

FOCUS ON
FAMILY ADVOCACY, SUPPORT,
AND TRAINING



Parenting PERSPECTIVES



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Parenting PERSPECTIVES

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

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First Place - Best Magazine, 1997

On the cover: Michael Foose and Governor Joe Manchin celebrate the kickoff of the Family Advocacy, Support, and Training program at the State House in Charleston on January 8, 2008.



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Parenting **PERSPECTIVES**

Effective Listening “Dos and Don’ts”

DO:

- ◆ Show your genuine interest by concentrating on the person.
- ◆ Be comfortable with periods of silence. Give the other person (or yourself) time to think or to find a way to express himself/herself.
- ◆ Observe facial and body expressions for clues to the person’s feelings. (For example: anxiety, depression, anger)
- ◆ Hear the other person’s point of view and express empathy. Empathy indicates understanding, not necessarily agreement.
- ◆ Remain objective.
- ◆ Encourage the person you are speaking with by providing feedback, and paraphrase to show you are listening.
- ◆ Do be conscious that your message is being conveyed not only by your words, but by your tone of voice as well as your body language.



DON'T:

- ◆ Don't respond or react without getting all the information.
- ◆ Don't jump to conclusions.
- ◆ Don't rush in with your own opinions.
- ◆ Don't interrupt others and impose your solutions.



“It’s About Coming Together...”



First Lady Gayle Manchin



Scott Lavigne

“...that we have come together with
 Legal Aid,
 with DHHR,
 with our judicial system,
 with our families...
 if we can work together as a team,
 how much more effective
 can we be for our children and
 for our families?
 Every time we strengthen
 a family,
 we strengthen a community.
 And every time we strengthen a
 community, we are actually
 strengthening West Virginia
 and making it the
 quality-of-life state that
 we all want to live in.”

*First Lady Gayle Manchin,
 FAST Kickoff, January 8, 2008*



Governor Joe Manchin



Cassandra Bailey



*Above: Andre Rogers,
 Regina Gibson,
 Chris Gibson, and
 Nancy Guthrie,
 W.V. House of
 Delegates.*



*At right: Dave Majic, Jeanette Rowes, Jennifer Loveday,
 Ryan Ramey, Bridget Remish, Bill Albert, Lori Haught,
 Dianna Bailey-Miller, Matt Irby, Rhonda McCormick,
 Jackie Payne, and Chris Gibson.*



Parenting PERSPECTIVES

Family Advocacy, Support, and Training Project Designed to Assist and Educate WV Families

A ceremony at the State Capitol in Charleston on January 8th was held to launch Legal Aid of West Virginia's Family Advocacy, Support and Training (FAST) program. Speeches by Governor Joe Manchin, Gayle Manchin, and families who have already benefited from the FAST program were the highlight of the day.

Funded by the Bureau of Behavioral Health and Health Facilities, Division of Children's Mental Health, FAST is a new statewide program dedicated to supporting a family-driven system of care for children and families who face the challenges associated with behavioral or emotional health disorders. FAST is an essential partner of the West Virginia System of Care (www.systemofcare.org.) FAST was designed and implemented last July after Legal Aid expanded its advocacy services to children from a similar small scale pilot program the previous year.

A primary goal of FAST is assisting and educating parents and guardians to advocate effectively for their family members who have mental or behavioral health needs.

"This program, a great example of partnership between the public and private sector, shows that parents of children with behavioral problems can not only be effective in the success of their own children, but can help other families as well," Manchin said. "The peer-to-peer piece of the program lets these children know they aren't alone. This program gives them a supportive community so they will have a greater chance of success as adults."

In addition to supporting and empowering families, the FAST program will:

- Assist in transitioning teenagers with behavioral health needs to adulthood;

- Increase the voice of adolescents through community activities providing a wide range of services (advocacy, support and training) to children and youth with behavioral or emotional health disorders, and to their families and caregivers;
- Provide legal representation and/or direct advocacy services to these families, with the ultimate goal of empowering families with the information and education they need to advocate on their own behalf; and
- Develop peer-to-peer supports for parents and youth in order for them to keep in contact with one another and support each other.

Legal Aid's Executive

Director Adrienne Worthy said if a family is facing challenges brought on by a child's emotional or behavioral health disorder, they can contact the FAST toll free number (1-866-255-4370) to get help.

As the FAST program geared up for statewide service to families in 2008, several families have already contacted Legal Aid and received help from the FAST staff in 2007. One parent expressed her gratitude:

"Before the advocate started going with me, school meetings would have me in tears. My advocate was able to keep my son out of transitional school. Without her, that's where he would have been. We toured the transitional school and asked many questions, finding out it was not an appropriate placement. With the advocate's help my son's school began to work with me and we formed a partnership. Now I am able to call for advice and attend school meetings alone."





One Parent's Perspective

“I Was Leading a Normal Life...”

by Lori Haught

I was leading what I would call a “normal” life, married with four children in a long term nursing career, when our family was faced with a tragedy that led to getting custody of my brother’s three children.

I knew there was a history of problems with the oldest of the three, Ian, and had made “judgment calls” about why—bad parenting skills within his family. We had a lawyer and took official foster parenting classes before we were awarded custody from the state.

Then the rollercoaster started. Within three months I felt I had no choice but to resign from my fourteen year career to try and get my new family stable. Ian was out of control and we felt like prisoners in our own home.

Six months later, the day of our final adoption hearing, Ian was escorted by the DHHR worker straight from his first psychiatric hospital stay directly to the courthouse. After the adoption we found out that in-home services were no longer available because we were not a foster family. We had a “state-subsidized adoption,” which included a medical card, but our insurance and the state coverage both were refusing to pay for Ian’s mental health services.

What I had quickly found out was that Ian had some serious mental health issues going on. At the beginning the only diagnosis was attention deficit disorder. But aggressive and violent behaviors, sadness, cruelty to others and to himself all were showing me differently. So the journey began in search of a diagnosis. We went from doctor to

doctor, through multiple in-home providers and therapists, and everyone’s answer was always to “take him back to the hospital.” The hospital would keep him a few days then call us to come and get him.

What we didn’t know at the time was that this was because only a few days are covered under insurance for in-hospital stays.

I became very frustrated, and I needed to find out what was wrong so it could be fixed. I wanted someone to take care of the problems so they would go away. I wanted a pill or something to cure him...all while fighting an internal battling with my

own family, who just wanted him gone.

I also wanted him gone...not for good, but to get an accurate diagnosis and to get him the help he needed. He also had some

We went from doctor to doctor, through multiple in-home providers and therapists, and everyone’s answer was always to “take him back to the hospital.”

learning disabilities and anxiety with writing and social skills, which led to major behavioral problems at school. Their answer was always to send him home, which only put him further and further behind. I was the one who starting feeling like a bad parent who couldn’t do anything right.

Ian did end up in long term treatment at a residential facility, but only after we refused to bring him home for the safety of our other kids. A threat was made to us that child protective services could come in and remove all of our children since we refused to bring him home after he had made no progress.

My concern was that even with all these hospitalizations, no one would keep him long enough to see the aggressive behaviors or to give an appropriate diagnosis.

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One Parent's Perspective

“I Was Leading a Normal Life...”

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Fortunately, we ran into the right people at a juncture when the hospital had a place lined up for him to go in Atlanta, Georgia. We were able to get an age waiver and get him into a facility only 35 miles from home. He was there for 14 months. There he received an accurate diagnosis for him and, more importantly, we were able to be there for him. When he came home we were much better equipped to handle problems, and he was much more in tune to his own behaviors and reactions.

Just before Ian's discharge home from his residential stay, I was introduced to some new people at our MDT. We met a Clinical Coordinator and a Parent Liaison from a new Federal System of Care grant project called the Mountain State Family Alliance. This meeting was so much different. Instead of focusing on what was wrong with our family, we were asked what was going good! Ian got the opportunity to talk about things he liked to do, and where he sees himself in five years. So, as a team, we started taking these good things and turning them into ideas and tools to build on.

The Parent Liaison was there to explain and support me in what I needed to do to make things successful at home. I was asked what I felt I need to learn about my child's disorder in order to improve the situation at home with my family.



Ian

What I needed most was knowledge. We had a diagnosis that I was very comfortable with, Bipolar Disorder. He also has Asperger Syndrome, which is a form of autism. We were also dealing with psychological issues from the past trauma in his biological family. His younger sister and brother also have had problems over the years that have required therapy for both.

We also needed a break on occasion...one of our favorite excuses for becoming so isolated had been “because we ran a residential care facility of our own!” But that's just how it was when no one wanted to keep him for us, and we had taught people to be afraid.

Through the System of Care project we were able to access flexible funding that allowed for payment of a foster care respite home one week a month. We were able to get the time we needed to re-energize and heal.

I was also invited to many community trainings and was thrilled to go to anything I could possibly get to in order to learn more. We learned positive behavioral strategies and interventions, so that we could head off escalating behaviors before they became a crisis. Ian began to be able to recognize signs of problems and learned different ways to calm himself down.

Ten years later we still have challenges with the schools. We have found that there are barriers to getting the training and staffing needs that our

We also needed a break on occasion... one of our favorite excuses for becoming so isolated had been “because we ran a residential care facility of our own!”

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National Children's Mental Health Awareness Day Planned for May 8

National Children's Mental Health Awareness Day is scheduled for May 8, 2008. This year's focus of the national effort is to raise awareness of the importance of high school-aged youth receiving needed mental health services through the "Thriving in the Community Campaign."

The Division of Children's Mental Health and the Children's Outreach Liaisons from each of the Comprehensive Behavioral Health Centers are partnering with the West Virginia System of Care and the FAST Program to plan a statewide coordinated effort to promote mental wellness for children in West Virginia. These partners are very excited to promote some consistent themes statewide for children's mental health as well as individually facilitate various activities or events within the communities they serve. Their goal is to promote mental wellness with an effort to decrease stigma for those children and their families who may have or be at risk for emotional and behavioral problems. Our state is faced with significant issues regarding children's mental health. For example, only 28% of West Virginia children identified with serious emotional disorders are receiving adequate treatment. In addition, children with chronic behavioral and emotional problems have diminished family functioning, more school absences, and less participation in community activities.

The partnership plans to promote this effort on the West Virginia System of Care website, www.wvsystemofcare.org in the next couple of weeks. Links and contact information will be listed on the website so that people can get more information about awareness activities planned in their communities on Children's Mental Health Awareness Day or/and during that week.



The West Virginia System of Care is a public/private/consumer partnership dedicated to building the foundation for an effective community-based continuum of care that empowers children at risk of out-of-home care and their families. Systems of Care is not a program — it is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs." (systemsofcare.samhsa.gov)

One Parent's Perspective

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children with "invisible" disabilities require. There have been several occasions where I had to assertively advocate and educate about Ian's disability so we could keep him in school successfully, mostly due to the risk of suspension when someone at school hadn't read or known of his IEP "safety and self-calming plan." Through the efforts of our IEP team, he was allowed two more years as a senior, and Ian completed his graduation credits for a regular diploma in January 2008.

Ian has not had even one psychiatric in-hospital stay since his discharge home from residential in May 2001...It has been seven years! Our family is

still together and strong.

What I have learned is that a mental illness is like diabetes or heart disease...it cannot be cured...but can be managed. We got the tools we needed to manage our lives on our own again. We learned to advocate for Ian and he learned to speak up for himself. Most important, we all learned to appreciate each others' differences and to make it work as a family.

Lori Haught has worked with the WV System of Care since 2001 on family involvement activities. She is currently Director of the Region 2 Family Network.

Parenting **PERSPECTIVES**

One Student's Perspective

“..Parents and Students Need to Learn What Their Rights Are”

When we moved to Elizabeth, WV, five years ago, I was thirteen. I already had an IEP that I had since first grade and we thought that everything would be alright. We were wrong. Not only would they not honor the IEP, they ended up holding me back again and still they refused to give me an IEP. For two years, it went on like this. I truly hated school.

My parents went and talked with the Superintendent, to see what could be done. Since I have chronic fatigue and fibromyalgia, he allowed me to do one year of Alternative Education, but still refused to give me an IEP. I did really good that year because of Mr. & Mrs. Mace, the two teachers that run that program.

The following school year, when I was sixteen, they told us that I was not permitted to do Alternative Education. I started to do poorly in school and again the school system wouldn't do anything to help me, and I wanted to drop out of school. The school system even went so far as to suggest to my parents that they allow me to drop out of school. My Mom & I fought a lot because she wouldn't sign the papers for me to be able to drop out of school.

My parents did some checking on the internet and made some phone calls and sent a lot of e-mails. Within a day, the advocate was in touch with us. She came out to our house and talked with us. She told us what our options were.

After a whole school year of battling, I finally received an IEP. Because the advocate wasn't able to attend that meeting, the school system took advantage

of that. The IEP that I received wasn't a real good one, but that was better than not having one. Because of the chronic fatigue and fibromyalgia, I was allowed to do Homebound Instruction.

Last spring, the advocate was able to attend my IEP meeting and she made sure that I was given all the benefits that I was entitled to. The advocate and Mrs. Mace were the people that wrote my IEP. They even made sure that I was given extra privileges during my pregnancy as well as after the birth of my son. Because of the violations that the county school system made in regard to me, the advocate filed a

complaint with the State Department of Education. The State Department of Education found in my favor on all counts.

If it were not for the advocate, I would have dropped out of school when I turned eighteen. As for my future, I am thinking seriously about attending WVUP possibly for nursing. I owe all of this to the advocate. If it were not for her devotion, caring, and work, I would not be where I am today.

We feel that parents and students need to learn what their rights are. Too many superintendents and school systems get away with pushing students and parents to the point that they do.

I know that we will never be able to repay the advocate for all that she has done for me. Thank you again so much!

Jesse Barker prepared her story for the FAST kickoff in Charleston on January 8.

***“If it were not for the advocate,
I would have dropped out of
school when I turned eighteen...
If it were not for her devotion,
caring, and work, I would not be
where I am today.”***



What Parents Need to Know...

Understanding Extended School Year

by Bridget Andrews Remish,
Attorney, Family Advocacy, Support & Training Project

Many parents have questions and concerns regarding their children’s rights and a school district’s responsibility under the Individuals with Disabilities Education Act (IDEA). One area of confusion is the Extended School Year. The term “Extended School Year” (ESY) refers to additional services that a student with an Individualized Education Program (IEP) may receive from a school district beyond the 180-day school year. Although ESY is not mentioned in IDEA itself, courts and the U.S. Department of Education have long interpreted that in some situations ESYs are required in order for students with disabilities to receive Free Appropriate Public Educations (FAPE) under IDEA.

Eligibility Criteria:

In compliance with federal regulations, West Virginia Department of Education’s Policy 2419 provides eligibility criteria for students with disabilities in our state. In order to determine whether a student meets the criteria for ESY services, the IEP team will meet and consider whether the student exhibits:

- Significant regression during an interruption in educational programming;
- A limited ability to recoup or relearn skills once programming has resumed;
- Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as

- described in the current IEP; and
- Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances.

In addition to federal and state regulations, court decisions also guide how ESY is implemented in the State of West Virginia. In 2002,

the U.S. Court of Appeals for the Fourth Circuit adopted a lower court’s decision which established parameters for eligibility criteria for ESY services. These parameters have since been adopted under WV Department of Education’s Policy 2419 (see above), which was revamped in 2007.

In addition to the actual eligibility criteria, the court established other guidelines that can be used in collaboration with the criteria found in Policy 2419. In particular, the court found that a parent does not need to show a child’s actual regression, but can establish –through an evaluation of the student by a professional– that regression will occur if the student does not receive ESY services.

The court went on to note that “likely regression” is not enough to show a student with disabilities requires ESY services because, in general, all students will experience some regression during breaks from school.

“...the court found that a parent does not need to show a child’s actual regression, but can establish –through an evaluation of the student by a professional– that regression will occur if the student does not receive ESY services.”

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Understanding Extended School Year

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Parameters

The federal regulations for IDEA provide guidance to the states in creating eligibility criteria, and there are several key provisions to the federal regulations that parents need to understand.

First, keep in mind that services provided in a student's IEP should be designed to meet the unique needs of that particular student. Federal regulations make clear that public agencies may not limit ESY services to students with certain categories of disabilities. For example, a school district cannot uniformly exclude all children with a certain type of disability from receiving ESY. Certainly, one child with autism may qualify for ESY because of his or her particular needs while another one may not.

Further, public agencies may not take a unilateral approach by putting restrictions on "type, amount, or duration" of services provided under the ESY provision. Again, each student will have different needs and each IEP will be created according to those needs.

The U.S. Department of Education has also made clear that ESY services are not just limited to the summer months. The federal agency has interpreted that ESY services may be provided to students with disabilities any time beyond regular school hours, including before or after school.

Procedural Safeguards.

Parents who believe their child may be entitled to ESY services should discuss this option with the child's IEP team members, who will ultimately determine the child's eligibility to receive such

services. As always, if there is a disagreement between the parent and other IEP team members, the school district must provide the parent prior written notice (PWN).

In addition to PWN, other procedural safeguards are provided for parents under WV Policy 2419. Parents have

the right to file a complaint with the WV Department of Education, proceed with mediation, or request a due process hearing if they ultimately disagree with the school district's decision regarding ESY services.

Bridget Andrews Remish is an attorney with the Family Advocacy, Support, & Training (FAST) Project at Legal Aid of West Virginia. She represents children with behavioral and emotional health needs in DHHR Regions 1 and 3.

“The U.S. Department of Education has also made clear that ESY services are not just limited to the summer months... ESY services may be provided to students with disabilities any time beyond regular school hours, including before or after school.”



Ideas to Enhance More Effective Parent-Professional Collaborations

FOR PROFESSIONALS:

- Mentally reverse roles with the parents to consider how they would feel
- See the child in more than one dimension, looking beyond the diagnosis or disability
- Believe that parents are equal and are experts on their child
- Value the comments and insights of parents and make use of their knowledge
- Judge the child in terms of progress and communicate hope to the parents
- Consider the child as part of a family and discover other's attitudes and reactions which affect the child
- Distinguish between fact and opinion when discussing problems and potentials
- Make every effort to steer parents toward solutions and resources, providing written and oral evaluations about potential services, other supportive arrangements, and financial aid
- Establish the mutual understanding of a problem as the goal for interactions with parents
- Involve the parents in the establishment of a plan of action or treatment and in the review, evaluation, and revisions
- Make appointments and provide services at convenient times
- Obtain and share information from other appropriate professionals to ensure services are not duplicated and families do not expend unnecessary energy searching for providers and services

FOR PARENTS:

- Believe that parents are equal partners and accept responsibility for solving problems and planning
- See the professional as a person who is working for the well-being of the child
- See the mutual understanding of a problem as the goal for interactions with professionals
- Maintain a file of important documents and correspondence of services provided
- Express the needs of family to professionals in an assertive manner
- Accept that a professional often has responsibility for service coordination and communication with many families
- Communicate quickly with professionals when there are significant changes or when notable situations occur
- Communicate with other parents
- Encourage the professionals to communicate with each other and keep the parents informed
- Maintain realistic expectations knowing that complete, definite answers are unlikely when emotional and physical conditions of children are concerned

Taken from "Working Together: A Training Handbook for Parent/Professional Collaboration.

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Pathways to Partnership Training Offered To Empower Parents

Legal Aid of West Virginia's FAST project has developed *Pathways to Partnership* to provide advanced training to families of children with emotional and behavioral disorders who have experience with navigating multiple child serving systems and a desire to assist other families.

During this three day training, to be held across West Virginia, family members will be introduced to evidence-based strategies for providing peer to peer support. They will also learn methods of building partnerships with service providers and promoting the "family voice" in solving problems for their children. A maximum of twelve family members may go through the training at one time, to allow time for participants to share their stories and to complete the agenda.

On Day One of the training, parents will get to know each other through telling their own story. Parents find this difficult in the beginning and find themselves only telling what they feel comfortable with. As the day goes along, however, they begin to share more and the day becomes almost therapeutic. As they share, they also are coached to actively listen to others. They also learn how to apply their own story to support other parents.

The focus of Day Two is on building relationships with other parents and professionals and developing strategies that support family self-advocacy.

Day Three is "putting it all together" with specific training on ethics, understanding boundaries, dealing with crisis situations, and documentation. A Code of Conduct is emphasized and tips for effective parent-professional collaboration is also discussed (see page 16.)

There are three levels of involvement offered to family members who participate, Parent Partner Volunteer, Community Partner Volunteer, and

Regional Partner Volunteer. Specific training is provided at each level.

The Parent Partner Volunteer will provide parent and family support through face-to-face, phone, and/or email contact or provide FAST Program support by assisting with mass mailings and promotions. This level of volunteer must be a family member or caregiver of a child with emotional or behavioral health problems, and have a desire to help other families.

Community Partner Volunteers would agree to participate in community meetings, train other family members/community stakeholders, and/or assist in promoting family networks/support groups. At this level, volunteers must complete the training for the Parent Partner as well as have personal knowledge or experience in navigating multiple child serving systems and a willingness to train others.

A Regional Partner Volunteer must have family involvement as well as be willing to train other family members/caregivers/stakeholders statewide, and/or participate in state and system collaborations/meetings, assist in coordinating legislative activities, promote System of Care and related activities, and participate in statewide parent advocacy groups and projects. These volunteers must have a passion to influence change at all levels, knowledge of statewide resources, and a basic understanding of data, evaluation, and outcomes.

A Pathways to Partnership training was recently offered in Kanawha County with nine participants completing the course. More trainings are scheduled in DHHR Region 2 in June, and in Regions 3 and 4 later in the summer or early fall.

Parents and professionals interested in this training can contact 1-866-255-4370 for more information.



Dangers of Inhalant Use Widespread Problem for Children

Most parents are in the dark regarding the popularity and dangers of inhalant use. But children are quickly discovering that common household products are inexpensive to obtain, easy to hide and the easiest way to get high.

According to national surveys, inhaling dangerous products is becoming one of the most widespread problems in the country. It is as popular as marijuana with young people. More than a million people used inhalants to get high just last year. By the time a student reaches the 8th grade, one in five will have used inhalants.

What is inhalant use? Inhalant use refers to the intentional breathing of gas or vapors with the purpose of reaching a high. Inhalants are legal, everyday products which have a useful purpose, but can be misused. You're probably familiar with many of these substances – paint, glue and others. But you probably don't know that there are more than 1,000 products that are very dangerous when inhaled – things like typewriter correction fluid, air-conditioning refrigerant, felt tip markers, spray paint, air freshener, butane and even cooking spray.

Who is at risk? Inhalants are an equal opportunity method of substance abuse. Statistics show that young, white males have the highest usage rates. Hispanic and American Indian populations also show high rates of usage.

What can inhalants do to the body? Nearly all abused products produce effects similar to anesthetics, which slow down the body's function. Varying upon level of dosage, the user can experience slight stimulation, feeling of less inhibition or loss of consciousness.



The user can also suffer from **Sudden Sniffing Death Syndrome**. *This means the user can die the 1st, 10th or 100th time* he or she uses an inhalant. Other effects include damage to the heart, kidney, brain, liver, bone marrow and other organs. Results similar to Fetal Alcohol Syndrome may also occur when inhalants are used during pregnancy. Inhalants are physically and psychologically addicting and users suffer withdrawal symptoms.

What are the signs of inhalant use?

There is a common link between inhalant use and problems in school – failing grades, chronic absences and general apathy. Other signs include the following:

- paint or stains on body or clothing
- spots or sores around the mouth
- red or runny eyes or nose
- chemical breath odor
- drunk, dazed or dizzy appearance
- nausea, loss of appetite
- anxiety, excitability, irritability

What can I do if someone I know is huffing and appears in a state of crisis?

If someone you know is huffing, the best thing to do is remain calm and seek help. Agitation may cause the huffer to become violent, experience hallucinations or suffer heart dysfunction which can cause **Sudden Sniffing Death Syndrome**. Make sure the room is well ventilated and call EMS. If the person is not breathing, administer CPR. Once recovered, encourage the person to seek professional treatment and counseling.

Can inhalant use be treated? Treatment facilities for inhalant users are rare and difficult to find. Users suffer a high rate of relapse, and require thirty to forty days or more of

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Dangers of Inhalant Use...

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detoxification. Users suffer withdrawal symptoms which can include hallucinations, nausea, excessive sweating, hand tremors, muscle cramps, headaches, chills and delirium tremens. Follow-up treatment is very important.

If you or someone you know is seeking help for inhalant abuse, you can contact the National Inhalant Prevention Coalition at 1-800-269-4237 for information on treatment centers and general information on inhalants.

What should I tell my child or students about inhalants? It is never too early to teach your children about the dangers of inhalants. Don't just say "not my kid." Inhalant use starts as early as elementary school and is considered a gateway to further substance abuse. Inhalants are not drugs. They are poisons and toxins and should be discussed as such. There are, however, a few age appropriate guidelines that can be useful when educating your children.

Isabel Burk, a drug prevention consultant, has developed guidelines for parents and school professionals who talk to students about inhalants. In addition to ascertaining students' knowledge at each level and building on existing skills and information, she suggests the following strategies:

Ages 4 to 7:

- Teach about oxygen's importance to life and body functioning.
- Discuss the need for parental supervision and adequate room ventilation for cleaning products, solvents, glues and other products.
- Be a good role model; let children see you reading labels and following instructions.

Ages 7 to 10:

- Define and discuss the term "toxic"; students can practice reading labels and following instructions.
- Teach about oxygen's importance to life and functioning, with emphasis on body systems and brain functions.
- Discuss the need for parental supervision, following directions and adequate room ventilation.
- Be a good role model; let children see you reading labels and following instructions.
- Discuss and discourage "body pollution" and introducing poisons into the body.



Ages 10 to 14:

- Discuss negative effects of oxygen deprivation.
- Teach/reinforce peer resistance skills.
- Discuss environmental toxins and personal safety issues.

Ages 14 to 18:

- Describe and discuss implications of other gases replacing oxygen in the blood.
- Describe and discuss short/long-term effects of inhaling toxic products.
- Describe and discuss negative effects of volatile chemicals on fatty brain tissue.
- Where appropriate, offer access to a counselor or other qualified professional.
- Respond to questions concerning specific products by describing negative effects and consequences.

From the National Inhalant Prevention Coalition website, <http://www.inhalants.org/about.htm>.



Peer-to-Peer Volunteers Code of Ethics

- ♣ We tell our own story when it can help other families.
- ♣ We support other families as peers with a common background and history, rather than as experts who have all the answers.
- ♣ We acknowledge that each family's answers may be different than our own.
- ♣ We take responsibility for clarifying our role as family partners and as a parent of a child with special needs.
- ♣ We build partnerships with others including professionals who are involved in the care of our children.
- ♣ We commit to honesty with each other and all involved with the care of a child and expect the same from others.
- ♣ We are committed to a non-judgmental and respectful attitude in our dealings with and discussions regarding families.
- ♣ We are committed to non-adversarial advocacy in our roles within the system.

Parenting PERSPECTIVES

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