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Parenting Perspectives

VOLUME 23, NO.1 FALL, 2015

Innovative Programs for West Virginia Families

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Innovative Programs for West Virginia Families

On the Cover:
Matthew Kruzel, son of Tammy and Jon Kruzel of Fairmont, paints a pumpkin with the help of WVU students Devin Parsons, daughter of Rick and Kelly Parsons of South Charleston, and Miranda Amick, daughter of Randy and Sandy Amick of Fenwick Mountain, WV.

Parenting online !!!

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This newsletter is published by the West Virginia Bureau for Behavioral Health and Health Facilities for parents of children and adolescents.

All material submitted for publication must be signed. Parenting Perspectives reserves the right to refuse submissions and to edit submissions selected for publication.

Parenting Perspectives

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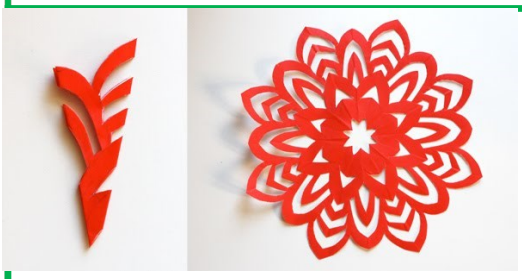
Cold Weather Fun for Kids!



String up a Snowflake Garland

This is a great way for little kids to practice their scissors skills and for big ones to show them off. Have them fold squares of paper in half diagonally, then in half one or two more times so they end up with small triangles. Then draw shapes around the edges and cut out. Unfold the papers and press flat. Once you've got a bunch, string them up to hang on the tree, the mantel, or over a doorway. Have a toddler? Let him "decorate" the paper with crayons, markers, or stamps before you make the cuts.

Unleash Their Inner Artist

Fill up a few spray bottles with water and various shades of food coloring, then send the kids out to create their masterpieces in the snow.

Make a Snow Globe

You'll need: a glass jar with a tight-fitting lid; a plastic figurine; waterproof glue; distilled water (you can also use boiled and cooled tap water); liquid glycerin (available at crafts stores); glitter. Let your child pick out the figure, then glue it inside the lid and let the glue dry. Fill the jar with water, a squirt of glycerin (it helps the glitter swirl), and the glitter. Screw on the lid tightly, then flip!

Celebrate the Festival of Lights

Have your little one make a handprint menorah: Dip each hand in paint; ask your child to overlap his thumbs (this will create the center candle) and then press his hands, with fingers spread, onto paper. Wash hands, then have him dip a finger in yellow paint and dab the top of each candle to create flames.

Glacier Jump

Toss a bunch of pillows on the floor. Each player must jump from "glacier" to "glacier"without falling in the "water." If she does, she's out. With each round, move the pillows farther apart until everyone is sunk.

Indoor Fort

Transform your living room into a fun fort using chairs and blankets to make a cozy hideout for the day. Bring in coloring books for everyone, and enjoy a picnic of refreshments while you color.

"Safe at Home" Initiative to Provide Wraparound Services

by Jessica N. Holstein

Under the leadership of Cabinet Secretary Karen L. Bowling, the West Virginia Department of Health and Human Resources (DHHR) has made positive changes to increase permanency and improve the child welfare system in the state. On October 1, 2015, DHHR's Bureau for Children and Families (BCF) began serving children in their home communities through the launch of the new Safe at Home demonstration project.

Secretary Karen Bowling, WVDHHR

A champion for children and family stability, Secretary Bowling has spearheaded this collaborative initiative to revolutionize the system.

"Based on DHHR's research in the fall of 2013, I determined that the Bureau for Children and Families should apply for the federal IV-E Waiver to allow the Department more flexibility in delivering services to children and their families using the National Wraparound Model, which focuses on in-home community-based services. Through our demonstration project, Safe at Home West Virginia, we will provide wraparound services to children and their family members, caregivers and foster parents to support them in developing and maintaining a stable and loving environment so all children can be safe, healthy and successful," said Bowling. "I appreciate everyone who has played a role in helping us launch Safe at Home and am confident this program will set many on the path to a better quality of life."

Safe at Home, which will focus on children ages 12 to17, is based on the National Wraparound Model, a planning process rooted in family engagement, focused on a single coordination plan for the child and family and inclusive of assessments, care coordination, planning and implementation and transition to self-sufficiency.

The goals of Safe at Home West Virginia are to ensure youth remain in their own communities whenever safely possible; reduce reliance on foster care/congregate care and prevent re-entries; reduce the number of children in higher cost placements out-of-state; and step down youth in congregate care and/or reunify them with their families and home communities.

Phase one of Safe at Home was rolled out in Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne counties on October 1, 2015, with a goal of achieving statewide implementation by 2017. With help from a wraparound facilitator, key players in the child or youth's family work together, coordinate activities, and blend perspectives of the family's situation. As part of the process, community services specific to the youth and comprehensive to the family are developed.

The Bureau for Children and Families (BCF) recently awarded grants to licensed behavioral health agencies to act as local coordinating agencies to hire wraparound facilitators to provide high fidelity wraparound services in the 11 phase one counties: Burlington Family Services; Braley and Thompson, Inc.; Children's Home Society; KVC Behavioral Healthcare of WV; National Youth Advocate Program; NECCO; Pressley Ridge; and Prestera. These providers hire wraparound facilitators responsible for coordinating the individualized services identified for each youth and their family in their homes.

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"Safe at Home" Initiative to Provide Wraparound Services

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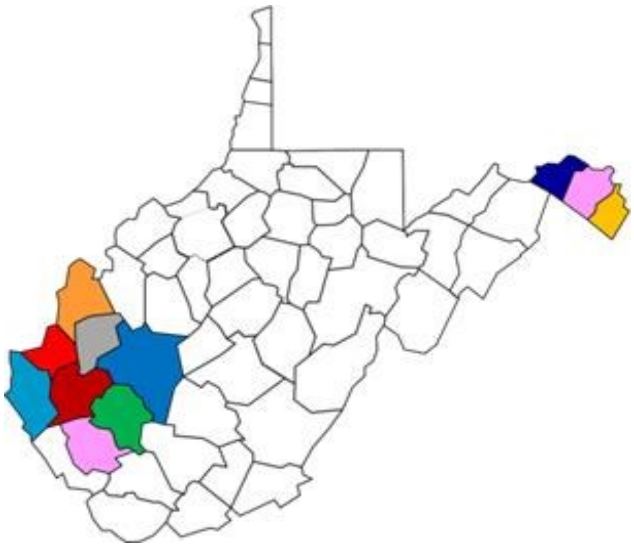
Local coordinating agencies also provide those services or secure them from other sources.

"We have been working tirelessly with our partners over the last few months to prepare for this important new program, and it has been an absolute pleasure watching these public/private partnerships unfold. I look forward to the exciting days ahead with Safe at Home West Virginia and the opportunity to change the way we work together as communities to support our youth and families in their homes," said BCF Commissioner Nancy Exline. "The Department will continue to work with courts, schools, behavioral health providers, residential providers and others to revolutionize the child welfare system by increasing the number of children in a loving environment and "assist our state in focusing on preventing child abuse, neglect and the re-entry of children into foster care."

Jessica N. Holstein,is a communications specialist for the WVDHHR



WV Safe at Home began services in 11 counties on October 1, including Berkeley, Boone, Cabell, Jefferson, Kanawha, Lincoln, Logan, Mason, Morgan, Putnam and Wayne Counties.

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"Handle With Care" Helps WV Children Exposed to Violence Deal with Trauma

by Matthew Clayton Poe

A growing body of research suggests that trauma's effects can reach far past the initial traumatic incident. In response, one Charleston elementary school is trying a novel approach. Created by the West Virginia Center for Children's Justice, the Handle with Care program provides a collaborative model to help address the lingering effects of trauma on kids.

The scope of the problem is significant: a recent U.S. Department of Justice report on children's exposure to violence found that 60 percent of American children have been exposed to violence, crime or abuse. 40 percent were direct victims of two or more violent acts.

What happens when those children go to school the next day? Children who are exposed to trauma, or to multiple traumas, may have trouble focusing on school work. They may act out in response to feeling fearful or out-of-control. They may find social relationships with their peers more challenging.

Mary C. Snow Elementary on Charleston's west side was selected for Handle with Care's pilot program, which hopes to deliver interventions just when children need them the most. The school, with an enrollment of about 500, serves a population with extraordinary rates of poverty: according to the West Virginia Defending Childhood Initiative, 93% of the students come from low-income families. Snow's West Virginia Educational Standards Test scores rank among the lowest in the state.

The school was selected because of the extraordinary challenges faced by the children there. "It's a high crime area, as far as the city of Charleston goes. A lot of the kids live with their grandmothers, grandfathers, or non-biological parents. There's a lot of drug use in the communities where these children are attending school... Unemployment is high. These kids are facing a lot already. And we know what ends up happening if kids don't graduate." says Lt. Chad Napier of the Charleston Police Department.

One way to improve these student's outcomes is to help them deal with the trauma that is a part of their lives. But in order to do that, schools must know about the trauma in time to respond. That's what Handle with Care seeks to do: the program provides a protocol for law enforcement to communicate with educators, and then integrates mental health professionals into schools.

Identifying Trauma: Law Enforcement

The three-pronged strategy starts with law enforcement. When a police officer responds to a call and finds a child at the scene, under Handle with Care, there are special steps to take. The officer must identify the child and find out what school he or she attends. That information is passed to a designated officer, who sends a short message to a designated school official. The message consists of just the child's name and the words "handle with care."

Training sessions for Handle with Care serve as an opportunity to remind officers of some best-practices in dealing with kids who may have experienced trauma. Officers are reminded, for instance, not to interview witnesses in front of children, and, when possible, not to arrest or subdue people in front of them.

The program also prescribes more general community-policing strategies: officers should be spending time at the school, interacting with students at lunch and in classrooms, in order to build positive relationships outside the emotionally-fraught context of responding to emergencies.

WV Center for Children's Justice Director Andrea Darr, who spearheads the Handle with Care program, says "A lot of times, the only time these children see a law enforcement officer, chaos is going on. Bad stuff is going on. They connect the officer with that. So having an officer just drop in the school to say 'hi, how are you?' or come in the classroom and show you all the cool stuff on his belt, or talk

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"Handle With Care" Helps WV Children Exposed to Violence Deal with Trauma

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about safety--It's so good for these kids to see law enforcement in a positive light."

The Handle with Care numbers were slow to start, but once CPD centralized the reporting process with a single officer, reports increased quickly and dramatically. The department soon decided to broaden the notifications. Since they had implemented the policy of identifying any child at a scene, they reasoned that they might as well pass that information along to whichever school the student attended.

The numbers that resulted surprised even the police. From August 2013 through September 2015, Charleston Police Department documented 527 incidents, with 959 kids involved. Napier, the officer who took responsibility for communicating with schools, says "I don't think we even thought the numbers would be that high."

Nonetheless, Napier is encouraged. He says he's seen changes in the officers. "Officers emailing me, following up that they took this report, which is pretty simple on its face, then take the time to write me a full page email, saying hey, have you followed up with this child, have you made sure that the resource officer is meeting with him and his family, and is the child going to be receiving counseling, can I stop by and speak to the child and just follow up-- stuff such as that. I forward those to the people on our team, because it just shows the buy-in. That's extra. That's not mandated by us, that these officers, even days later, are thinking about these kids."

Addressing the Trauma: Educators

The second prong of the Handle with Care strategy is schools. Before the school day begins, the Handle with Care notice is received.

It's important that this happens before the first bell rings both so the teachers have pertinent information as soon as possible, and also so notices can be given as discreetly as possible.

A critical component of the program is the emphasis on privacy. Only minimal information is provided, and only to those who need-to-know. Darr explains, "We looked at confidentiality and safety, and all the issues, and we decided that what we could do was three words. You do not need to know the details of what happened to help a kid. You simply don't need it. And all you need is three words; if you get three words, you get it, this child has been exposed to something that could be traumatizing, and they might not have a very good day at school."

Equally critical, while personal information is strictly limited, everyone in the school needs to be able to spot the signs of trauma. Darr emphasizes "Handle with Care asks all school [employees], not just teachers--nurses, attendance directors, people that work in the kitchens, custodians, everyone--to become aware of what trauma is, what it looks like, triggers to trauma, and what we can do to help mitigate the consequences."

If they know of a reason like a death or illness in the child's family that might warrant some extra sensitivity, school staff members can generate their own Handle with Care notices. "The reason we want the bus drivers and the cafeteria workers and the custodians is because kids talk to them. They're not in a position of authority. Children really befriend these people. Those are the people that know so much about what's going on in the school."

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"Handle With Care" Helps WV Children Exposed to Violence Deal with Trauma

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When a teacher observes a Handle with Care child struggling, there's a range of possible interventions. One of the easiest is just to let the child rest. Darr says "if they get a Handle with Care notice, odds are [the student has] been up all night, so [the pilot program's school nurse] really encourages the teachers to send the kids to take a nap down in her office. Sleep in the morning, wake them up around lunch, give them something to eat, you're going to get some work out of them in the afternoon. Wouldn't you rather do that than waste the whole day with them struggling to stay awake?"

"It's just really simple, common-sense things that you can do once you realize something has happened. Or in the second grade, if you have a spelling test, and a child that usually does a really good job just bombs it--and you got a Handle with Care notice on that child--why not let them take it again the next day? Because that test is not an accurate reflection of how smart they are. They're a hundred miles away. They're still watching their dad be handcuffed. They're still worried about their mother in the hospital. It's just that simple... Just a little bit of knowledge goes a long way."

On the subject of particularly novel interventions she's seen, Darr says "There's a service dog that lives in the library, and he is so sweet. If a child is having a bad day, send him to the library and read a book. The child sits in the bean bag, starts reading a book, and the dog curls up in their lap. There's nothing more comforting."

Mental Health Services Come to the School

The third prong is mental health services. Darr says "90% of these kids can be helped just by the school understanding what trauma is... But 10% need someone to talk to. They need therapy. And we are encouraging the mental health provider to co-locate in the school. So if a child needs a therapist to talk to, they can see a therapist at the school."

"A lot of times when a child needs to get to appointments, for many reasons, they're not able to get there, their parents don't get them there, maybe there's no transportation, whatever. But Handle with Care asks for therapists on-site who are trained in trauma-focused cognitive behavioral therapy that can address those children's needs."

Lt. Napier reports that in the Charleston pilot alone, "over a hundred kids are getting specialized, trauma-based counseling, right there at the school."

Momentum for Change

The response has been overwhelmingly positive, according to both Darr and Napier.

"I've not heard one negative comment about the program. It's "can we do more?" Lt. Napier says. "The overwhelming theme is 'why weren't we already doing this? This makes sense.'"

When asked what advice he'd give a community who wants to begin to implement Handle with Care, Napier says "You have to put passionate people in place that want to help children and want to do the right thing. I think that goes a long way. Then you have to do a lot of follow-up. Not just send that notice, you have to make sure that everybody's working together. Don't stay in your own silo."

"A lot of time, within law enforcement, we have to break down some of those barriers... where we feel like 'let us do our part, and you stay out of it, you do your part.' Well, this program won't work if you're doing that. We've all got to be willing to reach out and build

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"Handle With Care" Helps WV Children Exposed to Violence Deal with Trauma

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those relationships and help each other, so we can help school."

Due in no small part to the tireless training schedule of Darr, Napier, and U.S. Attorney Booth Goodwin, who has been a staunch supporter of the project since its inception, the program has developed momentum. Darr aims to hold four or five stakeholder meetings each school semester, where she meets with county officials to discuss how individual communities might implement the program. At the same time, she's frequently presenting the program at statewide and national conferences.

"I heard that in Oak Hill West Virginia--we have never been there, never done a training--but I heard the high school principal heard about this program and he's generating his own Handle with Care notices in the school. Then, in Putnam County, the paramedics are doing Handle with Care, which is really really smart, because they see a lot of situations that need a Handle with Care notice."

Darr keeps a folder with emails from colleagues in other states who have emailed for more information about the program. So far, she's heard from Arizona, California, Kansas, Missouri, North Carolina, New Mexico, Wyoming, and Wisconsin.

Meanwhile, the program has been added to the National Alliance for Drug Endangered Children's core DEC program, which means it's being presented around the country, including on Indian reservations.

But Darr is grounded in the here and now. Four West Virginia counties have fully implemented the program; four more counties have at least one pilot school trying out the program this fall, and Darr has a calendar full of trainings. There are a lot of kids left to help.

Handle with Care will go state-wide, she says. "We're going to get there. I have no doubt."

To learn more about the Handle with Care program, and to learn where upcoming trainings and conferences are scheduled, visit http://www.handlewithcarewv.org/.

Matthew Clayton Poe is a freelance writer from Fairmont, WV, who now lives in NYC.

Selective Serotonin Reuptake Inhibitors Benefit Children With Depression

Depression is a serious disorder that can cause significant problems in mood, thinking, and behavior at home, in school, and with peers. It is estimated that major depressive disorder (MDD) affects about 5 percent of adolescents.

Research has shown that, as in adults, depression in children and adolescents is treatable. Certain antidepressant medications, called selective serotonin reuptake inhibitors (SSRIs), can be beneficial to children and adolescents with MDD. Certain types of psychological therapies also have been shown to be effective. However, our knowledge of antidepressant treatments in youth, though growing substantially, is limited compared to what we know about treating depression in adults.

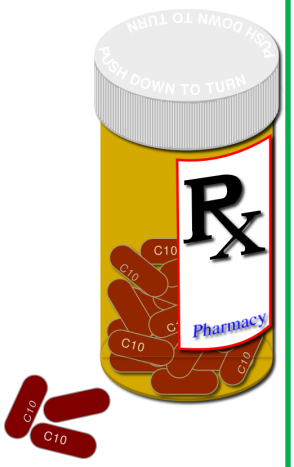
Recently, there has been some concern that the use of antidepressant medications themselves may induce suicidal behavior in youths. Following a thorough and comprehensive review of all the available published and unpublished controlled clinical trials of antidepressants in children and adolescents, the U.S. Food and Drug Administration (FDA) issued a public warning in October 2004 about an increased risk of suicidal thoughts or behavior (suicidality) in children and adolescents treated with SSRI antidepressant medications. In 2006, an advisory committee to the FDA recommended that the agency extend the warning to include young adults up to age 25.

More recently, results of a comprehensive review of pediatric trials conducted between 1988 and 2006 suggested that the benefits of antidepressant medications likely outweigh their risks to children and adolescents with major depression and anxiety disorders. The study, partially funded by NIMH, was published in the April 18, 2007, issue of the Journal of the American Medical Association.[1]

What Did the FDA Review Find?

In the FDA review, no completed suicides occurred among nearly 2,200 children treated with SSRI medications. However, about 4 percent of those taking SSRI medications experienced suicidal thinking or behavior, including actual suicide attempts—twice the rate of those taking placebo, or sugar pills.

In response, the FDA adopted a "black box" label warning indicating that antidepressants may increase the risk of suicidal thinking and behavior in some children and adolescents with MDD. A black-box warning is the most serious type of warning in prescription drug labeling.



The warning also notes that children and adolescents taking SSRI medications should be closely monitored for any worsening in depression, emergence of suicidal thinking or behavior, or unusual changes in behavior, such as sleeplessness, agitation, or withdrawal from normal social situations. Close monitoring is especially important during the first four weeks of treatment. SSRI medications usually have few side effects in children and adolescents, but for unknown reasons, they may trigger agitation and abnormal behavior in certain individuals.

What Do We Know About Antidepressant Medications?

The SSRIs include:

- fluoxetine (Prozac)
- sertraline (Zoloft)
- paroxetine (Paxil)
- citalopram (Celexa)
- escitalopram (Lexapro)
- fluvoxamine (Luvox)

Another antidepressant medication, venlafaxine (Effexor), is not an SSRI but is closely related.

SSRI medications are considered an improvement over older antidepressant medications because they have fewer side effects and are less likely to be harmful if taken in an overdose, which is an issue for patients with depression already at risk for suicide. They have been shown to be safe and effective for adults.

However, use of SSRI medications among children and adolescents ages 10 to 19 has risen dramatically in the past several years. Fluoxetine (Prozac) is the only

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Selective Serotonin Reuptake Inhibitors Benefit Children With Depression

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medication approved by the FDA for use in treating depression in children ages 8 and older. The other SSRI medications and the SSRI-related antidepressant venlafaxine have not been approved for treatment of depression in children or adolescents, but doctors still sometimes prescribe them to children on an "off-label" basis. In June 2003, however, the FDA recommended that paroxetine not be used in children and adolescents for treating MDD.

> ***"Although they are not habit-forming or addictive, abruptly ending an antidepressant can cause withdrawal symptoms or lead to a relapse. Families should not discontinue treatment without consulting their doctor."***

Fluoxetine can be helpful in treating childhood depression, and can lead to significant improvement of depression overall. However, it may increase the risk for suicidal behaviors *in a small subset of adolescents*. As with all medical decisions, doctors and families should weigh the risks and benefits of treatment for each individual patient.

What Should You Do for a Child With Depression?

A child or adolescent with MDD should be carefully and thoroughly evaluated by a doctor to determine if medication is appropriate. Psychotherapy often is tried as an initial treatment for mild depression. Psychotherapy may help to determine the severity and persistence of the depression and whether antidepressant medications may be warranted. Types of psychotherapies include "cognitive behavioral therapy," which helps people learn new ways of thinking and behaving, and "interpersonal therapy," which helps people understand and work through troubled personal relationships.

Those who are prescribed an SSRI medication should receive ongoing medical monitoring. Children already taking an SSRI medication should remain on the medication if it has been helpful, but should be carefully monitored by a doctor for side effects. Parents should promptly seek medical advice and evaluation if their child or adolescent experiences suicidal thinking or behavior, nervousness, agitation, irritability, mood instability, or sleeplessness that either emerges or worsens during treatment with SSRI medications.

Once started, treatment with these medications should not be abruptly stopped. Although they are not habit-forming or addictive, abruptly ending an antidepressant can cause withdrawal symptoms or lead to a relapse. Families should not discontinue treatment without consulting their doctor.

All treatments can be associated with side effects. Families and doctors should carefully weigh the risks and benefits, and maintain appropriate follow-up and monitoring to help control for the risks.

What Does Research Tell Us?

An individual's response to a medication cannot be predicted with certainty. It is extremely difficult to determine whether SSRI medications increase the risk for completed suicide, especially because depression itself increases the risk for suicide and because completed suicides, especially among children and adolescents, are rare. Most controlled trials are too small to detect for rare events such as suicide (thousands of participants are needed). In addition, controlled trials typically exclude patients considered at high risk for suicide.

One major clinical trial, the NIMH-funded Treatment for Adolescents with Depression Study (TADS) [2], has indicated that a combination of medication and psychotherapy is the most effective treatment for adolescents with depression. The clinical trial of 439 adolescents ages 12 to 17 with MDD compared four treatment groups—one that received a combination of fluoxetine and CBT, one that received fluoxetine only, one that received CBT only, and one that received a

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Selective Serotonin Reuptake Inhibitors Benefit Children With Depression

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placebo only. After the first 71 percent responded to the combination treatment of fluoxetine and CBT, 61 percent responded to the fluoxetine only treatment, 43 percent responded to the CBT only treatment, and 35 percent responded to the placebo treatment. At the beginning of the study, 29 percent of the TADS participants were having clinically significant suicidal thoughts. Although the rate of suicidal thinking decreased among all the treatment groups, those in the fluoxetine/CBT combination treatment group showed the greatest reduction in suicidal thinking.

Researchers are working to better understand the relationship between antidepressant medications and suicide. So far, results are mixed. One study, using national Medicaid files, found that among adults, the use of antidepressants does not seem to be related to suicide attempts or deaths. However, the analysis found that the use of antidepressant medications may be related to suicide attempts and deaths among children and adolescents.[3]

Another study analyzed health plan records for 65,103 patients treated for depression.[4] It found no significant increase among adults and young people in the risk for suicide after starting treatment with newer antidepressant medications.

A third study analyzed suicide data from the National Vital Statistics and commercial prescription data. It found that among children ages five to 14, suicide rates from 1996 to 1998 were actually lower in areas of the country with higher rates of SSRI antidepressant prescriptions. The relationship between the suicide rates and the SSRI use rates, however, is unclear.[5]

New NIMH-funded research will help clarify the complex interplay between suicide and antidepressant medications. In addition, the NIMH-funded Treatment of Resistant Depression in Adolescents (TORDIA) study, will investigate how best to treat adolescents whose depression is resistant to the first SSRI medication they have tried. Finally, NIMH also is supporting the Treatment of Adolescent Suicide Attempters (TASA) study, which is investigating the treatment of adolescents who have attempted suicide. Treatments include antidepressant medications, CBT or both.

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2. *Treatment for Adolescents with Depression Study (TADS) Team. Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents with Depression Study (TADS) randomized controlled trial . Journal of the American Medical Association, 2004 Aug 18; 292 (7):807-20.*
3. *Olfson M, Marcus SC, Shaffer D. Antidepressant Drug Therapy and Suicide in Severely Depressed Children and Adults . Archives of General Psychiatry. 2006 Aug. 63:865-72*
4. *Simon GE, Savarino J, Operskalski B, Wang P. Suicide Risk During Antidepressant Treatment .American Journal of Psychiatry. 2006. 163 (1): 41-47.*
5. *Gibbons RD, Hur K, Bhaumik DK, Mann JJ. The relationships between antidepressant prescription rates and rate of early adolescent suicide . American Journal of Psychiatry 2006. 163 (11): 1898-1904*

From http://www.nimh.nih.gov/news/science-news/2006/new-nimh-research-strives-to-understand-how-antidepressants-may-be-associated-with-suicidal-thoughts-and-actions.shtml

"Project Aware" Off to a Great Start Addressing the Mental Health Needs of WV Kids

Project AWARE has gotten off to a great start in year one!

The "Now Is The Time – Project AWARE" grant is a $9.7 million dollar Substance Abuse and Mental Health Services Administration's (SAMHSA) grant that focuses on the mental health needs of children, families, and communities through the public school system over the next five years.

The goals of the grant are to address the mental health needs of children, youth, families and caregivers and to assist communities with the implementation of Mental Health First Aid and Youth Mental Health First Aid programs.

Project AWARE is focusing on student Pre-K through 12 grade. Berkeley, McDowell and Wood Counties are serving as the demonstration local education agencies. To date, Project AWARE currently has a total of 32 instructors partnering to provide Youth Mental Health First Aid (MHFA) trainings across the state. Three of the 32 instructors also have their certification in Adult Mental Health First Aid.

During Project AWARE's first year of implementation, 352 people received either the Adult or the Youth version of Mental Health First Aid. As a first aider, you are better equipped to assist a person experiencing a mental health concern. MHFA provides instruction on both crisis and non-crisis situations.

If you are interested in a course, go to www.mentalhealthfirstaid.org and click on "find a course." All courses instructed by Project AWARE instructors are free of charge and are delivered in either an eight-hour session or two four-hour sessions. Continuing education credits are now offered for Social Work, Nursing, and Law Enforcement.

Pictured above: Pocahontas County training sponsored by the Marlinton Women's Club

Project AWARE staff are focused on multi-tiered levels of support and are implementing evidence-based programs within the school setting. Community Schools is a significant focus. A Community School is not only a place but also a series of partnerships to improve student learning, strengthen families and build healthier communities. The school becomes the hub of the community and is open to the community all day, every day, evenings and weekends.

"One Child at a Time" is Theme of McDowell County Schools

"One Child at a Time" is the motto that McDowell County Schools will use this school year to promote increased efforts for school staff to take a focused interest in at least one student in need of social, emotional, or academic support. To generate interest in the "One Child at a Time" initiative, the Project AWARE team (John Kennedy and Kenneth Birchfield) will visit schools in McDowell County and present a story adapted from Loren Eiseley's "The Star Thrower."

The story will be written on promotional cards as follows:

> *"An old man walked up a shore littered with thousands of starfish, beached and dying after a storm. A young man was picking them up and flinging them back into the ocean.*
>
> *'Why do you bother?' the old man scoffed. 'You're not saving enough to make a difference'.*
>
> *The young man picked up another starfish and sent it spinning back to the water.*
>
> *'Made a difference to that one', he said." - - "You make a difference every day".*

These promotional cards will be given to the principals of each school. Principals will be asked to become the ambassadors for making a difference "One Child at a Time". They will be encouraged to promote the mentorship of a child in need, and to commend staff/community members they observe "making a difference" in a child's life. Principals will also be provided with pens prominently displaying a starfish and inscribed with "You make a difference every day". These pens will be used as tokens of appreciation for those whom the principals observe mentoring a student in need of social, emotional, or academic support. Through these promotional efforts, the Project AWARE team hopes to raise the awareness of the impact that each kind act can have on a child's life.

The moral of "The Star Thrower" is that each person changes someone's world with each kind act that they complete. Every kind act may save a life. The job set before us is immense, but it is made more manageable with each person who takes up the cause. Join us, because McDowell County is making a difference "One Child at a Time."

The 2015 Student Success Summit

From July 29th-30th, the 2015 Student Success Summit was held in Morgantown at the Waterfront Hotel.

A total of 503 educational stakeholders from West Virginia and two from Germany attended. The Summit is hosted by the College Foundation of West Virginia, which helps families plan for education and training past high school. It is a collaborative event that seeks to support lifelong learning systems for our state's students. This educational event featured more than 50 breakout sessions on many topics.

I was fortunate to co-present one of the sessions. My name is Gloria Shaffer and I am the Parent Coordinator of Region III with the FAST Program of Legal Aid of West Virginia. My co-presenter was Deana Cummings, Region IV Parent Coordinator with our program. Our session was titled, "Pathways to Partnerships" and we discussed a variety of ways individuals can increase their collaboration across agencies in advocating for individuals and working with families.

Some of the highlights of our presentation included appreciating other's perspectives, strength-based approaches for problem solving, team-building, and the benefits of partnering. Our session was attended by 37 participants from across the state and we had lots of great discussion of the topics!

If you have not had the opportunity to attend the Summit previously, I hope you will plan to attend next year! It is worthwhile and I think you will find the information and experience you gain to be valuable.

The 2015 Integrated Behavioral Health Conference

by Gloria Shaffer

On September 22nd-24th, the 2015 Integrated Behavioral Health Conference was held at the Civic Center in Charleston. This conference is sponsored by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities. The theme of the conference this year was on building trauma-informed systems of care. This important event was inspiring to the participants. It promoted partnerships and provided resources to help improve the health and well-being of all those present.

Each day of the 3-day conference, there was a keynote speaker. These nationally recognized speakers provided valuable information such as: implementing trauma-informed approaches, resiliency, sexual health and trauma, addiction, and talking about mental health. Each day, there were over 20 breakout sessions to choose from! The sessions covered a myriad of topics. Among them were the following: Mental Health First Aid: Youth, Mental Health First Aid: Adult, therapeutic relationships with individuals on the Autism Spectrum, Safe at Home West Virginia, engaging youth and families in treatment, best practices for working with LBGTQ Youth, and trauma-informed positive behavior support.

There were also numerous networking opportunities, not only from the sessions with the speakers and the attendees, but there were multiple agencies represented at exhibitor booths available to discuss the resources they could offer. Well-known authors were available for book signing as well. The conference offers participants not only time to build their skills, but to relax and rejuvenate as well. There were multiple self-care options available, as well as evening events that took place.

Legal Aid of WV behavioral health staff enjoying the conference.

Parents Need to Know…

What is Common Core?

Common Core, called "Next Generation" in WV, is a set of standards in the areas of math and reading that clearly define what a child needs to know at the completion of a course or the end of a grade level, according to Dr. Michael Martirano, WV State School Superintendent, when interviewed by MetroNews "Talkline" last July.

To satisfy Common Core requirements, the West Virginia Department of Education approved and launched a program to phase in its "Next Generation Content Standards" in English and math in 2010, with the complete transition to be in place by the fall of 2014. Common Core sets academic standards for what a student should know and be able to do by the end of each academic year.

Bills to repeal the implementation of these standards was passed in both houses of the West Virginia Legislature last session, but the effort died when the houses could not agree to concur on provisions of the individual bills. Members of the Legislature have pledged to renew efforts to repeal or alter the standards in the upcoming session.

A WV MetroNews Poll held in August this year indicated that 53 percent of West Virginians have heard of Common Core, and of that fifty three percent, 65 percent had a negative impression of the standards. Complaints often center on the extensive testing required by the program, the tendency to teach students only what is required to pass the tests and meet the standards, and the lack of flexibility in the program that inhibits individualized instruction for students with different needs. While most parties agree that standards are needed, many say Common Core is restrictive by being too specific.

In light of the attempts to repeal, the Department of Education undertook a major review of the standards, which has included a five-month-long comment period open to all interested parties. The comment period for this review ended September 30, and the more than 250,000 comments are currently being analyzed and assembled for presentation to the State Board of Education at its November 12th meeting. The Board will accept comments for thirty days after that meeting and will vote on the standards at its December 16th meeting.

During the comment period, standards were posted on the Department of Education website, and still may be viewed at: http://wvacademicspotlight.statestandards.org .

"This is a substantive work that gets us moving forward for the future of our kids," State Superintendent of Dr. Martirano said in a press release recently. "I believe this is the most important work in our state right."

Common Core is currently used by 42 states, with standards based mostly on research and college readiness. Only three states have officially repealed the standards: Oklahoma, Indiana, and South Carolina.

Parents Need to Know…

Myths and Facts About Common Core

Successful implementation of the Common Core State Standards requires parents, educators, policymakers, and other stakeholders to have the facts about what the standards are and what they are not. The following myths and facts aim to address common misconceptions about the development, intent, content, and implementation of the standards.

Myths About Content and Quality: General

Myth: Adopting common standards means bringing all states' standards down to the lowest common denominator. This means that states with high standards are actually taking a step backwards by adopting the Common Core.

Fact: The standards are designed to build upon the most advanced current thinking about preparing all students for success in college, career, and life. This will result in moving even the best state standards to the next level. In fact, since this work began, there has been an explicit agreement that no state would lower its standards. The standards were informed by the best in the country, the highest international standards, and evidence and expertise about educational outcomes. We need college- and career-ready standards because even in high□performing states, students are graduating and passing all the required tests but still need remediation in their postsecondary work.

Myth: The Common Core State Standards are not internationally benchmarked.

Fact: Standards from top-performing countries played a significant role in the development of the math and English language arts/literacy standards. In fact, the college- and career-ready standards provide an appendix listing the evidence that was consulted in drafting the standards, including the international standards that were consulted in the development process.

Myth: The standards only include skills and do not address the importance of content knowledge.

Fact: The standards recognize that both content and skills are important.

The English language arts standards require certain critical content for all students, including classic myths and stories from around the world, America's founding documents, foundational American literature and Shakespeare. Appropriately, the remaining crucial decisions about what content should be taught are made at the state and local levels. In addition to content coverage, the standards require that students systematically acquire knowledge in literature and other disciplines through reading, writing, speaking, and listening.

The mathematics standards lay a solid foundation in whole numbers, addition, subtraction, multiplication, division, fractions, and decimals. Taken together, these elements support a student's ability to learn and apply more demanding math concepts and procedures. The middle school and high school standards call on students to practice applying mathematical ways of thinking to real-world issues and challenges. They prepare students to think and reason mathematically. The standards set a rigorous definition of college and career readiness not by piling topic upon topic, but by demanding that students develop a depth of understanding and ability to apply mathematics to novel situations, as college students and employees regularly do.

Myths About Content and Quality: Math

Myth: The standards do not prepare or require students to learn algebra in the 8th grade, as many states' current standards do.

Fact: The standards do accommodate and prepare students for Algebra 1 in 8th grade by including the prerequisites for this course in grades K through 7.students who master the K through 7 material will be able to take Algebra 1 in 8th grade. At the same time, grade 8 standards also include rigorous algebra and will transition students effectively into a full Algebra 1 course.

Myth: Key math topics are missing or appear in the wrong grade.

Fact: The mathematical progressions presented in the Common Core State Standards are coherent and based on evidence.

Part of the problem with having different sets of state standards in mathematics is that different states cover different topics at different grade levels. Coming to a consensus guarantees that, from the

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Parents Need to Know…

Myths and Facts About Common Core

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viewpoint of any given state, topics will move up or down in the grade level sequence. What is important to keep in mind is that the progression in the Common Core State Standards is mathematically coherent and leads to college and career readiness at an internationally competitive level.

Myths About Content and Quality: English Language Arts/Literacy

Myth: The standards are just vague descriptions of skills and do not include a reading list or any other reference to content.

Fact: The standards do include sample texts that demonstrate the level of text complexity appropriate for the grade level and compatible with the learning demands set out in the standards. The exemplars of high-quality texts at each grade level provide a rich set of possibilities and have been very well received. This provides a reference point for teachers when selecting their texts, along with the flexibility to make their own decisions about what texts to use.

Myth: English teachers will be asked to teach science and social studies reading materials.

Fact: With the ELA standards, English teachers will still teach their students literature as well as literary nonfiction. However, because college and career readiness overwhelmingly focuses on complex texts outside of literature, these standards also ensure students are being prepared to read, write, and research across the curriculum, including in history and science. These goals can be achieved by ensuring that teachers in other disciplines are also focusing on reading and writing to build knowledge within their subject areas.

Myth: The standards do not have enough emphasis on fiction/literature.

Fact: The Common Core requires certain critical content for all students, including classic myths and stories from around the world, America's founding documents, foundational American literature, and Shakespeare. Appropriately, the remaining crucial decisions about what content should be taught are made at the state and local levels. The standards require that a portion of what is read in high school should be informational text, yet the bulk of this portion will be accounted for in non-ELA disciplines that do not frequently use fictional texts. This means that stories, drama, poetry, and other literature account for the majority of reading that students will do in their ELA classes. In addition to content coverage, the standards require that students systematically acquire knowledge in literature and other disciplines through reading, writing, speaking, and listening.

Myths About Process

Myth: No teachers were involved in writing the standards.

Fact: The Common Core drafting process relied on teachers and standards experts from across the country. In addition, many state experts came together to create the most thoughtful and transparent process of standard setting. This was only made possible by many states working together.

Myth: The standards are not based on research or evidence.

Fact: The standards have made careful use of a large and growing body of evidence. The evidence base includes scholarly research, surveys on what skills are required of students entering college and workforce training programs, assessment data identifying college- and career-ready performance, and comparisons to standards from high-performing states and nations.

In English language arts, the standards build on the firm foundation of the National Assessment of Education Progress (NAEP) frameworks in reading and writing, which draw on extensive scholarly research and evidence.

In mathematics, the standards draw on conclusions from the Trends in International Mathematics and Science Study (TIMSS) and other studies of high-performing countries that found the traditional U.S. mathematics curriculum needed to become substantially more coherent and focused in order to improve student achievement, addressing the problem of a curriculum that is "a mile wide and an inch deep."

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Parents Need to Know…

Myths and Facts About Common Core

Myth: The standards will be implemented through No Child Left Behind (NCLB), signifying that the federal government will be leading them.

Fact: The Common Core is a state-led effort that is not part of No Child Left Behind or any other federal initiative. The federal government played no role in the development of the Common Core. State adoption of the standards is in no way mandatory. States began the work to create clear, consistent standards before the American Recovery and Reinvestment Act, which provided funding for the Race to the Top grant program. It also began before the Elementary and Secondary Education Act blueprint was released, because this work is being driven by the needs of the states, not the federal government.

Myth: The Common Core State Standards were adopted by states as part of the Race to the Top grant program.

Fact: Recognizing the strength of having high standards for all students, the federal government gave competitive advantage to Race to the Top applicants that demonstrated that they had or planned to adopt college- and career-ready standards for all students. The program did not specify the Common Core or prevent states from creating their own, separate college- and career-ready standards. States and territories voluntarily chose to adopt the Common Core to prepare their students for college, career, and life. Many states that were not chosen for Race to the Top grants continue to implement the Common Core.

Myth: These standards amount to a national curriculum for our schools.

Fact: The Common Core is *not* a curriculum. It is a clear set of shared goals and expectations for what knowledge and skills will help our students succeed. Local teachers, principals, superintendents, and others will decide how the standards are to be met. Teachers will continue to devise lesson plans and tailor instruction to the individual needs of the students in their classrooms.

Myth: The federal government will take over ownership of the Common Core State Standards initiative.

Fact: The federal government will *not* govern the Common Core State Standards. The Common Core was and will remain a *state-led* effort. The NGA Center and CCSSO are committed to developing a long-term governance structure with leadership from governors, chief state school officers, and other state policymakers to ensure the quality of the Common Core. and that teachers and principals have a strong voice in the future of the standards. States and local school districts will drive implementation of the Common Core.

Myth: The Common Core State Standards will result in a national database of private student information.

Fact: There are no data collection requirements for states adopting the standards. Standards define expectations for what students should know and be able to do by the end of each grade. Implementing the Common Core State Standards does not require data collection. The means of assessing students and the use of the data that result from those assessments are up to the discretion of each state and are separate and unique from the Common Core.

Common Ground Partnership Coordinates Support Between WV Schools and Military

The Common Ground Partnership is an initiative to coordinate support and communication between WV schools and all branches of the military. Common Ground partners work together to help students to succeed in school, learn about careers, and overcome challenges that may arise in their path to graduate and chose a profession.

Common Ground started in 2011, when a Memorandum of Understanding established the partnership between the West Virginia Department of Education-and the United States Military recruiting organizations which serve West Virginia. In 2013, the partnership expanded to include representatives from the Adolescent Suicide Prevention and Early Intervention (ASPEN) Project, the West Virginia Congress of Parents and Teachers, Inc., and Legal Aid of WV. In 2015, a compact was signed to reaffirm the understanding among these partners. The partnership expanded to include the Governor's Office, the State Board of Education and the WV Veteran Affairs Council. The goal of Common Ground is to create a shared role among all Common Ground partners in developing our country's youth to be future leaders and humanitarians in their communities, state, and nation. This includes joint efforts to share the many resources available to our students across the state.

Two of the primary ways Common Ground provides this support is through an active Speakers Bureau and through the development of protocols that arrange positive relationships between at-risk students and military recruiters. Another goal is to make the many student and parent support resources from the various military available on a one-stop shop website.

The Common Ground Partnership Speaker Series is aimed at connecting West Virginia schools with professional on a variety of topics affecting youth today. The Speakers Bureau provides between 25 and 30 presentations a year, according to WV Board of Education school counseling coordinator Dr. Barbara Brady, who also serves as the primary contact for Common Ground. When she receives a request for a speaker, she works with the National Guard members who help select the most appropriate partner to provide the presentation. Programs are available to school students, parent groups, and PTA's, and are offered free of charge. Service members from different branches often have the background to deliver speeches in a captivating and motivating manner, which is perfect for the classroom setting. Students get the chance to interact with someone in the military, while learning about important topics that are relevant and will enhance already existing academic curriculum and educational incentives.

A number of topics relevant to education, character development, citizenship and career development are offered. Those include but are not limited to:

- Anti-bullying
- Suicide prevention
- Substance abuse prevention
- Drop-out prevention
- The American Flag

Schools and child-serving agencies can request speakers online http://wvde.state.wv.us/common-ground/speaker-series.html.

This Common Ground Committee also worked to develop a protocol for schools related to best practices for working with military recruiters in schools and another one on how to support with students who are considering an early exit. "If a student is identified who is saying he wants to drop out of school, we go into action to pair them with a mentor who can support the student with best practices interventions.". The website has a Counselor's Link that provides detailed information on some options for students, including the Interstate Compact, the Military Interstate Children's Compact Commission (MIC3) , the MIC3 Guide for Parents, School Officials and Public Administrators, the Military Protocol, WV's Mount-

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Common Ground Partnership Coordinates Support Between WV Schools and Military

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taineer Challenge Academy, and information about an aptitude test available for students searching for a career path, the Armed Services Vocational Aptitude Battery, or ASVAB. It is administered annually to more than one million applicants, high school and post-secondary students. After the student takes the test, the military recruiter can look at the results with the student and help them find the best path to that career. Some of the career counseling and support programs for youth include the Armed Services Vocational Aptitude Battery, or ASVAB. The ASVAB is a multiple-aptitude battery that measures developed abilities and helps predict future academic and occupational success. It is administered annually "free of charge" to more than one million applicants, high school and post-secondary students. Students can opt out of any further contact with recruiters should the military not be an option they are considering.

Dr. Barbara Brady

Other programs include March2Success and the 4H National Headquarters at USDA. March2Success is an online tutoring program designed to assist students in passing and improving in English, math and science. The 4-H National Headquarters at USDA has established formal partnerships with Army Child, Youth and School Services, Air Force Airman and Family Services and Navy Family Readiness to support positive youth development education for youth whose parents are serving in the military.

As military families move frequently and experience the difficulties surrounding lengthy and frequent deployments, 4-H provides predictable programming and a safe and nurturing environment for military kids.

Military families can get help from a professional tutor at any time. This service is FREE for active duty National Guard and Reserve members in the Army, Marines, Navy or Air Force and their dependents. Tutors are online 24/7 and available to help in more than 16 subjects.

For all students as well as adults in the workplace, the College Foundation of West Virginia can help with career and college planning.

The partnership also helps support military families through the Interstate Compact, which honors out-of-state academic credits from children of military members who transfer into the West Virginia school system. There are approximately 7,200 children in West Virginia who have one direct family member in the military, according to the Defense Enrollment Eligibility Reporting System.

The Common Ground website offers a one-stop shopping experience to help schools not only access resources such as a speakers bureau and career and college planning resources, but also family support resources, student leadership opportunities, tutoring and mentoring services, and much more. For more information, or to contact a member of Common Ground, go to http://wvde.state.wv.us/common-ground/contact.html

Stress Alert!

Preparing Your Family for Holidaze!

Here come the holidays!

For many parents with special needs kids, here comes more stress. No matter how many times you have tried to explain the special needs of your special child, the extended family, especially those who only see you a few times a year, often just doesn't get it. They mean well. They do love you. They want to include everyone who they think should be around the holiday table. They may even try to make adjustments to their idea of the perfect celebration. But people who haven't been part of managing day to day are often taken aback by just what parents of kids with special needs take as a matter of course. Consequently, they often have unrealistic expectations for your child's behavior and unreasonable ideas about what you can do about it.

If that weren't enough, our kids aren't even their usual unusual selves when thrown into an environment that is over-stimulating for them and stressful for their parents. Disruptions in routine and unfamiliar faces, sounds, food, you name it, can make them less than stellar guests. The stress of trying to keep everyone happy can make us irritable and on edge.

So why on earth do we put ourselves through it? It's important to remember that there really are lots of good reasons: Because we do love these people. Because it's a chance to visit with relatives we don't often get to see. Because we have fond memories of holiday events from when we were kids and don't want our kids to miss out. Because we want our relatives to know and accept and love our child. Because we want our children, all our children, to feel part of a larger support network called family. Right? Right.

But it's still stressful. How can we keep ourselves sane and included and capture moments of joy at these family holiday events? The pros (and by this I mean the experienced parents of special kids) are almost unanimous in their advice: Plan. Plan. Plan.

Plan to have help.

If at all possible, don't go it alone: If you do have a spouse or partner, plan together so you can operate as a team. If you don't, enlist the relative who is the most supportive or recruit a friend who doesn't have their own family plans to go along. You'll have help and difficult family members are likely to be on better behavior when you have a clear ally. A partner can tag team with you when the going gets rough with your child and you need a few minutes break, can divert Auntie's intrusive questions by engaging her in conversation, and can be that extra pair of hands helping out with the festivities when you are busy with your child.

Plan to capture at least one important moment.

Identify what is bottom line the most important thing you want out of the day. Many special needs kids are on their best behavior for the first part of a visit. If there is someone you want to be sure to talk to, that's the time to make sure it happens. If you absolutely have to have a piece of Grandma's pumpkin pie, ask for a piece before dinner, give her that hug, and tell her how wonderful it is. If you have to leave suddenly, at least you will have had the one moment that means the most to you.

Plan for unwelcome family dynamics.

Unless this is your first time out, it is not new information who in the family will be critical, who will be inappropriate, and who will use the one time you see them a year to try to corner you into a painful conversation. Think about the likely scenarios and develop a few key lines to divert these probably well-meaning but unhelpful folks. Someone has advice? Tell them just how much you appreciate it but could they please email you so you can give it proper attention? Someone is critical? Let them know that you appreciate their concern and you will certainly think about what they've said. Someone chooses the middle of dinner to tell you that they have a friend of a friend who is in exactly the same situation and they're handling it better? Suggest that

Preparing Your Family for Holidaze!

they give you that person's phone number and pass the potatoes, please. It is never helpful to debate, argue, or try to introduce new information when at a family event. Just find a way to acknowledge the offer and move on. You can decide later whether you want to answer the email, take the advice, or make the phone call.

Plan for your child's inevitable melt-down.

Any change in routine can drive special needs kids over the edge. No matter how well you plan or how hard you try, the day is going to be difficult at times. Talk with the host family ahead of time about whether there can be a room where you and your child can take a time out if you need to. Bring along whatever soothes your child (special toys, special blanket, CD) and simply excuse you both for a while. (Remember that partner? This is a time when you can tag-team so that each of you can get some dinner or so that one can withdraw while the other engages the group.) If the event is at your house, it's a good idea to make your child's room off-limits so at least that space can stay familiar and friendly for your child.

Plan the food.

Special kids don't care if the holiday meal is gourmet. Most of them get upset when the food is unfamiliar or when they are pressured to "try" something. Bypass the argument and the anxiety by bringing a couple of favorites and asking the other guests to please not make an issue of it. One of my kids only wanted puffed rice cereal when upset. Granted, "puffas puffas" aren't a traditional Thanksgiving Day treat but having a bowl next to her plate meant she was happily occupied while the rest of us ate turkey.

Plan an escape.

The best plans don't always work. Sometimes a time-out to calm down is enough for a child (and us) to regroup. Sometimes it's simply not. Like most of us, you've probably already made the mistake of trying to tough it out so I don't need to tell you that it just isn't worth it for anyone. Let the hosting family know ahead of time that you may have to opt out of dessert (or even dinner) but that it's better to go before things reach crisis proportions. Ask for their support in diverting other people's well-meaning "do you have to's". If you're with a partner, one of you collects whatever stuff needs to be collected and the other deals with the child. Alone? Leave the stuff and just get out of there while everyone is still smiling. Tell everyone how much you have enjoyed seeing them and how much you appreciate their understanding and go. If you had to travel far to be part of the festivities, it's trickier. If you can afford it, it's a good idea to get a motel room so you have a place to retreat to. If that isn't an option and you are staying with family, you can plan to go for a walk or a drive if that soothes your child or turn a time out into a more lengthy withdrawal.

Don't apologize for yourself or your child.

Whatever happens, your child is probably doing the very best he or she can. So are you. There is no need to apologize for your child's limited ability to manage the chaos of a big family get together. It comes with the territory of being who he or she is. Equally important, there is no need to apologize if you need to take time outs or keep the visit brief in order to keep your child stable and happy. The people who love us and our children the most will understand that that's our first priority and will give us support. For that, we can indeed give thanks.

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