



MENTOR HANDBOOK

*A partnership of the HERO Program and the
Larner College of Medicine Mentorship Education Directive (M.E.D.)
student interest group*

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AHEC Overview

What is the AHEC?

The Vermont Area Health Education Center (AHEC) Network conducts health workforce development and education activities throughout the state with the aim of ensuring a qualified health workforce to meet the needs of all Vermonters. Our collective work focuses on recruiting high-demand professionals to work in medically underserved communities and health provider shortage areas. This work occurs across the education and career pipeline: engaging middle and high school students to explore careers in health care, creating opportunities for health professions trainees to work and learn in underserved communities, and supporting retention and continuing education of practitioners in high need areas. The Vermont AHEC Network views its work as a strategy for addressing health inequities in Vermont.

Why work with youth?

Youth and young adults who are considering a career in health care and health science but have not yet committed to a health-related program of study are part of AHEC's *early pipeline*. Early pipeline programs encourage youth to explore an educational pathway and career trajectory that's a perfect fit for them. The aim of these programs is to increase youth success in health professions training programs, thereby helping to ensure an adequate supply of health professionals in underserved communities and increase access to health care services.

Growing up in a medically underserved community is a predictor for future practice in a similar community once licensed (Bennett & Phillips, 2010; U.S. Department of Health and Human Services, 2009). Medically underserved communities and health provider shortage areas are typically underserved in other ways, too, economically and educationally for example. The Vermont AHEC Network focuses health career exploration and science enrichment programs in communities that are medically underserved, and makes them financially and practically accessible to youth. This is our strategy for growing our own Vermont health workforce.

Through programs like HERO, AHEC helps to diversify the health care workforce by preparing and supporting youth underrepresented in medicine (URiM) along their educational pathway to a health or medical career. A diverse health workforce is associated with better public health outcomes for communities and contributes toward achieving health equity (U.S. Department of Health and Human Services, 2006; Williams et al, 2014). Health career pipeline programs can advantage URiM students with high quality educational and clinical experiences, positively influencing career outcomes for those who are more likely to practice in medically underserved communities (Rosenblatt, 2000; Taylor, 2016; U. S. Department of Health and Human Services, 2009; Williams, et al., 2014).

How does the HERO program support education and career planning?

The Center for Health Workforce Studies asserts that comprehensive pipeline programs employing a combination of evidence-based interventions characterize the most promising practices in pipeline interventions (Snyder, et al., 2015). HERO, like many of Vermont AHEC's early pipeline programs, combines education pathway planning, career exploration, and science enrichment to impact students' college and career readiness (Balestreri, et al., 2014). Medical students are trained as mentors and facilitators for youth enrichment. Medical certification training and hands-on science enrichment provide youth with important workplace skills. All of these activities allow youth to realistically evaluate their interest in various aspects of health care and health science. These elements together help youth explore different paths they can take to a satisfying career and also deepen their self-understanding.

Mentorship Education Directive (M.E.D.) & HERO Program Partnership

The Mentorship Education Directive (M.E.D.) Program is aimed at working with underrepresented youth to help expose them to medicine. By working with the HERO Program, the M.E.D. program provides Vermont high school students with firsthand experience in health care and science. M.E.D. aims to connect the high school participants with medical students. Meaningful interactions between mentors and mentees help youth gauge if medicine is the right field for them. Mentees will be able to ask questions and engage their curiosity about subjects within medicine through online modules and one-to-one mentoring.

Mentorship & Your Role

Why is mentoring important?

Mentoring is an important component of early pipeline health programs that benefits both the mentor and the mentee. Past participants report how much they value the near-peer mentorship with medical students. Their mentors are relatable and provide credible information that participants feel they can apply to their pathway planning immediately. Participants benefit from hearing their mentors speak about their own education and career pathway. Understanding the critical junctions and key events in their mentors' decision-making provides valuable guides for participants, forecasting the road ahead. Experience shows that medical student mentors are terrific teachers. They are passionate about what they are learning and that excitement energizes activities and discussions, encouraging youth engagement.

It is clear from program evaluations that a positive experience in a mentoring relationship can foster a desire to mentor better in the present, to mentor more in the future, and to seek opportunities to be mentored in one's professional life. Past mentors describe reciprocal learning experienced within their mentoring relationships, which provided valuable, transferable insights. Mentors valued the relatability of their mentees' experiences, which allowed them to reflect on their own experience at that age. The enduring relationships that came out of mentorships are tremendously gratifying to both mentor and mentee.

The Mentor's Role

A mentor is a person who builds a relationship, takes genuine interest, and guides another person toward their goals. A mentor's role in HERO is to support youth to find their way along the education and career pathway of their choice. Mentors do this by sharing knowledge and modeling positive behaviors. An effective mentor understands that his or her role is to be dependable, engaged, authentic, and responsive to the needs of the mentee.

Elements of the Mentor's role:

- 1) Knowledge of program policies.
- 2) Mandatory reporting.
- 3) Taking the lead on conversations, initiating communication, setting boundaries, and supporting the mentee when things are tough or progress is slow.

Mentor core competencies:

- 1) Honor commitments.
- 2) Understand program goals.
- 3) Connect and engage with high school students in a positive way.
- 4) Implement 1:1 and group strategies that support learning and create a sense of belonging.

Mentor Position Description:

Mentors will provide support and guidance to their mentees. Mentors use a mentee-centered approach in guiding young people to set and reach goals. Mentors are a key part of the HERO program and will provide high school students with guidance on pathways to enter the health care field, as well as exposure to careers in medicine through discussion, activities, and workshops.

Mentor Requirements & Responsibilities

1. Authorize Northern Vermont AHEC to complete a criminal background check by attending a 'Pizza and Paperwork' session and completing required documentation.
2. Participate in all scheduled training sessions.
3. Attend and fully participate (in-person or virtually) in the *Introduction to Health Careers* event the week of October 3rd.
4. Commit to connect online with your mentee weekly (including events and learning sessions) from the first week in October 2022 through the last week in January 2023.
5. Participate in monthly module continuation sessions held on Saturdays from 4 to 6 PM, October 8th, November 5th, December 3rd, and January 7th.
6. Communicate once a month with M.E.D. coordinators.
7. Attend the program celebration on January 28th.
8. Respond to requests for input on program evaluation.

Mentor Expectations

A mentor's commitment to this program is about two hours per week online or in-person. As a mentor, you agree to:

- Complete a cumulative 3-hour mentor training program on **Wednesday, September 14th from 12 to 1 PM and Wednesday, September 21st from 5:30 to 7:30 PM.**
- Read all safety and policy materials sent to you by Northern Vermont AHEC.
- Complete requirements for volunteer staff background checks (information will be provided).
- Meet all the requirements & responsibilities outlined above.
- Coordinate with your mentee(s) over communication channels authorized by the Northern Vermont AHEC, such as school or university email and direct message via Slack.
- Engage with your mentee(s) one-to-one *via virtual platforms only* to assist mentees to meet their personal goals related to academics, postsecondary planning, career exploration, and science enrichment.
- Attend any of the three, monthly check-in sessions with M.E.D. coordinators and Northern Vermont AHEC staff as needed to receive support and have questions answered.
- Participate in a mandatory, mid-point check-in meeting in-person at the Larner College of Medicine in November (date TBD).
- Confer with other M.E.D. mentors as needed for coordination, planning, and support.
- Complete a written evaluation of your experience as a mentor in the M.E.D. and HERO programs in order to help maintain and improve quality programming in the future.

Program Guidelines and Online Safety Policies

This document serves as the training guidance for HERO Program mentors in the guidelines and safety policies governing HERO activities and events in the 2022-2023 academic year. Mentors must read this guidance carefully and attest that they understand the expectations and responsibilities laid out in this document.

AHEC Staff & HERO Mentor Selection and Training

During programs and events with minor children, Northern Vermont AHEC's first priority is participant safety. Staff are screened by Northern Vermont AHEC through professional references and a criminal background check. Staff are trained in the policies and procedures of the program and Vermont law as detailed in this and other documents pertaining to the health, safety, and appropriate conduct of participants and supervisors.

HERO Program mentors in the 2022-2023 academic year will complete background checks through the Vermont State Police in accordance with safety policies of the participating School Districts. Successful completion of the school district background check process authorizes HERO Program mentors to act as volunteers in the school districts' afterschool programs and meet with HERO students online individually and in small groups without AHEC staff present.

Contact with Participants

During HERO-related activities and events, minor participants are in settings with staff or mentors who have completed the selection and training guidelines above. Contact among participants, staff, and mentors may occur in virtual structured learning environments and through online chat using the Northern Vermont AHEC's Slack Workspace for this program. In the 2022-2023 academic year, mentoring will be limited to online interactions *only* using the platforms designated by Northern Vermont AHEC, specifically:

- Northern Vermont AHEC and the University of Vermont's Zoom accounts,
- Northern Vermont AHEC's Slack Workspace
- Email using student and mentor school or university addresses.

Exchange of personal cell phone information and social media contacts is prohibited for the duration of the mentoring component of this program (October 2022 through January 2023).

Program Elements

Time Commitment. Being a mentor with the HERO Program requires a commitment of one to two hours per week between October 2022 and January 2023. Northern Vermont AHEC will schedule activities and events during a portion of this time. The balance is for you or your mentor team to plan and schedule with participants. In order to keep your commitment manageable for the long term, we ask that you limit your online time with participants to roughly two hours per week. Your ability to stay engaged with your mentee for the duration of the program is the most important aspect of your mentoring.

Managing the Virtual Space. While on video during virtual sessions, staff and mentors are asked to use a plain background that is clean and clear from distractions. For your own privacy, disable popup notifications (e.g., calendar reminders, chat messages) and close all windows and tabs not related to the meeting content if sharing your screen during a web meeting.

Participants and mentors are prohibited from capturing images or audio from any portion of a HERO program activity or event. This includes recording video or audio and taking screenshots. The publishing or sharing of unconsented captured images of any participant or staff person is strictly prohibited. It is never acceptable to share or publish remarks, within or outside the program, about or directed at another person, that are or could be construed as threatening, disparaging, bullying, or harassment based on a protected classification such as gender, race, nationality, religion, or sexual orientation. Violation of these online behavior standards by a participant, mentor, or staff person could result in dismissal.

Some additional tips for online meetings with participants:

- Start the meeting with a quick review of the norms and expectations.
- Mute your microphone when you are not speaking during a group meeting. Instruct participants to do the same.
- Consider using a headset. Headphones or a headset will allow you to hear better and also minimize unwanted audio from the background being shared with the group.
- Set up in a place with good lighting.
- Be sure that you are the last one in the meeting. Do not allow participants to linger without you.

You may be meeting live online with minor participants in their homes. Some participants or their families may be uneasy about inviting others into their homes. There may be cultural mores about how these virtual visits should be conducted. Some participants' homes may not easily facilitate web meetings because of connectivity problems, limited privacy, social and emotional space, or family living conditions. If you perceive that participants are facing social or technological barriers to engagement, contact Lanie Billings at lbillings@nvtahec.org or Kevin Adams at kadams@nvtahec.org. Northern Vermont AHEC will work with the participant, their family, and their school community to find a suitable resolution.

Social Media and Personal Contact. Mentors are strictly prohibited from exchanging personal cell phone numbers with participants for the duration of the program. Likewise, contact between mentors and participants using personal social media channels or public platforms not authorized by Northern Vermont AHEC staff is strictly prohibited during the HERO program. Intentional contact of any type between mentor and mentee outside the structure of the program as laid out in this guidance is not permitted.

Gifts and Money. All supplies and materials used during the HERO Program will be provided by Northern Vermont AHEC or the M.E.D. Program. Mentors are not expected to pay out of pocket for any activities, materials or supplies associated with this program. An exception is the up-front costs associated with fingerprinting, for which you will be reimbursed by means of the mentor stipend. If a participant is experiencing a financial hardship that interferes with their ability to fully engage with the program, or that relates to their educational or career goals, contact Lanie Billings at lbillings@nvtahec.org or Kevin Adams at kadams@nvtahec.org and the HERO program may be able to help.

We strongly discourage the exchange of gifts of any kind with participants, as it can negatively impact the aims of the mentoring relationship. A participant may choose to thank you with a token of their appreciation, which is up to your discretion to accept.

Staff Support. The program staff can assist in facilitating communication between mentors and participants if necessary, for example, by helping to coordinate times and dates to meet. You can contact Lanie Billings at lbillings@nvtahec.org or Kevin Adams at kadams@nvtahec.org during business hours for help with technology issues and logistical support. Northern Vermont AHEC staff can be reached toll-free at 877-215-3921. In the event of an urgent or reportable situation, participants and mentors can reach Lanie Billings at (207) 266-2507 or Kevin Adams at (802) 734-3844.

Duty to Report

By Vermont law, mentors are mandated reporters of suspected child abuse and neglect. This means that mentors are legally required to report suspected child abuse or neglect to the Department for Children and Families within 24 hours

of being made aware of possible child abuse or neglect. As a mandated reporter you may see or hear things which meet the requirements for reporting.

Preparedness

- Review the information in *How to Report Suspected Child Abuse or Neglect*, which is attached to this document.
- Bring any questions or concerns you have about your responsibilities as a mandated reporter to Lanie Billings at lbillings@nvtahec.org or Kevin Adams at kadams@nvtahec.org

Response

- All staff and volunteers of Northern Vermont AHEC working with youth are expected to comply with Vermont law and report suspected child abuse and neglect.
- A mentor must notify the Program Director if child abuse or neglect is suspected prior to calling the Vermont Department for Children and Families.
- Reports are made by calling the Vermont Department for Children and Families at the toll-free hotline: 1-800-649-5285.
- If there is doubt about whether a situation constitutes abuse or neglect, the Vermont Department for Children and Families can be contacted for consultation.
- If contact is made with the Vermont Department for Children and Families, either to file a report or request clarification and consultation, an incident report must be completed. Immediately after contacting the Vermont Department for Children and Families, contact Lanie Billings at (207) 266-2507 or Kevin Adams at (802) 734-3844.

‘Red Flag’ Reporting

A Red Flag Report should be made anytime a mentor observes a situation which is preventing the participant from engaging fully with an activity or is impacting the effectiveness of a group in its shared goals. This includes technology issues, a possible language barrier, concerning or disruptive behavior, signs of emotional stress, fatigue, safety concerns, or health concerns. A Red Flag Report should also be made when an incident or behavior suggests something harmful may be happening or may occur in the future, but doesn’t rise to the level of a reportable incident under Vermont Law. It is important that these ‘red flags’ be communicated with Northern Vermont AHEC staff as soon as possible.

A Red Flag / Incident Report should be written and submitted to Lanie Billings or Kevin Adams on the day of the incident. A template is attached to this document.

Confidentiality, Limits, Trust

Confidentiality is a component of trust building. It is critical for mentors to be clear about the limits of confidentiality when talking with youth. This can be complicated. A good rule is to never over-promise and under-deliver when it comes to trust. Here are some suggestions:

1. If the situation does not mandate reporting, always ask permission to share something you heard.
2. If you need to talk through something you heard with someone else, be explicit with the young person, and explain why. For example, "I'd really like to talk through this with someone who has more experience than me so I can best help you..."
3. *Whenever possible*, let the mentee know you're a mandated reporter and what that means before you are in a situation that mandates you to report. For example, "You can tell me anything. Know that if I hear something that indicates you are in danger of being hurt or hurting someone else I'm required to report that. If that comes up we can talk through it together."

Appendix

HERO 2022-2023 Schedule for Mentors

SEPTEMBER

MENTORS ONLY - **Mentor Training Part 1:** Wednesday, September 14th from 12-1 PM (Zoom)

YOUTH ONLY - **HERO Program Q & A Session:** Monday, September 19th from 6-7:30pm (Zoom)

- This open session allows a space for students and families to ask questions about the HERO program prior to the registration deadline. Youth participant registration and deadline to sign up for the HERO program is Thursday, September 22nd.

MENTORS ONLY - **Mentor Training Part 2:** Wednesday, September 21st from 5:30-7:30 PM (In-person at UVM)

YOUTH ONLY - **HERO Orientation and Tech Tests:**

Tuesday, September 27th (Zoom) time TBD

Thursday, September 29th (Zoom) time TBD

- These virtual orientations serve as training and technical support for youth participants. Participants are required to attend one of the two sessions.

OCTOBER

MENTORS & YOUTH - **Introduction to Health Careers and the HERO program:**

Week of October 3rd, with specific dates and times TBD based on the program site.

- Program launches with an introductory session on aims and opportunities for participants and mentors to meet and socialize.

MENTORS & YOUTH OPTIONAL - **Mentor Content Continuation Session:** Online (Zoom)

Saturday, October 8th, from 4-6pm.

- Educational session facilitated by mentors related to the latest module content.

MENTORS & YOUTH OPTIONAL - **Professional Development Pop-up #1: Exploring Virtual Job Shadow:** Online

(Zoom) Wednesday, October 19th, from 5-6:30pm.

- Participants will have the opportunity to explore and apply the features of up-and-coming career exploration software.

MENTORS & YOUTH - **Public Health Module:** Week of October 31st, with specific dates and times TBD based on the program site.

- Interactive learning session with hands-on and small group components that target the pathophysiology and processes of type 1 and type 2 diabetes.

NOVEMBER

MENTORS & YOUTH OPTIONAL - **Mentor Content Continuation Session**: Online (Zoom) Saturday, November 5th, from 4-6pm

- Educational session facilitated by mentors related to the latest module content.

MENTORS & YOUTH OPTIONAL - **Professional Development Pop-up #2: Health Professionals Panel**: Online (Zoom) Wednesday, November 16th, from 5-6:30pm

- Panel presentation and small group conversations with neuroscience and health care professionals.

MENTORS & YOUTH - **Mental Health Module**: Week of November 28th, with specific dates and times TBD based on the program site.

- Interactive learning session with hands-on and small group components that target mental well-being and the importance of self-care.

DECEMBER

MENTORS & YOUTH OPTIONAL - **Mentor Content Continuation Session**: Online (Zoom) Saturday, December 3rd, from 4-6pm

- Educational session facilitated by mentors related to the latest module content.

MENTORS & YOUTH OPTIONAL - **Professional Development Pop-up #3: Resume Building** Online (Zoom) Wednesday, December 14th, from 5-6:30pm

- See examples of professional resumes and learn how to best highlight your strengths and experiences!

JANUARY 2023

MENTORS & YOUTH - **Neuroscience Module**: Week of January 2nd, with specific dates and times TBD based on the program site.

- Interactive learning session with hands-on and small group components that target traumatic brain injury and the various effects it can have on your health.

MENTORS & YOUTH OPTIONAL - **Mentor Content Continuation Session**: Online (Zoom) Saturday, January 7th, from 4-6pm.

- Educational session facilitated by mentors related to the latest module content.

MENTORS & YOUTH OPTIONAL - **Professional Development Pop-up #4: Post-Secondary Planning with VSAC**: Online (Zoom) Wednesday, January 18th, from 5-6:30pm.

- Staff from VSAC will join us to talk about resources for post-secondary planning.

MENTORS & YOUTH - **HERO Celebration**: Online (Zoom) Saturday January 28th, from 4-5:30pm.

- A celebration of learning and recognition of HERO participants and mentors!

Red Flag Report Form

Mentor name: _____

When (day and time, platform or channel):

Who (participant first name):

What (please specify):

- Technology issue
- Inappropriate sharing or language
- Concerning behavior (e.g., signs of fatigue)
- Disruptive behavior (e.g., attention seeking)
- Inappropriate distraction or disruption in the background
- Emotional or physical signs of distress
- Safety concern (e.g., disclosure of self-harm)

What did you see?

How did you address it with the participant?

Do you recommend a follow up?

Do you have questions?

In the event of an emergency involving a participant while online, staff should be prepared to call 911 and provide the student's physical address if there are no adults present with the student to assist. Immediately following such an incident, contact Lanie Billings at (207) 266-2507 or Kevin Adams at (802) 734-3844.

Resources and Helpful Links

If you are interested in becoming a HERO mentor, please provide your contact info on the form found here: https://qualtrics.uvm.edu/jfe/form/SV_9ucKOfSLcQHco1U?Q_CHL=qr, and indicate in the 'Any questions' box that you would like a link to the official registration page.

AHEC Staff Contact Information

Lanie Billings, Health Careers Program Manager: lbillings@nvtahec.org or 207-266-2507 (cell)

Kevin Adams, Health Careers Coordinator: kadams@nvtahec.org or 802-734-3844 (cell)

Nicole LaPointe, Northern Vermont AHEC Executive Director: nlapointe@nvtahec.org, 802-274-5259 (cell), or 802-748-2506 (office)

Building Trust

Stephen Covey has identified 13 behaviors of trusted leaders:

- | | |
|------------------------|-----------------------------|
| 1. Talk straight | 8. Confront reality |
| 2. Demonstrate respect | 9. Clarify expectation |
| 3. Create transparency | 10. Practice accountability |
| 4. Right wrongs | 11. Listen first |
| 5. Show loyalty | 12. Keep commitments |
| 6. Deliver results | 13. Extend trust |
| 7. Get better | |

1. **First, listen.** Novice mentors need to speak less and listen more. When a mentee knows their mentor is there to just listen, and they feel fully "heard," then something magical opens up in the relationship. Many experienced managers find it hard to stop talking long enough to listen very intently, because they believe their role as mentor is to give advice and talk about themselves.
2. **Keep your promises.** The most important promise has to do with confidentiality. When a mentee trusts that what they share will never become dinner table conversation for the mentor, they can open themselves up and become vulnerable – which is a window to their learning.
3. **Don't just be open, be vulnerable.** Mentors that are open about their mistakes, their weaknesses, their failures and foibles, immediately knock themselves off the pedestal and make themselves more approachable.

Helpful Links

MENTORS ROLES AND TASKS

<https://www.uwb.edu/diversity/diversity-center/firstgenstudents/atp/atpmentors/mentor-resources/atp-mentorship-program--roles-and-tasks>

TIPS FOR BUILDING A MENTORING RELATIONSHIP

<https://www.bowdoin.edu/mckeen-center/pdf/mentoring---top-mentoring-tips.pdf>

EXPLORING AND VALUING DIVERSITY

<http://www.cewd.org/documents/toolkits/Mentoring/18-Orientation-Exploring%20Diversity.pdf>

Courtesy of Mass Mentoring Partnership, Mentoring 101 Train the Trainer Curriculum

Roadblocks to Communication - Originally created by Thomas Gordon

Following are descriptions of the 12 most frequent "helping attempts" when another person is experiencing a problem. (It is important to note that these 12 typical responses are roadblocks only when the other person signals that they are experiencing a problem. When the relationship is in the "No Problem" area, many of these responses are both appropriate and productive [e.g., asking questions, joking, instructing]. Others, like name-calling, criticizing and judging are always risky.)

Ordering, Directing, Commanding

("You have to...", "You must...", "You will...")

Clearly, power-based responses like this show neither empathy for the team member nor acceptance of his/her strong feeling. Such responses very frequently stop further communication immediately, denying the leader any chance of learning why the team member is upset. Such responses convey that the leader wants to be in charge, so they have no place in a consensual and collaborative relationship. Orders, directives and commands are typically used by authoritarians who do possess power. They carry a high risk of making team members feel they are being treated like children. Most people resent such controlling commands and often retaliate against the leader who uses them.

Warning, Threatening, Admonishing

("If you don't, then...", "You'd better or...", "Stop that, or I'll...")

Messages in this category certainly don't convey acceptance or empathy of the team member's feelings. Like orders and commands, this Roadblock also can cause resentment and resistance. Team members are likely to respond to warnings and threats with an attitude of "How do you know?" or "Who says so?"

Moralizing, Preaching, Shoulds and Oughts

("What you really should do is...", "You ought to...", "It's your responsibility...")

Telling team members what they should or ought to feel or do is seldom helpful. Such messages bring to bear on others the pressure of some external and often unknown authority - duty, obligation, religion. People frequently respond to such "shoulds," "oughts," and "musts" by resisting and defending their own postures even more strongly. These messages can communicate to team members that you do not trust their ability to judge ideas and values for themselves, so they should accept what others deem right. They may also cause feelings of guilt in team members. Moralizing messages do not communicate empathic understanding and acceptance. In fact, they convey criticism ("You ought to know better."). Like other authority-based responses, these have a high risk of blocking further communication and bruising the relationship since they convey that the team member is not as wise as the moralizer.

Advising, Giving Solutions, Suggesting

("What I would do is...", "Why don't you...", "Let me suggest...")

At first glance, advice may not seem like a roadblock. But it is when given as a response to a message that signals the team member has a strong feeling, a need or a problem. It communicates a lack of confidence in the team members' ability to solve their own problems. Further, it prevents them from thinking through a problem, considering alternative solutions and trying them out. Offering advice and suggestions can cause dependency and resistance.

Using Logic, Arguing

("Doesn't it make sense that if...", "Here's where you're wrong...", "The facts are...")

These are attempts to influence the team member with facts, counter arguments, logic, information or your own strong opinions. When you take on such a persuasive role, it's difficult to stop instructing or using arguments, yet this kind of "teaching" often makes team members feel you're seeing them as inferior, subordinate or inadequate. Logic and facts often make others very defensive and resentful. People seldom like to be shown they're wrong. Usually it makes them defend their positions even more strongly. They often go to great lengths to discount your "facts." They may even ignore your facts and assume an "I don't care what others say" attitude. Heavy pushing doesn't build effective relationships with team members, nor does it encourage them to keep talking.

Criticizing, Judging, Blaming

("You aren't thinking clearly...", "You have nobody to blame but yourself...", "I couldn't disagree with you more...")

Hearing others' problems often tempts us into making negative judgments or evaluations of them. These messages, probably more than any of the others, will make team members feel defensive, inadequate, inferior, stupid, unworthy or bad. Criticisms and negative evaluations also help shape others' self-concepts. As we judge others, so will they judge themselves. Negative

criticism also evokes counter criticism. Negative evaluations will strongly influence team members to keep their feelings to themselves. They quickly learn that it isn't safe to reveal their problems. People hate to be judged negatively, so they usually respond defensively to protect their self-images. Often they become angry and feel hostile toward the blamer, especially if the evaluation happens to be correct.

Praising, Agreeing, Supporting

("I think you did exactly the right thing!" "I couldn't agree more..." "The same thing happened to me...")

We often think that a positive evaluation or agreement will help team members feel better, keep talking and get over their problems. Contrary to the common belief that such support is always beneficial, it often has very negative effects on a person with negative feelings and problems. A positive evaluation that does not fit the other's self-image may also evoke denial. People also infer that if we can judge them positively, we can just as easily judge them negatively some other time. Also, if praise is frequent, its absence may be interpreted as criticism. Praise is often felt to be manipulative, a subtle way of influencing others to do what you want them to do. And if you praise a lot, you run the risk of making people so dependent on your praise that they cannot function without constant approval from you.

Labeling, Name-Calling, Ridiculing

("You're being a worry-wart...", "You men always think...", "Okay, Miss Know-It-All...")

These responses are bound to make team members feel foolish, inferior or wrong. Such messages can have very damaging effects on their self-image. People most frequently respond to them by being defensive: "I'm not macho." Name-calling can provoke so much defensiveness that team members respond by arguing or fighting back rather than taking a close look at themselves. These commonly employed responses have a high risk of irritating team members by putting them down rather than conveying acceptance and empathy.

Analyzing, Interpreting, Diagnosing

("You're just trying to...", "What your problem is...", "You probably feel that way because...")

Such responses tell others what you think their motives are or why they're doing or saying something. Analyzing can communicate that you think you have them all figured out and can diagnose their motives which can be very threatening to them. If the analysis is accurate, which it rarely is, the team member may feel embarrassed at being exposed. If the analysis is wrong the team member could become hurt, angry and resistant. When we play the role of amateur psychoanalyst and analyze and interpret, we often communicate to others that we think we are superior to them. Such messages usually block communication with others and they are very likely to damage relationships.

Reassuring, Sympathizing, Consoling

("Don't worry...", "Look on the bright side..." "Everyone goes through this...")

Reassurance and sympathy are used far too much in dealing with team members. It is very tempting to try to make others feel better by talking them out of their feelings, minimizing their difficulties, denying the seriousness of their problems. Such messages are not as helpful as most people think. To reassure team members when they have a problem may only convince them that you don't really understand ("You wouldn't say that if you knew how strongly I feel."). We often reassure others because we're uncomfortable with hearing their strong negative feelings so we want to avoid hearing them. Such messages tell others that you can't accept what they are feeling so bad about. Also, people can easily interpret reassurances as a subtle and indirect attempt to change them.

Questioning, Probing, Interrogating

("Why did you do that?...", "And then what did you say?...", "Did you let your supervisor know?...")

When team members' messages clearly indicate they are having some kind of problem that is generating strong feelings, then probing questions can be strong roadblocks and can damage the relationship. Probing questions ignore the feeling the team member is experiencing which can be interpreted by him/her as a lack of understanding or caring. In fact, probing questions are often consciously used when one doesn't want to deal with a person's feelings. Probing questions also convey that the questioner is taking over the problem - gathering the relevant facts to help find a solution rather than Active Listening to facilitate the team member's own problem-solving process. Not only do probing questions shift the locus of responsibility from the team member to the leader but they also limit the team member's area of freedom to talk about whatever s/he feels is relevant and important. If you ask people closed-ended probing questions, all you will get is an answer, nothing more. In other words, probing questions program the team member's next message as clearly as if the leader said, "I don't want to hear anything else from you other than the answer to what I just asked."

Avoiding, Diverting, Ignoring

("I'd rather not talk about it...", "That's your problem...", "You think you've got problems...")

This category includes messages that convey a strong desire to withdraw or a wish to distract the person from the problem through ignoring, kidding or changing the subject. Such messages clearly communicate lack of interest in the way the team member is, here and now. They also convey a lack of respect for a person's feelings. Team members are generally quite serious and intent when they get the courage to talk about their feelings. If they hear a response that diverts or ignores them, it can make them feel hurt, rejected, belittled, frustrated or angry. Putting team members off or diverting their feelings may for the moment appear successful, but unacknowledged feelings do not usually go away. Psychotherapists have proven that feelings not acknowledged and accepted often come up again and again. When leaders fail to acknowledge messages of their team members and proceed to change the subject, it can seriously bruise a relationship.

Child Abuse and Neglect

Vermont law (33.V.S.A. 49, § 4912) defines an abused or neglected child as one whose physical health, psychological growth and development or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare. An abused or neglected child also means a child who is sexually abused or at substantial risk of sexual abuse by any person.

Harm can occur by:

1. Abandonment of the child,
2. Emotional maltreatment,
3. Neglect, or
4. Physical injury.

Emotional Maltreatment: a pattern of malicious behavior, which results in impaired psychological growth and development.

Neglect: failure to supply a child with adequate food, clothing, shelter or health care.

Physical Injury: death, permanent or temporary disfigurement, or impairment of any bodily organ or function other than by accidental means.

Sexual Abuse: any act or acts by any person involving sexual molestation or exploitation of a child including but not limited to incest, prostitution, rape, sodomy, or any lewd and lascivious conduct involving a child. Sexual abuse also includes the aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, depicts a sexual conduct, sexual excitement or sadomasochistic abuse involving a child.

Risk of Harm: a significant danger a child will suffer serious harm other than by accidental means, likely to cause physical injury, neglect, emotional maltreatment, or sexual abuse.



How to Report Suspected Child Abuse & Neglect



Agency of Human Services

The Department for Children and Families (DCF) shares an important responsibility with all Vermonters: keeping children safe from abuse.

While mandated reporters are legally required to report suspected child abuse or neglect, anyone can make a report.

Mandated Reporters in VT

If you work in one of the professions listed below, you are a mandated reporter. This means that *you alone* are legally required to report suspected child abuse or neglect to DCF — within 24 hours.

- Chiropractor, dentist, emergency medical personnel, licensed practical nurse, medical examiner, mental health professional, osteopath, pharmacist, physician, physician's assistant, psychologist, registered nurse, surgeon, or any other health care provider;
- Hospital administrator, intern, or resident physician in any hospital in the state;
- School guidance counselor, librarian, principal, superintendent, teacher, or other individual employed or contracted and paid by a school district to provide student services for five or more hours a week during the school year;
- Child care worker, police officer, probation officer, social worker, or clergy member;
- Residential and non-residential camp administrator, counselor, or owner; and
- Employee, contractor, or grantee of the Agency of Human Services who has contact with clients.

How do I make a report?

Call 1-800-649-5285 — 24 hours a day, 7 days a week.

If the child is in immediate danger, call 9-1-1 or your local police first. Then, call DCF to make a report.

What happens when I call?

A social worker will:

1. Question you about your concerns;
2. Ask for any details you know about the child (e.g., the child's name, date of birth, home address, school/child care provider, and parents' names);
3. Record the information you provide;
4. Ask you to complete a written report; and
5. In some cases, ask you to gather more information.

What if I'm not sure whether what I suspect is abuse?

Please call us for advice. You may also want to seek our advice if you are thinking about telling the parents that you made a report. In some cases, this could endanger the child and hinder any subsequent intervention.

What happens to reports?

A supervisor evaluates each report to decide whether to *accept it* for intervention. According to Vermont law, a report is accepted if it alleges that:

a. A person responsible for a child's welfare:

- Harmed or is harming the child by physical injury, neglect, emotional maltreatment, or abandonment; or
- Placed the child at significant risk of serious physical harm.

b. Anyone:

- Sexually abused a child; or
- Placed a child at significant risk of sexual abuse.

For each accepted report, the supervisor then determines the appropriate child safety intervention:

A. Assessment; or

B. Investigation.

Person responsible for a child's welfare includes:

- The child's parent, guardian, or foster parent;
- Any other adult residing in the child's home who serves in a parental role;
- An employee of a public or private residential home, institution or agency; or
- Other person responsible for the child's welfare while in a residential, educational or child care setting, including any staff person.

A. Assessment Response

We conduct an assessment when:

1. An accepted report is not required by law or policy to be investigated;
2. There is no immediate threat to the child's safety or well-being; and
3. The family may benefit from services.

An assessment allows us to learn about the family's strengths, as well as the underlying factors that are interfering with the parents' care of their children.

We may open an investigation at any time if we believe it is appropriate.

B. Investigation Response

We conduct an investigation when an accepted report alleges:

- A child has been sexually abused;
- The acts or omissions of *a person responsible for a child's welfare* resulted in a child's death; or
- *A person responsible for a child's welfare:*
 - Abandoned a child;
 - Maliciously punished a child;
 - Physically abused a child under 3;
 - Physically abused a non-verbal or non-ambulatory child of any age; or
 - Allowed a child to be exposed to methamphetamine production.

For more information about child safety interventions, ask for a copy of *A Parent's Guide to Investigations & Assessments*.

What happens at the end of an assessment or investigation?

Assessment: results in a determination of the family's need for ongoing services. It does not result in a formal determination of whether abuse or neglect occurred.

Investigation: results in a formal determination of whether reported abuse or neglect occurred: the report is substantiated or unsubstantiated.

What information may be shared with me?

If you are a mandated reporter, we may share the following with you:

- Whether your report was accepted for investigation or assessment;
- If an investigation was conducted, whether it was substantiated; and
- If an assessment was conducted, whether a need for services was found.

What about HIPAA?

The HIPAA privacy rule allows covered entities to disclose protected health information to report known or suspected child abuse or neglect — if the report is made to a government authority authorized by law to receive such reports.

Can I be sued?

Vermont law provides you with immunity from civil or criminal liability as long as your report was made in good faith.

Is my report confidential?

We will not divulge your identity unless:

- You give us your permission to do so;
- Your report leads to a court or human services board proceeding;
- A court finds probable cause to believe your report was not made in good faith and orders DCF to divulge your identity; or
- The person substantiated for abuse requests a review of the decision, and we determine that identifying information about you can be provided without compromising your safety.

1-800-649-5285

(24 hours a day, 7 days a week)

dcf.vermont.gov/fsd

If English is not your primary language and you need help understanding this information, please let us know.

What is a SMART Goal?

A SMART goal is...

Specific:

Give as much detail as possible. Answer questions such as *Who? What? Where? When? Why?*

Measurable:

How will you measure your goal? Measurement will give you specific feedback and hold you accountable. Answer the question - how?

Achievable:

Goals should push you, but need to be realistic and achievable. Consider what is required to attain this goal. Is it possible to reach your goal?

Relevant:

Goals should be relevant to your life. Does this seem worthwhile?

Timely:

Goals should have a timeframe to get it done. This will help you be accountable and stay motivated.

Examples:

Broad, not SMART, goal:

“I will do better in math.”

SMART goal:

“I will get at least a B on all my math tests and hand in all my math assignments on time during the next semester.”

Write a SMART Goal

Today's Date: _____ Target Date: _____ Start Date: _____

Test that your goal is SMART

Specific: *What exactly will you accomplish?*

Measurable: *How will you know when you have reached this goal?*

Achievable: *Is achieving this goal realistic with effort and commitment? What resources are needed to achieve this goal? If you don't have them already, how will you get them?*

Relevant: *Why is this goal significant to your life?*

Timely: *When will you achieve this goal?*

My SMART Goal:

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles

Potential Solutions

Who are the people you will ask to help you?

Specific Action Steps: *What steps need to be taken to get you to your goal?*

What?

Expected Completion Date

Completed

Date My SMART Goal Achieved: _____



ACTION PLAN REFLECTION TOOL

This tool is designed to be used during each mentoring session to identify and reflect on short-term goals and actionable steps. Through the process of continual reflection, every outcome contributes information to fine-tune the action plan. This process establishes a growth mindset toward challenges and skills in self-awareness and self-management.

CURRENT GOAL: _____

ACTION PLAN

Something that you want to do/focus on in the next week(s). <i>Example: get a good grade on my math test next Monday.</i>	
Specific Action. <i>Example: Study for my test.</i>	
How? <i>Example: Complete the practice tests and check my answers.</i>	
When? <i>Example: In study hall.</i>	
How Often? <i>Example: three times this week.</i>	

REFLECTION (To be completed the following week)

What did you notice? What was interesting to you?	
What did you learn?	
How will you apply this information?	
Any other comments?	