



Empower. Connect. Support.

Positive Pathways provides mental health and substance use prevention therapy to youth and their families in Eaton and Ingham County. This service is offered to youth ages 10-17 who may be at risk of juvenile justice involvement or are currently participating in diversion programs. Positive Pathways is provided by Child and Family Charities to help youth strengthen their emotional health by increasing coping skills and emotional regulation, educating on substance misuse and its consequences, and providing supportive services to the youth's family. Participation is voluntary and consists of weekly therapeutic sessions.

Positive Pathways strives to:

- Empower youth to manage stressful situations in their environment
- Connect youth to their communities through healthy relationships with friends and family
- Support youth in making choices leading to their lifelong success

SOME COMMON REACTIONS TO TOXIC STRESS

- Changes in sleep patterns
- Drug or alcohol misuse
- Anxiety
- Depression
- Angry outbursts
- Isolation from friends and family
- Self-harm behaviors
- Changes in appetite

LEARNING TO MANAGE EMOTIONS

- Education on common reactions to stress
- Relaxation skills
- Substance use refusal skills
- Ability to name and manage emotions
- Identify and correct negative thinking
- Learn safety skills
- Process toxic stress

FAMILY SUPPORT AND INVOLVEMENT

- Give consent for participation
- Engage in initial intake process
- Be available to participate when recommended by therapist
- Learn parenting techniques to improve communication, and active listening skills

POSITIVE PATHWAYS

for Youth Program

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REFERRAL FORM

To refer a youth, please complete and return this form.

Agency completing form: _____

Agency contact: _____

Agency phone number: _____

Agency email: _____

Caregivers name(s) and relationship to youth: _____

Caregiver's phone number(s): _____

Caregiver's email(s): _____

Youth's name: _____

Youth's Age: _____

County of residence: _____

Additional comments: _____

Reason for Referral (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Prior police contact (in home, community or school) | <input type="checkbox"/> Pending court petition/scheduled court date |
| <input type="checkbox"/> School-related risk factors (i.e. behavioral problems, school changes, frequent suspensions) | <input type="checkbox"/> Experienced prejudice or discrimination relation to gender identity, sexual orientation, race/ethnicity, or another minority status |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> Experienced domestic or community violence |
| <input type="checkbox"/> Sibling who is/was involved in juvenile justice system | <input type="checkbox"/> Other types of trauma exposure |
| <input type="checkbox"/> Financial stressors within the family system | <input type="checkbox"/> Exposure to risk factors in environment (peer substance use, limited supervision, access to weapons, etc. |
| <input type="checkbox"/> Family systems trauma | |
| <input type="checkbox"/> Sexual minority; racial/ethnic minority | |

Mail, E-mail or Fax completed form to Anna Boateng, Prevention Therapist

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