognizing creative abilities and finding ways to expand knowledge and skills		
Occupational Personal satisfaction and enrichment from one's work		



16 Signs of Trauma Exposure

Step 4: Awareness of Trauma Exposure

Where does each sign of trauma show up negatively throughout your day? Positively?

Sign	Shows up Negatively?	Shows up Positively?
Feeling Helpless/ Hopeless		
A Sense That One Can Never Do Enough		
Hypervigilance		
Diminished Creativity		
Inability to Embrace Complexity		
Minimizing		
Chronic Exhaustion / Physical Ailments		
Inability to Listen / Deliberate Avoidance		
Dissociative Moments		
Sense of Persecution		
Guilt		
Fear		
Anger & Cynicism		
Inability to Empathize / Numbing		
Addictions		
Grandiosity		

Self Care Plan

Step 5: Emergency Self Care

Having some grounding coping strategies in advance of a crisis can be incredibly helpful. It’s also important to share these strategies and emergency self care plan with loved ones who will need to be a support in times of need, and can remind you of what works for you when you might not be able to remind yourself. What works for you?

Emergency Self Care Tools	Helpful (What To Do)	Harmful (What NOT To Do)
Relaxation/Staying Calm Which activities help you to relax (e.g. deep breathing, taking a walk)? Which activities make you more agitated or frustrated (e.g. yelling, swearing, or drinking)?		
Self-Talk Helpful self-talk may include, “I am safe/I can do this.” Harmful self-talk may include, “I can’t handle this/I knew this would happen/I deserve this.”		
Social Support Which family members and friends can you reach out to for help or support? Which people should you avoid during times of stress? Be honest about who helps and who zaps your energy. Be sure to include any professionals that help.		
Mood Which activities support a positive mood (e.g. listening to uplifting music, enjoying the sunshine)? What should you avoid when times get tough (e.g. staying in bed all day, avoiding social activities)?		
Resilience What, or who, helps you to get through difficult times? What helps you bounce back? Conversely, what or who feeds negativity for you?		

40 Developmental Assets Checklist

40 DEVELOPMENTAL ASSETS CHECKLIST

External Assets

If you believe you have any of the following Assets, check the box marked “achieved.” If you wish to target any of the assets, check the box marked “targeted.” If neither applies to you, leave it blank.

SUPPORT

ASSET	TARGETED	ACHIEVED
1. Family Support - Your family life provides you with high levels of love and support.		
2. Positive Family Communication - You and your parent(s) communicate positively and you are willing to seek advice and counsel from your parent(s).		
3. Other Adult Relationships - You receive support from three or more non-parent adults.		
4. Caring Neighborhood - You experience caring neighbors.		
5. Caring School/Work Climate - Your school/work provides you with a caring and encouraging environment.		
6. Parent Involvement in Schooling - Your parent(s) are actively involved in helping you succeed in school.		

EMPOWERMENT

ASSET	TARGETED	ACHIEVED
7. Community Values Youth - You perceive that adults in the community value youth.		
8. Youth as Resources - You are given useful roles in the community.		
9. Service to Others - You serve in the community one hour or more per week.		
10. Safety - You feel safe at home, school, and in the neighborhood.		

EMPOWERMENT

ASSET	TARGETED	ACHIEVED
11. Family Boundaries - Your family has clear rules and consequences and monitors your whereabouts.		
12. School/Work Boundaries - Your school/work provides clear rules and consequences.		
13. Neighborhood Boundaries - Your neighbors take responsibility for monitoring young people’s behavior		
14. Adult Role Models - Your parent(s) and other adults model positive, responsible behavior.		
15. Positive Peer Influence - Your best friends model responsible behavior.		
16. High Expectations - Your parent(s) and teachers/bosses encourage you to do well.		

CONSTRUCTIVE USE OF TIME

ASSET	TARGETED	ACHIEVED
17. Creative Activities - You spend three or more hours per week in lessons or practice in music, theater, or other arts. .		
18. Youth Programs - You spend three or more hours per week in sports, clubs, or organizations at school and/or in the community.		
19. Religious Community - You spend one or more hours per week in activities in a religious institution.		
20. Time at Home - You are out with friends with “nothing special to do” two or fewer nights per week.		

40 DEVELOPMENTAL ASSETS CHECKLIST

Internal Assets

If you believe you have any of the following Assets, check the box marked “achieved.” If you wish to target any of the assets, check the box marked “targeted.” If neither applies to you, leave it blank.

COMMITMENT TO LEARNING

ASSET	TARGETED	ACHIEVED
21. Achievement Motivation - You are motivated to do well in school.	<input type="checkbox"/>	<input type="checkbox"/>
22. School Engagement - You are actively engaged in learning.	<input type="checkbox"/>	<input type="checkbox"/>
23. Homework/Work - You report do at least one hour of homework every school day.	<input type="checkbox"/>	<input type="checkbox"/>
24. Bonding to School/Work - You care about your school.	<input type="checkbox"/>	<input type="checkbox"/>
25. Reading for Pleasure - You read for pleasure three or more hours per week.	<input type="checkbox"/>	<input type="checkbox"/>

POSITIVE VALUES

ASSET	TARGETED	ACHIEVED
26. Caring - You place high value on helping other people.	<input type="checkbox"/>	<input type="checkbox"/>
27. Equality and Social Justice - You place high value on promoting equality and reducing hunger and poverty.	<input type="checkbox"/>	<input type="checkbox"/>
28. Integrity - You act on convictions and stand up for your beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
29. Honesty - You tell the truth even when it is not easy.	<input type="checkbox"/>	<input type="checkbox"/>
30. Responsibility - You accept and take personal responsibility.	<input type="checkbox"/>	<input type="checkbox"/>
31. Restraint - You believe it is important to practice safe sex and follow the law.	<input type="checkbox"/>	<input type="checkbox"/>

POSITIVE VALUES

ASSET	TARGETED	ACHIEVED
32. Planning and Decision Making - You know how to plan ahead and make choices.		
33. Interpersonal Competence - You have empathy, sensitivity, and friendship skills.		
34. Cultural Responsiveness - You have knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.		
35. Resistance Skills - You can resist negative peer pressure and dangerous situations.		
36. Peaceful Conflict Resolution - You seek to resolve conflict nonviolently.		

POSITIVE IDENTITY

ASSET	TARGETED	ACHIEVED
37. Personal Power - You feel you have control over things that happen to you.		
38. Self-Esteem - You report having a high self-esteem.		
39. Sense of Purpose - You report that your life has a purpose.		
40. Positive View of Personal Future - You are optimistic about your personal future.		



NM-YPS Support Plan

Youth Name:	Date:
	Time:
YPSS or CPSW:	

Youth Identified Strengths:

Youth Identified Supports:

3 Needs or Goals to Focus on:

1
2
3

Challenges or Barriers to Reach those Needs or Goals:

1
2
3

How can I support you?

1
2
3

Goal 1	Next Steps:
	When will next steps happen?
Goal 2	Who will support?:
	How will they support?:
Goal 3	Next Steps:
	When will next steps happen?
	Who will support?:
	How will they support?:

Continuum of Recovery

Health	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Home	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Purpose	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
Community	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10
NOTES	

Additional Comments:

Plan to Transition Out of Services

When it is determined that a young person is ready to transition away from NM-Youth Peer Support Services, it is recommended they complete this plan to review their progress and identify their future support.

PROGRESS

What have you accomplished during your time in NM-Youth Peer Support? What strengths have you identified within yourself?

FUTURE GOALS

What would you like to accomplish in the future? What steps do you need to take to get there?

SUPPORTS AND COPING STRATEGIES

What supports can you use going forward? Who can you call when you need support? How can you best support yourself?

ACES Resilience Questionnaire

ACES Resilience Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

definitely true probably true not sure probably not true definitely not true

2. I believe that my father loved me when I was little.

definitely true probably true not sure probably not true definitely not true

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

definitely true probably true not sure probably not true definitely not true

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

definitely true probably true not sure probably not true definitely not true

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

definitely true probably true not sure probably not true definitely not true

6. When I was a child, neighbors or my friends' parents seemed to like me.

definitely true probably true not sure probably not true definitely not true

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

definitely true probably true not sure probably not true definitely not true

8. Someone in my family cared about how I was doing in school.

definitely true probably true not sure probably not true definitely not true

9. My family, neighbors and friends talked often about making our lives better.

definitely true probably true not sure probably not true definitely not true

10. We had rules in our house and were expected to keep them.

definitely true probably true not sure probably not true definitely not true

11. When I felt really bad, I could almost always find someone I trusted to talk to.

definitely true probably true not sure probably not true definitely not true

12. As a youth, people noticed that I was capable and could get things done.

definitely true probably true not sure probably not true definitely not true

13. I was independent and a go-getter.

definitely true probably true not sure probably not true definitely not true

14. I believed that life is what you make it.

definitely true probably true not sure probably not true definitely not true

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True?") _____

Of these circled, how many are still true for me? _____

ACES Score

ACEs Score

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
No ____ If Yes, enter 1 ____
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
No ____ If Yes, enter 1 ____
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
No ____ If Yes, enter 1 ____
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
No ____ If Yes, enter 1 ____
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No ____ If Yes, enter 1 ____
6. Were your parents ever separated or divorced?
No ____ If Yes, enter 1 ____
7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No ____ If Yes, enter 1 ____
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No ____ If Yes, enter 1 ____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No ____ If Yes, enter 1 ____
10. Did a household member go to prison?
No ____ If Yes, enter 1 ____

Now add up your "Yes" answers. This is your ACE Score: _____



Progress Note Form

3-2-1 Progress Notes

Youth Initials:

Name of Youth Peer Support Specialist:

Time of Meeting:

Date of Meeting:

Insurance Billing Code:

3 - Three sentences about the purpose of the one on one:

2 - Two sentences about the strategies used:

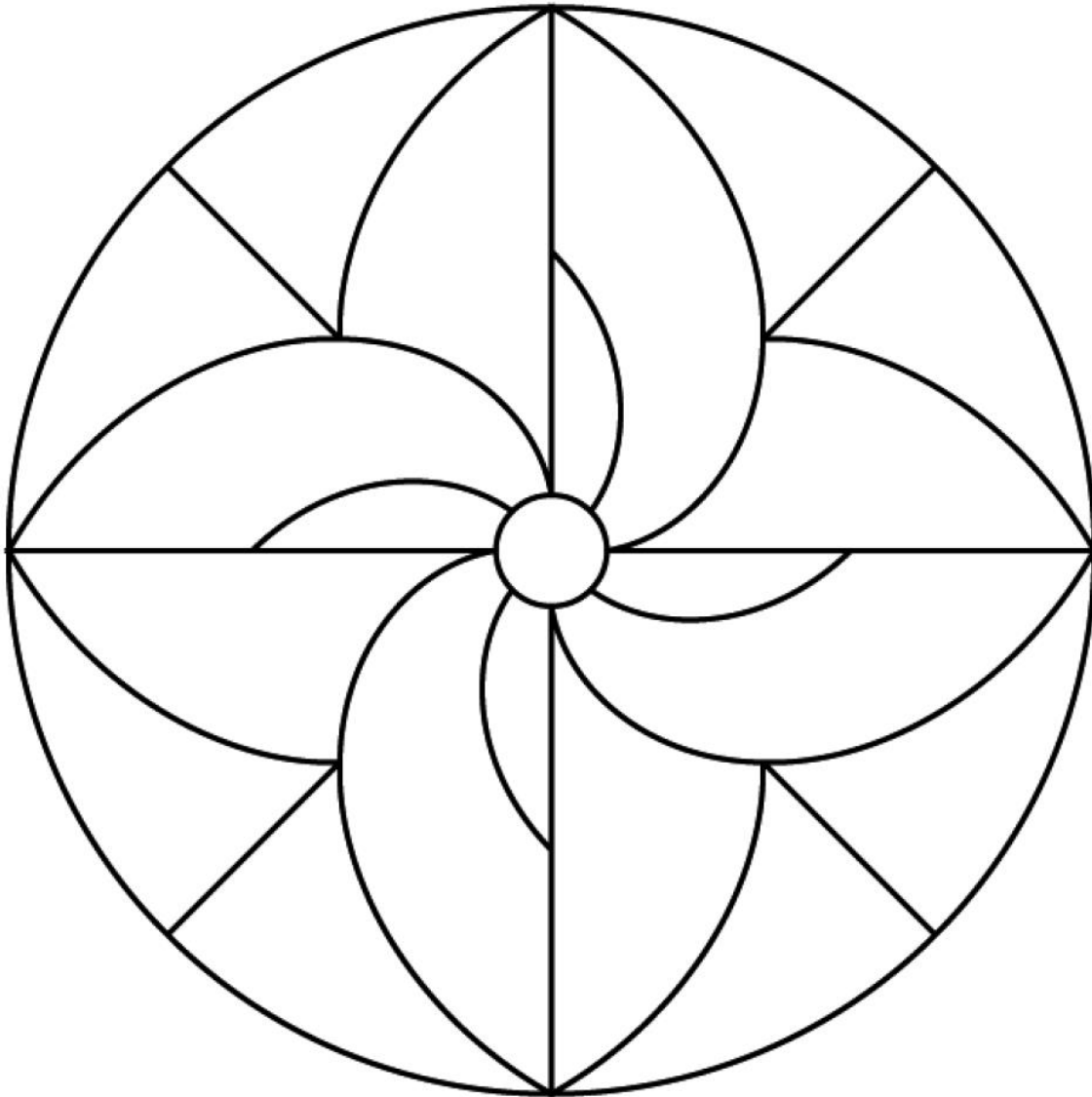
1 - One sentence about plans for the next meeting:

Date of next meeting: _____

Location: _____



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Connect and Reflect Worksheet



Connect and Reflect

<p style="text-align: center;">Phase 1: Reconnect to your “why” <i>Identify why you are doing this work. Is it still making you happy and is this still a part of your long-term legacy?</i></p>
<p>My why:</p>
<p style="text-align: center;">Phase 2: Daily anchors <i>Select 3-5 daily anchors that keep you grounded in your life that are non-negotiable.</i></p>
<p>Anchor #1:</p> <p>Anchor #2:</p> <p>Anchor #3:</p> <p>Anchor #4:</p> <p>Anchor #5:</p>
<p style="text-align: center;">Phase 3: Reflect and celebrate daily and weekly <i>Reflect on at least 3 wins or things you are grateful for each day.</i></p>
<p>Win #1:</p> <p>Win #2:</p> <p>Win #3:</p>