

Focus on
Animals and Attachment



Parenting **PERSPECTIVES**



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Winter, 2009

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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: Eleven year old Tessa Teardo and her Arab-Friesian mare, Pearlle. Tessa is the daughter of Anna and Richard Teardo of Southbury.



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Parenting **PERSPECTIVES**

Spring Into Fun!

Family Craft and Recipe Ideas to Welcome Spring



Set Sail with a Homemade Foil Sail Boat

Materials needed: Baby foil loaf pan, non-hardening model clay, flexible vinyl report cover, permanent marker, scissors, bamboo skewer, fishing line.

Gently pinch one short end of the baby loaf pan to shape the boat's bow and then re-straighten the sides of the pan, if necessary.

Press a 1 1/4-inch-wide ball of clay onto the center of the loaf pan boat floor, sticking it securely in place. On the vinyl report cover, draw a triangular sail (about 7 1/2 inches high and 7 inches across the base).

Cut out the sail, fold it in half vertically, and make a tiny cut into the fold 1 inch from the top, and another 1 inch from the bottom.

Unfold the sail. Cut a 9 1/2-inch length from the bamboo skewer and thread it through the holes in the sail. Insert the mast bottom straight down into the clay.

Make a small hole in the bow and tie on a long piece of fishing line for maneuvering and retrieving the boat once it's launched. Set sail!

Grow Spring in a Bottle!

Materials Needed:

Clear 2 liter soda bottle
Small flowerpot
Potting soil, seeds
Saucer
Craft stick for marker



Cut the top from a clear 2-liter soda bottle. Find a flowerpot that fits inside the dome. Fill the pot with potting soil, then plant the seeds according to the packet directions.

Tip: Consider planting herbs, such as parsley and basil, that can be transplanted outside once the weather warms, or grass, which grows fast and is fun to trim with scissors.

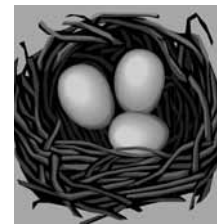
Place the pot on a saucer and poke in a craft stick marker. Slip the dome over the pot. Be sure to water the soil when it looks dry.

Ideas from <http://familyfun.go.com>

Edible Bird's Nest

Ingredients:

1 large can of chow mein noodles
4 oz. semi-sweet chocolate chips
2 tsp. shortening
"Peeps" (marshmallow chicks)
some sort of egg-shaped candy (jellybeans, M&M's, etc.).



Melt the chips and shortening in a glass bowl in the microwave (usually about 1 min. to 1 1/2 min.). Stir frequently to avoid burning. Pour in the noodles & stir until coated. Drop big spoonfuls on dessert paper plates. Let kids form into 'nests'. Add eggs & marshmallow chicks as desired. Place in fridge for 30 minutes to harden. Makes 6-7 nests. **NOTE:** You can also use butterscotch or white chips.



Healthy Attachment is “Time, Attention, and Love”

by Janie Howsare, LICSW, MPA

"Don't hold the baby too much, you'll spoil him!"

Most of us grew up hearing a version of this from our grandparents, aunts, uncles or maybe even our parents. This advice may have been passed down on the advice of John Watson, a parenting expert in the 1920s, who wrote in his book on raising children: "Never kiss or hug them, never let them sit on your lap. If you must, kiss them once on the forehead when they say good night. Shake hands with them in the morning."

Parents of infants hospitalized during this time were discouraged from visiting and especially holding their infants, for fear that the parent would bring in germs and increase the risk of disease. It is no surprise that the primary cause of death for infants hospitalized during this time was "Failure to Thrive," a disorder in which an infant loses the desire to be nourished, becomes depressed and withdrawn and eventually may die. We know now that this disorder can occur when infants are not held, touched, spoken to or given affection. Today, this condition may begin as a lack of caretaker knowledge and understanding and then move to physical neglect. It can also be made more severe by emotional neglect and sometimes physical abuse.

We know now that you can't hold a baby too much, particularly in the first year of life. We know that time, attention, and love is critical for healthy development.

What is Attachment?

Attachment is a reciprocal relationship between a parent and a child. Some experts believe that it begins before birth when the mother's body, sleep habits, and mood begin to sync with the rhythm of the baby.

Once the child is born, we know that attachment is most critical in the first two years of life. During those "preverbal memory years" the child's experience with caregivers form the template that

will define relationships with others through out most of their lives.

To understand attachment, it's important to begin with the realization that, for a helpless infant, the physical and emotional closeness to a caring adult ensures survival. As soon as a baby is born, he or she is reaching out instinctively by suckling, crying and rooting. When a caretaker is there and responds to this reaching out by feeding or soothing the baby, one small building block for secure attachment is developed. Countless interactions like this build a pattern of attachment interaction that is so sophisticated and intricate that it is believed to be neurologically programmed by the time a child is three.

Three Main Components of Healthy Attachment

According to Bowlby, one of the pioneering attachment theorists, there are three main components of healthy attachment that are consistent throughout our entire lifespan: proximity, safe haven, and secure base.

Proximity is the term used to explain that people of all ages desire closeness to their attachment figures during difficult, stressful times. Safe Haven is when attachment figures provide physical and emotional safety and provide soothing to decrease distress and provide support and comfort. In a secure Base, attachment figures provide a safe base that individuals can explore, learn and develop their own curiosity and interest.

A child can become at risk for attachment problems when their caregiver is unreliable, unavailable or abusive. Or, the loss of an attachment figure or disruption in attachment through parental abandonment—either physical or emotional—can be traumatic for a child.

Parental abandonment can come in many forms. For example, a parent who works all the time, or who is addicted or has untreated mental illness that

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“Time, Attention and Love”

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prevents them from being emotionally available to the child, may not provide attachment.

Reactive Attachment Disorder

A severe form of problem attachment is Reactive Attachment Disorder of Infancy or Early Childhood. Reactive Attachment Disorder is seen in some children when there is a history of gross neglect, maltreatment and/or physical abuse. Children at higher risk of having Reactive Attachment Disorder (RAD) may be from impoverished households with parents who have mental retardation, teenage pregnancy and/or social isolation. Often the parent does not have knowledge about infant care and child development and may have multiple problems of their own and subsequently put their own needs before the infant's needs. The symptoms present in RAD include:

- Disturbed or developmentally inappropriate social relatedness that begins by the age of five.
- Inhibition, hyper vigilance, avoidance in social interactions (not allowing a caregiver to comfort them).
- Disinhibition, indiscriminate in social interactions (hugging a stranger).

Not Always Neglect

When considering the diagnosis of RAD, the mental health professional must first be sure that the problems in attachment are not due to developmental delays or an autism spectrum disorder. The child must have a history that indicates severe neglect and or abuse or frequent change in caretakers.

Problems in attachment are not always a result of purposeful abuse or neglect out of lack of understanding and knowledge. On the other end of the spectrum different kinds of attachment problems can occur when a parent does not set age-appropriate expectations for a child, indulges them and/or teaches the child that they should not explore or experiment independently. These types of problems are seen more between the ages of 5 and 18. Perhaps the parent has anxiety and may unintentionally model to their



children that the world is dangerous and instill fear that promotes avoidance of new situations. In these situations parents may be unintentionally getting their own attachment needs met through their children; trying to keep their children close and dependent. Sometimes this is seen in children who have separation anxiety and school avoidance. This can disable an adolescent, affect their confidence and discourage them from healthy risk-taking.

As a child grows up and becomes more mature, healthy attachment figures teach their children independence skills, give them age-appropriate responsibility and encourage them to explore, learn new skills and become individuals. Successful individuation means being able to form attachments with others while still maintaining connection with primary (usually parental) attachment figures.

Janie Howsare, LICSW, MPA, is assistant professor of Behavioral Medicine and Psychiatry at the WVU School of Medicine.



Kids, Domestic Violence, and Attachment

Caregiver Betrayal Can Damage Children

By the time a child reaches the age of eighteen, there is a 1 in 4 chance he or she will have been touched directly by interpersonal or community violence.

These traumatic experiences can have a devastating impact on the child, altering their physical, emotional, cognitive and social development. Young children who witness traumatic events may show aggressive behavior, reduced social competencies, depression, fears, anxiety, sleep disturbances, and learning problems. Teenagers who have experienced domestic violence have increased risk for a host of social problems including teenage pregnancy, drug abuse, school failure, victimization, and anti-social behavior, as well as post-traumatic stress disorder, dissociative disorders, and conduct disorders.

Abuse by a caregiver, or abuse between caregivers, challenges the child's beliefs about the stability and safety of their world. Very young children may not understand what happened and will be confused or frightened by the reactions of their siblings or caregivers. They may believe the violence was their fault – “I wrote on the wall so daddy hurt mom” or “I spilled my milk so Mama left me alone in my room.”

Emotional responses to violence can include intense terror, fear of death, and fear of loss of a parent. Children may also harbor rage, feelings of guilt, and a sense of responsibility for the violence. Factors that appear to affect these responses include the child's proximity to the violence (that is, what the child actually saw or heard), the child's temperament, the age of the child at the time(s) of exposure, the severity and chronicity of the violence, and the availability of adults who can emotionally protect or sustain the child—their attachment to a safe and nurturing adult.

If those adults are the ones who perpetuated the violence, the child may experience what's been called “betrayal” trauma. When a child's safety or well-being is threatened by the very people they rely on to care for them, the resulting trauma can make it difficult or impossible to trust another caregiver. However, they may fear that if they show their anger or disappointment at this betrayal, they are at risk for even more trauma. To survive, many betrayed children overtly seek the love and attention of the caregiver who abused them. Others may become depressed and stop seeking the attention and nurturing of the person who hurt them.

Early and aggressive intervention can be critical to the emotional health of the child. Children must have safe and secure adults who protect them within the family or must be placed in a situation where a loving and nurturing caregiver can provide a secure relationship to help the child recover from the trauma. Sometimes this means the child be removed from the abusive home and placed with loving, nurturing, safe caregivers. Other times it is possible that a non-betraying parent or family member can stay with that child and learn to provide a safe and secure home. In any case, the child must be provided a safe environment surrounded by caring adults whose focus will be on protecting, supporting, and recovering the hurt child.

Every attempt should be made to reduce the fear that a traumatized child is feeling. Structure, predictability, and nurturing provided by a loving caregiver are the keys to successful reattachment and healing.

Parenting **PERSPECTIVES**

One Professional's Perspective

Attachment: A Protective Balm

by Melissa Albert, MD

Most parents know that children learn from their experiences. Not only do children learn to talk by imitation (and sometimes utter the naughty words that we didn't think they heard!), but children also learn how to interact and develop socially mostly from their earliest experiences with caregivers. This attachment, or bond, that children develop (or don't develop) with their parents greatly influences their outlook on life.

"Attachment" between a parent and a child is the act of bonding that allows the child expression and exploration and provides the child reliable comfort, soothing, safety, and behavioral boundaries. Secure attachment is created by the countless interactions in which the needs of the baby are anticipated, realized and met. Attachment is the dance of awareness between baby and caregiver that creates a secure attachment.

When attachment is compromised, problems may blossom. Children with insecure (not available, not reliable, and not as safe) attachment may have developmental delays in language, social play and thinking; problems with eating such as hoarding; primitive and infantile soothing behaviors such as self biting, head banging, rocking, chanting, scratching, or cutting

themselves; anxiety; aggression; "indiscriminant" attachment; lack of empathy and poor impulse control.

In addition to these behaviors there are a number of conditions that are negatively impacted by poor attachment. There is debate whether insecure attachment in and of itself could be the root cause of certain psychological conditions. Depression often arises in environments of chaos

and neglect. Depression can be masked in the young by what appears to be hyperactivity and inattention.

Anxiety can be a product of unpredictable, fearful and dangerous environments. School problems and underachievement may be the only signs of internal turmoil.

A severe representation of anxiety in Post Traumatic Stress Disorder can be made worse by insecure and

non-existent attachment. Behavioral disorders may be demonstrated through oppositional acts and words, temper outbursts, spiteful acts and cruelty. These issues can fester and create havoc in adulthood. Children who aren't taught to regulate their mood, or be empathetic or trusting, will have significant relationship and behavioral problems. A child with behavioral problems may be seen as an uncontrollable child, rather than a victim of insecure attachment.



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One Professional's Perspective

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Problems in attachment are not always a result of purposeful abuse. It is commonly passed down through families like heirlooms. We often parent our children the way we were parented—imitating our own experience of childhood. Or, if we realize that our upbringing was not ideal, we will parent opposite to the way that we were. Often times the result of that can be produce indulgent children who feel safe but have poor understanding of boundaries and responsibility.

A “Good Enough Mother:”

A “good enough mother” is similar to the porridge in the tale of the three bears. It can be too hot, too cold or just right. If you use the porridge example to describe three types of mothering, the first type would be “too good,” where the mother is too intrusive, interferes with the child's separation and development of self-hood; the next type would be “not good enough” where the mother is too distant and generates anxiety in the child. Those are at opposite ends of the spectrum, but either type, in excess, can disrupt the development of the child's self-concept. According to Winnicott, who coined the phrase, the “good enough mother” is a mother “whose conscious and unconscious physical and emotional attunement to her baby adapts to her baby appropriately at differing stages of infancy, thus allowing an optimal environment for the healthy establishment of a separate being, eventually capable of mature object relations.” So not only is it important to be present but it is equally as important to back off when not needed.

It is important to educate parents and caregivers about how critical it is to develop a parent-child relationship that is responsive, safe, and valued.

Attachment can be repaired when it has been broken. The repair can be as small as the reassurance that love and acceptance is still there after misdeeds have been disciplined. It can also

be a slow and daunting task of creating a new relationship, sometimes in a foster care or step-parent setting. The caregiver must “tune in” to the child by recognizing the child's individuality, allowing time for healthy interactions, experimenting with communication techniques, and responding appropriately to the child's needs. Over time, it is possible that the avoidance, mistrust and disregard that the child has learned to deal with the lack of trust can be replace with healthy attachment.

We wish that treatment was clear cut, quick and entirely restorative. In many cases, psychotherapeutic interventions can go far to restore trust, hope, and healthy ego. But it takes time—and a gentle but firm touch. In every case, a new relationship must be created—one in which the child feels protected and important.

Melissa Albert, MD, is an assistant professor in the WVU Department of Behavioral Medicine and Psychiatry. Her specialty is pediatric psychiatry.

**Dr. Melissa Albert
and Janie Howsare, LICSW, MPA,
will be leading a workshop
entitled “Attachment Disorder
through the Lifespan” at the
2009 North Central Community
Collaborative Resource Fair &
Training on
March 30, 2009,
at the I-79 Technology Park
Research Center in Fairmont.**

See page 22 for additional information.

Parenting **PERSPECTIVES**

Parents Can Plug Into Prevention

By Michele Burnside, West Virginia Prevention Resource Center

Parents and others at the local level often feel a sense of helplessness when thinking about issues such as drugs and alcohol. How can one person make a difference?

Whether substance abuse is a problem for someone in your immediate family, your extended family, or a neighbor, its consequences affect us all. There are opportunities for parents to get involved in already existing efforts to tackle substance abuse.

The first thing parents can do is get connected to County Prevention Partnerships. These prevention-oriented groups/coalitions exist in most of West Virginia's counties. Some have been in existence for quite some time, while others are fairly new. Some fulfill multiple roles and tackle various issues, while some counties have multiple groups tackling different topics. Ideally, County Partnerships bring together local stakeholders to collect information, plan, and implement local substance abuse prevention activities.

Prevention activities proven to be effective include media campaigns and/or community forums to raise awareness of substance abuse related issues, parenting programs, school-based curricula such as the *Too Good For Drugs* program, and environmental strategies such as tobacco/alcohol retailer stings, alcohol server training, and alcohol product "sticker shock." Contact information for WV's County Prevention Partnerships and Regional Community Development Specialists is available at PrevNET.org.

The second thing you can do to plug into prevention is make sure your county group is communicating with its Regional Liaison to the West Virginia Partnership To Promote Community Well-Being. The WV Partnership is the state's

Governor-appointed substance abuse prevention and early intervention planning body. It is working on a comprehensive, statewide plan to address substance abuse, which will be unveiled at the 2009 Governor's Drug Summit this fall. Regional Liaisons participate in each of the WV Partnership's quarterly meetings. They provide county-level insight that informs the Partnership's recommendations to the Governor, so be sure to keep

them apprised of your county's successes and concerns.

Region One's Liaison, Latrisha Whitelatch of the Marshall County Anti-Drug Coalition, says she has very much valued the opportunity to represent the counties in her region while also getting to know members of the WV Partnership. "The Partners are a group of professionals who truly care about West Virginia, and they want to make sure we are being as efficient and effective in our efforts to combat substance abuse and other related issues," Latrisha said.

There are also many venues for learning in West Virginia's Prevention System. An ongoing series of semi-monthly Regional Learning Opportunities (RLOs) has taken place across the state since 2006. The prevention-oriented learning and networking opportunities are available for everyone (including parents) who plays a role in community prevention efforts.

Regional prevention professionals, members of county prevention partnerships and other community organizations are strongly encouraged to attend. RLO content has included topics such as: social marketing, evaluation, working with legislators, coalition building, community forums, and workplace wellness. Additional information about



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Parents Can Plug Into Prevention

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RLOs is available on the WV Prevention Training & Events Calendar on www.PrevNET.org.

“Share The Vision” is West Virginia’s annual statewide substance abuse prevention conference. It brings together people from across the state for two days of learning and networking. Participants traditionally include counselors, educators, social workers, law enforcement officers, and members of community-based groups. Regardless of their titles and affiliations, participants include West Virginians who work every day to improve the well-being of our state’s citizens. Workshops include varied topics such as suicide prevention, violence prevention, parent participation in prevention, prescription drug abuse, tobacco cessation, teen pregnancy prevention, fetal alcohol spectrum disorders, and peer mediation. Share The Vision 2009 is already set for November 17 and 18 at the Charleston Civic Center.

Finally, West Virginia has a variety of tools for prevention-related communication. www.PrevNet.org is an online hub for WV’s prevention system. The website includes pages about The WV Partnership to Promote Community Well-Being, County Prevention Partnerships, the WV Prevention Resource Center, and WV’s SPF SIG. The website also features a searchable contact directory, a calendar of prevention-oriented trainings and events, and the online publication *PrevNet Magazine*. West Virginia also has a statewide (forum-prevention@lists.marshall.edu) and local email listserves for two-way communication regarding prevention initiatives. Additionally, WV has a monthly, thirty minute news and interview style television program. “Prevention West Virginia,” which is produced by the WV Library

Commission and hosted by the WV Prevention Resource Center, highlights prevention-related topics and programs. Additional information/subscription to any of these tools is available by contacting me, Michele Burnside, at michele.burnside@marshall.edu or 766-6301 ext 23.

WV’s prevention system is in place, but it needs on-going support from parents to truly reduce the effects of substance abuse in our families, our communities, and our state. Plug

Into Prevention, and start making a difference today.



Michele Burnside has been a Communication Specialist with the West Virginia Prevention Resource Center since 2001.

The WVPRC staffs the WV Partnership to Promote Community Well-Being and provides support to West Virginia's community prevention efforts. The WVPRC is funded primarily through two federal grants: the Substance Abuse Prevention & Treatment Block Grant administered through the WV Division on Alcoholism & Drug Abuse and a Strategic Prevention Framework State Incentive Grant administered through the WV Governor's Office via its Division of Criminal Justice Services.

The WVPRC is an affiliate of Marshall University – administratively housed through the Marshall University Graduate College and fiscally administered by the Marshall University Research Corporation.

Parenting **PERSPECTIVES**

Regional Liaisons to the WV Partnership To Promote Community Well-Being

Region 1 - Latrisha Whitelatch

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Region 2 - Anne McGee

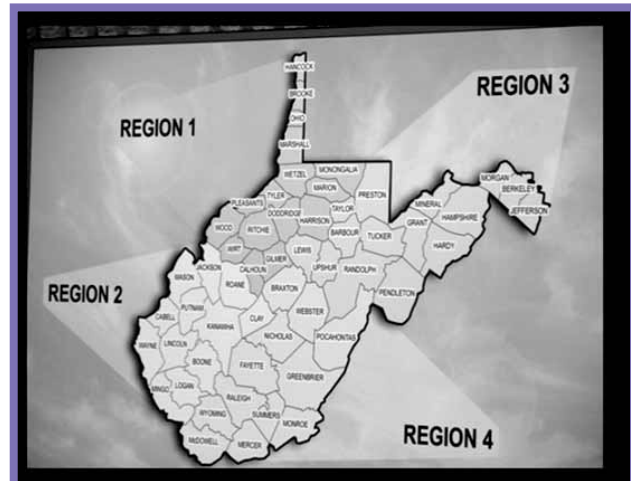
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A Message From First Lady Gayle Manchin



All across our state, through a variety of programs and services, individuals in government, non-profits, private businesses, and community groups strive to improve life for West Virginians. Left alone, we are making a difference. But if we pull together and better coordinate our efforts, just imagine what we can accomplish.

It is vital that we come together to understand the scope and nature of the challenges our state faces. Challenges such as substance abuse, suicide, domestic violence, diabetes, and obesity are often intertwined and certainly daunting. But West Virginians are a resilient people. If we stay united in our plans to face these challenges, we will be more efficient with often scarce resources.

West Virginia has already made great strides in coordinating its efforts to tackle substance abuse and related issues. We now have a formal mechanism for bringing people together across governmental departments and across West Virginia. Governor Manchin has tasked the WV Partnership to Promote Community Well-Being, of which I am a member, with developing a comprehensive substance abuse prevention system for the state.

Together The WV Partnership, along with its staff at the WV Prevention Resource Center, and all of the County Prevention Partnerships throughout the state comprise West Virginia's Prevention System. I challenge everyone, whether you represent government or community or family, to remember the necessity of collaboration. Plug into West Virginia's Prevention System, and be a part of an on-going, collaborative effort to improve the health and well-being of our state.



The Animal/Human Connection

Animals Can Play Critical Role in Family Health

by Susannah Poe, Ed.D.

Ask any animal lover—pets provide unconditional support, comfort, and constancy, and can teach us (not just kids!) about compassion, responsibility, and patience. And in some cases, pets can provide assistance to those who need special help. They can also serve as a barometer of the mental health of family members.

Developing positive relationships with an animal can contribute to a child's self-esteem and self-confidence. Positive relationships with pets can aid in the development of trusting relationships with others. A good relationship with a pet can also help in developing non-verbal communication, compassion, and empathy.

Pets can serve different purposes for children:
They

- can be safe recipients of secrets and private thoughts--children often talk to their pets, like they do their stuffed animals
- provide lessons about life: reproduction, birth, illnesses, accidents, death, and bereavement
- can help develop responsible behavior in the children who care for them
- provide a connection to nature
- can teach respect for other living things
- help encourage physical activity
- provide comfort contact
- offer love, loyalty, and affection

As with adults, children who have special needs are often paired with trained therapy dogs or assistance animals to help keep them safe as well as provide steady companionship.

In addition to the many benefits of animal and human relationships, the relationship between pets and family members can sometimes shine a light on mental health problems within the family.

Until recently, violence toward children, domestic violence, and elder violence were not connected to violence toward animals. But a growing body of research demonstrates that people who commit cruelty against animals rarely stop with animals. More than eighty percent of adults being treated for child abuse were also involved in animal abuse. In two-thirds of the cases, the abusive parent killed or injured a family pet before or during the time they were abusing a child. And the violence is perpetuated... about one-fourth of the children who were abused by a parent then abused the family pet.

Studies determined that from one half to three fourths of women seeking shelter from domestic abuse situations reported that their partners had threatened, killed, or injured one or more family pets. And many times, those who want to leave a violent domestic situation choose to stay in the home to protect a pet from threats of harm. Harming an animal in front of children serves to demonstrate the power and control of the abuser and, in some cases, to warn those children that they may be next. Harming a beloved pet can threaten the support and comfort that pet offered the child, and show the child that home is not a safe place.

Animal abuse is one of the red flags that identify young people at risk for becoming violent. Although most children can be taught to be gentle and appropriate with pets, some may be overly rough or even abusive. If such behavior persists, it may be a sign of significant emotional problems. Any child who abuses, tortures or kills animals should be referred to a child and adolescent psychiatrist for a comprehensive evaluation.

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Emotional Support Animals

“She Helped Me Move Past Boundaries That Had Held Me Back...”

by Jo Knotts

Hi! I'm Jo Knotts and a lot of you may know me from my position with Legal Aid of WV as a Behavior Health Advocate working out of William R. Sharpe, Jr. Hospital. What you may not know about me is I'm also a mental health consumer. Luckily for me after three long, bleak months of crippling depression about my situation I made myself get up out of bed and make some necessary changes in my life. Some of the things I did were a psychological evaluation, getting a diagnosis and therapy. More importantly I started, with the help of a few wonderful mentors, developing a personal support plan to get me through the difficult times as I made changes to how I lived my life.

One of the changes I made was starting to work for West Virginia Mental Health Consumers Association. I first had an office at William R. Sharpe, Jr. Hospital then had the pleasure of opening a Consumer Service Center in Clarksburg at United Summit Center. At WVMHCA a Co-worker, Angela Douglas, was the director of their ESSA Program. ESSA stands for Emotional Support Service Animal. Angie had a service dog named Misty who went with her everywhere and really helped Angie with her challenges. Angie told me that Misty's reaction to her changes in personality would clue Angie in to when she was starting to cycle allowing Angie to take the actions needed to keep from having a full blown episode. I watched them work together for several months and noticed that Angie was much

calmer with Misty around.

One of my issues is Post Traumatic Stress Disorder (PTSD). Being in groups of people or around people I didn't know was very hard without having a safe person with me. I'd rely on my safe person to get me out of a situation that I could no longer handle and with my work, having a safe person wasn't always possible. I started thinking a lot about how a service dog might work for me and discussed it in detail with Angie and my supervisor, Deb Slick.

I knew exactly where to go to get my dog. I have a friend who breeds Pomeranians and had purchased one from her for my daughter. Julie was a wonderful addition to our family and a very well behaved dog. At five pounds she was the perfect size for what I needed. I told Mary Lee what I was looking for and she suggested I come meet "Emily."

It was love at first sight and we've been together ever since! I worked hard with Emily, teaching her to be

quiet and not bark, to sit on my lap or lay on her furry bag for long periods of time. Most of all I took her out and socialized her every chance I got, so she would be accepting of new people, other animals and new situations. I got my prescription and red harness as required by the Americans with Disabilities Act and after nine month of hard work Emily debuted in my office.

Since then we've met with two WV Governors, attended several Breakfast with the Legislature at the Capitol, served on the WV Planning Council, the PAIMI Advisory Council, Board of Directors for



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WV YouTube Youth Forum Contest Gives Kids a Chance To Question Lawmakers

Kids care about a lot of things – their families, their education, the environment. Although kids can't vote, their voices should still be heard.

Make your statement by entering the 2009 WV YouTube Youth Forum Contest.

Prevent Child Abuse West Virginia [<http://www.preventchildabusewv.org/>](http://www.preventchildabusewv.org/) (PCA-WV) is proud to host this year's contest which is officially underway. It gives West Virginia students an opportunity to let their voices be heard by presenting questions to West Virginia's lawmakers via video.

To participate, students simply need to think of a question they would like to ask our state's lawmakers. Next, they need to create a video of themselves asking the question. With their parent's permission, they can complete an online entry form

[<http://www.wvyouthforum.org/online_entry.php>](http://www.wvyouthforum.org/online_entry.php) and upload their video

[<http://www.youtube.com/group/wvyouthforum>](http://www.youtube.com/group/wvyouthforum). The deadline for entry is Wed., March 11, 2009. Enter today!

A select number of videos will be played to a panel of West Virginia lawmakers at the Forum March 19, 2009, at the Cultural Center. The legislators will have to answer the questions and explain how they are going to make West Virginia a better place for kids, for families and for OUR future.

The top five finalists will be awarded \$25. If a finalist submits their entry as part of a classroom project, and indicates that on their entry form, their teacher will also receive \$25.

If an individual has been denied services because of his or her service animal, there are several government agencies that can assist:

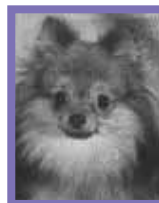
U.S. Department of Justice (most ADA violations): 1-800-514-0301
Federal Transit Administration (transportation violations):
1-866-377-8642

For other useful information on the Americans with Disabilities Act:

www.ada.gov

Emotional Support Animals

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NAMI WV, and Job Squad Inc., eventually serving two terms as president of Job Squad's board. Emily is the only Service Dog to ever take a tour of the Federal Bureau of Investigation Fingerprint Facility at Clarksburg! I overheard two agents say, "Look! There's an agent undercover!"

Emily's been with me eleven years and she's really helped me in my recovery and in having a full life. She sits on my lap when I'm in strange places or with a group of unknown people and by letting me pet her and focus on her, helps me stay calm. It also doesn't hurt that she's cute as a button and people are always interacting in a positive way with us. She helped me move past boundaries that had held me back previously.

Jo Knotts is a patient advocate with Legal Aid of WV at Sharpe Hospital.

Parenting **PERSPECTIVES**

The Role of Service Animals Under The Americans with Disabilities Act

by Bridget Remish

Training animals to assist individuals with disabilities dates back to as early as the 1920's. At that time, guide dogs were trained in Germany to assist World War I soldiers who became blind during combat. Fifty years later, in the 1970s, more organizations were developed in the United States to train a variety of service animals. Today there are approximately 20,000 individuals in the U.S. who use service dogs.

When the Americans with Disabilities Act (ADA) was passed in 1990, one of its provisions required privately owned businesses that serve the public to recognize service animals. These places of businesses open to the public include movie theaters, restaurants, stores, hotels, hospitals, parks, and airlines among others. Under this law, in order for an animal to be considered a "service" animal, the animal must be trained to perform specific tasks that assist the individual with his or her disability. Although dogs are the most common service animals, miniature horses, cats, and even monkeys are used as service animals.

Service animals can perform a variety of tasks related to an individual's disability. For example, my sister Erin, who is a triple amputee and uses a wheelchair, has a service dog named Toby. Toby does a variety of tasks for Erin such as pulling her manual wheelchair, pressing the handicap buttons for automatic doors, and picking up items that are difficult for Erin to reach. Toby was trained by Paws with a Cause, an organization that trains dogs for individuals with a disabilities based on that individual's needs.

Service animals not only assist individuals using wheelchairs or with mobility impairments, but these animals can also be guide dogs for individuals who are blind or alert dogs for individuals who are deaf or have seizure disorders.

The law does not require that service animals be registered, and although some service dogs, for example, may have identification attached to a collar or harness, there are no specific identification papers that a service animal must have when entering privately owned businesses serving the public. In fact, these businesses cannot ask an individual with a disability to remove his or her service animal unless the animal is out of control or there is a health or safety risk to others. In addition, an individual with a service



Toby (right) with his friend, Parker.

animal cannot be charged an additional fee for having the animal with them.

Often there is confusion regarding rights of individuals with therapy (rather than service) animals. Therapy animals assist various people (many with disabilities) in a variety of ways. Children with emotional disorders, for example, often benefit from a therapy animal's calm demeanor and security. It is important to note, however, that therapy animals are not considered service animals under the law. Therefore, a therapy animal, which is not trained to assist an individual with his or her disability, is not protected under federal law, and businesses may exclude them from their premises.

Bridget Remish is an attorney with the FAST program.



Once Upon a Time...

Therapeutic Horsemanship Heals Wounds

by Jennifer Jones

Once upon a time, there was a young girl, overwhelmed by her personal life and, as life would have it, her beloved horse was the keeper of her stories, her pain, and the safe being who mirrored her love unconditionally. Years passed and when she entered womanhood, she created a place where wounded young people could visit with horses and share their sacred story in a way that worked for them personally...a place where the natural world mirrors deeper wounding than speaking with someone could.

My work has continued to transition from its beginning. And perhaps that is one of the deeper values of what we do. Allowing movement and change with each child, with each visit a new window into that moment. Our sessions are one on one, an hour and a half, and begin with no set schedule of what we are going to do. Many children are dropped off after a long and sometimes trying day at school needing to unwind. I watch how they get out of the car and walk to the barn and that usually gives a first blush. We halter the horses together and begin grooming, preparing for the ride, a time to check in, a good place to begin. This is a time to touch

and notice, becoming aware of the horses by listening, observing, gathering information on how the horse is today, how are we responding to each other.

A silent conversation between horse and child, one the children love figuring out. This may guide one to rediscover a trusted intuition, one that is not fear based, yet one of self awareness allowing a



potentially potent experience of self empowerment, not to be confused with a power trip. That is clearly defined in my work as we teach respectful listening to our surrounding world and those in it. I encourage and support the ability to look ahead, to avoid setting up a situation. We live in a culture dependent on being a victim. It has

become a multimillion dollar industry, a concept that sends those seeking hope into a lifelong walk of avoiding combined with addictions to medication. By addressing and validating the sacred wound, we begin a healing in one's ability to live life responsibly and fully present, something alive as opposed to being supported in living the life of a victim.

Our sacred wounds are a forced wound that has been given to us, creating a way we live for the

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Parenting PERSPECTIVES

Once Upon a Time...

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rest of our lives. If we face this wound, we can find a way of living with it.

Awareness and respect can provide a good base for all relationships. I teach the children to watch the eyes, ears and body language of the horse where they realize and connect at a deep level understanding of how the horse is developing a relationship with them. When a child arrives at "I can't get him to do this"

we look at how that feels and then suggest we ask the horse another way, perhaps he cannot understand what is being asked of him. This helps the child learn how to listen and ask a different way until they are heard by others without anger or fear in the fore-front. While riding in natural places I stay engaged with them on what they are seeing, what that is to

them, and I watch to see what draws their eye on any given day. That is one of the greatest windows into what their world is that day. I had a child insist on building a fort for tadpoles and snails in the pond and in the same session we rode to the tree fort, selected by this child as a place where he could tell me about his insect collection.

Something in this small world needed protection, and as discovered within 24 hours, something huge was brewing. This information came from this child's interaction with the pony, interaction with nature and story needing a place to be told. I only listened, the components of the natural world provided a container to mirror this child's sacred wounding.

The approach to this wounding is quiet, validated, and heard. There is a story that needs

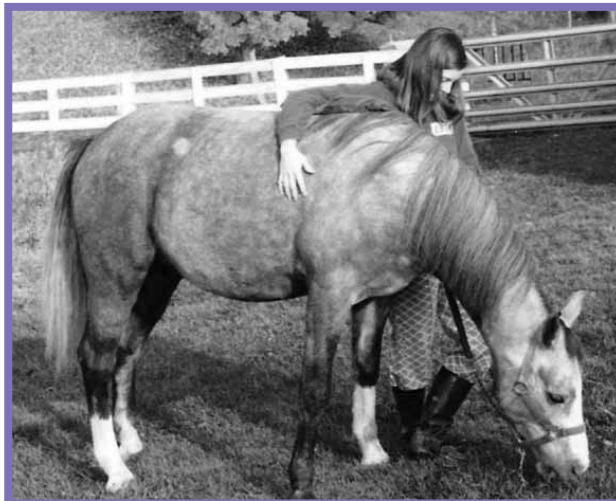
telling without interruption or projected diagnosis. My duty is not to diagnose, it is to provide a place with our horses and the great mystery of nature that allows for a safe place to get in touch with this huge fear, pain and anger buried deep in such young life. To provide tools and skills to allow a "look see" into that place, to identify how this wounding may be our 'sacred scar' that helps us

see life in a very special way, where we can hear others with this story and support them in reclaiming their lives as well.

I find most caregivers are very obsessed and dependent on the child's issue, perhaps this child is mirroring a wound in that adult. The challenge is to help the adult gain tools on how not to project their personal experience memory on this child's

experience. This is where the miscommunication seems to take hold, and many children are not heard at all. The horses are amazing listeners, as I lead a child through imagery on horseback they begin to experience a freedom of relationship, gaining strength through the mere fact that the horse silently listens, and usually validates with a nudge, warm breath on the face or gentle eye of understanding. As simple as it sounds, it is huge for both child and horse.

Jennifer Jones is owner and the director of Swift Level in Lewisburg, WV. She has been guiding youth and adults with horses for over 20 years, assisting them towards healthy living and relationships. She can be contacted at RR 02 Box 269, Lewisburg, WV 24901.





One Year Later: A FAST Update

by Bill Albert

On January 7, 2008, Governor Joe Manchin and First Lady Gayle Manchin helped to launch the Family Advocacy, Support and Training (FAST) program at an event inside the state capitol. Since that time, Legal Aid of West Virginia's family advocacy project continues to successfully provide services to families facing challenges due to behavioral or emotional health.

FAST serves children, and families of children, with a mental health diagnosis by providing one-on-one advocacy assistance, support services and even legal representation. In the first complete fiscal year of FAST, approximately 196 individuals received services from FAST regional parent coordinators, attorneys or the statewide youth coordinator.

So far in 2008-2009 fiscal year, the program has already worked with 130 children and parents—in just six months!

While FAST advocates are knowledgeable in many state systems (child welfare, juvenile justice, behavioral health) and help families to navigate through each of them, most families contacting the program are facing obstacles within the education system. FAST staff help facilitate IEP meetings and ensure individual rights are not being violated, among other things. The FAST youth coordinator works to find supports in the community for children with mental illness. Extensive support can include linking peers or connecting a child with a community partner or mentor.

WRAP for Youth is a new initiative beginning in the summer of 2009 that will be spearheaded by the youth coordinator. In a partnership with the Mental Health Planning Council to bring WRAP for Youth to WV, trained WRAP facilitators will volunteer across the state to serve youth with a curriculum designed to identify triggers of stress and coping techniques for managing the frustrations associated with stress. The youth coordinator will

work to provide extensive support services, coordinate WRAP for Youth efforts, and establish youth focus groups to increase youth voice at all levels.

In addition to providing individual help to families, FAST staff present many trainings across the state designed to educate individuals

and sharpen their advocacy skills. A wide variety of trainings are offered, including:

- Family Centered Practice
- Care Notebook Training
- Legal Issues Surrounding Children with Behavioral Health Problems
- Advocacy 101
- Transitioning Youth Workshop
- Overview of IDEIA/504 plans/Americans with Disabilities Act/Special Education Law.

Nearly 300 people have benefitted from FAST trainings since the program began, empowering parents or guardians and encouraging family participation in treatment and service decisions for their child.

Pathways to Partnerships is a specific training designed to empower parents while connecting them with peers for support. This three day training curriculum has already been provided four times. Pathways to Partnerships is also a required prerequisite to becoming a FAST volunteer, providing face-to-face or telephone support to families, participating in local, regional or state meetings, maintaining support and focus groups, and helping to train other families.

Bill Albert is the director of the FAST program, which is funded by the West Virginia Division of Children's Mental Health.



Parenting **PERSPECTIVES**

The West Virginia System of Care –

Circling Families With Support To Keep Children at Home

by Jeanette Rowsey

How familiar is this picture? A child who is having emotional, behavioral, social, or developmental challenges (or a combination of issues) enters the school building ...the doctor's office...the mental health center. Time goes by, but none of the professionals seem to be able to provide exactly what's needed to make things better.

To make things worse, the professionals are not talking to each other. Things are fragmented, uncoordinated, and the family feels stuck in a "runaround." Parents find themselves going here and there, trying to share information, telling a difficult story over and over again, hoping the professionals will really listen to what the child needs, and believe what they are telling them.

In the meantime, the relationship with the school becomes strained. Absences accumulate. Child welfare may become involved. Family stress builds. Troublesome behaviors escalate and families may even find themselves dealing with the juvenile justice system. What is next?

Families going through this journey often feel isolated and alone. Unfortunately, this picture has repeated itself time and time again across communities, and over the decades.

The vast majority of professionals sincerely want to help families and do what is best for the child's well-being. But the very systems that were designed to help our children have come up against barriers, such as funding limits, conflicting policies, and inadequate training. These "systemic issues" can cause clashes between service providers, schools, state agencies and local courts.

Children and youth can get "bounced" between



these systems, or get lost in the files, falling through gaps in the safety net. The result is restrictive and costly interventions, such as group homes, psychiatric hospitals, detention centers, or relinquishment of parental custody. Families suffer, providers are less effective, and hundreds of youth

are placed far from home. West Virginia taxpayers spend tens of millions of dollars--for what result?

That's the traditional picture, as seen in too many communities across the state and nation, and there is no easy fix. The good news is that West Virginians have teamed up to change this picture. The West Virginia System of Care is at the center of this effort, which was born through legislative action in 2005.

The mission of the West Virginia System of Care, a public/private/consumer partnership, is "to build the foundation for an effective community-based continuum of care that empowers children at risk of out-of-home care and their families."

More simply, the system of care is about changing the way we all do business in delivering services to children with special behavioral and emotional needs. It's about moving from a pattern of institutional care to community care. Rather than having providers choose among a limited menu of services for families, families become involved in choosing services and supports. Changing treatment practices, from those where kids are viewed in isolation, to family centered services and supports. And it's about working to move away from the current deficit-based "Medical model," to building on child, family and community strengths and assets.

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The West Virginia System of Care –

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There is a lot of complex work to do to change the picture for all children at risk of out-of-home care. It is realistic to expect several years of coordinated effort to see widespread and lasting change. However, the West Virginia System of Care has already made progress. Even the act of bringing everyone together around the table to share challenges and solve problems has been a milestone for West Virginia, and sets us apart from many other states.

These conversations resulted in a three-year strategic plan for July 2008 through June 2011, building toward six strategic goals. With ten essential key values and principles (shown on page 21) as guideposts, the partnership has already begun building the System of Care foundation through several major “building blocks.”

Learning Opportunities: The System of Care core competency workshops are teaching families, professionals and agency leaders about putting System of Care principles into practice. Hundreds have received free training, and a growing number of state agencies are requiring employees and contracted service providers to take part.

Partnership with Family & Youth: Several agencies and commissions have been gearing up to support meaningful partnerships with families and youth. Biological, foster, kinship and adoptive parents and caregivers are being given a voice at the policy, management, evaluation and service levels. In addition, four Regional Parent Coordinators have been hired through the FAST Project under Legal Aid of West Virginia, to boost parent involvement in the System of Care, and to provide advocacy, support and training to families and youth.

Clinical Review of Youth in or at Risk of Out-of-State Placement: Every West Virginia child deserves the best treatment, as close to home as possible. This is the philosophy of a clinical review process now in place through the West Virginia

System of Care. This is a coordinated effort designed to provide a comprehensive, objective, strength-based clinical review of designated youth. Since 2007, this process has served over 150 children and teens who are currently in out-of-state placement, or at risk of going out of state. Four Regional Clinical Coordinators facilitate this work, which has resulted in a growing number of success stories in reuniting youth with their families and communities.

Service Array Assessment: Finally, community leaders throughout West Virginia are currently assessing practices and measuring their shared capacity to provide services and supports to meet child and family needs. This effort is part of a statewide Service Array Assessment, which will help the West Virginia System of Care make wiser service development decisions in the coming years.

The work is complex, but the overall goal is simple – circling families with support, and keeping kids with families. We’ll know we’re there when the key values and principles are practiced in reality by each agency that serves our children and families.

Whether you are a mom, dad, foster caregiver, aunt, uncle or grandparent—the West Virginia System of Care needs your voice and passion to continuously move these efforts forward. Together—with shared effort and a spirit of teamwork—we can create a better picture for our children.

To learn more and find opportunities to get involved, visit www.wvsystemofcare.org.

Jeanette Rowsey is the Technical Assistance Coordinator of WV System of Care.

Parenting **PERSPECTIVES**

Key Values & Principles underlying West Virginia's System of Care model:

🔑 Support required by children with emotional, social and behavioral challenges must be found in the community.

🔑 Services and care must be available regardless of ability to pay.

🔑 Families must be viewed as equal partners and colleagues.

🔑 Children are best served in their own homes, schools and communities.

🔑 Child serving systems and agencies must collaborate to create a seamless system.

🔑 Services must be individualized to meet the needs of each child and family.

🔑 Services must focus on strengths and competencies, rather than deficiencies.

🔑 Interventions, services and supports must be available to "wrap around" the child and family.

🔑 Services must be culturally sensitive and respect family differences.

🔑 Services and supports must be trauma-informed.



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.



Across the State...

Learning and Advocacy Opportunities for

by Jennifer Jones

Take Charge: A Tool for Adolescent Substance Abuse Prevention & Treatment

Tuesday, March 17, 2009

Morgantown, WV

Part of the Spring 2009 West Virginia University Division of Social Work Professional and Community Education series

Pre-Registration & Fee Required; CEU's provided for Social Work and LPC

Policy Day & Children's Day at the Legislature March 18 & 19, 2009

Charleston, WV

Regional Prevention Learning Opportunity: America's Promise

Thursday, March 19, 2009

Doddridge County

Prevention-Oriented Learning & Networking for Everyone. For details, contact melissa.crawford@marshall.edu or call 304-766-6301, ext. 12 for more information

Recognizing Roles of Assertiveness & Passiveness - 3rd Thursday Workshop

Thursday, March 19, 2009

10 a.m. to 12 noon

Children's Home Society

179 N. Seneca Trail

Fairlea, WV

\$10 Fee; CEU's approved for SW, RN, LPC

Email: jrichmond@childhswv.org or jraig@childhswv.org

Family Centered Practice

Wednesday, March 25, 2009

9 to 4

Schoenbaum Family Enrichment Center

Charleston, WV

Free, CEU's Requested

Effectively Working with Victims of Hate Crimes: A Clinical Perspective

Friday, March 27, 2009

Morgantown, WV

Part of the Spring 2009 West Virginia University Division of Social Work Professional and Community Education series

Pre-Registration & Fee Required; CEU's provided for Social Work and LPC

2009 North Central Community Collaborative Resource Fair & Training

March 30-31

I-79 Technology Park Research Center

Fairmont, WV

Monday, March 30 - 5:30 to 8:00 p.m. - "Bullying"

Tuesday, March 31 - 8:30 a.m. to Noon - "Attachment Disorder through the Lifespan"

Tuesday, March 31 - 12:30 to 4 p.m. - "Autism Spectrum Disorder, Diagnosis & Treatment"

Free to Participants; CEU's requested for SW, LPC, Addictions and Nursing

Deadline March 16

Introduction to World Religions for Helping Professionals

Tuesday, March 31, 2009

Martinsburg, WV

Part of the Spring 2009 West Virginia University Division of Social Work Professional and Community Education series

Pre-Registration & Fee Required; CEU's provided for Social Work and LPC

Concord University Continuing Ed Workshop: Sexual Abuse of Children

Friday, April 03, 2009

(Time not listed)

Beckley Higher Education Center

Beckley, WV

\$50 Registration Fee; approved for SW & LPC hours

Parenting **PERSPECTIVES**

WV Parents and Professionals

Regional Prevention Learning Opportunity: Teen Retreat

Friday, April 03, 2009
WV Camp Pioneer
Beverly, WV
Prevention-Oriented Learning & Networking for Everyone. For details, contact melissa.crawford@marshall.edu or call 304-766-6301, ext. 12 for more information.

To Cross or Not to Cross: Boundary Dilemmas in the Therapeutic Relationship

Friday, April 03, 2009
Charleston, WV
Part of the Spring 2009 West Virginia University Division of Social Work Professional and Community Education series
Pre-Registration & Fee Required; CEU's provided for Social Work and LPC

Fetal Alcohol Syndrome & Fetal Alcohol Effects

Wednesday, April 08, 2009
8:30 a.m. to 4 p.m.
Burlington United Methodist Family Services
Keyser, WV
\$30 fee, SW CEU's approved

Concord University Continuing Ed Workshop: Appalachian Culture

Friday, April 17, 2009
(Time not listed)
Concord University Stateroom
Athens, WV
\$50 Registration Fee; approved for SW & LPC hours

Fetal Alcohol Syndrome & Fetal Alcohol Effects

Friday, April 17, 2009
8:30 a.m. to 4 p.m.
Burlington United Methodist Family Services
Beckley, WV
\$30 fee, SW CEU's approved

Rylee's Rally - A Resource Fair for Families...with Special Health Care Needs

Saturday, April 18, 2009
10 a.m. to 2 p.m.
Veterans Memorial Field House
Huntington, WV

Family Leadership First Annual Conference

April 18-19, 2009
Canaan Valley Resort
Tucker County, WV
"Families First and Foremost"
For more information, contact Ardella Cottrill: rdellanjr@yahoo.com
NASW West Virginia Chapter Spring Continuing Education Conference
April 29, 30 and May 1, 2009
Charleston Civic Center
Charleston, WV

Click on the "Learning Opportunities" tab at www.wvsystemofcare.org to download additional registration information for these and other sessions.



Living in the New Normal:

Workshop Designed to Support Military Children Through Trauma and Loss

A workshop on “Living in the New Normal: Supporting Children Through Trauma and Loss,” will be provided on April 14 and 15 at the Summit Catering and Conference Center in Charleston.

The Military Child Education Coalition’s “Living in the New Normal” (LINN) training is a two-day professional development program that prepares school guidance professionals, educators, social workers, counselors, and community members to recognize and address the issues facing children dealing with separation from a loved one or experiencing trauma, grief and loss due to the loss or injury of a loved one. It provides concerned adults with information to help support children during these times of uncertainty and gives them the framework to enable them to support families to ensure that their children have the tools to bounce back from life’s storms and stressors.

Breakfast and lunch both days will be provided for all registered attendees.

Date: April 14-15, 2009

Location: Summit Catering and Conference Center

129 Summers Street, Charleston, WV 25301

Time: 8:30 am – 4:00 pm (Continental Breakfast will be available at 8:00 am)

Cost: Funded by US Army CYS

Please register by March 31, 2009 online at www.MilitaryChild.org

For more information, contact Susan Izzo, WV National Guard Family Programs State Youth Coordinator Toll Free 1-866-986-4326 or email susan.izzo@wv.ngb.army.mil