



Our Vision

We envision a world where ALL children are accepted, cherished and connected.

Our Mission

NC Families United supports and unites the voices of children, youth, and families with Mental Health concerns to educate, support, and advocate for improved services and lives.

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NCFU Youth Leadership Development Program Promotes Wellness Recovery

On October 1 & 2, 2010, eight young adults from Guilford, Mecklenburg, Durham, and Chatham Counties attended a 2-day Wellness Recovery Action Plan (WRAP) held at the Fairfield Marriott in Greensboro. During the workshop young adult participants, with the support of their peers, developed strategies for relieving mental health related symptoms and created an individualized plan to maintain their personal mental wellness. The sessions were coordinated by two alumni of the NC Families United - Youth Leadership Development Program, Evalee Foster (2009) and Jonathan Hanichak (2010) and facilitated by Libby Jones, Director of the Alamance Division of North Carolina Families United. While the young adults were in session, Teka Dempson, Family Partner was available to support families and caregivers caring for the needs of young adults struggling with mental wellness. The Young Adult Wellness Recovery Action Plan workshop was made possible by funds awarded to the Mental Health Consumers' Organization by the Substance Abuse Mental Health Services Administration.

Written by Damie Jackson-Diop
Youth Transition Program Director (NCFU)

Young Adult Wellness Recovery Action Plan



Libby Jones, (facilitator), Evalee Foster, Jonathan Hanichak (youth coordinators) & young adult participants

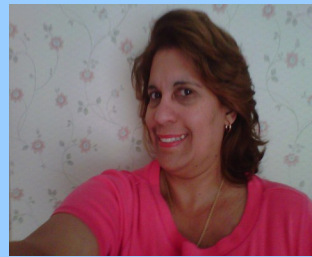
CenterPoint Human Services Embraces Family Partner Trainings

It was a privilege to recently attend a family partner training lead by Gail Cormier and Frederick Douglas held at CenterPoint Human Services. It was one of the best trainings I have attended. I feel that I learned more from the parents in the room than I have learned from other professionals in the field when it comes to working with families.

Being in a room with 16 family partners was really an eye-opener for me. I stood in the back of the room wondering if my participation was welcomed. My uncertainty came from my identification with my role as a “professional”. Nonetheless, I quietly joined the group. For our first exercise we were given a sheet of paper with colored pencils and asked to draw our family portrait. I looked up from the assignment and realized that everyone was happily working and discussing their drawings with their neighbors. Staring at my blank canvas, I again questioned whether or not it was appropriate to complete the task; then an epiphany struck me like a lightning bolt. Does the way I am feeling correlate to what families feel when they are in a meeting with a room full of professionals? Do they feel exposed, out of their element, and wondering if they will be judged by others if they reveal themselves? I went ahead and finished the family portrait and shared it with the class. As I shared a glimpse into my personal life with the group, I realized that the faces looking back at me were some of the most courageous people I know. They are frequently asked to share some of the most intimate parts of their life with people they barely know, and yet they do it courageously day after day to make sure that their loved ones get the help they need.

During the next two days of training the lines between professional and family partner became blurred, as it should in Child and Family Team Meetings. All professionals working with children and families should consider attending this training. You will gain a deeper understanding of how to help and support families, and what you bring to the table.

*Caroline Steele
Child & Family Support Team Specialist
CenterPoint Human Services*



It is an honor to be asked to write an article for North Carolina Families United.

I attended a two day training for Parent Partners hosted at Center Point.

The training was conducted by Gail M. Cormier and Frederick M. Douglas. The training encouraged me to enter in the area of Parent Partner. The need of more Parent Partners with some key training will help families understand the process.

I am a parent of two daughters of whom I advocate for. One of my daughters has a developmental disability and the other has AD&HD. It has driven me to network and educate myself on the disabilities and available services. To my Hispanic and Latin American friends there are services for all types of disabilities but you need to go out to find the services and ask for help.

Guiomar Navarro MBA

Cheryl Drew & Kathy Cunningham are two other family partners at CenterPoint. Cheryl is a certified trainer and contracts through the collaborative to co-facilitate the Child & Family Team Training. She is an active member of the Forsyth Collaborative and attends care review meetings to assist with technical assistance for adolescents who are referred to state operated placements and out of state placements. Kathy is also an active member of the Forsyth Collaborative and they both were members of the Consumer & Family Advisory Committee.



Social Security Disability Rules to Change - For Better and Worse

The Social Security Administration (SSA) has proposed changes to the way decisions are made for awarding disability benefits based on a mental impairment. These changes will threaten the ability of people with serious mental illnesses to obtain benefits. The changes appear in a regulation that would amend the "Medical Listings", the standards that SSA uses to determine eligibility for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. While the proposed new listings include some very good features, these are undermined by a provision that could limit the number of people with mental illnesses who can qualify to only one or two percent of the nation's population. This is far below even the most conservative estimate of the number whose mental health disability makes them unable to work (the criterion for eligibility for federal disability benefits) and who therefore need this monthly income.

To qualify under the proposed Listings, individuals must have more than one "marked" impairment in functioning or one "extreme" functional limitation. (A list of functions is provided in the Listings. It includes such things as the ability to get along with co-workers and others, the ability to maintain concentration, persistence and pace, and the ability to understand, remember and apply information.) These standards are similar to current rules and pose no problem. The trouble lies in the process disability examiners would use in deciding how an individual meets them.

What's Bad About the Proposed Rule?



The specific problem with the proposed Listings, for both children and adults, is a reference to standardized test results and the scores a person must have on those tests in order to meet the new standard. The definitions of the minimum scores are arbitrary and exclusionary.

First, there are no suitable tests that validly measure ability to work, nor is there any research showing a link between the tests of mental functioning that do exist and the ability to

work that needs to be measured for the SSA process. Nonetheless, SSA would encourage its disability examiners to use "standardized tests."

If a test is used, under the proposed rule an individual's score must be two standard deviations below the mean for the level of functioning to be considered "marked," and it must be three standard deviations below the mean for the level of functioning to be considered "extreme." So in addition to encouraging the use of tests that cannot measure what needs to be measured, SSA has created a stringent and flawed standard in terms of the score required to qualify. This change would drastically reduce the number of children and adults with serious mental disorders who qualify for disability benefits.

What's Good in the Proposed Rule?

Aspects of the new rule that are positive include the following:

- A shift away from reliance on a specific diagnosis, creating instead a functional focus. This would bring the Listings in line with scientific thinking that diagnosis is less a determining factor in a person's ability to work than level of functioning.
- The proposed Listings still include a description of the signs and symptoms of the various categories of mental illness, as guidance to disability examiners. These descriptions are appropriate and helpful.
- There are some modifications to the functioning that is measured and these would align well with a later step in the disability determination process, which measures "Residential Functional Capacity" (RFC).
- The proposed Listings suggest (while not requiring) that disability examiners use a five-point scale in assessing whether someone's impairment results in a "marked" or "extreme" limitation in function. Until now, examiners have had no way to anchor this. The change would be helpful in making assessments more uniform.
- The proposed Listings recognize that reaction to the stress of work is relevant and that this may differ from one person to another. They also include a focus on how someone's functioning varies over time, a longitudinal approach that is helpful. However, these positive aspects are outweighed by the detrimental impact of the proposed testing.

To read the entire set of proposals, the new notice about the proposed rule on testing, and all of the public comments, go to www.regulations.gov and use the search function to find Docket

No. SSA-2007-0101.

Securing our Family Organizations

A letter from the Executive Director, Gail Cormier

As the executive director of NC Families United, I look towards the New Year to examine the health of our corporation and its potential ability to expand our reach to serve families and influence children's mental health policy. I will continue to lead our organization in educating North Carolina communities about the challenges and stigma of being parents to children struggling with mental health issues. North Carolina Families United has undertaken this sizeable obligation because of our commitment to serve families and children in our state. As one of our strategic priorities, we are directed to push to get families and children the best possible mental health care available to keep our children safe and successful. In order to accomplish our priorities, our company must be in good financial standing and have a solid organizational foundation. In this age of highly respected non-profits suddenly closing their doors because of reckless or ignorant behavior by their corporate officers, I too must realize this organization's potential threats.



This fall NC Families United was exposed to a large threat by a person unknown to our organization. This person claimed to be the sole corporate officer of our organization and filed paperwork to change our corporate name, main address and named herself the sole authorizing agent. This act was easily accomplished by filing paperwork with the NC Secretary of State's office, and paying a \$25.00 application fee. The NC Secretary of State's office does not have a vetting procedure in place to authenticate applications. Because of this act NC Families United's name and tax ID number were under siege. This threat could have disrupted our business and caused us to lose important contracts, thus jeopardizing our financial security and organizational foundation. This would have been a great loss for the families we serve in our state.

After resolving this threat and consulting our lawyers and the public legal offices, we feel that it is our obligation to alert our local family organizations to be aware of this ambiguity in the process for filing corporate documents with the Secretary of State's office. NC Families United has written a letter of concern, calling upon the Office of the Secretary of State to revise its procedure to authorize paperwork for non-profit corporations by including a confirmation of authenticity of the filing. I also call upon you to contact the Secretary of State, or your local representative, to advocate for the reform of the policy procedures to change corporate documents at the State level. We need to reduce fraudulent behavior, and secure non profits ability to thrive.

During these times of shrinking resources and corporate mishandling of funds, we cannot be complacent to overlook the simplest acts that may derail the foundation of any organization. We, as a group of citizens who work for families, must unite and protect our organizations so we can continue to do the jobs directed in our missions.

Until next time, I bid you peace.

National Federation of Families Updates-September 1, 2010

Parent Support Providers

Rethinking the Titles for the Initiative and Certification

At the December 2009 Annual Conference, the National Federation of Families officially launched its initiative to standardize family peer support, the mantle of the children's mental health family movement for two decades; This is one in a series of updates to publically disseminate information to all stakeholders of our progress.

What is in a name? Rethinking the titles for the initiative and certification

The National Federation has continued to listen to the field and has reevaluated the name of this Initiative. In July over 67 attended a listening session at the Georgetown Institutes. After the listening session and speaking with a number of you, the certification titles are being reframed to be more inclusive. While it is unlikely to find a title everyone already uses, the next best step is to find one that can incorporate everyone's title. It needs to be broad enough to include partners/advocates/specialists/navigators/ providers and still be able to work for peer support providers: parent to parent; family member to family member; or youth to youth. Many of the adult or adult consumer partners are also willing to join in with us and want to preserve the title Peer Support Specialist, a term they seemed to have reached consensus on. So, after many sleepless nights and lengthy conversations with many in the field, the Initiative and the certification are being reshaped under the umbrella title of **Peer Support Provider (PSP)**.

Clarification about the first Standard of Practice "lived experience"

The core concept held dear by parents, family members, youth and adult consumers alike is that "unless you've walked in my shoes...you are not my peer". While none of us have exactly the same background, it is crucial to this movement and profession that the foremost preparation for doing the work is to have lived a similar experience. Without this type of experience, it is unlikely the PSP can transparently model hope and coach a person through the strategic problem-solving step to identify and reach the goals set by that parent or youth. This is the first standard of the PSP certification. For example, it takes a person who is parenting or has parented a child experiencing mental, emotional or behavioral health needs to really understand what another parent or family member is going through.

Similarly, having experienced mental health needs as a child prepares a person to help another youth who is experiencing similar issues. In the same way, no one is a peer to an adult experiencing symptoms of mental illness, unless they too have experienced mental health issues themselves. Are there exceptions? It is certainly a rare individual who applies parallel insight and experience in order to genuinely empathize and offer the believable transparency to support someone as would a peer. Certification will allow someone to explain and attest to this exception.

Using "lived experience" in a job description requirement

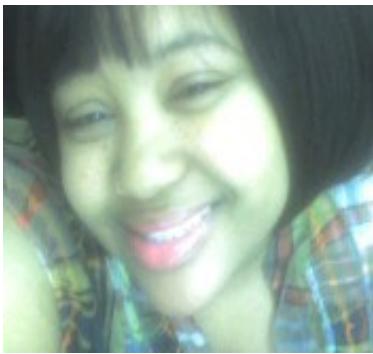
There is often objection to requiring "parent", "youth", or similar descriptors in job postings because of false assumptions about relevant laws. It is possible to require

"lived experience" and it does not violate the Americans with Disability Act (ADA) nor does it violate the Title VII Bona Fide Occupational Qualification (BFOQ). The ADA applies when the "person with a disability" is not allowed to compete with another person because of their disability. It is questionable if having parented a child with a disability would be included under ADA. Asking whether someone is a parent of a child or a youth with mental, emotional or behavioral needs or an adult with mental illness could be conceived as asking about a "*facially discriminatory qualification*" or an *opening to an unlawful marital status inquiry* when the result is to discriminate against that class of persons. In *Bates v. UPS*, 511 F. 3d 974 (9th Cir 2007), the BFOQ allows exceptions for discriminating against someone with a disability and similarly someone who does not have a disability, if there is:

- *job-relatedness by demonstrating that the qualification standard fairly and accurately measures the individual's actual ability to perform the essential functions of the job; "consistent with business necessity" by demonstrating that the disputed qualification standard substantially promotes the business needs; and*
- *performance cannot be accomplished by reasonable accommodation by demonstrating either that no reasonable accommodation currently available would cure the performance deficiency or that such reasonable accommodation poses an undue hardship on the employer.*

-continued on p.13

Futures Planning is a key feature of the RENEW Model. The planning format is a graphic depiction of a structured conversation that helps the young person articulate a positive view of his or her future in their own words. The planning process results in the identification of specific goals, personal strengths, support needs, required resources, and a creation of an individualized plan of action for achieving their goals and dreams. An illustration is shown below with a participant in this process



Jessica

Question? *What experiences have made you who you are today? What great things have happened? What not so good things have happened? (Your History)*

Answer. *Today my experiences have helped me become a stronger, and more determined person. Many great things have happened. I am completing my GED, I am trying to start my own organization, and I have a mentor that is helping me accomplish my goals and dreams. One major thing that happened that was not so good was being traumatized as a child which has made it hard as an adult to make new friends and meet new people.*

Question? *Where do you see yourself 5 years from now? What kinds of barriers/fears may get in the way of accomplishing your goals?*

Answer. *Five years from now I see myself out of college, having a career, and I see myself in a serious relationship/married and I see all of my goals accomplished. A couple of things that might be barriers for me to complete my goals are not having enough determination to get my G.E.D. and not going to college.*

Question? *What kinds of resources, services, or programs, like Vocational Rehabilitation, Social Security, Social Services, Housing Services, and local organizations, have you already connected to as next steps toward accomplishing your goals?*

Answer. *Five resources that are helping me accomplish my goals are North Carolina Families United, Mecklenburg Promise, Parent Voice, Social Security, and Vocational Rehabilitation. I have been working with North Carolina Families United, Mecklenburg Promise, and Parent Voice. All of these programs are helping me accomplish my goals by helping me get connected to Vocational Rehabilitation which will provide funding for my internship with Mecklenburg Promise. At Mecklenburg Promise I will learn how to operate my own non profit organization for mental illness. Futures Planning implemented by North Carolina Families United was a big help for me because I was able to write down all of my goals, dreams, fears, my past, and my*

successes so far. My futures plan really showed me everything that I will need to work on and anything that could hold me back from accomplishing my goals/dreams.

Question? *How have advocacy and opportunities to tell adults about changes that need to be made to improve services geared to young adults struggling with mental wellness made a difference in your life?*

Answer. *Advocacy and opportunities have helped make a difference in my life. I have talked to various adults including my mentor about how important it is to have services that help young adults with mental illness. These services have helped me get connected to various organizations like Mecklenburg Promise, Parent Voice, North Carolina Families United, and Thompson's. I have also been connected to vocational rehabilitation. When I was younger I didn't know about vocational rehabilitation and these other programs. I found out about all of these programs when I grew older and received a mentor. I was connected with a disability counselor and received accommodations and I have passed my Pre-GED test. Now I'm ready to take the final GED test. Having a mentor and having these opportunities have helped me tremendously in my life so far. I'm in a paid internship and I am going to be traveling with my mentor to go through other programs/workshops like W.R.A.P. (wellness recovery action plan) and many other programs that I am going to learn about. I feel truly blessed to have so many different opportunities and so many doors open for me. I know there will be even more doors open for me in the near future. Now I am also volunteering at Mercy Hospital in the nursing unit where I am always helping people. It feels really great to give back.*

Tell North Carolina's leaders that it's time to join the rest of the country by reading and signing on to the [Raise the Age Petition](#). Tell them to throw out this nearly 100-year-old law and put 16- and 17-year-olds in the juvenile justice system, where they can be treated, rehabilitated, educated, counseled, and prepared for a successful life.



Youth charged with a crime should start in the juvenile justice system, with judges retaining their current authority to send minors to the adult system for any felony. Of the more than 30,000 minors in the the adult system, more than 85% of them have committed minor crimes.

Evidence shows that the juvenile system – with programs tailored to how children think and learn – is more effective at rehabilitating youth. Fewer then go on to commit another crime, which means lower costs to society and more children growing up to become educated, employed citizens.

North Carolina is the only state in the nation that still prosecutes all 16- and 17-year-olds as adults, with no exceptions. Incarcerated children in North Carolina have no right to rehabilitative programming, mentoring, counseling, or even an education.

Two New Officials named to Oversee the State's Mental Health System



Steven Jordan has been named as the Division Director of Mental Health Developmental Disabilities and Substance Abuse Services for the State of North Carolina. He has been in the position since September of 2010.

His work career in human services started in 1982 where he began as a mental health worker at Southern Pines Hospital in Charleston, SC. From there, he moved on to work as an activity therapist at Chestnut Hill Hospital in Travelers Rest, SC. In 1987 he took a position as a Mental Health Counselor at the Aiken Barnwell Mental Health Center working with the individuals being served in their Clubhouse program. In 1988 he worked at the Columbia Area Mental Health Center in their Clubhouse program.

After receiving his Masters in 1989, he went to work with Mentor in South Carolina where he coordinated programs in Columbia and Myrtle Beach. In 1995 he became the Mentor State Director for North Carolina. During his time at Mentor NC, he started and managed programs for children's mental health, developmental disabilities and persons with dual diagnosis. In 2001 he went to work with ResCare in North Carolina, where he managed their program for people with developmental disabilities. The programs ranged from ICF-MR to more community-based services on the CAP waiver.

Steve received his Bachelors degree in Education from Charleston Southern University in 1984. In 1989 he received a Masters degree in Educational Counseling from the University of South Carolina. Since 2001 Jordan has been state director for ResCare, a private treatment provider to people with disabilities and youths with special needs.

Beth Melcher has also been named as the new assistant secretary for the state Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Secretary Cansler, said in a [news release](#) that Melcher, a psychologist, has served since 2008 as the president of Recovery Innovations North Carolina, which provides treatment and peer support services for people with mental illness. She previously served as the clinical director of The Durham Center and as the executive director of the state chapter of the National Alliance on Mental Illness (NAMI).

"a new generation of leadership" was needed. "Beth Melcher and Steve Jordan are the leaders we need at this juncture," he said. "They possess a deep and thorough understanding of how community level services operate. They know the system's strengths and weaknesses from a frontline perspective and their insights and knowledge will be critical ... in our continuing effort to provide the finest level of MH/DD/SAS care in North Carolina."

*Lanier Cansler,
State Secretary of Health and Human Services*



I used to work a normal 8 hour, five day work week as an analytical chemist. Life was good. I was given very expensive chemistry sets to play with. I really loved the work. Then I retired, sailed the Atlantic, eventually ran out of money and sold my boat, which I hated to do.

Since our son, who has schizophrenia needed our help, my wife insisted I go with her to a NAMI family to family course. Actually she dragged me to it, because, being a man, I felt I already knew everything. After the third class, of the twelve, I was awakened and have never recovered. I discovered life changing information and so went on to become an advocate and rabid helper in mental health, intellectuality disability and substance abuse (MH/ID/SA).

After joining the national alliance on mental illness - coastal division, (NAMI-CD) I, along with my wife, became a teacher of "family to family" and taught over the years more than 12 courses. This led to becoming a member of the Onslow Carteret Behavioral Health Services Consumer and Family Advisory Committee (OCBHS FAC). As a member of this committee, mandated by the state to find and report gaps in services, I met a wonderful lady Kathryn Hunsucker who was our system of care coordinator. Again my life changed as I began to attend the local community collaborative meetings. I found that there was a huge need for children and families to join with all of our community resources to obtain and put into effect the best practices to guide these children to success in life and to empower families in that care and success. Kathryn then asked if I would be willing to be her family partner in teaching "Child and Family Team" trainings (CFT). "Wow!" I thought. "Can I do this?" Well, with the aid of Bibba Dobbys, Clarretta Witherspoon, and Gail Cormier I somehow absorbed this training and went on to teach the CFT course I. It has been very fulfilling to see the growth and acceptance of CFT by providers and community support people who have completed the course.

I received an invitation to attend the North Carolina Families United family partner meetings and again, I found an amazing group of people dedicated to making the voice of families and children heard in North Carolina. I feel beholden to be accepted into such a capable group and to be able to help with this work. It has been great to get so much information that I can apply to help families in our area, as well as across the state of North Carolina. Because of the help I have received, I now can help to educate and change people's attitudes toward those affected by MH/ID/SA in our communities. With co-teachers, and others, I now teach Nami basics - a 6 week (one lesson a week) course for families with children or adolescents. I also teach child family team training and class 1 crisis intervention team training for law enforcement personnel. I am a member of North Carolina Families United, OCBHS, CFAC, NAMI-CD (the NAMI NC state board), Friends of Atlantic House (a psycho social rehab program in Morehead City), and the OBHS clients rights committee.

As you can see system of care and NAMI have put me into a very different world from my previous life. I have never been busier. I feel very blessed and thank God for this opportunity to help others. I received a new aortic valve, two and a half years ago, which gave me new life. I believe this was a gift to enable me to help others. Thank you all for allowing me to be a part of this wonderful work!

*Ernst Hayman, Family Partner
Beaufort, NC*

Senators Propose Revised Restraint And Seclusion Bill

By [Michelle Diament](#)

October 5, 2010

A modified bill to restrict restraint and seclusion in [schools](#) could breathe new life into congressional efforts to alter the way educators discipline students with special needs. Legislation introduced in the Senate last week is similar to a bill that won approval in the House of Representatives in March with one notable exception. The new Senate bill would allow schools to include restraint and seclusion in individualized [education](#) plans, or IEPs, for some students if they have a two-year history of behaviors that create an “imminent danger of serious bodily injury in school.” The House version specifically prohibited the disciplinary tactics from being included in an IEP.

The change came about [amid concerns](#) from lobbyists working on behalf of the nation’s school administrators and efforts by legislators to gain bipartisan support for the measure. The new bill introduced by Sen. Chris Dodd, D-Conn., is co-sponsored by Sen. Richard Burr, R-N.C. ([Read all of Disability Scoop’s coverage of restraint and seclusion >>](#))

[Disability advocates](#) pushing for federal legislation limiting restraint and seclusion have staunchly opposed allowing the tactics to be included in students’ IEPs. The reason: they say that incorporating restraint and seclusion in a child’s IEP makes the techniques acceptable practice and opens the door for increased use.

Now advocates are reviewing the modified bill. “It’s a difficult situation,” says Ari Ne’eman, president of the Autistic Self Advocacy Network. “We want to make sure that we can improve the situation for students with disabilities and that we have a bill that can pass.”

Meanwhile time is running short. Congress is currently in recess until mid-November and it is unclear if the Senate will consider the legislation at that time. If the bill is not approved before the end of this year, the process would have to start over again.

Communication is the Key to Crisis De-Escalation

By [Jerilyn Dufresne](#)

A difficult and potentially dangerous situation for officers involves being called to a scene and engaging with a person who may be mentally ill. Most individuals with mental illness are not dangerous, but a special set of skills is required to bring a mutually successful end to the encounter.

Although an officer's inclination may be to intervene immediately, that may not always be the best response. As long as the individual isn't an immediate danger to self or others, there's time to make a quick assessment. CPI, an international training company specializing in violence prevention and [crisis intervention](#), recommends evaluating the person's behavior before acting, if at all possible.

How does an officer make the decision about how to treat that individual? Of course the answer is communication: talking to the person and evaluating the responses. But what if the person is unable or unwilling to speak? Again, as long as the person is not a danger to self or others, there is time. Use it to listen to what the person is saying—not only with words, but also with body language and tone of voice.

CPI stresses the importance of listening with empathy, trying to understand where the person is coming from. Like other skills, empathic listening can be learned. The five keys are: give the person undivided attention; be nonjudgmental; focus on the person's feelings, not just the facts; allow silence; and use restatement to clarify messages.

De-Escalation Techniques

Use a Team Approach

It's easier to maintain professionalism when assistance is nearby. Support and back up are both crucial pieces when trying to rationally detach.

Develop a Plan

Devise a plan before one is needed. Decisions made before a crisis occurs are more likely to be more rational than those made when on the receiving end of emotional outbursts. Think about those things that are upsetting and practice dealing with those issues ahead of time. This is called strategic visualization and is effective in helping officers get through some stressful and even dangerous moments. Just as with other professional training officers receive, this training will kick in when needed.

Undivided Attention

When people are paid attention to they feel validated; they feel important. The converse is also true: people feel less important and sometimes feel they need to up the ante if they feel like they need attention. Paying attention doesn't just mean saying, "I'm listening." It means looking at the person, making eye contact if it's culturally appropriate, and virtually listening with the entire body. By really listening, and conveying that through body language as well as words, an officer can take away the person's reason for escalating the situation.

Be Nonjudgmental

If someone says, "the sewers are talking to me," an officer's immediate reaction might be to think that the person is crazy. That reaction, especially if verbalized, will probably upset the individual even more. Even if not said aloud, that attitude may be conveyed through the officer's body language. If someone is psychotic, she may tune into the nonverbal communication much more than words. So besides paying attention to what is said, ensure that body language and tone are nonjudgmental as well. This will go a lot further in calming the individual.

Allow Silence

As people devoted to protecting and serving, officers are quite comfortable using silence during interrogations, but may not be quite so comfortable using it on the street. Officers want to make sure the incident is handled quickly and peacefully. However, sometimes allowing that moment of silence can be the best choice.

If the individual doesn't immediately answer a question, it doesn't mean he didn't hear you. It may mean he's thinking about his answer, or even that he wants to make sure he's saying the right thing.

Allow a moment of silence. If the person's face registers confusion, then repeat the question and let the silence happen again. Just as officers are taught in basic training, another good reason for silence is that no one likes it - and people tend to start talking when silence lengthens.

Use Positive Self-Talk

Positive self-talk has been the butt of many jokes. Picture Al Franken on Saturday Night Live saying, "I'm good enough, I'm smart enough, and doggone it, people like me." Sure, that's funny, but positive self-talk really can work wonders. Just as saying, "I can't deal with this" might cause an officer to behave in one fashion, saying to oneself, "I'm trained, I know what to do" will cause another response.

Debrief

Be sure to debrief with coworkers, team members, or a supervisor after a major incident. Talking about it can relieve some of the stress and is also a good time to start planning for next time: what was done correctly, what could have been handled better, how could the response be improved the next time a similar situation occurs. This serves to assist in being able to rationally detach in the future.

When Your Child's Rights are Violated

- * Document everything (such as letters, phone calls, other conversations) and create a file with all papers and important information.
- * Call the principal and request a conference. You can also write a letter to the local superintendent and members of the local board of education.
- * File a formal grievance with the local board of education if the school violated specific laws or school board policies.
- * For violations of special education law, you can file a state complaint with the Department of Public Instruction and also file a due process petition with the NC Office of Administrative Hearings.
- * Talk to a lawyer to see what to do next and if he or she could represent the student for free: Statewide: [Advocates for Children's Services](#), 919-226-0052, Triangle: [Duke Children's Law Clinic](#), 919-613-7169, Western NC: [Pisgah Legal Services](#), 800-489-6144, Charlotte: [Council for Children's Rights](#), 704-943-5941; Southern Piedmont (west-central NC): [Legal Services of Southern Piedmont](#), 704-376-1600
- * File a complaint with the local police or sheriff's department if the student's rights were violated by law enforcement or a school resource officer.
- * Contact the local newspaper or television station to share what happened and raise awareness of these issues.

Students facing short-term suspension (10 days or fewer) have the right to:

- * Receive an explanation from the school as to why they are being suspended (what rule they broke and the evidence against them).
- * Tell their side of the story.
- * Take textbooks home, get homework, and have a chance to make up tests (parents should request this from the school's front office).

Students facing long-term suspension (more than 10 days) or expulsion have the right to:

- * Take textbooks home, get homework and have a chance to make up tests during the first ten days of the suspension and during the appeals process.
- * Receive written notice of the change (s) that must include: a description of the incident; the specific policies or rule from the student code of conduct that the student is charged with violating; the specific process for parents to request a hearing to challenge the suspension or expulsion, including how many days a parent has to request it; and the format for holding a hearing.
- * Have an informal hearing before an unbiased decision-maker where students can present evidence in their defense, bring witnesses to testify on their behalf, and question the witnesses, evidence or statements used against them by the school. The student can make a recording of the hearing.
- * Bring an attorney to the hearing. In addition to having a parent or attorney speak, some districts also allow students to bring a community advocate to the hearing. Check your local board of education policies on advocates and see below for a listing of free legal resources.
- * Appeal to the local board of education.
- * Appeal to the local superior court.

Students with disabilities who are suspended for more than ten days (total) in one school year have the right to:

- * A special meeting called a manifestation determination review to decide if the alleged misbehavior was: 1) caused by or directly and substantially related to the disability; or 2) a direct result of the school's failure to implement the individualized education program (IEP).
- * Request a functional behavioral assessment to figure out the causes of the behavior problems and to identify ways to prevent problem behaviors.
- * Request a behavior intervention plan to reduce the likelihood of misconduct; identify supports or strategies that will improve behavior; establish steps to be taken when misconduct happens; and identify consequences for misconduct.

-continued from page 5

Two issues negate the thinking about discrimination in the requirement of “lived experience”: the experience is used positively for inclusion into the class “qualified individuals with a mental illness disability” and is based on an acceptable business necessity. Parenting experience or experience with children’s mental health systems is an “*essential function - fundamental job duty of the employment position*”. Could there be a possibility of reverse discrimination under the ADA? The 2010 revision specifically prohibits such a claim. To address BFOQ issues; however, the job description should not require merely that someone be a parent or a youth. It would be better to require someone be able to share problems and their solutions using personal parenting experience, or experience with residential treatment or experience with mental illness treatment or the recovery process because the fundamental or essential job duty is to provide a role model, empathy and day-to-day practical example of how a person will learn to use the same skills. The job requirement is not just that the person has been a parent or a youth or an adult experiencing some disability as a primary consumer or secondary consumer, it is that they can articulate and model lessons learned from those experiences.

Next Steps

If you or your organization have delineated core competencies, standards of practice or have a curriculum to train family members providing peer support for parents or youth, please share it with the National Federation. We will analyze the information and use it for developing the national certification. Please mail to the address below or email to FPurdy@ffcmh.org and/or ESlaton@ffcmh.org.

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9605 Medical Center Drive, Suite 280, Rockville, MD 20850*

For You and your Little One



Baby
0-12 months

Tour Guide

Language Skills, Observation & Discovery, Sensory Awareness

House Tour: Walk around the house with your child, describing what you see and do. For example, you can demonstrate how the light switch works, “The light is on. The light is off.” As you let your child touch a particular object, give a detailed and repetitive description of what he is seeing, “This is the door. The door is open. The door is closed.” You can also talk about the pictures on the wall, what you are doing as you start a load of wash, how the drawers open and close, etc.



Neighborhood Tour: Walk around your neighborhood with your child, letting him touch and experience the different textures of the plants and trees. Describe to him what you see, feel, and smell, “These pine needles are green and prickly.” “Let’s smell this pretty red rose.” “Feel how soft the moss is, but this bark is rough.” Nature is a great source of stimulation for all the senses!

Celebrating 10 Years of FAN

by Julie Jarrell Bailey, Family Advocate



The Family Advocacy Network (FAN) has a short, but rich history in Orange County. What began as a project funded by a grant from the OPC Area Program System of Care (SOC) in the year 2000, has grown into a well-respected program now housed and supported by the Mental Health Association in Orange County (MHAOC). The FAN program has deviated very little from its original concept, which was to help families from a solution-focused perspective by providing peer support groups, education, and advocacy training. However, the functions within the program have grown immensely over the years.

Today, FAN provides a variety of services and supports to families whose children with emotional or behavioral issues, mental illness, Autism Spectrum Disorders, learning disabilities, substance abuse issues, or are at-risk for out of home placement. Services include:

- One-on-one family support
- Monthly parent support and informational trainings
- Assistance with development of IEP and 504 Plans at school
- Parent mentors
- Juvenile court liaison and family support with the justice system
- Educational programs and training to decrease parent anxiety with the school system and other care providers
- Transition planning
- Family art therapy
- Child and Family Team participation with community support services
- Family strengths assessment and communication skills training
- Adoptive/foster parent support
- Collaboration with other community resources and more

The FAN program continues to grow and develop as family needs are identified.

Orange County Advocates

I was the first family advocate hired in Orange County when the program began 10 years ago, but there were about 25 new sites funded in the state, so there were many of us new to the job. My background was in public relations, not social work, and I was surprised that my 25 year career wasn't what the SOC wanted. They told me it was because I was the parent of special needs children that impressed them most. The state had contracted with the Exceptional Children's Assistance Center (ECAC) to provide training in best practices of Systems of Care to all new advocates, which was vital in the overall success of the program. I had to teach other parents everything I had learned about navigating services for special education, professional providers and community resources. Providers and community resources were a little more abundant 10 years ago. It's more challenging today than then.

I took leave from the program by the beginning of 2002 because of my kids' needs. Shortly afterwards, Linda Boldin came onboard. She brought an amazing energy to FAN. She was working at UNC full time and part time at FAN. Within a year or two, FAN had grown so much that Linda had to leave her UNC job to be full time at FAN. A grant from the Juvenile Crime Prevention Council (JCPC) brought Linda into a new arena - the courtroom. More grants expanded services to include parenting skills and other educational classes. Another full time advocate, Cindy Wilkins, was hired and shortly afterwards, I returned as a volunteer, helping with monthly support groups and parent mentoring. When Cindy moved away in 2007, I was re-hired as her replacement.



Linda Watkins



In an effort to give families in North Carolina support and information, we are providing the following links. These websites can direct families to additional information and educational opportunities. By clicking on the hyperlinks you will be redirected to the recommended websites.

Board of Directors

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South Greene Street, Suite 200
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Ph: 336-217-9712
gcormier@triad.rr.com

Damie Jackson-Diop,
Youth Transition
Program Director
Ph: 336-215-6422
E-mail:
damiejack@gmail.com

Libby Jones
Family Support
Director
336-988-7874
E-mail: ljones3@bellsouth.net

Resources

[Exceptional Children's Assistance Center](#)

This is the website for the Exceptional Children's Assistance Center. The ECAC provides support and information to families of children birth to 21.

[National Institute of Mental Health](#)

This is the website of the National Institute of Mental Health. This website list government clinical trials, publications and articles.

[NC National Alliance for the Mentally Ill](#)

This is the website of the North Carolina National Alliance for the Mentally Ill. This site offers advocacy, information, and education opportunities this site offers advocacy, information, and education opportunities.

[National Federation of Families](#)

This is the website of the Federation of Families for Children's Mental Health. This site is a National Advocacy Organization for families of children with mental health issues

[NC Division of Public Instruction](#)

For more information on laws that protect children in public education and Positive Behavioral Supports, visit the Department of Public Instruction's web site.

[NC Division Health and Human Services](#)

The Department of Health and Human Services Division of Medical Assistance- for information about Children receiving Medicaid as an entitlement to services.

[Department of Mental Health, Developmental Disabilities and Substance Abuse Services](#)

For more information about the State Mental Health Plan, Service Definitions, Person Centered Planning System of Care, Community Collaboratives and the State Collaborative.

[Department of Social Services](#)

Information about the Department of Health and Human Services, Division of Social Services SOC Child Welfare Grant and Multiple Response System.

[Administration Office of the Courts](#)

[National Child Traumatic Stress Network](#)

[Health Care Toolbox](#)

[Management Assistance](#)

-Continued Resources

[NC Dept. of Juvenile Justice and Delinquency Prevention](#) Information about the Department of Juvenile Justice Delinquency & Crime Prevention's Community-based care... moving from punishment to treatment.

[Division of Public Health](#) Click onto Women's and Children's Health to learn more about School Health Programs and other services.

[After the Injury National Child Traumatic Stress Network](#)

[NC Families United Benefit Handbook](#) (PDF)

[ParentVOICE](#) Planning System of Care, Community Collaboratives and the State Collaborative

www.ncfamiliesunited.org - NC Families United would like you to visit us at our web site

www.uncg.edu/csr Center for Youth , Family, and Community Partnership's website

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) SAMHSA works to improve the quality and availability of **substance abuse** prevention, addiction treatment, and mental health services.www.samhsa.gov

www.chass.ncsu.edu/fcmp NC Family-Center Meeting Project - Project that is unifying the approach to serving children, youth and families through Child and Family Teams cross systems.

<http://www.nccollaborative.org/page.php?mode=privateview&pageID=1> NC Collaborative - *The North Carolina State Collaborative for Children and Families, through a System of Care framework, provides a forum for collaboration, advocacy and action among families, public and private child and family serving agencies and community partners to improve outcomes for all children, youth and families.*

To find a treatment center anywhere in the United States. <http://www.findtreatment.samhsa.gov/>

National Domestic Violence Hotline 1-800-799-SAFE (7233) 1-800-787-3224 (TTY)

The NC Collaborative's online SOC trainings launched . The website is www.nccti.org.

For questions and suggestions

Or

To submit an article for consideration to
the North Carolina Families United
Newsletter, please contact:

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