

Iowa Federation of Families for
Children's Mental Health

Children's Mental Health News
January 18, 2005

Iowa Federation of Families for Children's Mental Health is a 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.

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Reading Rainbow Episode Explores the Issue of Children With Incarcerated Parents

Reading Rainbow, the award-winning children's television program, is airing an episode on April 25, 2005 devoted to a book about a child who visits her father in prison.

Host LeVar Burton introduces viewers to *Visiting Day*, a book by Jacqueline Woodson about a young girl and her grandmother who make the long bus trip every month to visit the girl's father in prison. The program explains what life is like for kids when a parent is incarcerated and what it's like for a parent who can't be at home with his family. The episode is also airing in April. Visit <http://www.readingrainbow.com/> to check local broadcast listings for when the episode is airing, to download a free teacher's guide for the episode, or to order the program on DVD or VHS.

Reading Rainbow is the Public Broadcasting System's critically acclaimed, half-hour television series devoted to turning children on to books and reading. The series targets children ages 4-8 and is based on research identifying these early years as the optimum time for children to learn to read, and to adopt positive reading habits, skills, and attitudes.

WHAT ARE THE NEEDS IN GENERAL OF YOUNG CHILDREN WHO HAVE EXPERIENCED TRAUMATIC EVENTS? How are they specific to Children with parents in prison?

Grief

A child with a parent in prison is a child who is grieving a loss. Young children may lack the language to describe what they are feeling, may lack information about what's going on that would help them find balance, may be isolated from their peers (nobody else has a parent in jail) and may feel that they belong nowhere.

Needs

These grieving children, who have been traumatized by parental arrest, trial, and/or incarceration need the same things so-called normal children need-to feel safe, loved, competent, connected with the community, to play, to laugh, to relax.

They have the same needs, but their ability to help themselves meet those needs has usually been impaired.

Trust

It is harder for them to trust others:

- How can I manage with my parent gone?
- Why did my parent leave me?
- I must be a grownup now, since there's a hole in the family. I'll have to do grownup things that are very hard. No more kid stuff for me.

It is harder to accept a new primary caregiver

- What if this person, also, suddenly leaves me?

It is harder to build self-esteem

- Who could respect and love somebody like me who hasn't even got her/his parent staying home and taking care of me? I must be awful.

How to help?

Adults who want to help the children will want to listen carefully for clues to the nature of the child's experience of loss. Their needs are the same, fundamentally, as the needs of children who have survived the death of someone close, or a fire, a hurricane, a tsunami etc. Caring adults will then want to provide words or information, introduce the child to peers who share the experience, and to locate or establish a place where the child will know he or she belongs.

Unique problems:

Children with parents in prison have many of the following to deal with:

- secrets
- sudden poverty
- resentment by relatives who suddenly have to care for them
- relocation
- foster care
- depression

Access to their parents

They either are cut off entirely from the parent or have arduous, emotionally draining visits (often these visits are over long distances and have all the travel-wearying aspects in addition to being through clanging gates, and around armed guards.) The visiting room may be completely bare of things that would occupy the child while mother visits with father. The visit often involves no contact whatsoever, or only a quick hug at meeting and departure, instead of the warm physical contact necessary to very young children in their primary relationships. Advocates should call for prison visiting rooms where contact between parent and child is allowed. Visits through glass are hard on everybody, especially young children who get so much of their comfort from touch.

Kinds of support needed

These children need adults to listen to their concerns and fears, to give them honest and mature explanations and to help them deal with very troubling emotional knots. They often receive none of these supports. They are told lies which undercut their own sense of reality: "Your daddy is working in another state;" "mom's in college" or she's on vacation." All of these attempts to protect the children create more anxiety:

- Why didn't he tell me?
- Why didn't she take me with her?
- Why do I feel so alone?

Advocacy needed

There is no state in the United States where these supports are provided to the child of a prisoner as a matter of right. The children do time right along with their parent. So the children need advocates, to help them get what they need. Only if their needs are filled and their lives wisely supported will they beat the odds of ending up prisoners themselves (becoming an adult offender is about 7 times more likely among children of prisoners than in the general population.)

Continuity is a basic support in our lives, and is often lost and lost again and again to the child of a prisoner. If, for example, a child goes into the foster care system and has multiple placements before age 18, there is no continuity and, quite possibly, no sense of home. If a child goes to live with grandmother she or he is likely to have to move again when grandmother's health, patience or competence fails.

Family reunification

Often the children pin their hopes on a golden time in the future when "daddy (or mommy) will come home." The expectation that all will be perfect when daddy or mommy comes home is dangerous and leads to many children experiencing yet another betrayal. A prisoner who comes home can disrupt the system that his or her spouse had created during imprisonment, and this can lead to anger and be frightening to a child. So life was hard when daddy was in jail, and it's hard in new and frightening ways when he comes home? What's the point? Why behave well?

What's needed?

Every child in this predicament should have access to a skilled caseworker who works with the child's unincarcerated caregiver(s) to meet the child's needs. Virtually none of today's American children with a parent in prison receive anything like this. And all of us need to advocate on their behalf for their sakes and for our own; a community that neglect seriously burdened children cannot at the same time be valid, sound, and wholesome.

by Sydney Gurewitz

When You're Not a Parent, But Your Client Is

by Jo Johnson

This article is for anyone who is working with parents but hasn't experienced parenthood. Although you don't have to be a parent to be effective with parents, there are many things parents would want you to know about how they feel, what they think, and what they need from you, whether you're a social worker, teacher, physician, child care provider, or counselor.

After more than 20 years in the field as a practicing social worker--as a parent and not--here's what I've learned about developing rapport with parents and supporting them through difficult times.

Trial and Error

When I first began working with children and families, I was not a parent. I made a lot of mistakes because I minimized how this difference would impact my effectiveness with parents and their children. I followed the usual course of many new professionals and developed specialized skills in working directly with children of all ages. I became an "expert" on kids, but I was still struggling with my ability to engage parents in change.

When parents asked me how to deal with their children's behavior, I didn't have any life experience to draw upon, except the parenting I had received as a child, which was less than ideal. I had learned about behavioral techniques from internships and parenting materials, so I suggested using these methods.

Desperate to see improvement, parents often welcomed these suggestions. Some complied because they wanted to please me and be "good parents." Others gave me a look that said, "She has no idea what it's like to take care of a child." Many of them were right. I didn't know how to translate my clinical skills and knowledge about children into effective parenting practices within families.

When parents didn't follow my recommendations, I labeled them "resistant" and increased my determination to change their behavior or decided they weren't really ready to change. I often thought, "How hard can this be? If this parent would just do this or that, it would solve the problem." Many of my supervisors were burned out after years of working with difficult parents and did little to help me understand how much I didn't know about childrearing.

Still, I wanted to do good work with children, and that meant I had to learn new ways to build relationships with the adults who were raising the children, as they influenced the child's life 24/7. Afraid to admit my ignorance, I tried many different approaches. Some worked, some didn't. The more effective I became at communicating directly with children, the more threatened and distant parents became. Too often, they stopped bringing their children in for help.

Then, two things happened: I began openly admitting to parents I was not a

mother, and, some years later, I became a parent myself. Both improved my ability to engage parents in positive changes for themselves and their kids. My success in improving children's behaviors skyrocketed as I learned to build rapport with parents and established myself, not as an expert, but as a consultant.

Engaging Parents

Over the next 20 years, I continued to learn everything I could about all kinds of children, parents, and families. Here are some ideas and approaches that helped me engage the support and cooperation of parents.

Talk about your parenting experience as you establish relationships with parents.

In establishing rapport with any new client, it's important to be honest in defining your role and areas of expertise. Be clear about what you know and what you don't know. Although defining one's professional role is a standard part of establishing helping relationships, some may view discussing one's parenting status as disclosing personal information inappropriately. A simple, brief sentence or two may be all that is necessary as you begin working with parents.

For those professionals who have parented, it's also important to talk about the similarities and differences you've experienced in raising children. It's doubtful your experience matches that of any other parent exactly, but an open discussion of parenting status can prevent the issue from going underground and covertly damaging your relationship with parents.

Most often, lack of clarity about this issue will affect a professional's ability to work with parents when the parents ask how to handle specific childrearing situations. If your recommendations don't work, for whatever reason, parents will begin to question your ability to help. If you haven't discussed your parenting experience, many parents will hesitate to bring it up. Some parents will give you a look that says, "Are you sure? Have you ever had a child who did this?" Others may challenge you more directly. Some will simply disappear by canceling appointments or creating reasons why they can't return to your center. Some may get angry and call your supervisor.

If you have disclosed your parenting experience, parents can talk about how this might be impeding positive change. Talking about what's not working and why allows the professional and the parents to consider the possible obstacles to change and generate solutions to work through them. Maybe your parenting experience has something to do with it, maybe not, but addressing this topic openly allows you to consider it as a possibility. Some parents find it easier to write off a professional as ineffective because he or she isn't a parent than to consider all the possibilities why the situation isn't improving.

Listen.

Someone once said, "Really listening is an incredibly intimate thing." Many parents will be able to generate solutions for themselves after they run through the laundry list of what's wrong today. Some need little more than good eye contact, an empathic nod, and brief responses that acknowledge how difficult the situation must be. Others won't be ready to move toward solutions until they feel like they've been heard.

Active listening also involves asking about anything you don't understand. Even if you understand how it is for most people, it's important to ask how it is for each individual. Asking about what the person is saying says you're paying attention. Using the same words and phrases in the questions you ask creates an immediate connection between you.

Notice what the parent does well.

A strength-based approach when working with parents is highly effective. Although the family may have a long list of problems, taking note of parents' strengths is critical for establishing rapport and building their sense of competence.

Genuinely notice how the parent displays qualities like courage, persistence, love, patience, tenacity, insight, and understanding, or a willingness to change or try new things. Whatever ability or quality you comment on will grow.

As parents attempt to improve their parenting, noticing their steps toward change is important. Praise and recognition are powerful motivators. Recognize when parents make a change, when they attempt to do something differently, when they become aware of perceptions or automatic responses to situations, when they try something new and fail, and when they try something new and succeed.

Distinguish between parents' intentions and their behavior.

Focus on the parent's intention, especially if you disagree with his or her approach. By talking about what the parent is trying to accomplish, you can build a level of agreement between the two of you. Then you can talk about how a particular approach may not be helping or how it may be causing more problems in other ways. From there, you can talk about what else the parent can do to achieve his goals for the family while affirming his intentions.

For example, a parent who wants to reduce her child's fears at bedtime may lie down next to her daughter until the child falls asleep. If the parent moves to her own bed, the child will probably wake during the night, disturbing everyone's sleep. The parent's intention is commendable, but the solution isn't working well for anyone. How can the parent help to ease her child's fears at bedtime?

Notice positive things about the children.

Regardless of how often self-help magazines tell parents their children are not a reflection of their ability or competence as human beings, parents still feel a sense of pride when others note good things about their children.

By commenting on developmental milestones or age-appropriate behavior, the professional can affirm the normalcy of a child's behavior while educating the parent about child development. By talking about a child's behavior, you can engage parents in understanding how children communicate their thoughts, feelings, and needs through their behavior, and you can "reframe" behavior to help parents see their child's actions from a different perspective.

Offer your support as a consultant.

Although you may not be a parent, you can be extremely helpful by defining yourself as a consultant, someone who can support the parents as you work to improve situations together. Ask, "What would help you work through this problem right now? How can I help you with this?"

>From this perspective, professionals can engage parents in defining the problems and designing the solutions. As a consultant, you can ask about how the parent is doing and extend emotional support. Although I have parented two children and have 26 years of clinical experience with families, defining the parent as the expert empowers mothers and fathers to know what they know, make choices to try new things, and fill the boots of parenthood.

In this capacity as a consultant, you can honor your own knowledge by teaching parents special skills you know yourself, such as communication, problem-solving, or play therapy skills. In sharing this knowledge, encourage parents to tailor your suggestions to fit their own personal styles and strengths, their own children and families, and the situations they face every day.

Establish a timeline for change, and review progress.

Parents who seek help want relief. They want things to improve. They and their children often face serious consequences if things don't improve. With a timeframe in place, you and your client can talk about the professional helping relationship.

Select a timeframe that makes sense for the setting in which you are working. Explain at the outset that if the situation doesn't improve in a certain amount of time, you will reexamine what is happening. Few problems will be solved in two or three sessions, but you should begin seeing positive changes by three months.

If a situation is not improving, there are many things to consider. Talk with the

parent to see if important information has been withheld or overlooked; whether further information, consultation, or testing is needed; or if an important person has been left out of the change process. You might have to consider if you are the best person to work with this family or whether they need to work with a different professional for some reason.

By being open to a range of reasons for a lack of progress, I communicate that my first concern is with the family. If my attempts to help the parents aren't working, I look for something that will help them achieve their goals.

Share insights and ideas you gather from other parents who have grappled with similar issues.

Working with parents over time, you will hear how they have solved a variety of problems with their children. Many of the ideas are creative and highly effective. Collect these solutions and share them with other parents facing similar situations.

I will never forget two mothers' original approaches for getting an adolescent child out of bed in the morning. One took her infant, dirty diaper and all, into her teen's room; the smell was a powerful motivator. The other mom went into the youth's room, sat down next to the bed, and began talking about their relationship and their individual feelings about certain situations and issues; getting up and ready for school suddenly was more attractive to this adolescent than lying in bed and discussing feelings with mom.

When I share these solutions with other parents, they relate to these two mothers stepping back from a situation to try something different. It gives them permission to be creative and allows them to feel more in control.

Read! Read! Read!

Search parenting on Amazon.com, and you'll get more than 24,000 books recommendations. A list of my favorite books and authors appears on page 27. Many are distillations of research-based practices in childrearing; all are written in parent-friendly formats.

Spend time with children.

If you ever have to take care of two children by yourself for a weekend, only to have both of them develop ear infections with high fevers and vomiting, you will have a new appreciation for the effects of stress, worry, and lack of sleep on parents. My nephews helped me learn this lesson. I look at their parents, and all parents, with deep respect and empathy.

Even if your time together is problem-free, spending several days with youth will

give you an idea of what it's like to have another human being need your attention almost constantly. Imagine parenting a child for a lifetime. It's as difficult as it is wonderful.

Be aware of intense personal responses you may have toward a parent or family.

Intensely positive or negative feelings toward a parent, child, or family may indicate a personal issue that needs to be resolved. Many professionals are aware of this process, but it's often difficult to see when it's happening to you. Having a supervisor who can help you understand strong thoughts and opinions about a client can help a professional sort out personal issues from those of the client. Working with parents frequently stirs up conscious and unconscious aspects of one's childhood.

Disclose that you are a mandated reporter of child abuse, neglect, and dangerous situations like homicide and suicide.

Repeatedly, I talk with professionals who are in awkward situations. They have not disclosed that they are mandated reporters of child abuse and neglect, and the parent shares information that requires them to call child protective services.

Most states have laws to protect the identity of the caller, but, in many situations, parents can figure out who reported them by the type of information in the report. By informing parents you are legally required to report certain information to the authorities, you give the parent the option of disclosing that information knowing the possible consequences ahead of time.

Continue learning.

Regardless of your personal or professional experience, continue learning about children and families. New knowledge is continually evolving in areas from brain development to resilience to cultural diversity.

These thoughts and suggestions for engaging parents come from my 26 years of clinical work with all ages of children and all kinds of parents. Many of them have been my best teachers. For those brave souls who talked with me about my mistakes and gave me great ideas to improve my practice, thank you.

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A Child Held Behind

NYTimes

By Monica Davey

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At 12 years old, Paige Bonds is 5-foot-5, almost as tall as her mother. She already weighs more, a fact she acknowledges with an edge of pride, the pride of growing up. Paige likes doing the same things that other girls who are about to be teenagers like to do: listening to the radio in her bedroom, playing video games, practicing with the school pompom squad.

A year ago, she was the oldest in her class at the public elementary school she attended near her family's apartment on the South Side of Chicago. Then 11, she was in the third grade -- for the third year in a row.

"They were like little bitty ants," Paige recalls of the classmates she did not really consider friends. "I was bigger than all of them." This past fall, though, Paige was moved to a class with others her own age and size. Testers concluded last spring that she needed to be in a special education class. But Paige, whose birthday will come in a few weeks, says she has not made friends among these seventh and eighth graders, either. And little of use goes on in class as far as she is concerned. "Everyone just plays around too much in there," Paige says.

Paige's arduous journey through school is a growing mystery to her. By now, the notion of report cards, of tests, of reading aloud in front of others turns an already shy girl deeper inside herself. Asked her own understanding of why she was held back, again and again, Paige grows quiet, then says, "I guess the teachers didn't like me."

EIGHT years ago, as Paige Bonds was starting school in a struggling neighborhood called Englewood, the city's leaders were embarking on a controversial campaign that would change the public school system. In an effort to end the practice known as social promotion, Chicago officials announced what amounted to a get-tough revolution: third, sixth and eighth graders who failed to achieve minimum scores on standardized tests would be required to repeat a grade.

The wisdom of retention, the policy of holding a child back to repeat the same grade, has long been debated. The battle -- between those who believe retention is damaging to children's psyches, social lives and attitudes about school, particularly in disadvantaged neighborhoods, and those who believe it is the best way to improve skills over the long haul -- has played out in waves over decades past. Periods in which retention grew popular are followed by times when it is not.

Chicago's move was among the first in the current wave, and as the third-largest school system in the country, it drew intense attention from elsewhere.

At the moment, retention is rising in popularity nationally, in the wake of Chicago's example and in the climate of school accountability championed by the Bush administration's No Child Left Behind law. As a centerpiece of his education policy, Mayor Michael R. Bloomberg of New York City initiated a retention effort last year, as have a range of other municipalities and some entire states. Nationally, more than 15 percent of students ages 6 to 17 are held back at least once before they leave school, according to a 2001 report.

Since its creation, Chicago's policy has evolved. Just last year, school officials reduced the number of times a student could repeat a grade: no more than twice between kindergarten and eighth grade, and the same grade only once. They also decided that failing math scores alone would no longer hold a student back. Policies from Florida to Texas, however, still allow students to repeat the same grade more than once, just as Paige did. In New York City, about 3,600 students are in third grade for the second time, and more than 150 for the third time.

Among their complaints, critics of retention worry that too many children who get held back are eventually shuffled into special education programs as a way of removing them from the retention rules and as a way of coping with those who seem incapable of meeting the requirements, despite repeated trips through the lesson plans.

"Around the country, social promotion has really morphed from an educational issue into a political issue," says Arthur Levine, president of Teachers College at Columbia University. "Liberals favor social promotion. Conservatives favor leaving people back. So it's a pitched ideological battle in which neither side seems to care about the realities."

The real experiences of students, he says, send a more nuanced message. "If you promote someone who isn't ready, it's hard to master the skills at the next level and they don't understand what's going on. If you don't promote them, they're more likely to give up and drop out eventually. In truth, neither of those pictures is very appealing."

With the television on in the living room one recent afternoon, Paige pulled out her math homework. At the top of the page, she had correctly finished each in a list of single-digit multiplication problems. At the bottom of the page were word problems, all requiring single-digit multiplication:

There are four tables at a party.
Six people are seated at each table.
How many people are at the party?

Paige wrote 10. Beneath each word problem, she had done addition, not multiplication.

Paige says she prefers to spend most of her time indoors, like this afternoon, sometimes playing with a cousin or with her 2-year-old sister, Amanda. Rarely has she invited anyone over from school, says her mother, Kimberly Bonds. Ms. Bonds does not allow her to go outside on Union Avenue without supervision, either. Englewood is not safe for that, she says. The neighborhood has wrestled for years with a poverty rate that is higher than the city average, and household incomes and home values that are lower. There are flashes of gang violence. Paige does not mind staying inside.

She says she wants to be a doctor when she grows up. "I want to work on people's bodies. And I want to live far away from here. I want to go to a nice neighborhood."

To get there, she says, she knows what she must do. "I've just got to pay attention more."

IN education there are few simple answers. To Kimberly Bonds, there seem to be none. A working mother who herself left high school before graduation, she is desperate to turn her child around, but she seems lost at how to go about it.

By last winter, Ms. Bonds had gone from confused to worried to furious at the Chicago school system. Paige had spent two years in the third grade at Nicholson Elementary School before her mother transferred her, in fall 2003, to Walter Reed Elementary School, a mile away, where Paige was once more enrolled in the third grade. Both schools have high percentages of children receiving free or reduced-price lunch, and for four years in a row both have been labeled "in need of improvement" for not meeting performance targets required by No Child Left Behind. That designation allows students to transfer to better schools and to receive supplemental services like tutoring. At both schools, at least 70 percent of third graders failed to meet the reading standard adopted by the State of Illinois to comply with No Child Left Behind.

Each summer, Ms. Bonds says, Paige would go to mandatory summer school. But each year, she wrestled unsuccessfully with the standardized test used by Chicago to assist in retention decisions, and the third grade rerun went on.

When the failing began, Ms. Bonds says she sought the school's advice. She got Paige's hearing tested. She bought Paige her first pair of glasses -- part of the school system's push to get eyesight checks to improve reading. Little seemed to change, though. "Her self-esteem was dropping," she says. "I couldn't take it. The other kids, littler than her, were labeling her because she was held back. They picked on her and they labeled her a bully."

Paige was indeed more physically mature than most of the other students in the class, says Cindy Hill, her teacher in that second year of third grade. Paige often

fought with the smaller children, she says, and had repeated problems with discipline.

"She was older than the others, and I think she just didn't want to be there," Ms. Hill says. Paige struggled in class, particularly with reading, and was tutored in reading twice a week before school, says Ms. Hill. She also gave extra homework sheets to Paige's mother and worked separately with Paige during class, when she could.

Though Paige's attendance was consistent, her academic work improved little. Ms. Hill's judgment is that she had the capability to achieve, but not the desire. "She missed homework assignments," her former teacher says. "It seemed like she was giving up, like she didn't care. She was reluctant and she would just shut down."

Many days, Ms. Bonds blames poor teaching and a failed school system for her daughter's struggles. At other moments, she wonders what she should have done differently, much earlier.

Ms. Bonds, now 31, had Paige when she was 19. She depended on her own mother for help with Paige. During many of those years, she worked full time. "I was just young and I didn't always have enough time for Paige," she says.

Today, Ms. Bonds lives with her two girls and longtime boyfriend in a cluttered three-bedroom apartment where the front door knob sometimes falls off. She works odd hours now -- early mornings and evenings -- as a barista at Starbucks. Money is tight, but she has more time at home now with Amanda than she ever did with Paige.

"I'm teaching Amanda her ABC's and her 123's," Ms. Bonds says. "I do wish I would have been here more for Paige, that I would have read to her more. Who doesn't wish they had read more to her kids, right?"

One fall afternoon, on a trip to the public library, she urged Paige to pick a book and advised her that reading can be "as fun as a video game." Paige went along with the idea, and picked a book meant for preteens, but she looked unconvinced. Paige seemed more interested when it came to magazines about movie stars and bands. At the grocery store, Ms. Bonds sometimes buys her one -- any reading, she reasons, is better than none. Though behind her age level, Paige can read, her mother says. "Her problem is sounding out words."

Ms. Bonds is at a loss over where things went wrong and what to do about it: Paige is strong-willed. Was she simply not applying herself? Had she fallen so far behind in reading, long before third grade, that she simply could not comprehend third-grade work? Or does she have a disability that makes her unable to grasp the work?

After school some days, Paige stays with Beverly Helm, the aunt of her mother's boyfriend. Ms. Helm is chairwoman of Reed Elementary's parent and community council. She has grown children who went to Reed and little ones still there. In earlier years, she says, Ms. Bonds was not involved enough in her daughter's schooling. She never learned to watch and push and cajole.

"It's the school's job, but you have to stay on the school," Ms. Helm scolded Ms. Bonds one afternoon as the pair sat in Ms. Bonds's apartment. "That becomes a real job."

By last spring, with Paige in her third year of third grade, Reed officials decided to test Paige, Ms. Bonds says. On forms for the testing, she was asked why she wanted her child tested. "I just want Paige to get better and love school," she wrote.

The tests found that Paige had a "mild cognitive impairment" and was eligible for special education, the forms show. The schools created the required Individualized Education Program to plan how Paige would progress and, near the end of the last school year, moved her into a sixth-grade special education class. This fall, she moved on to seventh grade.

THE pictures of the nation's presidents ring the walls of Room 308, where Paige and 13 other students have homeroom. The children have a wide variety of problems, which can create a chaotic, confused atmosphere. One child is autistic. Two others have emotional disabilities and some days disrupt the rest of the class, teachers say.

By October, Paige's class had already seen at least one teacher leave, and substitutes filled the gaps. Sue Stern-Barnett, who has taught regular classes, special education, early childhood education and parenting programs in four states, arrived in Paige's class on Oct. 18.

In Paige, Ms. Stern-Barnett says she found a girl struggling with fear and self-doubt. She often complained of stomach aches and headaches, and she would not read aloud, which left Ms. Stern-Barnett wondering whether she was reading anywhere near grade level, or even at all. "She is really a sweet little girl, and I think she's just seriously frightened and stressed," says Ms. Stern-Barnett. "Saying to her, 'You should just work harder,' is not going to work. She is trying. One thing that's so hard for the older ones is that they know they have failed."

Even though she had pressed for special education, Ms. Bonds was questioning her decision. She thought her daughter was being given busywork while the teacher focused on keeping the more troubled children quiet. Paige rarely brought home homework. Paige seemed more lost than ever.

"People just sit in class and act a fool," Paige said angrily one day after school,

when a substitute teacher had watched Room 308 again. The only activity that seemed to fill her face with light was the prospect of squad practice after school, shaking and waving those gold and blue pompoms.

Ms. Stern-Barnett says that she had begun to assign homework but was trying to spend the first few weeks in her new classroom assessing where these students were academically. It wasn't busywork, necessarily, but some of it would not challenge a typical seventh and eighth grader: the students did addition and subtraction, including decimals, at the blackboard; they wrote stories based on images and on moral dilemmas Ms. Stern-Barnett posed; and they read Chicago Tribune articles that they then explained to their classmates. They began cursive writing.

Ms. Stern-Barnett believes that Paige belongs in special education and could benefit from still more testing to clarify her potential and her deficits. Intensive one-on-one tutoring, she says, may also be needed for Paige to catch up.

But Ms. Helm, like Paige's mother, doubts that Paige belongs in special ed. "I don't think she has a learning disability," Ms. Helm says. "She's just so far behind. Paige needs to go back from the beginning and start with lower-level reading books and do the phonics."

Says Ms. Bonds, "I wish I had never had her tested now."

IN a study last year, the Consortium on Chicago School Research, a nonprofit group at the University of Chicago that has tracked the city's retention policy, found that the rate of special education placement was higher for students who had been held back than it was for low-performing students who had not been retained.

Nearly 20 percent of third and sixth graders wound up in special ed in a matter of two years.

"These special education placements might reflect the fact that after students were retained, teachers did identify undiagnosed learning disabilities," the report says. "They might reflect a mislabeling of students as facing learning disabilities because teachers lacked an alternative explanation and strategy for the difficulties students were presenting. Or, teachers and schools might have referred students to special education out of concern that, without that status and thus exemption from the policy, these students would not be able to progress -- thus using special education as a means of getting struggling students around the policy."

Julie Woestehoff, executive director of Parents United for Responsible Education and an opponent of retention, says the findings show that the system is working backward when it comes to disabilities. "Why aren't the students evaluated in a

very deep way for special education before they are ever retained?" Ms. Woestehoff asks. "Rather than just wholesale prescribing the toxic medicine of retention, the school system should have looked at every child in the first place." But Barbara Eason-Watkins, Chicago's chief education officer, does not see special education as a "first line" approach. She believes that special supports -- tutoring, after-school programs, summer school -- serve retained students best. Moreover, she says, the number of total referrals to special education has declined in recent years, challenging the notion that retained children are being indiscriminately tossed into programs. Referrals have dropped steadily, to 5,331 elementary students last school year from 6,526 in 2000-01.

School leaders say they have seen overall success since the strict retention policy was instituted broadly in 1997. Last school year, more than 6,800 students in the third, sixth and eighth grades were held back, mainly after failing a citywide test, going through summer school, and failing again. Generally, achievement-test scores have risen, the consortium says, and dropout rates did not increase, as many critics had feared.

"All the schools were doing before was guaranteeing perpetuating the cycles of poverty," says Arne Duncan, chief executive of Chicago schools. "This can be seen as tough medicine but it's medicine that's desperately needed."

The consortium's report, however, also found that sixth graders who were held back improved in reading less than other low-achieving students who were sent on to the next grade.

And a different study by the consortium concluded that holding students back in the eighth grade increased the odds that they would drop out later.

"I absolutely believe in retaining where it's necessary," says Mr. Duncan. That said, he adds, "I don't think a kid should be held back three times."

The national debate, meanwhile, rages on. Increasingly, critics say the answers must lie somewhere else -- not in social promotion, not in retention.

Donald R. Moore, executive director of Designs for Change, an education advocacy group that has been deeply critical of Chicago's policy, says the high costs to school districts of retention could be better spent on alternatives to avoid low achievement in the first place -- early childhood education programs, for example, or better training for reading teachers.

To Arthur Levine of Teachers College, the solution is to identify children who are struggling earlier than third grade and offer extra help before retention is even an issue. Or, concentrate just on the failed areas of study rather than dragging a child through an entire year of work all over again, including areas the student has already succeeded in. "That's boring for those kids," he says.

Jeffrey B. Hecht, chairman of the Department of Educational Technology, Research and Assessment at Northern Illinois University, who has conducted research on retention policies in California, takes that idea one step further. With longer school seasons, the subjects could be broken down into specific areas that are taught in, say, six-week units. That way, if a student failed to grasp the unit on long division, only that unit would need repeating -- and then the student would return to his own age group.

"Retention generally is not helpful to a kid's progress," he says. Why, he asks, would repeating the same material with the same teacher lead to a different outcome?

But whatever directions the debate over social promotion versus retention may take, educators seem certain of this: without early remedial help and a consistent advocate -- a teacher, a tutor, a determined parent -- failing children will fall farther and farther behind. Then they will lose interest.

JUST before Thanksgiving the mood inside the Bonds' apartment was tense. It was report card day. Ms. Bonds was waiting to take Paige to school to find out how she was doing. Paige looked edgy. So did her mother. They had been here before. Ms. Bonds told her daughter that poor grades would mean no more pompom squad.

"I think she's real worried about getting an F," Ms. Bonds confided. "I don't know what the special education teacher can grade them based on anyway. The teacher hasn't been there long enough."

When Paige entered the living room, she referred to her class, for the benefit of a visitor, as "only for special students."

Her mother snapped.

"You aren't special, baby," she said. "Listen to me, I don't want you to feel that way. I don't want you to be in that classroom. The reason you're there is because I got you tested and I'm sorry I ever did it. That's the only reason. Do you hear me?"

Ms. Bonds says she is trying to figure out how to pull Paige from this class. She wondered if she could undo the testing, have it withdrawn. "They're just not teaching her anything," she said. "I want some solution that's going to help this whole problem, but I just don't know what it is."

At school, Ms. Bonds was given the grade report written by Ms. Stern-Barnett. Paige got a C minus. The teacher wrote: "Paige is making steady progress at this time. I know she likes to read at home but she is reluctant to read at school. She

needs to continue practicing her times tables. She is confident with one-digit multiplication and needs to move into two-digit multiplication. Paige wants to please and is kind and cooperative."

Ms. Bonds was irate. The words were kind, but how could this teacher, who had only taught her daughter for several weeks, know enough to give her a C minus? There had been almost no tests or homework, she said. Ms. Bonds complained loudly to Lucille Denmark, the principal, who, in turn, agreed to give Paige a blank report card, saying that she would not have a grade until more was known about her progress. Outside the school, Ms. Bonds stopped. Paige watched her and said little.

"A blank report card?" Ms. Bonds said. "What am I supposed to do with this? What does it even mean? How does this help anything?"

Asked whether she would rather go back to her old school, Paige shrugged. Would she rather stay put, then? She shrugged again. "I've got no friends at this school," she said.

In December, Paige quit the pompom squad. She told her mother only that it was not fun anymore. Ms. Stern-Barnett, too, resigned, leaving a substitute in charge of Paige's class.

Monica Davey is a national correspondent for The Times based in Chicago.

Drugmakers Launch Discounts for Uninsured Card Program Aims to Increase Access

By Sam Hananel

Associated Press

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Eleven major drug manufacturers unveiled a new discount card yesterday that could help millions of uninsured Americans save money on prescription drugs.

The Together Rx Access Card program allows those who meet income and age requirements to save 25 to 40 percent -- and sometimes more -- on more than 275 brand-name prescription drugs and a host of generic drugs.

It's the latest in a trend by drugmakers to offer their own discount cards for those without health care coverage who struggle to pay skyrocketing drug prices.

"It's free to get, it's free to use and the savings are real," said Roba Whiteley, executive director of Together Rx Access. "The companies in Together Rx Access have stepped forward because they all feel it's the right thing to do and they are able to do it."

Whiteley said the benefits could cover 80 percent of the 45 million Americans who are uninsured and don't carry prescription drug coverage.

Consumer groups have called similar discount cards a way for drug companies, rather than the government, to control who saves money and how much is saved. The cards offer some savings from already high prices while attracting new customers for the companies' products.

"It's a positive step, but at the same time, it strongly underscores the need for governmental action to expand coverage for the uninsured," said Ron Pollack, executive director of consumer group FamiliesUSA. "That has not been a priority for this administration."

Over the past four years, the number of uninsured Americans has grown from 40 million to 45 million -- including more than 8 million children. About eight of 10 Americans without health insurance are in families in which someone is employed, working at a full-time job or a series of part-time jobs that do not provide health care coverage.

In a statement, Health and Human Services Secretary Tommy G. Thompson praised the program as "a common-sense, pragmatic way to give the uninsured access to prescription medicines."

Eight of the companies worked together in 2003 to offer another discount card for low-income seniors, the Together Rx card, which has enrolled nearly 1.5 million cardholders and helped save more than \$600 million on prescription drugs. Those who qualify for the new program can enroll by visiting the Web site at www.TogetherRxAccess.com or by calling 800-444-4106. Enrollment forms will be available at participating pharmacies and doctors' offices. The card will be effective by the middle of next month.

Companies participating in the program are Abbott Laboratories Inc.; AstraZeneca PLC; Bristol-Myers Squibb Co.; GlaxoSmithKline PLC; Janssen Pharmaceutica Products LP and Ortho-McNeil Pharmaceutical Inc., part of the Johnson & Johnson family of companies; Novartis AG; Pfizer Inc.; Sanofi Aventis Group SA; Takeda Pharmaceuticals North America Inc.; and TAP Pharmaceutical Products Inc.

What About Me?

Monday, January 17, 2005

by Carey Handley

Source EducationNews.org

My mother is brilliant. There are some who might argue the point but, take it from me, she is.

She's the one who gently steered me to make good choices when I was growing up, even if she presented the choices like she was driving the car from the

passenger seat.

She's the one whose house everyone wanted to be at; she had snowball fights, long talks, dinner invitations and such compassion that our friends would come to talk to her even when my siblings and I weren't home.

She's the one who has been in Who's Who in Teaching several times, whose students come back long after they graduated to be greeted warmly when they're there even if she has no idea who they are. Some of her past elementary kids are married with kids of her own and a little hard to place when she last saw them as a fifth grader.

She is fortunate enough to work at a public school for Gifted and Talented students where she is Lead Math Teacher for the school and generally allowed to manage her own curriculum without having to duplicate what and how every other teacher is teaching. Guess who the worst math student was...yes, it was me. Of course, I never had her for a teacher.

I have to give her credit. When I wondered how I was going to be a parent without a manual, training or an incredibly intelligent child who came out of the womb able to dress herself, she told me I'd parent by intuition. Now, my IQ is average but I've never really mastered the art of logic, let alone intuition.

Justifying chocolate-covered raisins as a fruit was pretty much as good as my logic gets.

Truth be told, my mother understands my logic but I think you can pretty much figure out that the apple didn't fall far from the tree.

When the developmental differences started appearing when our daughter was 2 ½, my intuition (hey, where'd that come from?) told me something was wrong, even though the doctors insisted she'd be fine. Every child develops differently. If I never hear that phrase again, I will be grateful.

When my daughter was unintelligible at that age, we took the Hanen program for parents of children with language and learning disorders. We had her hearing tested several times to make sure there was no fluid in her ears. In the first two years, she'd already had more than a dozen ear infections so she ended up with PE tubes just after her second birthday. Six months later, I was surprised that what I thought was the reason for her speech delay wasn't what I thought it was. But, my intuition (there's that word again) said that I needed to continue asking questions. Over and over and over again. Not just her doctors but anyone unfortunate enough to ask me how she was doing.

And so I did ask; bothering everyone who'd listen because somehow I knew someone would have some answers if I just kept repeating the facts to enough people. And, someone finally did.

I am grateful to the diagnostician who I met through work for leading me to the school district's early intervention program. Then, when we decided we needed more concentrated speech and language therapy, we found an incredibly talented speech pathologist who listened to me cry for an hour on the phone and then, very calmly, said, "I know what the problem is and I can help." And every six months for the next few years, I would call her at home crying because I didn't feel I was doing enough for my child. She would always point out how much we had already done and it was up to the teachers and therapists to help her

formally. She needed me to be her mother; not her teacher.

Through the years (8 and counting), the referrals snowballed. Our speech path referred us to an occupational therapist trained in sensory integration dysfunction along with gravitational insecurity and tactile defensiveness. We spent four years in twice weekly sessions which seemed a good match for the twice weekly speech sessions. We had also found a pediatric neurologist who found her central nervous system delay and her hyposensitivity but the epilepsy, which we had noticed at age 2 with the onset of petit mal seizures wasn't effectively diagnosed and treated until years later. But, at least I knew why she was bitten over 35 times by fire ants and just stood there looking at her legs until I hurried over to see what had happened.

Tell me if you've heard this one: a preschool teacher pulls you aside to discuss a problem with your child. "What's the problem," you ask. Answer: "She won't sit still for circle time." You question, "Is she being disruptive, bothering other children or causing any problems?" "Oh, no," comes the answer. "She reads books." "Then, what's the problem," you ask. "She won't sit still for circle time." Okay, fine but I still don't get it.

To be fair, we had started noticing symptoms of ADHD, very familiar to me because I had a holy terror of a brother who was a textbook case. I thought Mom should ship him to military school. But, I digress.

It became a problem when she entered The Parish School in Houston – a marvelous private school for children with language and learning problems. But, if a kid can't focus on school work, then we have a problem.

Through the past 9 years, I have spent hundreds, if not thousands of hours learning. I've researched until my husband said we'll need to add a room to the house just for my books. My computer has gotten used to my studying symptoms, diagnoses and education law in the middle of the night. It doesn't really appreciate it but it understands.

One thing that constantly comes up but is rarely written about are the effects on and needs of parents of special needs kids. Sometimes, there are divorces over differences of opinion concerning treatment options and reluctance of one parent to accept the diagnoses and one parent who keeps shoving books in the other parent's face to prove the points. The family dynamics can be devastating, especially when children internalize their feelings and blame themselves for the family's problems.

Yes, there are many, many parents who themselves have been prescribed anti-depressants, anti-anxiety or other medications. You learn this when you see the same parents twice a week in a therapist's waiting room. It takes a great toll on everyone. Just searching for years to find diagnosis after diagnosis is excruciating and exhausting. It seems like every time there appears to be a light at the end of the tunnel, it's only for a short distance because there's another tunnel ahead.

Keep your sense of humor, if you can; it's important. Check out Mary Sheedy Kurcinka's (?) book, Raising Your Spirited Child. I chose the book initially for its title. All the others were Raising Your Difficult Child or Raising Your Horrid Child or How to Survive Your Little Monster (or something like that). This woman had

spunk! When an interloper (definition: someone who doesn't understand) says, "Your child is so...rambunctious (substitute your own word here)," you respond, "Yes! Don't you wish you had that kind of energy?" It's a very positive outlook for a very serious subject.

I finally learned, although it took many years, that it really was okay for me to have a manicure, a massage, a shopping splurge. It was even okay to look around at my business work, the laundry that had to be done and a house where it was getting harder to step over the toys (risking a lawsuit when people visited) and say, "I can't deal with this. I'm leaving for the afternoon. It's your turn."

Remember, as I'm sure you've already heard, that you're no good to anyone else if you don't take care of yourself. Your child may be the book, but you are the first chapter. If you have to write 'sanity day' on your calendar, do it! There's only so much energy as we get older and you're a better parent once you take the time to step away and focus on yourself when you can.

Take a break. You deserve it.

Iowa Federation of Families for Children's Mental Health is a 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
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