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| Volunteer Training Manual |
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**Volunteer Training Agenda**

1. Icebreaker
	* Meet with someone in the room you don’t know well. You have 5 minutes to get to know them. Switch and tell your partner about yourself.
	* Introduce your partner to the group
	* Discuss the icebreaker
2. Volunteer forms - complete
3. Volunteer Training Manual
	* St. Croix Family Resource Center
	* Being a Volunteer
4. Youth Training
	* Youth Homelessness
	* The Nine Guiding Principles to Youth Work
	* Adolescent development
	* Trauma Informed Care
	* Harm Reduction
	* Being an LGBTQ Ally for Youth
	* Engaging Youth
	* Boundaries/Limit Setting
	* Crisis intervention/De-Escalation
	* Mandated Reporting/Child Protection/Vulnerable Adults
	* Imagine when… exercise
	* Case scenarios
	* YSNMN and Resource Training
5. So You’re Trained – what’s next?
* What to expect
* Tour youth space
* Sign up calendar
1. The Butterfly
2. Volunteer Training Evaluation

*Thank you for attending FRC Volunteer Training and Orientation!*

**St. Croix Family Resource Center (FRC)**

**History**

St. Croix Family Resource Center (FRC) is the new name for programs that have been serving our neighbors in need through Stillwater Family Resource Center of Episcopal Community Services and Ascend since 1997. Together, the founders of FRC have more than 60 years of experience providing services for our disadvantaged neighbors in the St. Croix River Valley and Washington County areas. By partnering with local agencies, we help clients make healthy community connections for a more secure life. As an agency, we will continue to support families and individuals as they identify and work toward their short- and long-term goals for their finances, education, employment, transportation, housing, family and parenting skills and other areas of life.

**Programs**

FRC staff help people establish and work toward goals that will lead to increased stability (financial and housing) and healthy community connections.

FRC’s unique programs foster, long-term, caring relationships with FRC staff who empower clients to reach their dreams.

*Youth Connections:* Support for youth in crisis -who are at risk of or have runaway or become homeless to receive basic needs assistance. Youth Connections drop-in site will be open specific hours for youth to shower, do laundry, eat, relax, get resources/referrals, use the phone or computer. Minor youth will be assisted by staff to reunify with parents whenever safe and possible.

*Family Connections:* Families receive support for basic needs and then work toward short- and long-term goals for their finances, employment, education, housing, family life, and community connections. Services are individualized to meet families’ goals.

*Career Connections:* After assessing strengths and skills, Family Advocates help clients pursue a living wage career with a personalized plan that supports getting promoted, going to college, or starting their own business. Through long-term guidance and support of Family Advocates, clients learn to set and reach their personal and family goals.

*Supportive Housing Program:* Local churches and groups partner with the FRC to provide a structured one-year program for a family in jeopardy of losing their housing. Families work toward their goals with an expanded positive support network which includes a volunteer family mentor.

*After-School Tutoring and Music Program:* Help with math, reading, and writing, educational games, conversation and music lessons are provided during the After-School Program. Families learn new cooking skills and prepare a healthy supper with other families and their tutors.

**Being a** **Volunteer**

**Confidentiality**

As a St. Croix Family Resource Center (FRC) volunteer you will have the honor of hearing information youth that is personal. This information should be kept confidential. The youth’s ability to trust you is dependent upon their belief that you respect them enough to keep what they tell you in confidence. Discussing the youth situations with friends or acquaintances is unethical and harms the trust in the relationship.

**Expectations**

* Attend training sessions
* Inform FRC Staff if situations change or crisis occur
* Model appropriate help-seeking behavior by asking staff or co-volunteers for assistance
* Practice confidentiality
* Say “no” when you need to
* Have fun
* Be yourself
* Do not provide money or shelter directly to youth

**Guidelines**

* Make a commitment; follow through and be dependable
* Know and state your limits clearly
* Respect confidential information
* Contact FRC Staff when you have any questions or concerns about youth
* Meet youth “where they are at”
* Be aware of your biases and how they may interfere with your volunteering
* Listen to what the youth is really saying; show genuine respect and caring

**Mailing List Policy**

To keep our constituents informed, all friends, volunteers, and donors of FRC are included in our mailing list. Out of respect for the privacy of our supporters, FRC does not trade, sell, rent, or give away any information from its databases. Names may be removed from the FRC mailing list by request.

**Youth Homelessness**

Youth homelessness is prevalent in all sectors of the United States, it shows no boundaries.

“Every year, as many as 550,000 young people are homeless for more than a week, according to estimates by the National Alliance to End Homelessness. On the street, youth can become victims of violence, develop serious mental health and addiction problems, and be forced to trade sex for basic needs.” (Family and Youth Services Bureau fact sheet Issue History, May 2017)

Youth experiencing homelessness fall into two distinct categories, minor youth ages 13-17 (also referred to as minor unaccompanied homeless youth) and older youth ages 18-24 (youth/young adults). Both age sets come with their own strengths and challenges. Minor youth are not “technically” considered “homeless; if they are not in their home they should be in a system”. These systems include: Child Protection, Juvenile Justice, Foster Care and Group Homes. However, we know that many youth who are not in their homes are also not involved in systems. Youth are staying with friends, couch hopping, staying in a car, unstably housed (unsafe such as a fish house or shed) or on the streets. Youth can also be found staying with relatives or friends that are arranged as permanent housing.

Older youth/young adults who experience homelessness have a lack of financial resources, are aging out of foster care, experience mental or chemical health problems, have left or been kicked out of a parents’ or caregivers’ home. This type of homelessness does not have a vibrant system to fall back on for assistance. There are points of contact through social services agencies for resources such as transitional housing and through the county for general emergency assistance and low-income housing. These programs are difficult to access, are few and far between, for youth living in a large county who may not have access to a car and little public transportation available.

Finding a definitive number of youth experiencing homelessness has been a challenge in many communities. Youth move from place to place and their homeless status is hidden within our communities. Specifically, in areas with no services in place for youth, the number is unknown. This invisible struggle youth grapple with is experienced in both inner city and rural communities. Chapin Hall at the University of Chicago undertook a national study which was released in 2017, called “Voices of Youth Count.” Below is a section outlining what was found and an introduction to Chapin Hall.

“Voices of Youth Count” is an unprecedented policy research initiative to understand, address and prevent youth homelessness in America. Infused with youth voices and strengthened by reach into nearly 30,000 U.S. households and 22 diverse communities, the research provides robust information to support effective policies, practices and programs that will end youth homelessness.”

To gain a fuller picture, “Voices of Youth Count” primarily draws on a nationally representative phone survey for national estimates in this brief, but we also include some insights from other research components—like in-depth interviews and brief youth surveys that took place during local Youth Counts across the country.

“The national survey interviewed 26,161 people, who were broadly representative of the population of the nation, during 2016 and 2017. The study interviewed adults whose households had youth and young adults ages 13-25 over the year and respondents who were ages 18-25. The respondents then answered questions about occurrences of different types of youth homelessness experienced by the respondents themselves (if ages 18-25) or by young people (ages 13-25) who were in the household.”

“Results indicate that, despite more visible signs of homelessness such as youth asking for help on city corners, youth in rural, suburban, and urban counties experience very similar prevalence rates of homelessness. In predominantly rural counties, 9.2% of young adults reported any homelessness, while in predominantly urban counties, the prevalence rate was 9.6%. Household prevalence of any homelessness among adolescents ages 13-17 was 4.4% in predominantly rural counties and 4.2% in mainly urban counties.”

Said differently, this means that as a share of the population size, youth homelessness is just as much of a challenge in rural communities as it is in more urban communities. Of course, the number of youth experiencing homelessness in urban and suburban areas is much larger than the number in rural areas because a larger share of the US population lives in urban and suburban areas. As a country, we need tailored strategies to reach all of these young people.

One interesting distinction is that youth in rural communities seem to rely more on couch surfing, probably due to a lack of shelter and housing services in their communities. The national survey suggests modestly higher rates of couch surfing in the least densely populated counties when compared to those with the highest density. But the national survey did not show where there might have been heavier reliance on some sleeping arrangements over others because its aim was to assess whether a youth couch surfed at all. The 4,000 in-person Youth Count surveys across 22 counties, on the other hand, show sleeping arrangements on a given night. This component of the research found that youth experiencing homelessness in rural counties were twice as likely as youth in medium and large population counties to be staying with others, rather than in shelters or on the streets, on the night of the count. These cross-component findings underscore how hidden many young people are who experience homelessness in rural settings and the need for more creative identification and outreach approaches to support them.” (Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago.)

**The NINE Guiding Principles to Youth Work**

**Journey Oriented:** We interact with youth to help them understand the interconnectedness of their past, present, and future as they decide where they want to go and how to get there.

**Trauma-Informed:** We recognize that most homeless youth have experienced trauma; we build our relationships, responses, and services on that knowledge.

**Non-Judgmental:** We interact with youth without labeling or judging them on the basis of their background, experiences, choices, or behaviors.

**Harm Reduction:** We contain the effects of risky behavior in the short term and seek to reduce its effects in the long term.

**Trusting Youth-Adult Relationships:** We build relationships by interacting with youth in an honest, dependable, authentic, caring, and supportive way.

**Strengths-Based:** We start with, and build upon, the skills, strengths, and positive characteristics of each youth.

**Positive Youth Development:** We provide opportunities for youth to build a sense of competency, usefulness, belonging, and power.

**Holistic:** We engage youth in a manner that recognizes that mental, physical, spiritual, and social health are interconnected and interrelated.

**Collaboration:** We establish a principles-based, youth-focused system of support that integrates practices, procedures, and services within and across agencies, systems, and policies.

**Adolescent Development**

**Characteristics**

The five leading characteristics of adolescence are biological **growth** and **development**, an undefined **status**, increased **decision** making, increased pressures, and the search for **self**.

**Stages of Development**

Adolescence, these years from [puberty](https://www.healthychildren.org/english/ages-stages/gradeschool/puberty/Pages/default.aspx) to adulthood, may be roughly divided into three stages: *early*adolescence, generally ages eleven to fourteen; *middle*adolescence, ages fifteen to seventeen; and *late*adolescence, ages eighteen to twenty-one. In addition to physiological growth, seven key intellectual, psychological and social *developmental tasks*are squeezed into these years. The fundamental purpose of these tasks is to form one’s own identity and to prepare for adulthood.

**Physical Development**

*Puberty*is defined as the biological changes of adolescence. By mid-adolescence, if not sooner, most youngsters’ physiological growth is complete; they are at or close to their adult height and weight, and are now physically capable of having babies.

**Intellectual Development**

Most boys and girls enter adolescence still perceiving the world around them in concrete terms: Things are either right or wrong, awesome or awful. They rarely set their sights beyond the present, which explains younger teens’ inability to consider the long-term consequences of their actions.

By late adolescence, many youngsters have come to appreciate subtleties of situations and ideas, and to project into the future. Their capacity to solve complex problems and to sense what others are thinking has sharpened considerably. But because they are still relatively inexperienced in life, even older teens apply these newfound skills erratically and therefore may act without thinking.

**Emotional Development**

If teenagers can be said to have a reason for being (besides sleeping in on weekends and cleaning out the refrigerator), it would have to be asserting their independence. This demands that they distance themselves from Mom and Dad. The march toward autonomy can take myriad forms: less overt affection, more time spent with friends, contentious behavior, pushing the limits—the list goes on and on. Yet adolescents frequently feel conflicted about leaving the safety and security of home. They may yo-yo back and forth between craving your attention, only to spin away again.

**Social Development**

Until now, a child’s life has revolved mainly around the family. Adolescence has the effect of a stone dropped in water, as her social circle ripples outward to include friendships with members of the same sex, the opposite sex, different social and ethnic groups, and other adults, like a favorite teacher or coach. Eventually teenagers develop the capacity for falling in love and forming [romantic relationships](https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/default.aspx).

Not all teenagers enter and exit adolescence at the same age or display these same behaviors. What’s more, throughout much of adolescence, a youngster can be farther along in some areas of development than in others. For example, a fifteen-year-old girl may physically resemble a young adult but she may still act very much like a child since it isn’t until late adolescence that intellectual, emotional and social development begin to catch up with physical development.

Is it any wonder that teenagers sometimes feel confused and conflicted, especially given the limbo that society imposes on them for six to ten years, or longer? Prior to World War II, only about one in four youngsters finished high school. It was commonplace for young people still in their teens to be working full-time and married with children. Today close to three in four youngsters receive high-school diplomas, with two in five graduates going on to college. “As more and more teens have extended their education,” says Dr. Joseph Rauh, a specialist in adolescent medicine since the 1950s, “the age range of adolescence has been stretched into the twenties.”

Reflect back on your own teenage years, and perhaps you’ll recall the frustration of longing to strike out on your own—but still being financially dependent on Mom and Dad. Or striving to be your own person—yet at the same time wanting desperately to fit in among your peers.

Adolescence can be a confusing time for parents, too. For one thing, they must contend with their children’s often paradoxical behavior. How is it that the same son given to arias about saving the rain forest has to be nagged repeatedly to sort the recycling? Or that in the course of an hour your daughter can accuse you of treating her “like a baby,” then act wounded that you would expect her to clear the table after dinner?

But beyond learning to anticipate the shifting currents of adolescent emotion, mothers and fathers may be struggling with some conflicting emotions of their own. The pride you feel as you watch your youngster become independent can be countered by a sense of displacement. As much as you may accept intellectually that withdrawing from one’s parents is an integral part of growing up, it *hurts*when the child who used to beg to join you on errands now rarely consents to being seen in public with you, and then only if the destination is a minimum of one area code away.

It’s comforting to know that feeling a sense of loss is a normal response—one that is probably shared by half the moms and dads standing next to you at soccer practice. For pediatricians, offering guidance and advice to parents makes up a considerable and rewarding part of each automatic day.

Last Updated 11/16/2012

**Source** Adapted from Caring for Your Teenager (Copyright © 2003 American Academy of Pediatrics)

**Trauma Informed Care**

Trauma Informed Care (TIC) is an overarching structure and treatment attitude that emphasizes understanding, compassion, and responding to the effects of all types of trauma. Trauma Informed Care also looks at physical, psychological, and emotional safety for both clients and providers, and provides tools to empower folks on the pathway to stability.

Becoming “trauma-informed” means recognizing that people have many different traumatic experiences which often intersect in their lives.  Well-meaning services providers can often re-traumatize clients who need understanding, support, and individually-conscious care.

“Trauma informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (consensus-based definition from Shelter for the Storm: Trauma Informed Care in Homelessness Services Settings. 2010)

“Reasons for Incorporating Trauma Informed Care in your Program

• High prevalence of trauma in homeless youth

• Increase youth engagement

• Increase youth retention

• Promote healthy attachment, self-regulation and developmental skill competencies

• Improve the match between homeless youth needs and programs

• Establish more appropriate milestones

• Increase youth success

• Reduce staff burnout

 • Increase staff retention

• Compelling to stakeholders.”

*Adapted from: “10 Reasons for Integrating Trauma- Informed Services For Runaway and Homeless Youth” © 2009, Hollywood Homeless Youth Partnership, all rights reserved.*

**Harm Reduction**

Harm Reduction is an approach based on a strong commitment to public health and human rights;

• a targeted approach that focuses on specific risks and harms

• an evidence-based and cost-effective approach which is practical and feasible

• an incremental approach that is facilitative rather than coercive and is grounded in the needs of the individual

• an approach that requires practitioners to accept youth as they are and avoid being judgmental

• an approach that requires open, honest dialogue between all stake holders

• an approach that recognizes the value of all persons regardless of what behaviors they exhibit

• an approach that acknowledges ANY positive change an individual makes

What is Harm Reduction for Youth?

A harm reduction program should empower youth by offering a support system that allows youth enough control to make their own positive decisions and then space to safely see the outcomes of these decisions. Harm reduction for youth means meeting a youth where they are in life and letting them make decisions about the program they are in and their own futures.

Harm reduction can be very effective for helping youth who are the hardest to reach and have the greatest need. Two and a half years ago, the Community Action Partnership of Western Nebraska was a zero-tolerance program: if youth were using, they were kicked out of the program and services. “Our success rates were low, below 50%. We realized we were seeing the same youth cycle in and out until they were too old for youth services. We weren’t helping youth with the greatest needs. So, we made a shift to a harm reduction, trauma-informed model. Now our success rates are up to 75%,” said Vicki Lawton. “The shift from zero tolerance was hard, but it was absolutely worth it. Helping just one youth who wouldn’t have been helped before has an incalculable moral benefit, but the benefit to the taxpayer is calculable: many youth who develop a history of homelessness at a young age never break the cycle and become adults who are chronically homeless and incur high costs to public systems.”

In Portland, Maine, Preble Street Youth Services evaluated the population they are serving and found that the youth in their programs have histories of trauma, mental illness, and substance abuse. Ninety-four percent of youth in the study had mental health issues. Nearly one-hundred percent were using illicit substances. Nearly half had considered or attempted suicide. Eighty-two percent of females and thirty-eight percent of males had experienced domestic violence. “Using a trauma-informed approach, it becomes clear to our staff that for many youth, substance abuse and some other risky behaviors can be mechanisms to cope with past trauma, but these behaviors can also create new trauma. At Preble Street Youth Services, we have found that to help break this cycle we first need to get youth in the door. To do that we offer whatever it is a youth needs at the moment. Usually this is food, but it can also be clothing or a bed.

Once we get them in the door, they end up using more services than they initially said they were interested in, and the more services they use the better chance they have of having a positive outcome.”

*Source: Ho, J. (n.d). Harm Reduction for Youth. Retrieved from www.usich.gov/population/youth/harm\_reduction\_for youth RHYIssues@aGlance is produced for grantees of the Runaway and Homeless Youth Program, Family and Youth Services Bureau, 2012*

**Being an LGBTQ Ally for Youth**

LGBT (Lesbian, Gay, Bisexual, Transgender) individuals face a particular set of challenges, both in becoming homeless as well as when they are trying to avoid homelessness. LGBT persons face social stigma, discrimination, and often rejection by their families, which adds to the physical and mental strains/challenges that all homelessness persons must struggle with.

Frequently, homeless LGBT persons have great difficulty finding shelters that accept and respect them. LGBT individuals experiencing homelessness are often at a heightened risk of violence, abuse, and exploitation compared with their heterosexual peers. Transgender people are particularly at physical risk due to a lack of acceptance and are often turned away from shelters; in some cases signs have been posted barring their entrance.

* According to the [Williams Institute](http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf), 40% of the homeless youth served by agencies identify as LGBT
* 43% of clients served by drop-in centers identified as LGBT
* 30% of street outreach clients identified as LGBT
* 30% of clients utilizing housing programs identified as LGBT

The most frequently cited factor contributing to LGBT homelessness was family rejection based on sexual orientation and gender identity, with the second most common reason of being forced out by their parents after coming out, according to the [Williams Institute](http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf), UCLA School of Law, et al. Once homeless, these youth experience greater physical and sexual exploitation than their heterosexual counterparts.

At school LGBT students often face harassment, both physical and verbal, which leads to many additional challenges. According to a [2015 report by GLSEN](https://www.glsen.org/article/2015-national-school-climate-survey):

* LGBTQ students who encountered high levels of discrimination were more than three times as likely to miss school than students who had not.
* 66.2% of LGBTQ students felt discriminated against at school due to their sexual orientation.
* Only 10.2% of students said that their schools' anti-bullying policies included protections for LGBTQ students against harassment on the basis of both sexual orientation and gender.
* Fortunately, rates of physical assault of LGBTQ students as well as homophobic statements are at their lowest levels since 2007.

# Lesbian, Gay and Bisexual Glossary of Terms

* **Ally (Heterosexual Ally, Straight Ally)** Someone who is a friend, advocate, and/or activist for LGBTQ people. A heterosexual ally is also someone who confronts heterosexism in themselves and others. The term ally is generally used for any member of a dominant group who is a friend, advocate or activist for people in an oppressed group (i.e. White Ally for People of Color).
* **Androgynous** Term used to describe an individual whose gender expression and/or identity may be neither distinctly “female” nor “male,” usually based on appearance.
* **Asexual:** A sexual orientation generally characterized by not feeling sexual attraction or desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity. Some asexual people do have sex. There are many diverse ways of being asexual.
* **Biphobia:** The fear, hatred, or intolerance of bisexual people.
* **Bisexual, Bi:**An individual who is physically, romantically and/or emotionally attracted to men and women. Bisexuals need not have had sexual experience with both men and women; in fact, they need not have had any sexual experience at all to identify as bisexual.
* **Cisgender:** a term used to describe people who, for the most part, identify as the gender they were assigned at birth.
* **Closeted:**Describes a person who is not open about his or her sexual orientation.
* **Coming Out:**A lifelong process of self-acceptance. People forge a lesbian, gay, bisexual or transgender identity first to themselves and then may reveal it to others. Publicly identifying one’s orientation may or may not be part of coming out.
* **Down Low:**Pop-culture term used to describe men who identify as heterosexual but engage in sexual activity with other men. Often these men are in committed sexual relationships or marriages with a female partner. This term is almost exclusively used to describe men of color.
* **Drag Queen/Drag King:** Used by people who present socially in clothing, name, and/or pronouns that differ from their everyday gender, usually for enjoyment, entertainment, and/or self-expression. Drag queens typically have everyday lives as men. Drag kings typically live as women and/or butches when not performing. Drag shows are popular in some gay, lesbian, and bisexual environments. Unless they are drag performers, most Trans people would be offended by being confused with drag queens or drag kings.
* **Gay:**The adjective used to describe people whose enduring physical, romantic and/or emotional attractions are to people of the same sex (e.g., gay man, gay people). In contemporary contexts, lesbian (n. or adj.) is often a preferred term for women. Avoid identifying gay people as “homosexuals” an outdated term considered derogatory and offensive to many lesbian and gay people.
* **Gender Expression:** Refers to how an individual expresses their socially constructed gender. This may refer to how an individual chooses to dress, their general appearance, the way they speak, and/or the way they carry themselves. Gender expression is not always correlated to an individuals’ gender identity or gender role.
* **Gender Identity:** Since gender is a social construct, an individual may have a self-perception of their gender that is different or the same as their biological sex. Gender identity is an internalized realization of one’s gender and may not be manifested in their outward appearance (gender expression) or their place in society (gender role). It is important to note that an individual’s gender identity is completely separate from their sexual orientation or sexual preference.
* **Gender Neutral:** This term is used to describe facilities that any individual can use regardless of their gender (e.g. gender-neutral bathrooms). This term can also be used to describe an individual who does not subscribe to any socially constructed gender (sometimes referred to as “Gender Queer”).
* **Gender Non-Conforming**: A person who is, or is perceived to have gender characteristics that do not conform to traditional or societal expectations.
* **Gender/Sexual Reassignment Surgery:** Refers to a surgical procedure to transition an individual from one biological sex to another. This is often paired with hormone treatment and psychological assistance. A “Transsexual” individual must go through several years of hormones and psychological evaluation and live as the “opposite” or “desired” gender prior to receiving the surgery (see intersex).
* **Gender Role:** A societal expectation of how an individual should act, think, and/or feel based upon an assigned gender in relation to society’s binary biological sex system.
* **Heterosexual**An adjective used to describe people whose enduring physical, romantic and/or emotional attraction is to people of the opposite sex. Also, straight.
* **Homosexual:** Outdated clinical term considered derogatory and offensive by many gay and lesbian people. The Associated Press, New York Times and Washington Post restrict usage of the term. Gay and/or lesbian accurately describe those who are attracted to people of the same sex.
* **Homophobia:**Fear of lesbians and gay men. Prejudice is usually a more accurate description of hatred or antipathy toward LGBT people.
* **Intersex**: People who naturally (that is, without any medical interventions) develop primary and/or secondary sex characteristics that do not fit neatly into society’s definitions of male or female. Many visibly intersex babies/children are surgically altered by doctors to make their sex characteristics conform to societal binary norm expectations. Intersex people are relatively common, although society’s denial of their existence has allowed very little room for intersex issues to be discussed publicly. Has replaced “hermaphrodite,” which is inaccurate, outdated, problematic, and generally offensive, since it means “having both sexes” and this is not necessarily true, as there are at least 16 different ways to be intersex.
* **In the Life**: Often used by communities of color to denote inclusion in the LGBTQ communities.
* **Kinsey Scale:** Alfred Kinsey, a renowned sociologist, described a spectrum on a scale of 0 6 to describe the type of sexual desire within an individual. 0  Completely Heterosexual – 6: Completely Homosexual. In his 1948 work Sexual Behavior in the Human Male. The Kinsey Scale is often used to dissect the bisexual community and describe the differences between sexual orientation and sexual preference.
* **Lesbian:**A woman whose enduring physical, romantic and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women.
* **LGBTQQIA:**An acronym used to refer to all sexual minorities: “Lesbian, Gay/Gender Neutral/Gender Queer, Bisexual/Bigender, Transgender/Transvestite/Transsexual, Questioning/Queer, Intersex, and Allies/Androgynous/Asexual.”
* **Lifestyle: (**Offensive Term) Inaccurate term used by anti-gay extremists to denigrate lesbian, gay, bisexual and transgender lives. As there is no one straight lifestyle, there is no one lesbian, gay, bisexual or transgender lifestyle.
* **Men Loving Men (MLM)**: Commonly used by communities of color to denote the attraction of men to men.
* **Men Who Have Sex with Men:**men, including those who do not identify themselves as homosexual or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as heterosexual).
* **Openly Gay:**Describes people who self-identify as lesbian or gay in their personal, public and/or professional lives. Also, openly lesbian, openly bisexual, openly transgender.
* **Outing:**The act of publicly declaring (sometimes based on rumor and/or speculation) or revealing another person’s sexual orientation or gender identity without that person’s consent. Considered inappropriate by a large portion of the LGBT community.
* **Pansexual:**not limited in sexual choice with regard to biological sex, gender, or gender identity.
* **Queer:** Traditionally a pejorative term, queer has been appropriated by some LGBT people to describe themselves. However, it is not universally accepted even within the LGBT community and should be avoided unless someone self-identifies that way.
* **Questioning:** The process of considering or exploring one’s sexual orientation and/or gender identity.
* **Sexual Orientation:**The scientifically accurate term for an individual’s enduring physical, romantic and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual (straight) orientations. Avoid the offensive term “sexual preference,” which is used to suggest that being gay or lesbian is voluntary and therefore “curable.”
* **Sexual Behavior:** Refers to an individual’s sexual activities or actions (what a person does sexually). Though often an individual’s sexual orientation is in line with their sexual behavior, it is not always the case.
* **Sexual Minority:** An all-inclusive, politically oriented term referring to individuals who identify with a minority sexual orientation, sex identity, or gender expression/gender identity.
* **Sexual Preference**(Offensive Terms): This term refers to an individual’s choice in regards to attraction. Sexual preference can be based on gender/sex, physical appearance (height, weight, race, ethnicity), or emotional connection. It is important to note that sexual preference denotes a “choice” and has a negative connotation when used to describe the LGBTQ population.
* **Straight:**Pop culture term used to refer to individuals who identify as a heterosexual, meaning having a sexual, emotional, physical and relational attraction to individuals of the “opposite” gender/sex. The term “straight” often has a negative connotation within the LGBTQ population, because it suggested that non-heterosexual individuals are “crooked” or “unnatural”.
* **Transvestite:** An umbrella term, which refers to people who wear the clothing of the “opposite” gender. These individuals can be transgender, transsexual, cross dressers, Drag performers, or individuals who express their gender in a unique way. This term is often thought to be outdated, problematic, and generally offensive, since it was historically used to diagnose medical/mental health disorders.
* **Women Loving Women (WLW):** Commonly used by communities of color to denote the attraction of women to women.
* **Zie & Hir:**The most common spelling for gender neutral pronouns. Zie is subjective (replaces he or she) and Hir is possessive and objective (replaces his or her).

## GENERAL TERMINOLOGY

* Gender Identity: One’s internal, personal sense of being a man or a woman (or a boy or a girl). For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match.
* Gender Expression: External manifestation of one’s gender identity, usually expressed through “masculine,” “feminine” or gender-variant behavior, clothing, haircut, voice or body characteristics. Typically, transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex.
* Sex: The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including: chromosomes, hormones, internal reproductive organs, and genitals.
* Sexual Orientation: Describes an individual’s enduring physical, romantic and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. Transgender people may be straight, lesbian, gay or bisexual. For example, a man who transitions from male to female and is attracted to other women would be identified as a lesbian or a gay woman.

## TRANSGENDER NAMES, PRONOUN USAGE & DESCRIPTIONS

* **Always use a transgender person’s chosen name.**Often transgender people cannot afford a legal name change or are not yet old enough to change their name legally. They should be afforded the same respect for their chosen name as anyone else who lives by a name other than their birth name (e.g., celebrities).
* **Whenever possible, ask transgender people which pronoun they would like you to use.**A person who identifies as a certain gender, whether or not that person has taken hormones or had some form of surgery, should be referred to using the pronouns appropriate for that gender.
* **If it is not possible to ask a transgender person which pronoun he or she prefers, use the pronoun that is consistent with the person’s appearance and gender expression.**For example, if a person wears a dress and uses the name Susan, feminine pronouns are appropriate.
* **It is never appropriate to put quotation marks around either a transgender person’s chosen name or the pronoun that reflects that person’s gender identity.**
* **When describing transgender people, please use the correct term or terms to describe their gender identity.**For example, a person who is born male and transitions to become female is a transgender woman, whereas a person who is born female and transitions to become male is a transgender man.

<https://www.wearefamilycharleston.org/lgbt-a-z-glossary/>

**Engaging Youth**

THE CORE OF ENGAGEMENT: RELATIONSHIP

“Engagement means establishing a relationship and building upon it. One clinician shared, “Engagement is not about what [products and services] we have to offer, what’s in our backpack, or even the fliers that we have to hand out, it’s really about connecting with the young person.”

Practical suggestions for providers meeting homeless youth for the first time include

• Share what you do, and don’t require anything of the young person.

• Give the young person an opportunity to choose to say no or decline what is being offered.

• If the client accepts or declines, make known the availability of the provider (location and times) that the young person can access if they would like to in the future.

• If the client accepts further engagement, the provider can share health information and information about accessible community resources.

• If the client accepts further engagement, the provider may begin to assess the young person’s needs by asking and listening, sticking with basic attending and reflective listening skills

Trust is a complex phenomenon, involving personality characteristics, past experiences, cultural expectations, and the current situation and environment. It is gained through genuineness, consistency, dependability, and transparency.

Trust must be reciprocal. Safety is a central component of trust. Does the youth feel safe? Providers serving homeless youth need to be cognizant of how trauma affects the individual’s behaviors and thinking, especially one’s concept of safety.

When people feel safe, they are more willing to trust, and in this interactional cycle, trust creates a sense of safety. When young people feel safe, they can open up and are more willing to communicate and reach out. They will feel safe to:

• Be emotional, have and express various emotions including fear and anger

• Form attachments

• Voice opinions without fear of repercussions

• Say no and set boundaries with others including adults, providers, and staff

Respect is central to engagement. As youth begin to trust providers and reveal themselves, it is crucial for providers to exhibit a respectful, accepting, non-judgmental attitude. One clinician remarked, “The young people we serve feel invisible …even within programs that are there [to serve] them.” The young people who walk through an agency’s doors may be judged or looked down on by others for their age, hygiene, behavior, dress, the groups or crowds they associate with, or their housing status, and because of this, many youth are not hearing that they are seen, heard or cared for from adults, authority figures, or people working for the “system.” A clinician was reminded of something one of her young consumers had expressed, “Why can’t I be seen for more than a drug-abuser? Why can’t I be seen for more than a trouble-maker?”

Respecting the whole person is conveying to the young person through words and behaviors the message I see you. I hear you. And I care.

Summary: Three Essential Questions about Relationship

• Is the provider expressing trust and respect and considering safety?

• Is the provider considering the individual’s culture, respecting boundaries, and attempting to involve youth in decision-making?

• Are providers expressing acceptance, appreciation, and the desire to work together with the client?

**Boundaries and Limit Setting**

Youth need to have clear expectations to understand where their boundaries are in relationship and in the space, they are in. Youth will test the limits and boundaries of each adult in the drop-in site at some point in time. It is very important not to change the rules for one youth so that there would be confusion with another youth or volunteer. Try to limit the grey areas in any instruction. If in doubt confer with other volunteers or staff.

Being authentic, present, compassionate, and intentionally fostering a genuine relationship are of critical importance. As teens get to know themselves, and you, they often find ways to test boundaries. What most professionals find difficult is how to create meaningful relationships, but also maintain strong, healthy boundaries. Practicing healthy boundaries is important because healthy boundaries ultimately make you a “safe” adult.

### **How do we do set healthy boundaries?**

The first step is to manage the emotions that arise when a boundary is tested. If someone in your classroom is acting goofy and you need to get on with your lecture, notice what arises in you first. Maybe it’s frustration, or anger, or even exhaustion. Use practices like [mindfulness](http://centerforadolescentstudies.com/3-tips-for-using-mindfulness-in-substance-abuse-treatment-with-adolescents/) that enhance your self-awareness of the moment so you can make conscious decisions about what to do next. One thing you might do is take a deep belly breath or two. Breathing deeply will activate your parasympathetic nervous system and the relaxation response. Even if you relax just slightly more, you’ll be that much more able to engage and set the boundary skillfully.

Next, rather than making a demand (i.e., “you need to stop being goofy right now!”), ask a question. Asking a question helps youth to actually think about what you’re asking (i.e., they’ll go to a cognitive place) and you’ll encounter much less resistance. Making a demand will most often create more resistance. If folks in your group are engaging in side-talk, a simple question like, “what are you two talking about?”  with a genuine interest can sometimes completely derail the side talk.

Once you’ve asked the question, then respectfully clarify the boundary: “What are you two talking about? **… [Be genuinely interested, let them answer, and momentarily engage the side conversation, then continue with setting the boundary]** … it’s really difficult for me to present this lecture when you’re talking. Could you hold the conversation off for a little longer while I present this lecture? I really want to know what you think and know you’ll have something to contribute to the discussion.”

centerforadolescentstudies.com/setting-boundaries-critical-healthy-relationships-teens

**Crisis intervention/De-Escalation**

Behavior De-Escalation Skills for Youth Workers, By Gary Russell

“When people first start working with at-risk youth, there is a “fear factor”. “How will I do if the youth challenge me, or get angry, or even threaten me?” Learning these crisis intervention skills can do much to assuage these fears. Over time, one realizes for the most part, these are just youth. The pleasant interactions far outweigh the scary moments. When you become more skilled you will see potential crisis as a challenge that you can manage…and an opportunity to teach long-lasting skills to youth.

Youth begin by experiencing an emotional crisis. Some hurt, challenge, frustration, unmet needs or maybe even injustice, can trigger the escalation. The youth may escalate because he/she/they has had bad luck with manipulation in the past. We want to avoid the crisis stage. At that level, the youth is more irrational. People could get hurt. So, we try to head things off before they get to this point.

Early Stages – Be proactive. Try to avoid the necessity for crisis intervention with masterful prevention techniques. When you see tension, pull people aside and talk it out. Occasionally, adults need to run interference if impulsive youth are inadvertently pushing other youth’s buttons. Don’t just let it spin. Take action.

Avoid Polarity- What is polarity? Relational polarity happens when people take opposing sides. It almost always is framed in terms of authority verses subordinate. The adult is pitted against the youth, me versus you, staff against the kids, master verses peon, us versus them. The battle lines have been drawn and the fight is ready to begin. It’s implied at times when a parent says, “I’m the adult.” Or, “As long as you live in my house, you will do as I say.” Or, “When you start paying the bills…”

Why is polarity a bad thing? Well, for starters, if you push, youth will push back. The “push/push, becomes a “lose/lose” situation. Power struggles do not promote safety and adults should be fostering safe households and youth group environments.

How does one avoid polarity?

Ultimatums vs. Choices- Ultimatums are the quintessential expression of external control. “Do it or else.” Kids have egos, too, especially as they move into adolescence. If you push, they will push back. When you offer choices, the youth can internalize the conflict, placing it in the youth’s head, so the caregiver can avoid bumping heads. Here are some tips on offering choices:

\*Lead with the preferred choice, the path of least resistance.

\*Be confident you can follow through with either option.

\*Step aside for a few minutes to let the youth “save face,” and give the cognitive dissonance a chance to spur some action.

State your expectations in a positive way- Tell kids what you want them to do rather than what you don’t want them to do. This is positive imaging. If they can conceive it; they can achieve it. This is super important:

* Go over your expectations for a task or an activity.
* Break it down to a few essential rules.
* Go over the consequences if they should fail to follow the basic rules.
* Get their agreement on the rules AND consequences.

Then, if they blow it, it’s their fault, not yours. This makes the follow through much easier. It also teaches youth they can earn privileges by exhibiting positive behavior.

Effective Confrontation:

Make statements. Don’t ask questions. The key characteristic of a good youth worker is assertiveness. Follow your gut and don’t let things slide. We all need honest feedback.

Here is how to package a statement:

1) Describe what you see. If you are merely describing reality, there is not much room for argument.

2) Describe your emotional response to what you see. Again, kids can’t argue with how you feel about what you see. A typical lead-in sounds like this: “I’m not comfortable with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.”

When you combine these two statements together, you have a very powerful, direct and respectful confrontation.

Things get Territorial- When the youth is flying by the emotional seat of their pants, they quit hearing your content. They are keying in to your body language and posture. So,…

**Keep your distance**- If normal distance is about 3 feet, you need 6 or 7 feet between you and an escalated youth.

**Present profile (the professor routine)**- Try not to look imposing or threatening. The least defensive posture you can assume is the professor stance- hand on the elbow and your other hand on your chin. You look contemplative, not aggressive. You’re casual, taking your time and thinking things over.

**Use less eye contact**- Don’t give them the evil eye or engage them intensely. No Staring contests.

**Lower your voice**- The youth will be escalating, maybe even screaming. You don’t want to follow suit. Remember, you are modeling self-control and communicating, “mellowness.” Make them come down to your level.

Be Mindful of Your Environment-

You must be very mindful of any potential audience. Removing the audience will be the job of your co-volunteer or staff if you have one.

Recovery- This final stage can offer some very therapeutic moments that can provide lessons and chances to rebuild relationships. Many key disclosures are made after an escalation that opened the door to recovery.

**Mandated Reporting – Child Protection - Vulnerable Adults**

## Minnesota Mandated Reporting Under Minnesota Statute 626.556, persons in designated professional occupations are mandated to report suspected child abuse or neglect.Persons who work with children and families are in a position to help protect children from harm. These persons are required by law to report to child protection if they know or have a reason to believe that a child is being abused or neglected or that a child has been neglected or abused within the prior three years.The individual with direct knowledge of possible child abuse or neglect is individually responsible to report to the police or child protection. Reporting the concern to a supervisor, administrator, or other coworkers does not mitigate your responsibility to report.The reporter's name is confidential, accessible only if the reporter consents or by a court order. You can find more information about mandated reporting in the [Resource Guide for Mandated Reporters](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2917-ENG).

## **To Report Child Abuse or Neglect**651-430-6457**After 4:30 p.m. or on Weekends**651-291-6795

**Imagine When – Exercise – Case Scenarios –**

The following are real situations that have occurred. The names and identifying information have been changed for confidentiality of the youth.

Break into groups and discuss the scenarios. Each group will be assigned one situation. A group discussion will follow.

1. Discuss what the youth in the situation may be feeling.
2. What you would/could you do, if you were the youth?

**#1**

You are 14 years old, you live in Bayport with your mom and three younger siblings. Your mom works the 3:00-11:00 PM shift Monday through Friday. You are responsible for your brothers and sister. This includes, making dinner, clean up and making sure your siblings get their homework done.

One night your sister refuses to do her chore of getting the dishes done. No matter how much you ask, she will not do them. You get frustrated and give up asking her. Your mom comes home and finds the kitchen unclean and the dirty dishes. You are working on homework and on your phone with friends. Your mom blames you for the mess and takes your phone. You are filled with rage and try to tell her that it was your sister’s fault for not doing the dishes. You argue with your mom and get so angry you push her out of your way and leave the house telling her, “I hate you and I’m not doing this anymore!”

**#2**

You are 16 years old and live in Stillwater. Your dad drinks heavily. One night he was drinking and started to tease you. You could tell this wasn’t going to go well, but sat quietly for a little while and watched tv. The teasing started to get mean and ugly…you got up to leave the room and your dad got in your face. You told your dad to “\*\*\*\* off”. Your dad hits you, you leave the house and don’t ever want to go home again.

#3

## You are 15 years old and live in Woodbury. Your dad asks if he can look something up on your iPad, you say “Sure”. You know in your heart you are gay. You haven’t come out yet but have been exploring LGBTQ sites on you iPad. You always clear your search history. Your father approaches you with your iPad by saying, “Why are you looking at fag sites?” You go back and forth deciding if you should lie and say it is for a project – kicking yourself that you didn’t clear your iPad history. Instead you blurt out the truth and tell him you’re gay. Your dad shouts “No fag is living under my roof – get the h\*\*\* out!” You leave the house.

## YSNMN - Resources



YSNMN.org is a web-based application that helps homeless youth and their advocates to search online for shelter and other kinds of assistance. You can also download the YSNMN app onto your smart phone for free. YSNMN.ORG is a project of the Youth Services Network of MN (YSN).

In addition to youth Outreach Worker availability info, the YSNMN app also includes Metro-area resources in the following areas:

* Youth shelter bed availability in real-time
* Youth Drop-in Centers
* Basic Needs (clothing, showers, hygiene, etc.)
* Youth food shelves and hot meals
* Youth-focused medical care
* Sexual health care
* Mental health counseling
* Crisis numbers
* Parenting Youth resources

Please take time to download YSNMN on your phone from your app store.

Many other resources can be found on the Washington County web site. Just type in Washington County Resources or the address below.

[www.co.washington.mn.us/105/Community-Resource-Guide](http://www.co.washington.mn.us/105/Community-Resource-Guide)

**So, Now I’m Trained What’s Next?**

* Review Drop-In Policy and Procedures
* Discussion on what to expect
* Tour the space
* Sign up calendar
* Questions/Concerns/Training Evaluation

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**The Butterfly**

A man found a cocoon of a butterfly. One day, a small opening appeared. He sat and watched the butterfly for several hours as it struggled to force its body through the little hole. Then it seemed to stop making any progress. It appeared as though it had gotten as far as it could, and it could not go any further. So, the man decided to help the butterfly. He took a pair of scissors and snipped off the remaining bit of cocoon. The butterfly then emerged easily, but it had a swollen body and small shriveled wings. The man continued to watch the butterfly because he expected that, at any moment, the wings would enlarge and expand to be able to support the body, which would contract in time. Neither happened! In fact, the butterfly spent the rest of its life crawling around with a swollen body and shriveled wings. It was never able to fly.

What the man, in kindness and haste, did not understand was that the restricting cocoon and the struggle required for the butterfly to get through the tiny opening were nature’s way of forcing fluid from the body of the butterfly into its wings so that it would be ready for flight once it achieved its freedom from the cocoon.

Sometimes struggles are exactly what we need in our lives. If we were allowed to go through life without any obstacles, it would cripple us. We would not be as strong as what we could have been. We could never fly.

**I asked for strength…**

I was given difficulties to make me strong

**I asked for wisdom…**

I was given problems to solve

**I asked for prosperity…**

I was given a brain and brawn to work

**I asked for courage…**

I was given danger to overcome

**I asked for love…**

I was given troubled people to help

**I asked for favors…**

I was given opportunities

**I received nothing I wanted…**

I received everything I needed.

Adapted from the Michigan 4-H Youth Development at Michigan State University