



ASBURY YOUTH VOLUNTEERS

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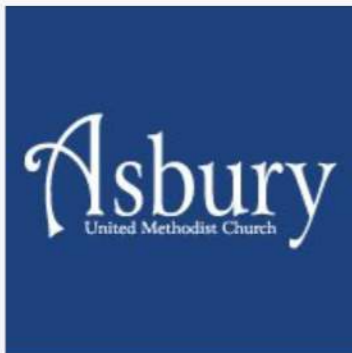
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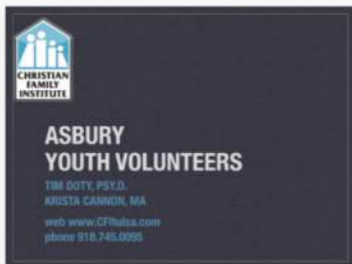
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Asbury United Methodist Church | High school and middle school volunteers

1) [presentation slides](#)



2) [Mandatory reporting handout](#)

3) [Suicide help decision tree](#)

4) [Boundary rules](#)

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Relationship as prerequisite

- Students will reject the message if they don't know and trust the messenger

- This relationship must contain:

 - A belief that you have their best interest at heart

 - A belief that you love and care for them unconditionally

 - A belief that you have something of value to offer
(wisdom, insight, experience, etc.)

Once this special relationship is established, children and youth will:

- * Lower their defenses
- * Become trusting and vulnerable
- * Become receptive and listen to what you tell them
- * Become influenced by the guidance and direction you offer

When these relationship objectives are established by an adult who is committed to the welfare and best interest of children and youth under their care, we call this mentoring, teaching coaching, disciple training, etc.

But, when the same strategy is employed by an adult who is placing their own self serving interests and sexual needs above the welfare of children or youth, we call this "predatory" or "grooming" behavior.

Traits Of Healthy Relationships

- * Clearly defined and roles, rules, boundaries, policies, standards, etc.
- * Healthy relationship systems (family, church, military, sports team, business, etc.) are organized hierarchically.
 - * Authority
 - * Accountability
 - * Supervision and oversight
 - * When the order is compromised, the system acts to restore

Traits Of Unhealthy Relationships

- * The person in the superior position uses the power and influence of their rank to subtly control their subordinate
- * Rules and boundaries are changed as needed to accomplish this objective
- * There is insufficient accountability or authority elsewhere in the system to stop this process
- * "The elephant in the living room"

Risk Management In The Church

- * Churches in our area have been particularly vulnerable to negative media coverage regarding children and youth being sexually mistreated by leaders, employees and/or volunteers.
- * Whether such allegations are ultimately found to be true or false, they are always detrimental to the evangelical and discipleship missions of the church, and the perception that church is a safe place to send our children.
- * With these concerns in mind, we are strongly recommending that each church or church program establishes an official policy that incorporates the following rules and boundaries for those working with children and youth

Recommended Download

[HTTP://BIT.LY/2WKLAAY](http://bit.ly/2WkLAAY)



Rules & Boundaries For Volunteers Working With Children And Youth

In our efforts to have a positive impact upon the young people we work with, our greatest tool is unquestionably the quality of relationships we are able to establish with them. Once a relationship of trust is established, they will let down their guard and make themselves vulnerable and receptive to the wisdom, insights and guidance that we have to offer.

Unfortunately, this same strategy is often employed by adults who place their own self serving relationship and sexual needs above the welfare of the children and teenagers they come into contact with. To succeed in this predatory endeavor, the relationship building strategy typically employed is referred to as "grooming" behavior.

Healthy relationships are established and operate with clearly defined rules and boundaries. This is where the distinction between building a helping relationship with youth and grooming behaviors are most clear. Both may start out looking identical, but healthy relationships make clear what the rules and boundaries must be and strictly adhere to them.

The churches in our local community have been particularly vulnerable to negative media coverage for allegations of leaders, employees, and volunteers sexually mistreating children and youth in their congregations. Whether such allegations are ultimately found to be true or false, it is always detrimental to the evangelical mission of the church and the perception that the church is a safe place for them.

With this in mind, it is strongly recommended that each church or church program establish an official policy that incorporates the following rules and boundaries for those working with children and youth:

1. Do not give any gift personally from yourself. The source of the gift should be identified as coming from the church, youth program, specific ministry of the church, etc. This includes lending money or personally purchasing an item for them.

2. Be aware of playing favorites with any one particular individual. Keep your efforts and attention balanced

Mandatory Reporting: See Something...Say Something

- * The following slides will define the "something(s)" that require response: clear communication to defined authorities

In order of high risk to low(er) risk management what MUST you report by law, and what SHOULD you report locally to your pastor or minister in charge

MUSTS:

- Abuse
- Sexual Abuse
- Sexual Exploitation
- Neglect
- imminent harm to self or others

Should's:

- behavior that appears to mimic grooming:
- one-on-one meetings without another adult present - bending the rules just this time
- secretive communication between volunteer and child that does not include a parent or guardian
- "you can tell me, I won't tell your parents"

Oklahoma State law (10A O.S. § 1-2-101 *et seq.*)

Every person having reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect shall report the matter promptly to the Department of Human Services

Abuse Defined

“Abuse” means harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child by a person responsible for the child’s health, safety or welfare, including but not limited to non-accidental physical or mental injury, sexual abuse, or sexual exploitation. Provided, however, that nothing contained in this act shall prohibit any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

Failure to report suspected abuse is a crime – legally and morally. No person, regardless of his or her relationship with the child or family, is exempt from reporting suspected abuse.

No privilege or contract shall relieve any person from the requirement of reporting

Crisis Intervention

- * *Crisis*- something that threatens well-being of you or an important attachment in your life-- that disrupts normal life and routines
- * *Trauma*--something that goes beyond our previously available coping strategies that threatens to overwhelm

how crisis intervention differs from ongoing helping

- * More active
- * Clarifying circumstances and situation.
 - "Can you tell me about it?"
 - "How did you react?"
- * Providing information/education and reassurance
- * Suggesting a course of action

Reactions to stress, crisis, trauma

- * Most people do what they know best, normal coping habits for abnormal circumstances are often not enough
- * What to do in the moment? Psychological first-aid
 - Display / model a sense of calmness
 - Predict feelings they are likely to encounter
 - Be. Listen.
 - Point to additional resources-- connect to ongoing help
 - Encourage resiliency, but avoid platitudes

Responses to Trauma & Crisis

- * As a volunteer, what is the church policy about your role in responding to crises and trauma?
- * What options are available to you as support in the midst of a situation?

Psychological First Aid and predicting responses to crises and trauma

- * "It's not uncommon to feel..."
 - Shock, numbness, anger, depressed, anxious, fears, memories, nightmares, irritable and/or withdrawn emotions, and confusion.

Signs and symptoms of an Eating Disorder

- * Behaviors and attitudes indicating weight loss, dieting, control of food are primary concerns
- * Dramatic weight loss
- * Purging behaviors—frequent trips to bathroom after meals, signs/smells of vomiting, wrappers or packages of laxatives or diuretics
- * Excessive, rigid exercise regimen—despite weather, fatigue, illness, or injury—due to need to “burn off” calories

Signs and symptoms of an Eating Disorder, cont'd

- * Unusual swelling of cheeks or jaw area
- * Calluses on back on the hands and knuckles from self-induced vomiting
- * withdraws from usual friends and activities

Responses to disordered eating behavior

Do not intentionally or unintentionally become the student's therapist, savior, or victim. Attempts to "moralize," develop therapeutic plans, closely monitor the person's eating, adjust one's life around the eating disorder, or cover for the person are not helpful.

Responses to disordered eating behavior, cont'd

Be knowledgeable about community resources to which the student can be referred. In discussing the utility of these resources, emphasize to the student that, since eating problems are very hard to overcome on one's own, past unsuccessful attempts are not indicative of lack of effort or moral failure

Responses to disordered eating behavior, cont'd

- Communicate care, concern, and a desire to talk about problems. Your responsibility is not diagnosis or therapy; it is the development of a compassionate and forthright conversation that ultimately helps a student in trouble find understanding, support, and the proper therapeutic resources.
- Offer to talk to the student's parents with them
- A great resource is NEDA (National Eating Disorders Association)

Distinguish between Self-Injurious Behavior (SIB) and suicidal behavior

- Sometimes teens will engage in self-injurious behavior (SIB) even if they aren't having suicidal thoughts
- Often teens report that they use SIB to distract from inner pain, make them feel less numb or even to punish themselves. It can become an addictive behavior.

Distinguish between Self-Injurious Behavior (SIB) and suicidal behavior

- SIB includes cutting, scratching, hitting and burning themselves. It may be visible on their arms or legs, but some will inflict harm on their torso so it's not noticeable.

- Suicidal behaviors include overdosing (Tylenol), hanging, gunshot, cutting wrists or jumping from a high elevation

- Any teen who is using SIB to cope needs further intervention/support.

Risk Factors for Suicidality: When to Assess Further

Ideation (thoughts
of suicide or
dying)

Substance abuse

Purposelessness

Anxiety

Trapped

Hopeless

Withdrawal

Anger

Recklessness

Mood changes

Acronym:

IS PATH WARM

explicit verbal cues

VS

implied verbal cues

QPR and resources



In the event of a Suicidal crisis:

- * Be a Gatekeeper
- * Question, persuade, refer (a CPR for suicide prevention/intervention)
- **Suicide Prevention Lifeline: 1-800-273-TALK**
- * Discuss policy system-wide...who needs to be in chain of command, who is notified and mobilized as a team of helpers? Don't go it alone

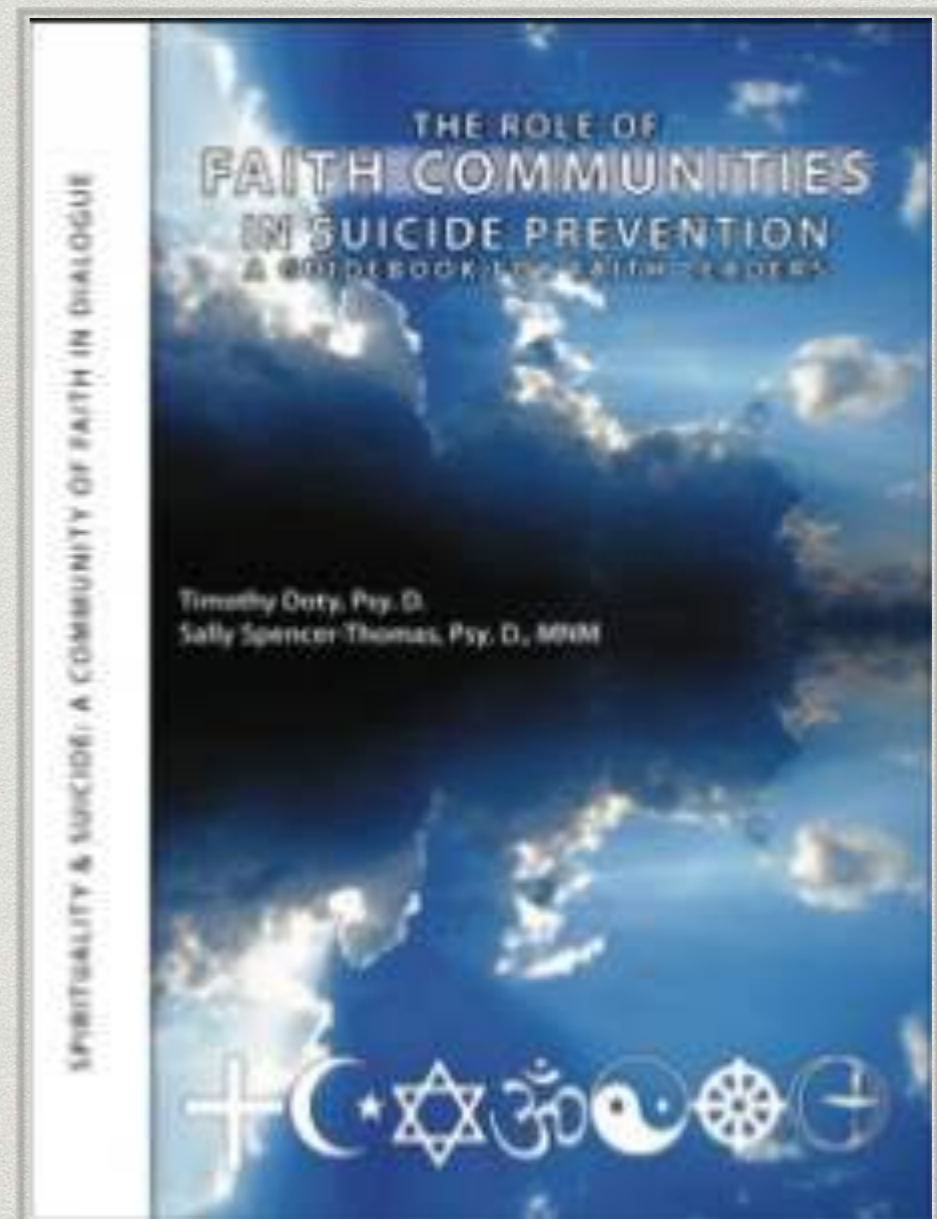
Suicide prevention and response Guidebook

Free download

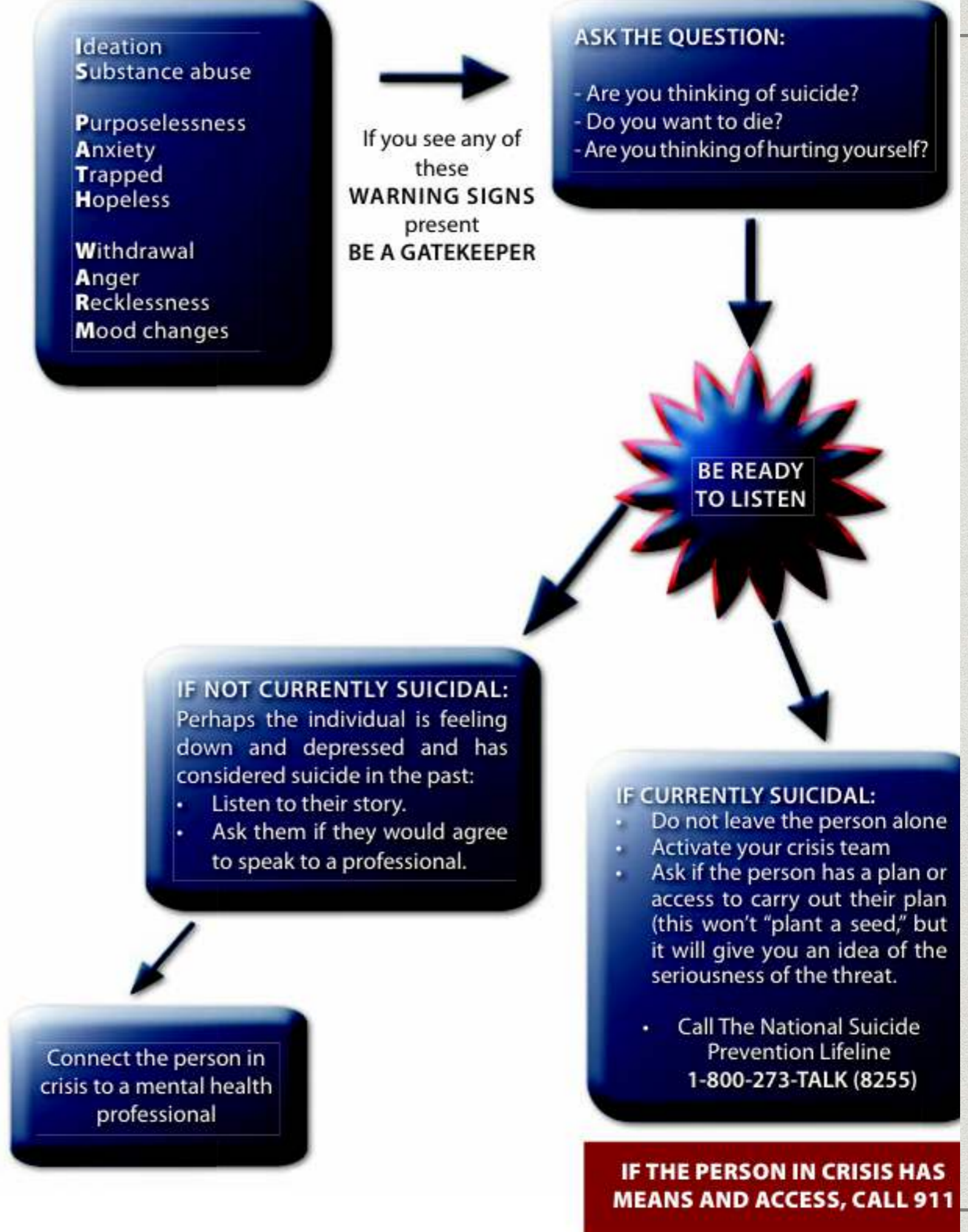
[http://christianfamilyinstitute.com/
resources/mental-health-topics/crisis-
suicide/](http://christianfamilyinstitute.com/resources/mental-health-topics/crisis-suicide/)

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suicide prevention decision tree





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