A publication of the DCFS
Latino Advisory Committee

Noticias

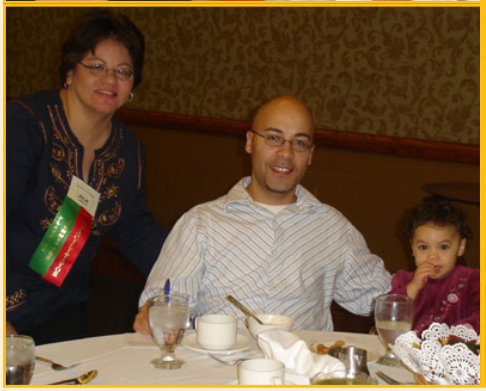
Rod R. Blagojevich, Governor
Bryan Samuels, Director

Fall Edition, 2006




Latino Advisory Committee


Hard at Work!

Noticias

Inside this issue:

Welcome from the Chairperson

Dahlia Roman

I want to begin by welcoming you to this latest edition of the Latino Advisory Committee's *Noticias* newsletter. I hope you will find this edition and the ones following to be informative, helpful and a resource to better guide you in your daily roles in helping our Latino children and families. It is with great pride that I also thank the *Noticias* subcommittee for their continued commitment and hard work. ¡Gracias!

With that said, I suppose it is time for me to talk about how I envision this next year with the charge of being the incoming Chairperson for the Latino Advisory Committee. I want to begin by humbling myself as well as to say that when I was given this opportunity to be a part of this committee it came with many blessings, challenges and new learning experiences. I am grateful for being surrounded by so many talented, professional and supportive people, *mi familia*. They have over the last four years taught me so much, encouraged me in my work, and expanded my vision so that I now share many of the same goals—to improve upon the work we do, ensure the safety and well-being of our children, and challenge ourselves for the future.

I will admit that with this responsibility comes a great deal of trepidation, but also great expectations. I have been blessed to see many of those persons I have grown to admire and respect go through the same process. And so with their support, I hope to move right along.

Our Department has continued to go through many changes, which bring challenges for all of us. Our goal this year is to have increased participation from all DCFS and POS employees. We hope to benefit from all the experiences, knowledge and resources you have to pass on to others. We remain committed to our mission and have expanded our vision with the introduction of a new subcommittee. We are motivated to continue learning from one another and to supporting the goals we all have for the population we serve. LAC invites you to serve on any of our subcommittees, which are listed below:

1. Employee Issues
2. Youth Services
3. Newsletter (Noticias)
4. Private Sector
5. Service/Resource

I have a great deal of respect for the varied responsibilities of the different jobs everyone has in the child welfare community. I know so many of us fulfill different duties, but our goal is the same—safety for our families, safety for our children, and the pride and commitment we have to our jobs. On those very difficult days remember this: some how, some way you have impacted someone during the course of your time here. Don't let those bad days overcome all the good you have done and all the knowledge you can offer.

Wishing you all well! ¡Gracias por esta oportunidad!

Respectfully,
Dahlia Roman, Chair
Latino Advisory Committee

HAC is now the Latino Advisory Committee

We would like to announce the official name change of the Hispanic Advisory Committee (HAC) to our new name: Latino Advisory Committee (LAC). The "Annual Institute Days" will also be changed to the "Latino Family Institute."

During our discussions, we agreed that "Latino" and "Hispanic" are often used interchangeably. However, we also agreed that the terms might have different meanings for our bilingual employees. Based on our discussions, we understand that Latino is a preferred term to use, because it refers to people whose ancestral lineage connects to the central and southern parts of the Western Hemisphere. This includes Mexico and the lands annexed by the U.S. in the 19th century, Puerto Rico, Cuba, the Dominican Republic, and all the Spanish-speaking countries of Central and South America. People who are first, second and third generations of immigrants from these lands are considered Latino.

The committee feels the term Latino is more descriptive and inclusive of the Hispanic population. Thank you all for the work you do and the efforts you continue to make in helping our Latino children and families.

Sincerely,

Dahlia Roman, Chair
Latino Advisory Committee

Latino vs. Hispanic

By Millie Rivera MSW, JD

History shows that as the dominant European Anglo-Saxon ethnic stock maintained the enslavement of African Americans and continued the conquest of the Native Americans, a new point of ethnic conflict emerged in the middle of the last century. This conflict was perhaps inevitable in light of the fact that Spanish-speaking populations surrounded Anglo-Saxon America on its southern and western borders. The Spanish had exerted their influence on the southern portions of the northern hemisphere, plus Central and South America as well as the island populations off the shores of Florida and the Deep South. Inevitably the two cultures would clash; this conflict revolves around the uneasy relations between the Anglo-Saxon core and various white ethnic groups from other European societies, on one side, and Hispanics, on the other.

Due to this historical factor, in recent years, the term ***Hispanic*** has been widely used to designate persons of Mexican, Puerto Rican, Dominican, Cuban, and Central and South American heritage. ***Hispanic*** is an English-language word derived from ***Hispania***, the Roman name for Spain. This term emphasizes the Spanish heritage of these groups while ignoring the other (for example, Native American and African) components. ***Latino***, an alternative collective designation, which recognizes the Latin American origins of these groups, is a Spanish-language word and therefore more acceptable to many Spanish-speaking Americans.

Looking into the terms ***Hispanic*** vs. ***Latino,*** we find that ***Hispanic*** suggests assimilation, or aspirations toward assimilation. The word ***Hispanic*** does not denote a unified ethnic subpopulation; indeed, it is a term that "originated in the corridors of the federal bureaucracy" in order to label all Spanish-speaking people in the United States. ***Latino*** suggests cultural pluralism and cultural maintenance, including the continued use of the Spanish language. As a result, our committee met and voted to change our name from The Hispanic Advisory Committee to The Latino Advisory Committee.

Latino Advisory Committee Members

Executive Committee

Dahlia Román, Chairwoman

Maria Calderón, Chair-Elect

Julia Camacho-de-Monzon, Secretary

Members At-Large

Martin Acevedo

Carmen Alvarez

Joseph Becerra

Yolanda Capriles

Luis Carrión

Angela M. Fadragas

Sylvia Fonseca

Victor M. Flores

Madeline González-García

Sylvia Hernández

Kenneth Martín-Ocasio

Evelyn Martinez

Dora Maya

Miriam Mojica

Asela Paredes

Milagros Rivera

Hector Vázquez

Ex Officio Members

José Candelas

José López

The focus is on you
Introducing the DCFS and POS 2005 Bilingual Workers of the Year

Mario Castro, DCFS

My name is Mario Castro. I am a native of El Salvador, Central America and came to the U.S. in the 1980s as a result of the vicious civil war in my country at that time. I arrived with only the clothes I was wearing and I did not know any English. Although I had some college-level education in my native country, I had a very difficult time working odd jobs for the minimum wage, if I was lucky enough to have a job. After realizing that the war would last longer than I expected, and with no possibility of returning home soon, I decided to go back to school. I had to start from scratch and it was a significant learning experience.

Today, I have a bachelor's degree in psychology from Northeastern Illinois University, and I recently obtained a master's degree in social work from Loyola University in Chicago. Prior to coming to the U.S., I studied at the University of El Salvador and also obtained an associate's degree as a bank technician. I am married, have three children, live in Waukegan, and work at the Waukegan Field Office as a Child Protection Investigator.

I came to work for DCFS in 2000, after I worked for a private agency as a case worker for intact families. Prior to that, I spent several years working with the mentally ill, first as a counselor and later as a case manager.

During that time, I worked in psychiatric wards, in the emergency room of several hospitals and also in outpatient settings. Eventually I became disappointed and discouraged with the lack of effective delivery of services for the most devastating mental illnesses after the establishment of managed health care. A permanent sense of powerlessness was part of the daily routine while working with the chronically mentally ill. After reflecting on the issue, the idea that working with children might allow me a better chance to contribute to the future of children was the decisive factor in me switching from the mental health field to child welfare. It sounds idealistic, but I think that I still have that dream within me.

Once with DCFS, I started as a case worker for intact families. As a worker, I realized that the investigation process lacked the cultural sensitivity necessary and that an objective approach that should be taken into consideration is the family in its environment. Realizing that such deficiencies may have very negative consequences for the well-being of children, I decided that I should become an investigator and make my contribution. I have been an investigator ever since.

One of the challenges I face is trying to maintain sound, objective social work practice in the middle of a working environment in which numbers sometimes seem to be more important than outcomes for families in the short and long term. We work for the well-being of the children and their families and that should be the driving force of the decisions made while handling cases. Our decisions in most cases will affect the lives of families and children forever, or at least for a long time. Child welfare workers are in this field to protect children, not to do a disservice to them.

I remember two key moments in my career. While attending classes at Loyola University I went to a Walgreen's where a cashier recognized me. She expressed her gratefulness for the assistance I helped provide her and her family while I handled her case years ago. She looked so different, with a fresh face and full of life. I felt rewarded by her gratitude, as this was a case that when it came to me it appeared to be hopeless. That made my day. Another key moment was when I was recognized as the DCFS bilingual worker of the year. I did not expect it and I appreciate the recognition. It appears that I may be doing something good.

Monica Badiano, Arden Shore Child & Family Services

Hi, my name is Monica Badiano. I was born in the U.S. but raised in Mexico. I came back to the U.S. when I was a teenager. My mom is a second generation Mexican-American. My father was born and raised in Mexico.

I have a bachelor's degree in psychology and I am currently getting my master's degree in clinical psychology from Roosevelt University . After I graduated from college, I worked in a domestic violence shelter. I then moved to San Francisco where I worked with pregnant teens, ages 14-18. When I came back to Illinois, I decided to get a master's degree in public health. I was thinking about going to medical school. After working at a private medical center, I decided to go back to the social services field instead.

I have been employed by Arden Shore Child and Family Services for the last 2 ½ years as a bilingual Intact Family Specialist. I have always been interested in working with the Latino population, especially recent immigrants that might not be aware of the different services in their community. The biggest challenge for me is seeing the effects of abuse on children and trying to work with those parents that have abused their children physically, emotionally or sexually. However, the most gratifying thing for me is to see those same children safe and free from abuse, and in some cases to see parents willing to make changes in their lives so their children can live healthy lives.

Helpful advice to staff: be patient with your clients and have a positive attitude. I believe that all people deserve a second chance. Try to find positive characteristics in your clients and work with that so you can have positive results. Give your clients tools and show them how to utilize them.

Key moments with DCFS: meeting and working with other Latinos that are passionate about keeping children safe.

HIV/AIDS and Families

By Elizabeth Monk, LCSW, DCFS AIDS Project Director, Clinical Services Division

HIV/AIDS is a multigenerational phenomenon affecting entire families. More than 750,000 children in the U.S. have a parent living with HIV/AIDS and 125,000 U.S. children have lost a parent because of AIDS-related illness (Reuters Health). A history of substance abuse, un-protected sex or sexual abuse put families involved with the child welfare system at high risk for the transmission of HIV disease.

The co-occurrence of mental illness and substance abuse disorders among those infected with HIV has been well documented revealing significant trauma histories in childhood and adulthood that can profoundly affect their individual development, emotional stability, trusting relationships, the quality of parenting and their choice of coping strategies.

Social stigma continues to exist about HIV. Parents may feel guilty or ashamed that they got infected and may withdraw from others to avoid rejection, or they use alcohol, drugs and sex to avoid their personal pain. They may become depressed about what will happen to them or they cope by going into denial. Their children may become anxious about the unknown or emotionally isolated or act out with self-destructive behaviors. Relatives may be critical of the parents or saddened by the potential loss in their family.

Make the decision when to tell children about an HIV diagnosis very carefully. There is no policy that requires or defines the age to know. The parent's wishes should be respected about telling their children. Consideration should be given to what the child already knows about HIV and how he handles this kind of stress. Disclosure can make some children more anxious, fearful or ashamed. Other children feel relieved to know the secret and gain a sense of control. Seek consultation about this issue.

Continuity in care and relationships is essential for children and youth affected by HIV because any changes can trigger feelings of loss. They can experience anger or depression at any separation from a parent, a change in housing or through any illness and in anticipation of death. Being surrounded by family, friends and professionals who are familiar with their situation is comforting.

Youth of mothers with HIV are at high risk for HIV themselves. Research about youth who are dealing with their parent's HIV has demonstrated that they, too, experienced unresolved trauma and have poor coping skills. This may result in early unsafe sexual activities and experimentation with drugs. Youth may also seek to stay connected to absent parents by mirroring their parent's behaviors, even risky ones that could lead to infection with HIV.

The impact of these symptoms on the family may well be addressed in therapy, but workers can learn to recognize opportunities to identify symptomatic behaviors, help family members express their feelings and support healthy discussion.

Latino families affected by HIV have unique mental health concerns. Immigration, isolation and cultural issues can have a profound effect on the mental health of Latino families. Attitudes regarding HIV and limited access to health care in Latin America have seriously impacted the emotional adjustment of Latino families to an HIV diagnosis. Social workers and health care professionals must be competent in cultural variables to deal with such topics as shame, guilt, loneliness and isolation, sexuality and negotiation skills, and future care planning for the children.

Living Positively with HIV Today

With the introduction of anti-retroviral therapy in 1996, people with HIV have the opportunity to live longer, healthier lives. As parents are surviving longer, they are confronting a number of challenges. They must manage their chronic illness and help their children cope with the realities of HIV disease while keeping them on track with their normal developmental activities.

Parents and youth should be encouraged to talk about HIV and their feelings. The goals for helping children cope with HIV are to decrease feelings of isolation, build a sense of empowerment through knowledge, manage anxiety and develop clearer communication. Children need an opportunity to ask questions about HIV and develop a language about the disease. Give children permission to explore their feelings and to channel their negative behaviors into positive expressions. By exploring their feelings in a safe environment, they may no longer be compelled to act out their fears and their rage through maladaptive behaviors.

Outcomes of a six-year study about HIV affected youth participating in a Coping Program show that they were more likely to be employed or in school and less likely to receive public welfare payments. They reported improved problem solving and conflict resolution skills in their romantic relationships; they expected their partner to have adequate employment and expected to be married before having children (Rotheram-Borus APAM 2004).

Helping Kids to Cope

- Make disclosure decisions carefully
- Provide opportunities to ask questions about HIV
- Validate the stigma and discrimination about HIV/AIDS
- Explore and express feelings in a safe environment
- Encourage parents and kids to talk together
- Continuity of care and relationships is key
- Channel negative behaviors into positive expressions of feelings
- Participate in normal childhood activities

The child welfare community must create an environment that is respectful of families' cultures and assist families in managing HIV and its impact on the family by enhancing youths' ability to channel their energies in productive ways.

For more information and consultation contact the DCFS AIDS Project at 312-328-2285.

Type II Diabetes – A National Health Crisis

By Jesus Garcia

Type II diabetes is a major medical issue impacting our community and targeting disproportionately large numbers of young African-Americans, Hispanics, Asians and Native Americans in impoverished populations. As a medical condition, diabetes is a disease where the body has trouble turning food into energy. The distinction between type I and II diabetes is that the former is based entirely on genetics, while the latter is associated with destructive behaviors. In the predominant form, type II, the body generally produces sufficient insulin, but the diabetic's cells cannot use it. It is being widely reported that diabetics are two to four times more likely than others to develop heart disease or have a stroke. Equally distressing are statistics showing that rising numbers of overweight and obese teens nationwide are being diagnosed with type II diabetes. Once one is afflicted, diabetes can take between 5-10 years from one's life. This problem is huge and it is time for each member of our community to seriously look at this epidemic impacting children and young adults.

Here are several basic and startling facts concerning diabetes:

- Young women in reproductive years with diabetes are more prone to have babies born with birth defects.
- Parents increasingly crippled by diabetes raise many needy newborns.
- People typically have type II for 7 to 10 years before it is diagnosed—untreated presence can lead to complications.
- Many diabetics do not know they have the disease unless a doctor or medical practitioner screens them.
- The disease is preventable with exercise and weight loss.
- According to the American Diabetes Association, rates are rising 4 percent a year or about 135,000 cases a year.

It remains questionable whether parents and caregivers, in partnership with hospitals, health care centers and schools are doing enough to address and tackle this alarming medial problem. Without question, type II diabetes is a complex medical problem that requires an alteration in thinking, lifestyle adjustments and fundamental changes in daily dietary patterns. First and foremost, parents and caregivers need to do more to make immediate healthy lifestyle changes that will have a positive and incremental impact on the lives of their children. This pernicious disease starts in many homes by families and children adhering to poor dietary habits, not getting an adequate amount of moderate exercise weekly and excessive television viewing, which lends itself to passive inactivity and overeating. It should be noted that the average child watches 4,900 food commercials a year, and in conjunction with no standardized testing of student fitness occurring at schools, the disease is further exacerbated and strikes minority teens at steeper rates.

Parents and caregivers should become better role models for their children and encourage healthier eating habits.

Parents and caregivers should become better role models for their children and encourage healthier eating habits by cutting down on sugary and corn syrup based sodas and beverages, as well as processed and fast foods high in fat content. Parents and caregivers should also curtail the mindless hours children and teens spend watching television.

By being more proactive and signing up for enjoyable family focused sports activities and programs offered by local YMCAs and park districts, families can begin to learn to adopt healthier and more active lifestyles. With a shift in the behavioral pattern in many homes, families and children can begin to shed excess weight and start to notice positive changes that can delay or offset the likelihood of developing type II diabetes.

On the medical front, it will require a triage approach to get a handle on this national medical epidemic. Doctors and medical practitioners are not doing early screening for diabetes, and consequently many diabetics do not know they have this problem. Compounding the problem of treating diabetes is the shortage of endocrinologists—specialists who are the critical providers of diabetic care. If preventative measures were practiced, the medical system and, by extension, taxpayers, could save over $30 billion over 10 years. Currently, hospitals, doctors, insurance companies and pharmaceutical companies reap untold billions dealing with complications from this harrowing disease.

All parents and caregivers should take the necessary steps to incorporate dietary and lifestyle changes in the home and prevent a potentially debilitating disease that has grave medical consequences. Type II diabetes is a ticking time bomb saddling high numbers of overweight and obese teens. They deserve to lead bright and healthy futures and not enter a grim universe involving constant medical care and self-monitoring.

Immigration Services Alert

Do you have a child on your caseload who was not born in the United States?

If your answer is yes, please answer the following four questions.

1. Do you have verification/documentation of the child/youth's legal status in the United States?
2. Is the child/youth residing in the United States under special provisions or with special permission of the United States Citizenship and Immigration Services?
3. Does the child have a Social Security Card or verified Social Security Number?
4. Does the child have a parent who is a U.S. citizen? [1]

If the answer to ALL of the above questions is NO, this child may be an **undocumented resident** of the United States. He/she may be eligible for Status Adjustment to become a Legal Permanent Resident of the United States if DCFS has **legal guardianship** and the child's goal is other than Return Home.[2]

An assessment and subsequent status adjustment for an eligible child is crucial for the undocumented child because:

- **PERMANENCY PLANNING** may be disrupted or not completed when the child does not have a Social Security Number.
- An **ADOPTION SUBSIDY** package cannot be completed when a child does not have a Social Security Number.
- A goal to move a child to **INDEPENDENCE** cannot be completed because the child is ineligible for employment or work-study programs without a Social Security Number.
- **EDUCATIONAL ACCESS** may be delayed because some schools will not permit a child to be enrolled without a Social Security Number.
- The Department's ability to claim certain **FEDERAL REIMBURSEMENT** will be affected because certain federal services are not reimbursable for a child when he or she does not have a Social Security Number.

A child without legal documented status in the United States cannot obtain a Social Security Number, therefore **it is in the child's best interest** to ensure that the undocumented status is changed to that of a legal permanent resident when the child qualifies under federal provisions.

Contact Phyllis Robinson, Immigration Services Coordinator at 217-557-4663 for assistance in determining if a child is undocumented and will qualify for status adjustment

(Footnotes)
[1] The child may be eligible for derivative citizenship through birth to a U.S. citizen parent or parents.
[2] If DCFS does not have Guardianship and/or the goal is Return Home, make a note to refer the case for status adjustment when the legal status changes to Guardianship and the goal is OTHER than Return Home.

Save the Date!

Illinois Department of Children and Family Services 18th Annual Latino Family Institute Days

November 2 - 3, 2006

Hickory Ridge Marriott Conference Hotel

1195 Summerhill Drive
Lisle, Illinois 60532

Quarterly Meeting with Director Samuels and the Latino Advisory Committee

The last quarterly meeting with Director Samuels focused on employee issues. The LAC will now meet with the Office of Employee Services on a quarterly basis in hopes of partnering with them to help alleviate the deficit of qualified bilingual front-line staff.

We also had a follow-up discussion on immigration issues regarding undocumented wards. Director Samuels formed a subcommittee from his staff to address these issues and make recommendations. They have begun implementing ways in which these concerns can be handled. LAC had met earlier with the group's chairperson, D. Jean Ortega-Pirón, and her assistant, Theresa Matthews, who reported their progress on and recommendations made regarding immigration services. There is still a lot of work to be done, but the Department is attempting to ensure our undocumented children receive appropriate attention.

The LAC also introduced the new Resource/Services subcommittee and its mission. Director Samuels encouraged the new subcommittee to work closely with Deputy Cynthia Moreno to identify whether the gaps in services are due to a lack of resources and/or due to the need for contracts to be developed within certain regions.

Trauma: Caseworkers experience it too, Part II

In our last issue we spoke about secondary trauma and how it can affect us as caseworkers. Here is a self-test you can try. Remember this is a self-test designed for educational purposes only. If you believe that you are suffering from secondary trauma please contact a mental health professional.

ProQOL R-IV
PROFESSIONAL QUALITY OF LIFE SCALE
Compassion Satisfaction and Fatigue Subscales—Revision IV

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the ***last 30 days***. See page 10 to score your test.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

____ 1. I am happy.
____ 2. I am preoccupied with more than one person I help.
____ 3 I get satisfaction from being able to help people.
____ 4. I feel connected to others.
____ 5. I jump or am startled by unexpected sounds.
____ 6. I feel invigorated after working with those I help.
____ 7. I find it difficult to separate my personal life from my life as a helper.
____ 8. I am losing sleep over traumatic experiences of a person I help.
____ 9. I think that I might have been "infected" by the traumatic stress of those I help.
____ 10. I feel trapped by my work as a helper.
____ 11. Because of my helping, I have felt "on edge" about various things.
____ 12. I like my work as a helper.
____ 13. I feel depressed as a result of my work as a helper.
____ 14. I feel as though I am experiencing the trauma of someone I have helped.
____ 15. I have beliefs that sustain me.
____ 16. I am pleased with how I am able to keep up with helping techniques and protocols.
____ 17. I am the person I always wanted to be.
____ 18. My work makes me feel satisfied.
____ 19. Because of my work as a helper, I feel exhausted.
____ 20. I have happy thoughts and feelings about those I help and how I could help them.
____ 21. I feel overwhelmed by the amount of work or the size of my caseload I have to deal with.
____ 22. I believe I can make a difference through my work.
____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
____ 24. I am proud of what I can do to help.
____ 25. As a result of my helping I have intrusive, frightening thoughts.
____ 26. I feel "bogged down" by the system.
____ 27. I have thoughts that I am a "success" as a helper.
____ 28. I can't recall important parts of my work with trauma victims.
____ 29. I am a very sensitive person.
____ 30. I am happy that I chose to do this work.

Successfully Transitioning Youth in Care to Adulthood and Independence

Our own Richard Echevarria, former youth in care turned DCFS Child Protection Investigator, serves as a Youth Development Coordinator for the Latino Social Worker's Organization (LSWO) organizing and developing workshops related to youth. Richard was a featured presenter at the LSWO conference in June, "Latino Youths in Care and Strategies for Working with Latino Youths." A summary of his presentation follows.

I presented two workshops regarding our youth in care. Another former youth in care, April Curtis, presented with me. We also brought in three Latino youth currently in care to share their experiences as we shared ours.

April Curtis went on to discuss her current work as a youth worker for Uhlich Children's Advantage Network (UCAN) and I talked about investigating Latino families with DCFS. We then discussed all of the programs that DCFS has developed to help our current youth transition into adulthood.

The goals we address when working with youth in care include:

- **Getting a good education:** helping youth with applying for or obtaining scholarships, vocational training, alternative schools, student loans, and working with an education advisor.
- **Be money smart and job savvy:** this includes an employment incentive program, finding an internship, and working with other youth programs available through local, state, and federal governments.
- **Having a good and stable home when youth transition to adulthood:** housing assistance and life skills.
- **Responsible life management:** learning from life skills classes and a life skills assessment.
- **Healthy living:** making sure that our youths have medical care and insurance.
- **Parenting teens:** teen parent support.
- **Using the legal system wisely:** accessing legal aid, the Guardian Ad Litem (GAL), and the Safer Foundation.
- **Developing social skills and interests:** utilizing the youth advisory board and the Statewide Opportunities for Art and Recreation (SOAR) Program.

The other three workshops I presented were "Strategies on Working with Latino Youths." The strategies I presented are based on the research conducted by the Search Institute (Search-Institute.org). There are 40 developmental assets identified that help young people grow up to be healthy, caring, and responsible. Some of those assets include:

External Assets

- **Support:** family, positive family connections, other adult relationships, a caring neighborhood, a caring school climate, parent involvement in school.
- **Empowerment:** community values youth, youth as resources, service to others, and safety.
- **Boundaries and Expectations:** family, school, neighborhood, adult role models, positive peer influence, and high expectations.
- **Constructive use of time:** creative activities, youth programs, the religious community, and time at home.

Internal Assets

- **Commitment to learning:** achievement motivation, school engagement, homework, bonding in school, and reading for pleasure.
- **Positive values:** caring, equality and social justice, integrity, honesty, responsibility, and restraint.
- **Social Competencies:** planning and decision making, interpersonal competency, cultural competency, resistance skills, peaceful conflict resolution.
- **Positive Identity:** personal power, self esteem, sense of purpose, and positive view of personal future.

Most Latino youths have only about 25 of the 40 assets. Therefore, it is important that when agencies develop youth-oriented programs, they incorporate all of these assets to help young people grow up healthy, caring, and responsible. Some of the assets are challenging but possible to improve upon and achieve. All of the developmental assets can be utilized by youth of other races and ethnicities.

We are in the planning stages for next year's LSWO conference. If anyone has any suggestions for workshops on youth development, please let me know at Richard.Echevarria@illinois.gov.

I am only one; but still I am one. I cannot do everything, but still I can do something.
—Helen Keller

Professional Quality of Life Scale Scoring Directions

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
   a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
   b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
   c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the theoretical scores.

Your Scores On The ProQOL: Professional Quality of Life Screening

For more information on the ProQOL, go to http://www.isu.edu/~bhstamm. Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Compassion Fatigue/Secondary Trauma_____

Compassion fatigue (CF), also called secondary trauma (STS) and related to Vicarious Trauma (VT), is about your work-related, secondary exposure to extremely stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called VT. If your work puts you directly in the path of danger, such as being a soldier or humanitarian aide worker, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as in an emergency room or working with child protective services, this is secondary exposure. The symptoms of CF/STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

National Hispanic Heritage Month, 2006

A Proclamation by the President of the United States of America

Americans are a diverse people, yet we are bound by common principles that teach us what it means to be American citizens. During National Hispanic Heritage Month, we recognize the many contributions of Hispanic Americans to our country.

Through hard work, faith in God, and a deep love of family, Hispanic Americans have pursued their dreams and contributed to the strength and vitality of our Nation. They have enriched the American experience and excelled in business, law, politics, education, community service, the arts, science, and many other fields. Hispanic entrepreneurs are also helping build a better, more hopeful future for all by creating jobs across our country. The number of Hispanic-owned businesses is growing at three times the national rate, and increasing numbers of Hispanic Americans own their own homes. We continue to benefit from a rich Hispanic culture and we are a stronger country because of the talent and creativity of the many Hispanic Americans who have shaped our society.

Throughout our history, Hispanic Americans have also shown their devotion to our country in their military service. Citizens of Hispanic descent have fought in every war since our founding and have taken their rightful place as heroes in our Nation's history. Today, Americans of Hispanic descent are serving in our Armed Forces with courage and honor, and their efforts are helping make America more secure and bringing freedom to people around the world.

As we celebrate National Hispanic Heritage Month, we applaud the accomplishments of Hispanic Americans and recognize the contributions they make to our great land. To honor the achievements of Hispanic Americans, the Congress, by Public Law 100-402, as amended, has authorized and requested the President to issue annually a proclamation designating September 15 through October 15 as "National Hispanic Heritage Month."

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 15 through October 15, 2006, as National Hispanic Heritage Month. I call upon public officials, educators, librarians, and all the people of the United States to observe this month with appropriate ceremonies, activities, and programs.

GEORGE W. BUSH

Upcoming Latino Events

The Office of Latino Services / Office of Affirmative Action invites you to volunteer and represent your agency! For volunteer opportunities and more information, please contact Jose Lopez at 773-292-7868 or Jose.J.Lopez@illinois.gov.

DATE	EVENT	LOCATION
Oct. 20	Latinos and Prison – One Day National Conference UIC - Latin American Studies	University of Illinois - Chicago
Nov. 2-3	DCFS 18th Annual Latino Family Institute Days	Hickory Ridge Marriot - Lisle
Nov. 11-12	Annual Hispanic Book Fair Festival Sponsored by Edward Olmos	Unity School - Cicero
Dec. 7	Illinois Latino Legislative Caucus Foundation 4th Annual Conference	Stephen Convention Center - Rosemont

Congratulations to our 2006 Graduates and Licensees!

Julia Camacho de Monzón, MSW, LSW

Janet Coronel, MSW

Yanira Fontanez, MSW

Evelyn Martinez, MSW

Emely Nunez, MSW

Beatriz Ramirez, MSW

Cristina Gloria, MA

Greg Branen, LCSW

Jeanette Camarillo, LCSW

Laura Garza, LCSW

Martha C. Niera, LCSW

Late recognitions:

Rebecca Crnovich, MSW

Nubia Rodriguez, MSW

Claudette Gomez, MJ

Susan Mellema, LCSW

Noticias is brought to you by the Latino Advisory Committee and the Illinois Department of Children and Family Services. It is distributed to DCFS employees, POS agencies, and agencies affiliated with DCFS. The newsletter includes articles pertinent to child welfare, Latino welfare issues, and DCFS/POS programs, and strives to be an informative source for staff by providing updates on new child welfare initiatives as well as upcoming events.

It is our hope to continue providing staff with a vehicle for the sharing of information. In this endeavor, we are looking for your input, submission of articles, and suggestions for improving *Noticias*. Articles related to your experiences with families and personal stories are also greatly appreciated. Please submit articles, information about upcoming events or news to:

Julia Camacho de Monzon
LAC Newsletter Chairperson
DCFS
1911 S. Indiana Ave.
Chicago, Illinois 60616
Julia.Camacho-de-Monzon@illinois.gov

If you would like more information or would like to participate in one of the LAC subcommittees, contact Dahlia Roman at Dahlia.Roman@illinois.gov.

Latino Advisory Committee

Special thanks to the Newsletter Committee Members:
Maria Calderon, Carol Kline, Dahlia Roman, Carmen Alvarez, Victor Flores and Millie Rivera

Thanks to:
Jenny Florent, DCFS Division of Communications; Michael Holmes and Roberto Sanabria, DCFS Office of Affirmative Action; and Jesse Martinez and Jose Lopez, DCFS Office of Latino Services

Latino Advisory Committee
Noticias
Dahlia Roman
595 S. State St.
Elgin, IL 60123
847/888-7620