

**Iowa Federation of Families  
for  
Children's Mental Health**

**Children's Mental Health News  
December 18, 2006**

**Iowa Federation of Families for Children's Mental Health is the statewide family advocacy organization that assists families who have children and youth with mental health issues. Our mission is to ensure all these children and families receive coordinated, individualized, strength-based care and supports. We provide families across the state of Iowa with written informational materials, Information and Referral services, many different types of trainings, and legislative advocacy. Most of all, we offer families a non-judgmental support system. Families, professionals and others may access our services by calling our toll-free number (888) 400-6302, or visiting our website at [www.iffcmh.org](http://www.iffcmh.org).**

**Save this Date: June 15, 2007**

**Dr. Ross Greene:**

**The Explosive Child Conference**

**January 8<sup>th</sup>, 2007 the full brochure and registration materials will be available at [www.iffcmh.org](http://www.iffcmh.org) under calendar of events**

**Conference Registration Fee's**

**Early Bird Special Single \$60 Team of 3 \$50 per Person**

**After March 15th Single \$70 Team of 3 \$60 per Person**

**CEU's Available for \$10.00**

**Participants attending the conference will be granted 0.6 CEUs or 6 contact hours as provided by the Des Moines Area Community College for the following:**

**Iowa Board Of Nursing Provider Number 22**

**Iowa Board of Social Work Provider #0095**

**Iowa Board of Behavioral Science (includes psychologists) Provider AS97-17**

**Also available for Foster and Adoptive Parents: The Department of Human Services has approved this training for 6 credit hours of training.**

**Certificate will be given at the conference**

**January**

# Some thoughts on advocacy and why we need we need it

**By: Trina Osher**

**Advocacy is not a dirty word. Advocacy is not dangerous or subversive. Advocacy is an honorable and essential part of community life, especially in a democracy.** It is the job of advocates to keep us on our toes and to hold our feet to the fire. Human service systems and providers should never get so complacent - no matter how effective we are - that we do not welcome advice or criticism or we cease to strive to do better and reach new goals.

Dictionaries define advocacy as pleading for, supporting, or recommending; active espousal for a cause. Advocates truly are an independent voice. They are uncompromising in the quest for equity and justice and keep watch to insure that the system of care fulfills its obligations to children and families.

**Advocacy is not always pretty or comfortable.** Sometimes a wheel has to be squeaky in order to get the grease it needs to run smoothly. Advocacy can require speaking for causes that may not be popular. Advocacy requires taking action to get the system to respond appropriately to a child and family. Advocacy tells you what you need to hear, not necessarily what you want to hear.

**The goals of advocacy for overall system change are different from those for individual child advocacy.**

For individual children the goals and expectations are that all families will effectively speak for their children and work in partnership with providers to achieve desired outcomes. Child and family advocates usually are family members trained to assist other family members to find their own voice, to speak effectively for themselves and their children, and to learn how to partner with providers in making decisions. This is usually accomplished through education and training, reviewing the benefits and risks of various options, peer to peer mentoring, and individual and peer group support.

For systems the goals and expectations are that family representatives will promote policies, practices, services, and supports that benefit all or most of the families in the community and specifically the children and families who are the focus of the grant program. Family representatives (like the second and third string of a basketball team), therefore, must be present in sufficient numbers to have a powerful voice, to represent the diversity of families in the community, and to be present at all the different decision making tables without burning people out. The job of family representatives is to hold the system of care accountable for compliance and established policy and achieving better outcomes. Family representatives accomplish this by tracking and evaluating the performance of programs, agencies, and systems by educating the public about the mental health needs of children and families, by identifying what needs to be improved, by publicizing the accomplishments of good practice, and by specifying what should be done to sustain effective programs and services.

**There are tensions inherent in advocacy work.** Family advocates must not be constrained by the limitations of any of the existing providers and agencies in the system. Family advocates have experienced retaliation from criticized entities or individuals. Sometimes advocates have to be slightly irritating to achieve their goals - like the grain of sand that gets the oyster to produce a pearl. Mindful of their responsibility, effective advocates arm themselves with accurate information and conduct themselves with dignity and with respect, both for their allies and their opponents.

Check out the resources and links at [www.iffcmh.org](http://www.iffcmh.org) and go to library of information and to links and resources. Please share this information with others.

## I CAN, IF YOU THINK I CAN

**You asked me can I do it? Well, don't you  
understand?  
You're the one to answer because I can if YOU  
think I can.  
I have the courage and the skill, but these alone  
won't do.  
I must be sure that you believe I can do what  
you ask me to.  
So, whether or not I reach my goals, in your  
hand I place the key.  
Before I can ever reach the heights, I must know  
YOU believe in me.**

**-Ivan Fitzwater**

## Surviving the System

By A. Nelson

My name is Angela Nelson, and this is the story of my survival. I grew up in the child welfare system in Illinois, spending most of eleven years in psychiatric institutions and group homes. I can honestly say that the system did not help me recover from any of the problems I came in with; in fact, it created additional difficulty. The system focused on controlling my behavior with little regard to the issues that brought me into the system in the first place. In particular, I received very little education and there was no effort to keep my family unit together. Despite the lack of regard for my future, I still maintained hope and I am living independently today. I know reaching my goals will be difficult, especially since there are few resources and little support available to me now.

My mother had me the month after her 14th birthday. My father was 19. My mother's father told her to have an abortion, but she decided that she wanted to keep me, and ran away to Memphis to live with her mother. My mother left me with my

grandmother until I turned six. My mother had turned 20, and decided that she could take care of a child. She fought for custody, and I came back to Chicago to live with her and my stepfather. About seven months after I came to live with her, my stepfather left. Although I didn't know it at the time, they had had an arrangement to suit both of their needs. She needed to show she had a stable home and he needed to obtain citizenship.

After my stepfather left, things went downhill rapidly. I went from one relative's home to another and occasionally I lived with my mother. When I lived with her, she beat me and left me at home by myself. There were times when I told the public defender that I didn't want to be at home with my mother because she was beating me. He said he couldn't just take a child away from her home because she didn't want to be there. But I kept telling him it was because she was beating me. I definitely had been involved with the system before I came into the system. But the system kept sending me back to her.

At the age of ten, almost eleven, things seemed somewhat normal. Then my uncle came to live with us. He started sexually abusing me and I told my teachers about it.

He was removed from my house. The system didn't offer us any support. About a month later, my mother asked me to clean my uncle's room. I turned over the mattress and I saw a Playboy magazine and some matches. I lit the matches and put them on the bed. I went into the system after I set my house on fire. I never understood why I set my house on fire until years later, when I realized my mother probably would have eventually killed me if I had stayed at home. I think deep down inside, I realized that was my way out.

Little did I know that once I came into the system my problems had not even begun. Coming into the system with a label such as a fire setter sometimes prevents people from seeing who you really are. They really can't see past that label. I really think I was a decent kid and years later, my mother said I was a pretty good kid. Damn right—I was a good kid.

I got into the system and the first place I landed was a psychiatric institution. I spent 11 months there. From the medication to the seclusion to the restraints, how was I supposed to adjust? I was surrounded by people I didn't know: nurses, doctors, psychiatrists, and other children who also had behavior problems. It was an unrealistic adjustment I was supposed to make. Needless to say, I didn't do too well adapting. Of course, more labels followed. I rarely saw anybody from my family. I saw my mother once or twice. My teachers came to visit me once. My grandparents came to see me once. I saw none of my cousins, aunts, or uncles. To this day, I just cannot comprehend how I survived my world being flipped upside down like that. But of course since I didn't handle it well, I was the one who suffered.

I got out of the first institution and I went to a group home. More strangers. I stayed there for three months. I believe I had so many unresolved issues that, before I could be anywhere successfully, the issues that brought me into the system would have to be addressed outside of a pill bottle. But that's clearly not what my treatment plan was. Therefore, since I desperately needed to be in control of my own existence, we battled. And they always won because they had the ability to give me shots, pills, restraints, and seclusions anytime I resisted, questioned, or disobeyed their

nonsense.

After leaving the group home, I went back to the hospital for three months. That was just more of the same old nonsense of them controlling my existence. I left there and went to another group home for three weeks. Still, nothing had been resolved and I was 13 at this time. The issues that got me into the system were no longer the issues at hand. I was faced with a whole new set of issues. The system wanted to control me, and I resisted.

I left the group home and I went back to the hospital. My father's mother tried to get custody of me. Needless to say, she was not a winner. Let's just put it like this—it wasn't a good match. But at least I wasn't in the hospital. One day I got into a fight at school. The school called my grandmother, but she was not at home. Since she was not at home, they called my social worker. She came to the school with another social worker. On the way to my grandmother's house, I told her that I wanted to get out of the car because I could go home by myself. She disagreed, and we fought. This fight with my caseworker at 14 years of age landed me a 4-year stay in a state hospital. Needless to say, the restraints and the seclusion and the medication that I experienced earlier in life do not compare to the seven days in restraints and another three days in restraints and the endless amount of medication and the countless hours in seclusion. If I could do it all over again, I would have stayed at my mother's house and let her continue to beat me and let my uncle continue to sexually abuse me. By the time I got out of this institution, I can assure you if I didn't have mental health issues before I went in, I had them now.

When I was discharged from the hospital, I went to a group home in Denver. Of course, that didn't last very long. I returned to Chicago to the adult hospital. We all know that's a different ball game. I was thrown right into the mix of people there, many with serious mental illness. Thank goodness I had found a psychiatrist who was actually willing to listen to me. When I told him I didn't need medication, he said OK. He told me that if a staff member asked me to go to my room and I didn't get out of control, they wouldn't put me on medication. I haven't taken a pill since. Of course, since I had such a stellar record, programs in Chicago weren't exactly eager to take me. So I spent six months in the adult psychiatric institution. Not because I needed to but because I had no place to go.

Once the Department of Children and Family Services did find a place for me, they expected me to live alone and to basically take care of myself. Thank goodness for me there actually wasn't too much wrong with me. I have always thought I got caught up in the system. I got labeled because of my behavior, and I never had a chance after that. Unfortunately for me, I was just as uneducated when I came out of the system as I was when I went in. So I didn't have many skills or any money. I ended up on social security, yet again a financial burden to the system.

In all of this, I did come out with a wonderful gift for the arts. I was able to recognize an opportunity when I saw one. I was walking down the street one day and I saw a sign that stated, "Do you want to learn how to make tiles for free?" Being interested in the arts and not having money for materials, this was an opportunity to be creative at somebody else's expense. It was a great success. It gave me hope that I actually could do something meaningful with my life. Today I feel much better about studying

for the GED because I have succeeded in something in another part of my life. I am good at art and it gives me a good sense of myself. Although there have been a lot of ups and downs in my life, I knew I could shape my own world and I have done so with the help of my creativity. I have been able to supplement my Social Security money with the sales of my artwork. Of course, making a living that way is hard, so I have been working toward my GED so that I will have more employment options. I failed the GED three times, but I am hoping to pass it this June. I am also working on a book that I plan to finish this year.

I would like to close by saying this: if people in the system could have looked to the future and could have seen both me and my mother as productive members of society, they could have given my mother some parenting classes, helped her get some kind of skill or trade, and helped to educate me. We could be productive members of this society. Instead, she's on Social Security and she receives food stamps. I, too, am on Social Security and I receive food stamps. We are both still uneducated.

The system has to meet real needs in order for people to truly function in this society, especially if they already have challenges. If you take a child from a mother and do nothing with the child, what is the point? If I had gotten some of the right kind of help at the beginning, much of what I suffered could have been avoided. So if you're trying to help children and families, look towards their futures to see what it is you can do to help them be successful when the system has left their lives five or ten years from now.

Angela Nelson lives in Chicago. Her artwork can be viewed at [www.geocities.com/angelasceramics/tiles](http://www.geocities.com/angelasceramics/tiles).

For information on bringing Angela to Iowa to speak call Lori at 319-462-2187

## **Building "Grass Roots " Family Networks**

**By Lisa Conlan**

"Grassroots" has been defined by *Webster's* dictionary as "people or society at a local level" and as the foundation or fundamental source for an organization, movement, or activity. "Organize," according to *Webster's*, means "to arrange or assemble into an orderly, structured whole" or to "manage or arrange systematically for united or harmonious action." These dictionary definitions reflect the growing understanding of "grassroots organization" as a movement of individuals who assume leadership roles in their communities, voicing issues and working together to find solutions to community problems.

This kind of grassroots mobilization has been a key component of the Children's Mental Health System of Care efforts that have been taking place over the last two decades. These efforts have been founded on, and have held to, the principle and value that families who have children and youth with serious emotional disturbance (SED) should be fully involved in the planning, implementation and evaluation of systems of care in their communities and states. Goal Two of the *President's New Freedom Commission Report* states that mental health services will be family and

consumer driven. In an ongoing struggle to make this goal a reality, families of children and youth with SED have found themselves forming grassroots family networks and strategizing ways to collaborate with local, tribal, territory, state and national leaders, providers, administrators, and policy makers. Collaboration on multiple levels and across agencies is one of the most crucial and continuous efforts required to create systems that meet the strengths and needs of their children, youth and families.

For families just starting out in their communities, supports may be available through an already established family network or grassroots movement representing families of children and youth who are at risk for or who have SED. Alternatively, a new network may need to be created. The National Federation of Families for Children's Mental Health has over 140 community and state chapter family organizations whose missions are to support, educate and advocate on behalf of children and youth with SED and their families.

One of the most important roles that a key family contact in a system of care plays is to help support the development of family leadership. Key contacts provide mechanisms and resources to help involve families at all levels of system of care and enable families to "organize" around their own strengths, needs and concerns.

### **Helpful steps toward building grassroots family networks**

1. Recruit and reach out to diverse family members representative of children and youth with SED and who reflect the community, tribal, territory and/or state needs. This ensures a broad base of membership that respects racial, ethnic, gender or class integration.

- **Identify diverse community leaders who reflect the community population**
- **Produce and disseminate flyers, display tables and fairs, announcements, press releases**
- **Produce and disseminate information and fact sheets in multiple languages**
- **Work with the media, including television, newspapers and radio stations**
- **Present to provider agencies working with youth and families to encourage family participation**

2. Facilitate face to face forums to recognize and prioritize the concerns and needs of the families by providing opportunities to become better acquainted, honor, and learn about each other's unique backgrounds and differences. Educate those partners that want to involve you in systems of care activities. Get to know the climate and politics of what you will become involved in as you help to reform community and state systems. Assess the strengths, skills and qualities of the families and partners involved and examine who would be appropriate to take on different roles in your organizing efforts.

- **Hold focus group forums or networking events in neighborhoods**
- **Distribute information on a variety of issues**
- **Invite guest speakers**
- **Assess, prioritize and organize**
- **Provide participant supports such childcare, translation, transportation and meals**

3. Facilitate a cooperative multi-family agreement on prioritized concerns, and develop a project around these concerns. This will help your networks gain the confidence and structure necessary for successfully addressing your identified goals. What resources do you need and how will your group go about seeking them?

- **Create a formalized agenda**
- **Begin an education campaign to raise awareness**
- **Work on relationships with partners to support your priority needs and commit resources.**
- **Fundraise**
- **Build and sustain network activities**

4. Provide opportunities for increasing skills, knowledge and development of family leadership, involving both volunteers and paid staff. Hold trainings based on the prioritized needs found by assessing the skills, strengths, skills and qualities of families and partners. Continue to find and develop additional participant supports. Key initial trainings have included:

- **Family Leadership**
- **Systems/Service Delivery**
- **Social Marketing**
- **Evaluation**
- **Policy**

5. Organize family participation to be involved in governance bodies, committees, advocacy groups and coalitions where they can share priority concerns and work effectively with partners to promote positive change and system reform.

- **Orient and introduce new members**
- **Share information and facts**
- **Communicate with and influence decision makers**
- **Create a shared vision and commitment**
- **Develop a plan of action and implement it**

6. Strategize system reform efforts around policy by collectively organizing family voice to influence and make decisions with elected officials, policy makers and legislative bodies.

- **Provide policies and procedures information**
- **Learn about legislative and decision-making processes**
- **Share and collect stories and data**
- **Identify champions**
- **Promote policy change and transformation**

For more information on how to develop a family or youth network in your area call: Iowa Federation of Families for Children's Mental Health 888-400-6302 or e-mail [Lori@iffcmh.org](mailto:Lori@iffcmh.org)

## **Resources Available On The Web**

**“Spreadsheets, service providers, and the statehouse: Using data and the wraparound process to reform systems for children and**

**families”** appears in this month’s issue of *The American Journal of Community Psychology*. You can view the publisher’s abstract here:  
<http://www.springerlink.com/content/63x5552553503438/?p=fd34dca06548440b8b6132d03de83d88&pi=7>

## **SAMHSA Launches Anti-Stigmatization Campaign**

The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Ad Council, is launching a national public service advertising campaign designed to decrease stigmatization of people with mental illness. The campaign highlights the critical role that friendship plays in recovery—especially among young people. While the rate of serious psychological distress is higher among 18-25 year olds than among other adults, that group shows the lowest rate of help-seeking behaviors.

Press release: <http://www.prnewswire.com/mnr/adCouncil/25953/>

View the ads: <http://www.whatadifference.samhsa.gov>

## **Report Address Misconceptions Surrounding Children with Sexual Behavior Problems**

The Task Force on Children with Sexual Behavior Problems has completed and released their report offering guidance to professionals working with children 12 and under who experience this type of problem. The report addresses the link between assessment and intervention activities, the most effective intervention models, family involvement, and public policy issues. <http://atsa.com/pubRpt.html>

## **Juvenile Offenders Show Greater Desistance Rate than Expected**

Juvenile offenders committing serious crimes (assault, violent crime) may make the transition to adulthood with fewer problems than previously believed. A MacArthur Research Network study shows that most young people report little or no involvement with antisocial activities three years after involvement with the court. Even among serious offenders aged 14-17, 15% go from very high levels of involvement to almost no involvement within three years of their experience with the juvenile justice system.

[http://www.adjj.org/downloads/7230issue\\_brief\\_2.pdf](http://www.adjj.org/downloads/7230issue_brief_2.pdf)

## **Guide Serves Sexual Minority Youth in Welfare and Justice Systems**

The Child Welfare League of America has published its first policy and practice guide for serving lesbian, gay, bisexual, and transgender (LGBT) youth in child welfare and juvenile justice settings. Part of its Best Practice Guidelines series, “Serving LGBT Youth in Out-of-Home Care” is based on model practice and legal standards and current social science research. <http://www.nclrights.org/publications/pubs/bestpracticeslgbtyouth.pdf>

## **Toolkit Supports Schools in Helping Kids Recover from Traumatic Experiences**

Often, changes in student performance and behavior can stem from experiencing a traumatic event. This tool kit describes how such changes appear in the school setting and provides a compendium of programs available to schools that help support the long-term recovery of traumatized students. [http://www.rand.org/pubs/technical\\_reports/TR413/](http://www.rand.org/pubs/technical_reports/TR413/)

## Fact Sheet Released Supporting *Unclaimed Children*

Supplementing the National Center for Children in Poverty's follow-up study *Unclaimed Children Revisited*, the Center has released its first fact sheet "Children's Mental Health: Facts for Policy Makers." This document highlights the widespread nature of mental health problems among children and youth and the lack of adequate services.

[http://nccp.org/pub\\_ucr.html](http://nccp.org/pub_ucr.html)

## Website Helps Professionals Connect Youth with Disabilities to Workforce Opportunities

The National Collaborative on Workforce and Disability for Youth (NCWDY) has launched a new webpage providing information about the Knowledge, Skills, and Abilities (KSA) Initiative and offering training resources to professionals. This site includes information about KSA competency areas, development tools, and other resources to connect youth to better workforce development opportunities. <http://www.ncwd-youth.info/ksa/>

## Series of Briefs Released Addressing Adolescent Development and Juvenile Justice

The MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice has released a series of issue briefs that present findings from the Network's past and ongoing research. The briefs address a number of topics including: adolescent legal competence, pathways to desistance, youth culpability, and the transfer of adolescents to adult criminal court. [http://www.adjj.org/content/page.php?cat\\_id=2&content\\_id=28](http://www.adjj.org/content/page.php?cat_id=2&content_id=28)

## Publicly Placed Private School Students with Disabilities: Issues and Recommendations

State-reported data shows that approximately 90,000 (1.5%) of all students with disabilities were publicly placed in private day and residential settings in 2004. This report from the National Association of State Directors of Special Education provides background information related to students in this situation as well as a research overview, and a summary of state issues and recommendations.

<http://projectforum.org/docs/PubliclyPlacedPrivateSchoolStudents.pdf>

## Medicaid as a Possible Funding Source for School-Based Services

Schools are increasingly looking at Medicaid as a possible source of partial funding for school-based services for children with disabilities. A National Association of State Directors of Special Education policy analysis examines how the Medicaid program interfaces with the Individuals with Disabilities Education Act and analyses how some states access and use these resources.

<http://projectforum.org/docs/SchoolBasedMedicaid.pdf>

## School-Based Mental Health Resource Is Available Online

The University of Southern Florida's Research and Training Center for Children's Mental Health has released a guide entitled, "School-Based Mental Health: An Empirical Guide for

Decision-Makers.” This guide provides practical information and advice for those engaged in developing and implementing effective evidence-based services in the school setting.  
<http://rtckids.fmhi.usf.edu/rtcpubs/study04/default.cfm>

## Addressing Barriers to Learning and Improving Schools: New Resource Available

The Center for Mental Health in Schools at UCLA has released another document in its series of information resources on enabling Systems Change. Entitled “Systemic Change and Empirically-Supported Practices: The Implementation Problem,” this document highlights information that can help implement effective research trial prototypes in the real world. <http://smhp.psych.ucla.edu/pdfdocs/systemic/implementation%20problem.pdf>

## \*\*New Data Trends from the Research and Training Center on Family Support and Children's Mental Health in Portland, Oregon

\*The Influence of Gender and Parent Attitudes on Teen Perceptions of Mental Health Care (#136)

\*Lack of support for transition to adulthood for foster care youth in special education (#135)

\*Raising a child with emotional or behavioral difficulties: Workforce participation and employment support (#134)

\*Evaluating treatment for homeless adolescents (#133)

\*Assessing children's mental health: Validity across cultural groups (#132)

Visit our Data Trends web page at <http://www.rtc.pdx.edu/pgDataTrends.shtml>

## \*\*New Data Trends from the University of South Florida

\*Applying a theory of change approach to interagency planning in child mental health.

\*A preliminary profile of Latino children and youth receiving services in system of care communities

\*Juvenile offenders with mental health needs: Reducing recidivism using wraparound

\*Three articles reporting on the design, description, and school characteristics examined in the Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2)

\*Social and economic determinants of disparities in professional help-seeking for child mental health problems: Evidence from a national sample

\*Beyond integration: Challenges for children's mental health

<http://datatrends.fmhi.usf.edu/>

**For many parents who are raising children and youth with mental, emotional and behavioral disorders it is very hard to find resources, training, services or someone to talk to that understands what they are going through. For over 10 years Iowa Federation of Families for Children's Mental Health has provided families and providers that service. Please use the below form to send in your donation.**

# HELP SUPPORT IOWA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

Yes, I would like to help children and adolescents with special mental health needs and their families. Enclosed is my gift of:

\$50.00    \$75.00    \$100.00    \$200.00    \$500.00    Other \$ \_\_\_\_\_

or go to <http://www.iffcmh.org/donateform.htm>

Your Name \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Parent/Family Member \_\_\_\_\_ Professional \_\_\_\_\_

Both \_\_\_\_\_

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Please make checks payable to:

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106 South Booth

Anamosa, Iowa 52205

If you would like to dedicate this gift, please specify:

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\_\_\_\_\_

\_\_\_\_ Please add my name to your mailing list to receive newsletters and training/conference information.

Thank you for your generosity.

**Your gift is tax-deductible to the full-extent of the law. Iowa Federation of Families for Children's Mental Health is a not-for-profit 501(c)3 organization.**