

Children's Voice

VOL. 15, NO. 5

CHILD WELFARE LEAGUE OF AMERICA

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Saving Babies From Shaking

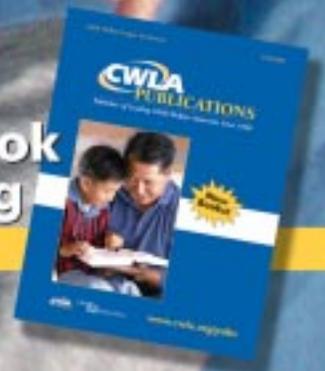
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The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families and protecting every child from harm.

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Children's Voice

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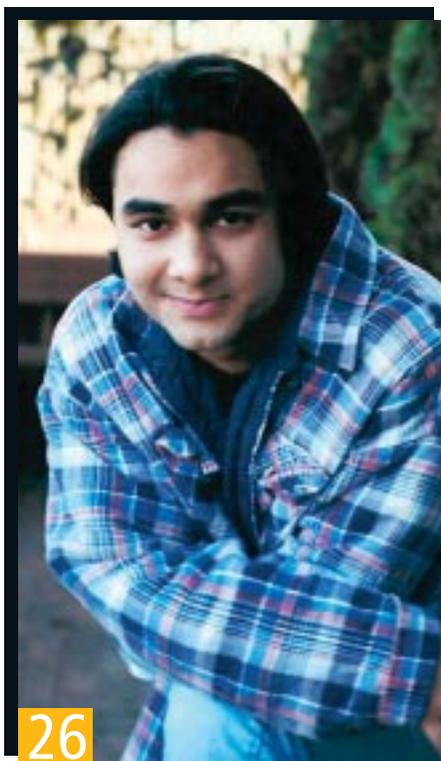
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Cover photo courtesy of the Skipper Initiative.

Executive

DIRECTIONS



“The difference between what we know and what we do is lethal.” Former U.S. Surgeon General David Satcher shared this quote, though it is not his own, at a recent meeting I attended with other organization and government leaders working on behalf of children and families.

The quote caught my attention because few others are more applicable to the child welfare field. In our line of work, what we know about the safety and well-being of our most vulnerable children and families, and taking the steps to act on that knowledge, are often absolutely critical to their survival.

So what do we know about improving the lives of the children and families in the child welfare system? Now more than ever we have an abundance of data at our disposal. We know more about where we are failing our most vulnerable citizens. We know about our successes and challenges in the child welfare system through the state Child and Family Service Reviews and Program Improvement Plans. And through an increasingly strong base of research and evaluation, we have tremendous knowledge about what works to best prevent harm, and heal it when it has occurred.

What are we doing with this knowledge? CWLA, our member agencies, and other children’s advocates are using it to reduce the numbers of children in the child welfare system and tackle the societal ills that are putting them there. The issues explored in this *Children’s Voice* provide a few examples of these efforts.

On page 12, we learn about some states’ efforts to prevent gay and lesbian people from adopting, and the organizations taking stands against such biased proposed laws. On page 22, you will read about Shaken Baby Syndrome, how easily it can occur, and what some organizations and parents of child victims are doing to educate the public. And on page 32, you will find an excerpt from *The New Miracle Workers: Overcoming Contemporary Challenges in Child Welfare Work*, written by Kathryn Brohl and published by CWLA Press, which explains the causes of workplace burnout in child welfare, and shares what can be done to prevent it.

The question of whether gays and lesbians should be allowed to adopt is particularly illustrative of how the difference between what we know and what we do can be harmful to children.

In 1977, Florida became the first state—and has remained the only state—to ban all gay people from adopting. The ban happened in response to an antigay crusade led by Anita Bryant, who was a singer and spokesperson for the Florida orange juice industry. Relying on harmful stereotypes about gay people, Bryant helped convince the legislature the ban was needed to protect children.

At the time, little research was available about gay parenting to debunk the myths and stereotypes on which Bryant based her campaign. Since the Florida law went into effect three decades ago, however, research has shown gay people are just as capable of being good parents as are heterosexual or “straight” people, and that their children are just as likely to be healthy and well-adjusted. Not a single reputable study has found that children raised by gay or lesbian parents have been harmed because of their parents’ sexual orientation.

If we don’t act on this knowledge, the results will be detrimental—with thousands of children being deprived of willing and able parents. This is why CWLA and other major child health and welfare organizations have taken a strong and unequivocal stand on this issue.

But we can’t advocate alone—not on this issue or on the host of others that challenge what we do every day. We need consistent, visionary leadership, both at the local and national levels.

Visionary leaders have an understanding of what is needed to address a societal ill, or of a goal they want to lead the country in achieving. They chart a realistic course for achieving it, then make it a reality by leading others in what becomes a shared vision.

These kinds of leaders are needed in every sector of society—people who will take what they know and use it as a catalyst for positive change and outcomes. They can be legislators, parents of child victims, teachers, pediatricians, judges, law enforcement officers, mentors, social workers, or any other individual—including you and me—who has the power to influence the life of a child.

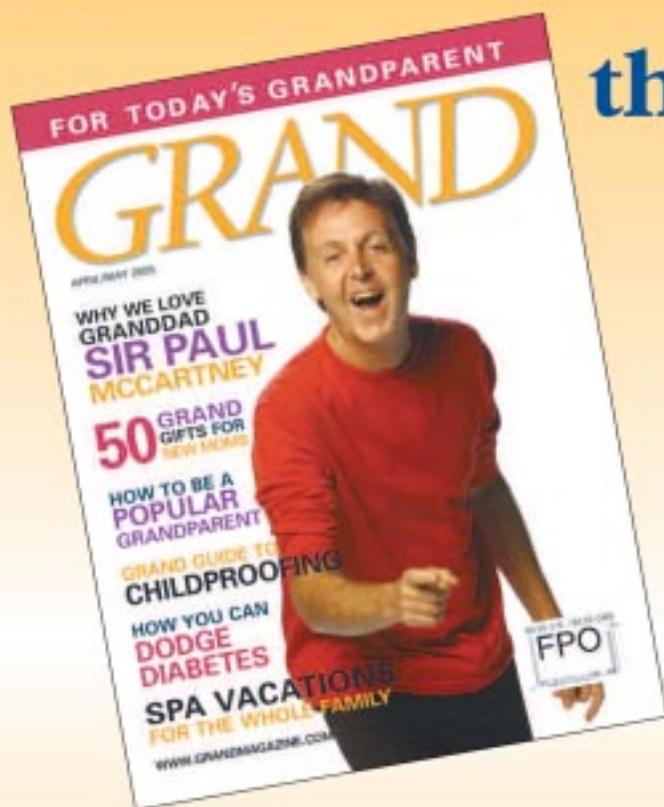
So as you read this issue and go about your work in serving children, and in living other areas of your life, think about how you can narrow the gap between what we know and what we do to better protect and nurture our children’s future. We can all make a difference in a child’s life.

On behalf of CWLA, I thank every one of you for the support you give us as we undertake this work each and every day.

Shay Bilchik

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Support Preschool Educators

Recently, I attended a seminar offered by Florida's Voluntary Prekindergarten Program. I found some of the information useful as well as the handbook of educational standards; however, my years of education and experience overshadowed much of what was presented.

Over the years, I have had the opportunity to come in contact with aspiring teachers choosing to launch their careers in the preschool setting. This is a point of concern. Why does teaching at a preschool level seem to be, at best, just a steppingstone for so many? I believe the answer is quite simple: money.

Keep in mind the preschool teacher is usually part of a smaller organization or faith-based facility. But the necessity is greater indeed. We have come to see those in the esteemed positions of neuro- and behavioral sciences join the ranks of all educators to unanimously affirm the preschool foundation as perhaps the strongest building block in a firm educational foundation.

This understanding, however, has not yet translated to the teachers as a financial incentive. For all the effort to present assistance to young children in the quest of acquiring a good educational foundation, I applaud those responsible. But what about the teachers and supporting staff? Are they merely ambassadors of good will?

There should be a challenge to create new ways teachers and supporting staff alike can be financially rewarded, inspired, and encouraged to select preschool education as a career choice, not merely as a steppingstone.

Most schools offer Teacher of the Year awards, but there is nothing of that sort available to the preschool educator. And educators we are. The preschool experience is truly fundamental to a successful education. It's time to step up to the plate and help the preschool educator hit a home run for the team! Without doing so, the foundation we seek to build has a serious crack in it.

It doesn't simply begin or end with the teachers alone. Countless directors, secretaries, and various supporting staff give so much of their time and talents with minimal financial compensation. Personally, I have been an educator in the preschool arena for more than 15 years. In the classroom situation, compensation and awards are the staunchest enemies.

I invite *Children's Voice* readers to consider and plan for new and creative ways to supplement, stimulate, reward, and inspire all in the field of preschool education. Preschool teachers really are at the front lines of education, and we need your support as we march into the future, keeping in mind we are indeed as strong as our weakest link.

Patricia G. Kerr, Lead Teacher

Riverside Baptist Child Development Center, Miami, Florida

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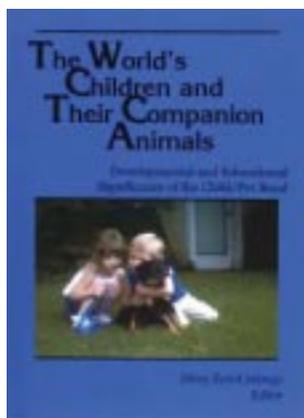


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The World's Children and Their Companion Animals: Developmental and Educational Significance of the Child/Pet Bond

Mary Renck Jalongo, Editor



Internationally renowned physician Albert Schweitzer once said, "We need a boundless ethic which will include the animals also." It is just such an ethic, an ethic of compassion and generosity, that holds the greatest promise for more responsive parenting, more compassionate teaching, and a more tolerant and just society.

Foreword: Stars in a Child's Universe by Michael J. Rosen

Introduction: The Special Significance of Companion Animals in Children's Lives by Mary Renck Jalongo with Marsha R. Robbins and Reade Paterno

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- * Bonding With and Caring for Pets: Companion Animals and Child Development
- * Companion Animals in the Lives of Boys and Girls: Gendered Attitudes, Practices, and Preferences
- * Companion Animals at Home: What Children Learn From Families

Part Two: Companion Animals in Schools and Communities

- * A Friend at School: Classroom Pets and Companion Animals in the Curriculum
- * Animals That Heal: Animal-Assisted Therapy With Children
- * Global Companion Animals: Bonding With and Caring for Animals Across Cultures and Countries
- * Portraying Pets: The Significance of Children's Writings and Drawings About Companion Animals

Part Three: Companion Animals in Print and in the Media

- * Companion Animals in Books: Themes in Children's Literature
- * Companion Animals and Technology: Using the Internet, Software, and Electronic Toys To Learn About Pets

Afterword by Mary Renck Jalongo

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En Route to a Safe Place

In fast food restaurants, convenience stores, libraries, firehouses, and other nonthreatening places in communities nationwide, bright yellow “Safe Place” signs can be found in storefronts, letting teens know if they need help, all they have to do is walk in and ask for it.

Launched more than two decades ago in Louisville, Kentucky, as part of an outreach effort of the YMCA Shelter House, Project Safe Place has connected 89,000 youth, ages 12–17, to immediate help and safety through 15,150 sites serving 714 communities.

The program works by creating a network of “safe places”—businesses and public locations that display the yellow and black Safe Place logo, indicating their partnership with a local youth service agency. Through these agencies, young people receive supportive services, including individual and family counseling, goal setting, lifeskills training and tutoring, and educational assistance.

But what if a young person lives on the other side of town from a Safe Place location and has no mode of transportation or support system to get there? The National Safe Place headquarters in Louisville has tackled this problem by introducing a partnership program with local bus transit systems. At very little cost, bus systems in cities large and small have purchased and displayed Safe Place signs in their bus windows and received free training for their drivers and road supervisors from Safe Place staff. Since Safe Place introduced the transit program in the 1990s, 31 city transit systems—operating a total of 4,500 buses—have joined on as partners.

“Mobile locations create a different element for kids,” says Sandy Bowen, Executive Director of the YMCA National Safe Place. “For some of these kids, it’s a lot easier to actually access help via a bus than it might be to walk in someplace at a fast food restaurant or a convenience store.”

To take advantage of the program, all a youth has to do is board a bus and tell the driver he or she needs help. The procedure from there is relatively simple. The driver takes the name and age of the youth and relays this information to a bus dis-

patcher, who then contacts the local partner youth agency. Staff or volunteers from the agency pick up the youth and connects the young person to the services she or he needs.

SunTran bus service in Tucson, Arizona, and Vista Transit, in the southeastern region of the state, are among the newest partners in the transit program, through Open Inns, a Tucson-based Safe Place partner that serves youth in crisis. SunTran operates 189 buses, covering 37 routes throughout greater Tucson, including an Indian reservation. Vista Transit, located in a more rural area of Arizona, operates nine buses covering six routes.

“Safe Place is a really good way to connect businesses that support young people and want to make a difference,” says Jason Thorpe, Director of Community Education and Outreach for Open Inns. “[The transit program] provides them an opportunity to do that. [Transit employees] don’t need to learn all the crisis intervention skills to be able to help.”

Barry Barker, Executive Director of the Transit Authority of River City, which operates 220 buses in the Louisville area and parts of southern Indiana, describes his company’s 12-year partnership with Safe Place as a “no-brainer.”

“What we’re about is moving people. What they’re about is helping folks,” he says. “A kid who has needs, how are they going to get around? Typically, they’re going to get on a bus, so

that partnership has been a real healthy one.”

Tulsa Transit in Oklahoma has taken its Safe Place partnership a step further; in addition to posting Safe Place signs on its buses, it also donates space on its buses to display Safe Place posters designed by elementary and middle school students who take part in a poster contest sponsored by Youth Services of Tulsa. Some bus employees serve as contest judges.

With these posters and the Safe Place logos in their windows, local buses help spread awareness about Safe Place across hundreds of miles in 41 states, Bowen says. “It’s a constant reminder throughout the community, both to kids and adults, that this is one way to access immediate help.”

To learn more about becoming a Safe Place partner, visit www.safeplaceservices.org.



COURTESY NATIONAL SAFE PLACE



Peach State Matches Kids in Care with Summer Jobs

With all the stresses that can come with living life in foster care, part-time work may not be the first priority for a teen coping with myriad issues, even though the summer job experience is an important way to prepare for life beyond the system.

Georgia's Department of Human Resources has found a way to make it a little easier for kids in care to take advantage of their summer breaks through the TeenWork Initiative. Spearheaded by Mary Perdue—wife of Governor Sonny Perdue (R)—and her Children's Cabinet, about 600 youth in care participated in the initiative during summer 2005, working in a variety of entry-level jobs during June and July at Coca-Cola, Chick-Fil-A, Waffle House, and 35 state agencies, including the Governor's Office, the Department of Human Resources, the Department of Community Health, and the Department of Juvenile Justice. More teens and public and private companies were expected to participate in summer 2006.

"We've had a lot of positive experiences from it," says Ari Young, spokesperson for the Division of Family and Children Services, about the initiative. "For many of these children, it might be their first work experience, so we are mindful of that, and the companies we recruit are mindful of that as well."

The initiative is open to youth statewide, ages 16–21, who are in care or who may have recently left foster care but are still involved with the child welfare system. The teens receive minimum wage and higher for working at least four hours a day, five days a week, for six weeks. The teens also participate in a work skills class one day a week during the program. The program not only introduces them to the world of work and teaches them marketable skills, it also encourages the development of mentor relationships between the youth and their employers.

This year, all local Masons and Rotary chapters in Georgia also pledged to sponsor the employment of one TeenWork foster teen during the summer.

To apply for or advertise a job, teens and employers visit the initiative's website, www.teenwork.dhr.georgia.gov, to complete the necessary forms. After they are hired, and before they begin work, teens participate in a weekend preemployment training sponsored by the Georgia Department of Human Resources that teaches work ethics and time management skills.

Building on last year's success, the TeenWork Initiative expanded this past summer to provide opportunities for developmentally disabled teens in foster care and an apprenticeship program for youth ages 6–19 from low-income families. Under the apprenticeship program, the teens receive mentoring and career coaching, financial literacy training, and health and nutrition information, and take part in sports, art, music, and technology activities.

"We have been presented with countless stories of bright, capable foster teens who were given the opportunity to succeed in an employment situation and rose to that challenge," Mary Perdue said in a statement. "I'm delighted to see that more private and public agencies have stepped in this year to help foster teens gain valuable life skills." 

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KENTUCKY

Veteran state social workers and other professionals who work with vulnerable families contend that some administrators in the Cabinet for Health and Family Services are inappropriately recommending that courts terminate birth-parents' rights to increase the number of Kentucky foster children who are adopted, the *Lexington Herald-Leader* reports.

Louisville-based National Institute on Children, Youth, and Families and Kentucky Youth advocates released a report last winter—*The Other Kentucky Lottery*—that raises concerns about “quick trigger” foster care adoptions, in which children are separated from their parents too quickly or without evidence to justify their removal. The report is based on 225 complaints received through an anonymous hotline set up to alleviate child protection system employees' concerns about violating confidentiality laws.

“There are complaints some supervisors and workers are unwilling to listen, complaints about the arrogance of power,” David Richart, Executive Director of the National Institute on Children, Youth, and Families, told the *Herald-Leader*. “I suspect this is happening in other states. We appear to be one of the first groups to identify this as a problem.”

Cabinet Inspector General Robert J. Benvenuti III says investigations into the allegations, which could result in administrative actions and criminal prosecutions, are under way. Tom Emberton Jr., Commissioner of the Department for Community Based Services, which oversees foster care adoptions, requested the investigations, although he has yet to see evidence of quick-triggering adoptions, he told *Herald-Leader*. But he adds the investigations are not over. “I don't want to paint a picture that we aren't concerned.”

The number of Kentucky children in foster care who were adopted increased from 384 in 1999 to 902 in 2005, resulting in \$1 million in bonus money paid to the state in 2004 under a federal

program that encourages states to move children into adoptive families.

Federal authorities began cracking down on Kentucky in 1999 for allowing children to stay in foster care too long and found the Cabinet out of compliance again in 2003 for not correcting the problem fast enough. The state faced \$1.7 million in fines if the situation didn't improve.

MICHIGAN

Michigan is extending family planning services to 200,000 uninsured women, the *Detroit News* reports, including using \$183 million from Medicaid to provide birth control to women ages 19–44 who can't afford it, and providing education and prenatal and postnatal counseling.

The state's plan is expected to save at least \$80 million annually because of the high cost of caring for low-income women's unplanned pregnancies, which costs Michigan \$270 million in Medicaid money each year.

“We believe extending these services to low-income women...greatly increases the chances every pregnancy in Michigan is a wanted one,” Michigan Governor Jennifer Granholm (D) said in a prepared statement. “If all pregnancies were intended, the state would see significant reductions in infant mortality, child abuse, child neglect, and abortion.”

The plan has drawn opponents, however. Paul Long, Vice President for Public Policy with the Michigan Catholic Conference, points to a study by the Alan Guttmacher Institute that found 50% of women who had abortions were taking birth control.

“To think we would spend almost \$200 million of existing dollars for a program that is controversial and won't work 50% of the time is a poor decision and poor public policy,” Long said in the *Detroit News*.

On the other hand, Renee Chelian, Director of Northland Family Planning Centers, told the *News*, “There is certainly an unmet need for the working

uninsured. Most health departments have cut family planning services and, with the exception of a couple of agencies that offer low-cost birth control, there are no places for women to go.”

Michigan is unveiling the program through a federal waiver that allows existing Medicaid dollars to be used differently. At least 20 other states have been granted similar waivers.

MINNESOTA

Dakota County officials are opening a Family Dependency Treatment Court, the first of its kind in the state, aimed at parents addicted to methamphetamine and other drugs who need treatment as a step toward being reunited with their children, the *St. Paul Pioneer Press* reports.

The court, expected to open in 2006, will require drug offenders to meet every two weeks with a judge, public defender, prosecutor, social worker, and children's advocate to review their cases and determine treatment progress. Once a treatment schedule is established, the meetings would become monthly. The system, according to the *Pioneer Press*, is expected to offer more rewards and supervision of parents than traditional child-protection cases, which hold hearings every 90 days.

“Obviously there's an incentive to get their kids back, but it's going to be a pretty rigorous program,” says Judge Ed Lynch, who will preside over the cases. “It will be interesting to see how many [parents] are willing to make that commitment.”

Traditional child-protection cases become more complicated when meth abusers are involved, because the parents may need extra help getting organized, enrolling in treatment services, and finding transportation and health insurance.

Dakota County social workers have seen an increase in the numbers of children—many younger than 5—taken from their parents and placed in foster care due to meth abuse. Half of the 150 child-

protection cases open at any given time involve drug or alcohol abuse, and about a third involve meth, county officials told the *Pioneer Press*.

MISSISSIPPI

Forty percent of Mississippi students, or about 16,000 teens, dropped out of high school in 2004, according to the *Hattiesburg American*, and that rate has alarmed lawmakers and advocacy groups.

A Washington-based advocacy organization, the Alliance for Excellence in Education, provided details of the state's dropout situation in a report released earlier this year. Mississippi will lose at least \$4 billion in wages, taxes, and productivity over the lifetimes of the students who didn't graduate in 2004 alone, the report outlines.

"A lower dropout rate should increase our workforce and ratchet up the quality of jobs we can attract, which helps our economy," State Representative Cecil Brown (R-Jackson) told the *Hattiesburg American*. "The dropout rate has a huge economic impact."

State officials are hoping the newly created Office of Dropout Prevention will help keep more kids in school. The office was created as part of Governor Haley Barbour's (R) Upgrade Education package. The office is expected to spend the next year compiling data on dropouts and conducting research about root causes, Brown told the *Hattiesburg American*, although the full benefits of the program likely will not be seen for about 10 years.

The problems that lead to dropping out usually begin by the third grade, Brown says. "Reading is a big issue. Kids who fall behind tend to get further behind, and we have to give those kids additional help."

NEW JERSEY

New Jersey lawmakers have signed a law—the first of its kind in the nation—making screening for and education about postpartum depression a mandatory element of postnatal care.

According to the *Star-Ledger*, Mary Jo Codey, wife of State Senate President and former Governor Richard Codey (D), spearheaded the issue by talking openly about her own struggle with postpartum depression. "I suffered like a dog and thought no woman on Earth should ever suffer like this."

At the time, Codey said, she thought to herself, "If God would ever get me out of this mess, I wouldn't keep my mouth shut. I would do something about it."

Governor Jon Corzine (D) signed the \$4.5 million legislation into law, despite the state's massive budget deficit, because, he said, appropriate treatment was "a significant and positive step for New Jersey's mothers, newborns, and families."

According to state officials, about 80% of women experience postpartum depression, but for most, symptoms don't last more than two weeks. For one in eight women, however, the situation may be more serious, with women losing interest in friends and family, feeling overwhelming sadness, and even having thoughts of hurting their child.

NORTH CAROLINA

North Carolina Governor Mike Easley (D) has signed an executive order enacting tougher rules on the state's group homes, including requiring they upgrade treatment programs, hire more staff, and better train them.

The *Charlotte Observer* reports that Easley's action ended a year of wrangling between state officials and group home operators over whether the old rules were too weak and the new rules too aggressive.

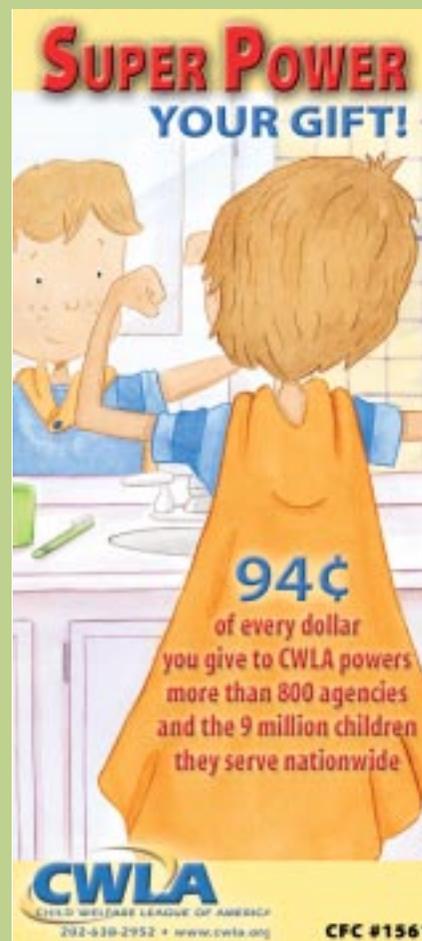
The order will affect about 800 group homes located in residential neighborhoods and treating children suffering from emotional problems and mental illnesses such as bipolar disorder. For most of the children, their conditions are too severe for their parents to handle, but not serious enough for them to enter psychiatric hospitals.

The new rules allocate about \$20 additional per child for the group home operators, although some operators worry the increase won't be enough. The increase doesn't come "anywhere close to funding the increase in the cost of the rules," Craig Bass, CEO of Charlotte's Alexander Youth Network, told the *Observer*.

North Carolina group homes came under scrutiny in 2004 when a 12-year-old child died of asphyxiation after a poorly trained group home worker restrained her by lying on her. The home hadn't been inspected in two years, according to the *Observer*.

On Easley's orders, authorities checked every group home in the state last year for violations, ultimately closing 10 and issuing 106 sanctions against 71. Lawmakers approved \$2.5 million to hire about two-dozen new inspectors. 

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Defining Family

Piecing together how two moms or two dads fit into the picture.

By Jennifer Michael

Photos courtesy of the American Civil Liberties Union.

Lisa Johnston has worked in the early childhood field for 20 years, but it wasn't until about three years ago that she realized she also wanted to make children a part of her home. Approaching 40 and involved in a loving relationship with a partner, Johnston decided foster parenting was the best route. Through her work at a day treatment program for infants who had been abused and neglected, she knew far too many children in her Missouri community were in need of loving homes.

She turned to the Missouri Department of Social Services (DSS), where she filled out the necessary paperwork and underwent a home study with her partner, with whom she shared an apartment. The couple enrolled in a nine-week course for prospective foster parents and attended seven of nine classes before the whole process came to a grinding halt. DSS denied Johnston's application to become a foster parent because her partner was a woman.

"We were led to believe they understood our situation—that we were a couple," Johnston says. "We chose to be pretty forthcoming about who we were. We didn't think that mattered, because we were so highly qualified, and there is such a need."

Johnston, with the representation of the American Civil Liberties Union (ACLU), took her case to the Jackson County Missouri Circuit Court. Earlier this year, the court overturned the DSS's decision. According to the ACLU, part of the state's reason for denying Johnston's case was based on a state law banning sexual intimacy between same-sex couples, which was rendered unconstitutional two years ago by the U.S. Supreme Court in *Lawrence v. Texas*. But Missouri Circuit Judge Sandra C. Midkiff, in her 16-page ruling on Johnston's case, said, "No moral conclusions may be drawn from a constitutionally unenforceable statute."

DSS appealed Midkiff's ruling, and the case is now pending in Missouri's Supreme Court.

Johnston's case is not unique. To become parents, many gay and lesbian people have had to plead their cases in court, move to communities that accept their desire to parent, or give up becoming parents altogether.

Fortunately, most gay and lesbian individ-

uals who seek to adopt have been successful, but state laws often are unclear about whether their partners can also adopt the child.

Controversy over gay parenting has simmered for decades. In 1977, Florida became the first state to ban all gay people—singles and couples—from adopting. Since then, other states have tried but failed to enact the same blanket restriction, including Alabama,

Arkansas, Indiana, Tennessee, Texas, and Virginia. Mississippi permits single gays and lesbians to adopt but explicitly prohibits gay couples from doing so. Utah bans adoption by individuals who are cohabitating, effectively excluding all gay couples.

Few state laws address the issue of foster parenting. Arkansas and Missouri have statewide policies banning gay people from being considered as foster parents, although these laws are being challenged. Gays and lesbians can't adopt in Florida, but they can serve as foster parents.

Gay parenting has become a hot topic inside state capitols, coming on the heels of 11 states successfully banning same-sex marriages through ballot initiatives in 2004. Many social conservatives hope the issue will rally voters in the same way that same-sex marriages have. Several ballot initiatives during the 2004 elections sought to restrict gay parenting, but none passed. As of last spring, many states were looking to bring the issue before voters again this November.

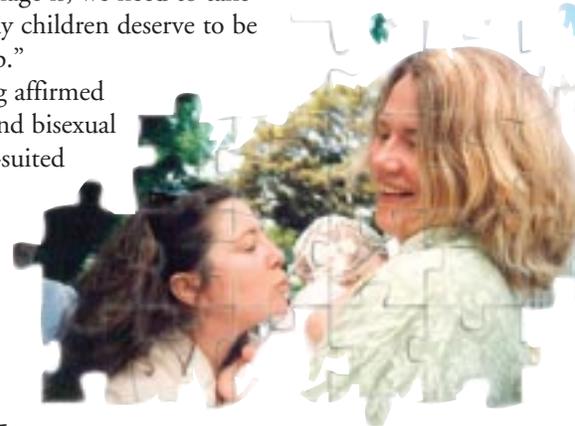
Ohio, for example, approved a constitutional amendment in 2004 banning gay marriage, and this year Ohio lawmakers drafted legislation banning all gays from adopting. The legislation died in committee last spring.

Greg Quinlan, founder of the Christian conservative Pro-Family Network in Ohio, told *USA Today*, "Now that we've defined what marriage is, we need to take that further and say children deserve to be in that relationship."

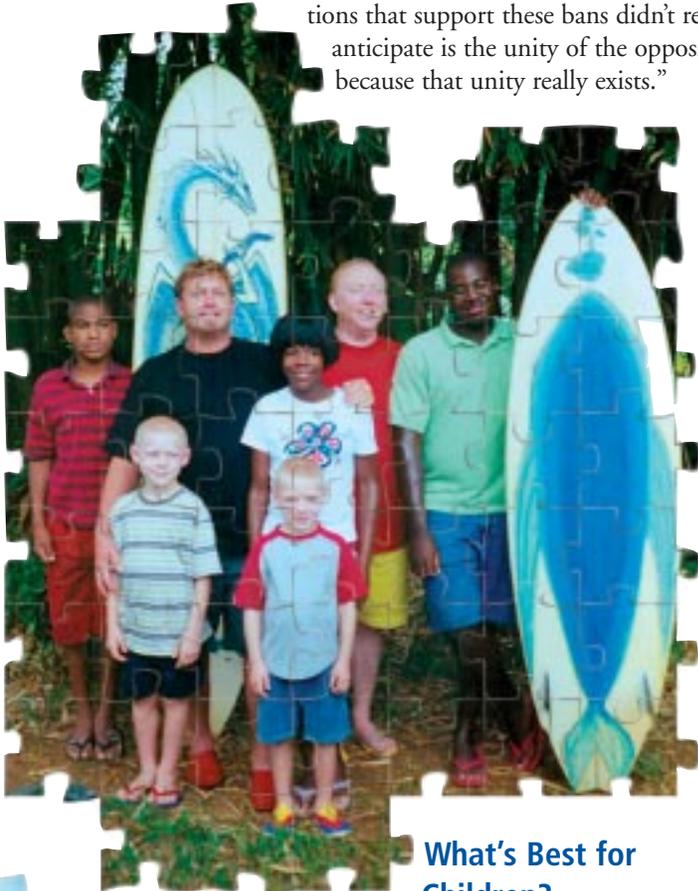
CWLA has long affirmed that lesbian, gay, and bisexual parents are as well-suited to raise children as their heterosexual counterparts.

Other mainstream national children's health and welfare organizations have joined CWLA's opposition to restrictions on gay parenting, including the American Academy of Child and Adolescent Psychiatry, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Association, the American Psychiatric Association, the American Psychological Association, the National Association of Social Workers, and the North American Council on Adoptable Children.

Last winter, National Public Radio (NPR) invited Rob Woronoff, Program Director for CWLA's Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Initiative, to explain CWLA's stand on the issue of gay parenting and to counter comments made by other guests opposing the idea.



“This is a new issue that is really kind of growing out of the anti-gay marriage movement, but it’s a very different issue from marriage,” Woronoff told NPR listeners. “Finding permanent, loving homes for children is a very difficult task that all states face. To froth it up as a political controversy doesn’t do justice to the children at all. I think what these organizations that support these bans didn’t really anticipate is the unity of the opposition, because that unity really exists.”



What’s Best for Children?

The number of children living with gay or lesbian parents is hard to pin down—estimates range from between 1.6 million and 14 million children. The 2002 U.S. Census identified 600,000 same-sex households, with children living in 162,000 of these homes. One-third of lesbian couples and one-fifth of gay couples reported children under age 18 living with them. But the census numbers are believed to be low.

Many types of gay parenting situations exist. Gays and lesbians may adopt or become foster parents, or they may be granted de facto or “psychological” parenthood by the courts if the birth or adoptive parent consented to and fostered the parent-child relationship. Many gay and lesbian people also have custody and visitation rights for children they conceived during previous heterosexual relationships.

At the same time many gays and lesbians are fighting for the right to become parents, an estimated 518,000 children were in the foster care system, and 118,000 were waiting to be adopted as of September 30, 2004, according to the U.S. Children’s Bureau. During fiscal year 2004, an estimated 51,000 children were adopted with the help of the public child welfare system.

“Most prospective adoptive parents are hoping to adopt babies,” writes CWLA President and CEO Shay Bilchik in a foreword in *Too High A Price: The Case Against Restricting Gay*

Parenting, published this year by the ACLU. “Often, they do not feel they have the capacity to care for the waiting children who are older, many of whom have significant physical or emotional needs or are part of a group of siblings—in other words, most of the nearly 119,000 children waiting to be adopted.”

Bilchik adds, “We simply cannot afford to systematically exclude any group of caring and loving people from an already limited pool of prospective parents. Laws and policies that ban lesbians and gay men from adopting and fostering fly in the face of well-developed child welfare policy and standards by depriving children of willing and able parents.”

Three years ago, CWLA added to its advocacy efforts the support of children, adults, and families who are LGBTQ. CWLA, in partnership with Lambda Legal Defense and Education Fund, has provided education, technical assistance, program coordination, and advocacy for CWLA member agencies and others to support the needs of LGBTQ children, youth, adults, and families.

CWLA has filed amicus briefs in court cases challenging bans on adoption or foster care by gay and lesbian individuals and couples, including Lisa Johnston’s case since it has been appealed to Missouri’s Supreme Court.

At the same time CWLA has increased its advocacy efforts, social conservative groups have turned up the volume on their insistence that the optimum permanent living situation for a child is with both a mother and a father. The following is a sampling of published comments to this effect made by conservative groups:

- “When same-sex couples adopt, they are making a conscious decision to deny that child a mother or a father. Both play an important role, and kids do best when they have a mom and a dad,” said Micah Clark, Executive Director of the American Family Association of Indiana, in the *Indianapolis Star*.
- “Children do best with a mother and a father...Kids would be better off in foster care than with a homosexual couple,” said Mary Anne Hackett, President of the Concerned Catholics of Illinois, in the *Chicago Tribune*.
- “Outside of whether you have heterosexual versus gay households, the general studies on children being raised in a single-gender versus a dual-gender household are undisputed—that children do best when they’re raised with a mom and a dad,” said Mathew Staver, President and General Counsel for the Liberty Council, based in Orlando, Florida, on NPR.
- “I believe...research...shows very clearly that kids need a mom and a dad, and more importantly...it’s a matter of common sense,” said Charmaine Yost, Vice President of External Relations at the Family Research Council, on NPR.
- “Children can receive love from gay couples, [but] studies have shown that the ideal is where a child is raised in a married family by a man and a woman,” the *New York Times* quoted President George W. Bush.

According to the ACLU, the studies often cited by opponents of gay parenting are studies on the impact of single,

heterosexual parenthood on children, versus married, heterosexual parenthood on children. These studies have not analyzed the development of children raised by same-sex couples, the ACLU says.

In reality, the ACLU points out, scientists have accumulated a body of research over the last 20 years evaluating the parenting abilities of lesbian and gay parents and how well their children develop. “The studies found, without exception, that gay people are just as capable parents and that children raised by lesbians and gay men are just as healthy and well-adjusted as other children,” according to *Too High A Price: The Case Against Restricting Gay Parenting*.

Working with Prospective Gay Parents

A May 2006 ABC News/*Time* magazine poll reveals a clear divide among the American people on the issue of gay adoption. Forty-nine percent favor allowing gay and lesbian couples to adopt, but 48% are opposed to the practice. The poll also shows support for gay adoption is highest in the Northeast (63%) and lowest in the South (41%), and that 56% of women are supportive of gay adoption, compared with 42% of men.

On the other hand, support for gay adoption appears to be growing nationally. According to the ABC News/*Time* poll, support for gay adoption was 14% in 1977, 35% in 1998, and is now close to 50%.

To take a closer look at policies and practices toward gay parenting within child welfare agencies, the Evan B. Donaldson Adoption Institute conducted a national study of adoption agency directors. Looking at data from 307 agencies, based on their practice in 1999–2000, the Institute found 60% accepted applications from gay and lesbian applicants, and some actively reached out to them. About 40% reported placing children with gay or lesbian parents, although most agencies did not keep specific statistics on the sexual orientation of their clients.

Most agencies indicated in the Institute’s study that they would work with prospective gay and lesbian parents, but 84% did not engage in active recruitment or outreach. Many agencies also reported they were unsure about whether or how to reach out to prospective gay or lesbian parents. Nearly half indicated an interest in receiving training to work with prospective gay and lesbian parents.

Jill Jacobs, Executive Director of Family Builders by Adoption, in Berkeley, California, developed a curriculum about six years ago for child welfare workers to help them work with prospective gay and lesbian parents, and has since used it in training workshops around the country.

“There was a huge need for understanding about how to work with gay and lesbian families,” she recalls, “and I heard from lots of child welfare workers and social workers who wanted to work with gay and lesbian families but felt like they didn’t know how,



Resources on Gay Parenting From CWLA

- CWLA/Lambda Legal Joint LGBTQ Initiative
www.cwla.org/programs/culture/glbqtq.htm
- Special Issue of *Child Welfare Journal* (March/April 2006)—LGBTQ Youth and Child Welfare
\$30.00, Item No. 10455
- *Recruiting LGBT and Adoptive Parents*, by Gary Mallon (forthcoming)

To order these CWLA publications, visit www.cwla.org/pubs or call toll-free 800/407-6273.

Studies, Books, and Articles on Lesbian and Gay Parenting

- *Lesbian and Gay Parenting*
Research summary and annotated bibliography from the American Psychological Association
www.apa.org/pi/parent.html
- *Too High A Price: The Case Against Restricting Gay Parenting*
American Civil Liberties Union
www.aclu.org/lgbt/parenting/24098pub20060207.html

Legal and Advocacy Organizations

- American Civil Liberties Union Lesbian and Gay Rights Project
www.aclu.org/lgbt
- Children of Lesbians and Gays Everywhere
www.colage.org
- Family Pride Coalition
www.familypride.org
- Lambda Legal
www.lambdalegal.org
- Parents, Families, and Friends of Lesbians and Gays
www.pflag.org

and they were a little afraid. They weren’t sure how to ask certain questions.”

Child welfare workers, for example, often explain they’re not certain how to do a home study on a gay family or how to evaluate the quality of a marriage or a relationship if there is no marriage certificate. Misconceptions include the belief that women can’t parent boys and men can’t parent girls. Social workers also

raise concerns about kids not wanting gay parents. Jacobs tells them, “Sure, sometimes we have kids who say they don’t want two moms or two dads, but overwhelmingly we have kids who are really happy about having two moms or two dads.”

It’s not unusual to come across social workers who have very strong biases against gay parenting, Jacobs says. “There’s an element of social work training about putting your personal biases aside and being professional...that’s part of being a social

worker, and yet we often run into people who feel, on this issue, self-righteous enough that they can have that bias.”

Jacobs says her training workshops were cancelled at three different state-funded conferences after local leaders determined it was a topic they didn't want discussed on their bill. “It was a political hot potato, and at the last minute they cancelled the workshop. The reason I was called in was because there was a huge need...and huge interest.”

But Jacobs notes that if social workers feel they need training on the issue of gay parenting, avenues are available for them. “If you can't get it in your state, then you have to go out of your state...to attend national conferences where you can at least get to a workshop on the subject.”

Lisa Johnston advises that agencies should have clear policies in place on the subject of prospective gay or lesbian parents. Otherwise, agencies and prospective parents could wind up fighting long court battles similar to hers. She doesn't expect a decision in Missouri DSS's appeal of her case until some time next year.

“If you're going to have a policy, have it in writing, not just a verbal policy that is interpreted differently year-to-year, depending on who is in charge of the division,” she says.

And, she adds, such policies should not exclude people based on their sexual orientation. “Just because you are gay or lesbian doesn't mean you are going to have children who are messed up or have more challenges in life. They're stigmatized because they are foster children. Period. They're children. They're going to be teased about something in their life. It's how you help them work through that that makes a difference.” 

Jennifer Michael is Managing Editor of Children's Voice.

Mark Your Calendar!

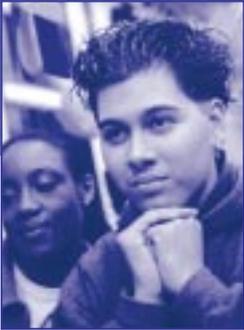
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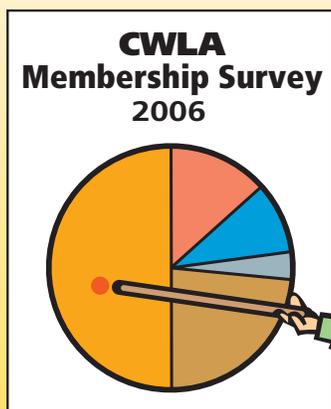
The Finding Better Ways conference will examine best-practice models and emerging strategies toward a more caring and LGBTQ-competent system of care. Issues discussed will include

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- LGBTQ-competent practice models in child welfare;
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- LGBT adoption issues; and
- outcomes for children in LGBT families.

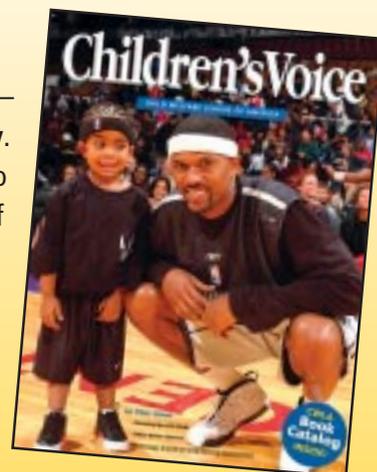
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Issue #1167, January 18, 2005
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Exchange

"When the moon is not full, the stars shine more brightly." - Bugandan Proverb

Giving Effective Feedback

The Exchange article, "Guidelines for Effective Use of Feedback," provides eleven specific characteristics of effective feedback. Three of these are—

- **Feedback should focus on behavior, not the person.** In giving feedback, it is important to focus on what a person does rather than on what the person is. For example, you should say to a teacher "You talked considerably during the staff meeting" rather than "You're a loudmouth." According to George F. J. Lechner, "When we talk in terms of 'personality traits' it implies inherited constant qualities difficult, if not impossible, to change. Focusing on behavior implies that it is something related to a specific situation that might be changed" (Lechner). It is less threatening to a teacher to hear comments about her behavior than about her traits.
- **Feedback should focus on observations, not inferences.** Observations are what we can see or hear in the behavior of another person. Inferences are interpretations we make based on what we hear or see (Lechner). Inferences are influenced by the observer's frame of references and attitudes. As such, they are much less likely to be accurate and to be acceptable to the person observed. Inferences are much more likely to cause defensiveness.
- **Feedback should focus on descriptions, not judgments.** In describing an event, a director reports an event to a teacher exactly as it occurred. A judgment of this event, however, refers to an evaluation in terms of good or bad, right or wrong, nice or not nice. Feedback which appears evaluative increases defensiveness (Gibb). It can readily be seen how teachers react defensively to judgments which are negative or critical. But it is often believed that positive judgments 'praise' can be very effective as a motivational and learning tool. However, studies have shown that the use of praise has little long-term impact on employees' performance (Baehler). Often praise arouses defensiveness rather than dispelling it. Parents, teachers, and supervisors so often "sugarcoat" criticism with praise ("You had a great lesson today, but ...") that "when we are praised, we automatically get ready for the shock, for the reproof" (Farson).

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Behavior Is Communication— Yours, Mine, and Ours

By Ellen Notbohm

Behavior is probably the most discussed, debated, and perhaps misunderstood issue within autism. It's the concern that has launched thousands of parent-teacher meetings and as many medical and therapy consultations. And yet behavior is a greatly weakened enemy once we accept a simple truth: Behavior never comes out of nowhere. There is always an underlying trigger, an unmet need.

Once we identify a behavior trigger, we are three-quarters of the way to disabling it. Yes, it requires that we invest time and effort in sleuth work. But upfront investment of time and effort spent on behavior prevention pales compared with the draining, unproductive alternative of having to react over and over again to the same preventable behavior.

Relatively simple tools exist that make this job far less daunting than it seems. But first, a prerequisite for using these tools: In trying to pinpoint underlying reasons for a child's behavior, we must first acknowledge that our own behavior is information we impart to the child about his or her environment. We can't question what the child's behavior is telling us without also questioning what our behavior is telling the child.

Be no less gentle in your efforts to change your student's or child's behavior than you would reasonably expect of yourself. It strikes me as sheer lunacy how much we expect of children in the area of behavior modification when we as adults find it so difficult to accomplish ourselves. Every New Year, out come the same tired old behavior-modification resolutions: lose weight, stop smoking, spend less money, exercise more. By the end of January, it's usually all over but the shouting. What real right do we have to expect greater inner fortitude of a child living with perpetual neurological challenge than we are able to muster ourselves?

We set ourselves up for failure, because three or four New Year's resolutions are too many. It's so demoralizing to swallow the fact that we didn't keep any of those resolutions, didn't manage to change our behavior. How much better it would be to pick one battle at a time, to experience incremental success before moving on to the next battle? You are not a "fixer-upper" project, and neither is your student.

This may be the first article you've read that focuses not just on the child's behavior, but in equal part on adult behavior and the role it plays in the equation. Let's take a big-picture look at



some factors that can influence behavior in the educational setting. And who better to explain his own behavior, and tell us how he perceives ours, than our child himself?

Look for sensory issues first. Many of my resistant behaviors come from sensory discomfort. One example is fluorescent lighting—the hum it produces can be very disturbing to my hypersensitive hearing, and the pulsing nature of the light can distort my visual perception, making objects in the room appear to be in constant movement.

Or maybe I need to sit closer to you. I may not understand what you're saying because there are too many noises "in between"—that lawnmower outside the window, classmates whispering, chairs scraping on the floor, the pencil sharpener grinding. Ask the school occupational therapist for sensory-friendly ideas for the classroom. It's actually good for all kids, not just me.

Provide me a sensory break to allow for self-regulation before I need it. A quiet, carpeted corner of the room with some pillows, books, and headphones allows me a place to go to regroup when I feel overwhelmed, but it isn't so far removed physically that I won't be able to rejoin the activity flow of the classroom smoothly. Or maybe I just need some movement—an errand to the office or a lap around the gym with my para-educator may be all it takes.

Exceptional Children



Keep a “behavior detective” log. Keep simple running notes about when and where my troubling behaviors occur. Include who’s around at the time and what the activity is. Stop for a moment and try to become aware of the many sensory and social aspects of our surroundings. See. Hear. Feel. Smell. The things you may easily tune out may be the very things causing me discomfort, sometimes even pain. You will be amazed at how much this may reveal about the source of the behavior.

If you aren’t getting through, try another way. My mom chuckled, then looked sad, when she read somewhere that the definition of insanity is always doing things the same way and expecting different results. If, despite your repeated efforts, my behavior isn’t changing, maybe the behavior that needs to change is yours, not mine. You have no idea how bad it feels to know that adults think my behavior is willful, that I could change my reactions to my environment if I just wanted to badly enough. It isn’t, and I can’t. You haven’t found the root behavior yet; please keep looking! When teaching isn’t working, the burden is on the teacher to change the teaching.

Make sure your rewards are really rewards. Being rewarded for good behavior with treats I hate (ice cream hurts my teeth!) or toys I don’t understand (I’m glad YOU like the *Star Trek* Monopoly game) will not inspire me to change my behavior. My interests are very specific, and what gets my attention may be quite the opposite of what all the other kids might want. If you want to know what rewards I find motivating, ask me. If I’m not able to tell you these things, be alert for other signs that indicate what interests and encourages me.

Be the change you want to see in me. Are you telling me to do one thing, yet modeling another yourself? Children with autism believe what we see long before we absorb what we hear. If you yell or ridicule when you are mad, we will too. If you are try to change self-stimulating “autistic” behaviors such as rocking, tapping, or twirling, you can’t expect me to understand if

you do it while smoking, chugging all those Cokes or lattes, cracking your knuckles, popping your gum, or jingling your keys. If you want me to learn to not interrupt and to pay attention to you when you talk, double-check to make sure you are giving me the same courtesy.

Choose one battle at a time. Multitasking does not work for kids with autism. And...

Distinguish between behaviors that are harmful and ones that are just annoying to you. Behaviors that affect my health or disrupt the classroom or home should be our first priority. Then please give some thought to other behaviors you find inappropriate or negative. I’m sorry it bothers you that I twirl my hair or the strap of my backpack, but of what real importance is it with all I am facing? Focus your one-thing-at-a-time efforts where they will have the greatest benefit. And while you’re at it, remember what your attitude communicates to the rest of the class.

Don’t make a bad situation worse. I know that even though you are a mature adult, you can sometimes make bad decisions in the heat of the moment. I truly don’t mean to melt down, show anger, or otherwise disrupt your classroom. You can help me get over it more quickly by not responding with inflammatory behavior of your own. Beware of responses that can prolong rather than resolve a crisis:

- Raising the pitch or volume of your voice. I hear the tone, but not the words.

- Mocking or mimicking me. This will not embarrass me out of the behavior. It just teaches me that I can't trust you, and it also teaches class bullies new tricks to use on me when adults aren't within earshot.
- Making unsubstantiated accusations. If you don't have concrete proof that I did it, you're just guessing. What if you're wrong?
- Invoking a double standard. Forcing me to obey a set of rules or expectations that are different than for those around me not only makes it harder for me socially, it squashes my self-esteem and dampens my classmates' willingness to work with me as a peer.
- Comparing me or my efforts to that of a sibling or other student.
- Bringing up previous or unrelated events.
- Lumping me into a general category. ("Kids like you are all the same.")

If you do use one of these responses, you can still produce a positive result by modeling how a responsible, compassionate, and fully human and fallible person issues a sincere apology. I need to learn that everyone messes up sometimes, even you, and that even when the mistake looks huge, we can still make things right and move on.

Be careful what you ask of me, or you might get it.

Although children with autism do need constant social cuing, if you indiscriminately encourage me to "be like the other children," you shouldn't be surprised if I swear, complain about homework and chores, cheat, bully, beg for treats, or do something even uglier.

Functional Behavior Analysis

So now we have the assignment: Behavior doesn't change without addressing the root cause. And now here, as promised, is the starter tool kit for addressing undesirable behavior.

This is literally the ABCs of behavior. It involves identifying the antecedent, or trigger, of the behavior; the behavior itself that we see the child display; and the consequence or result of his or her behavior. Functional behavior analysis can be anything from informal observation to detailed assessment. Either is best done with the involvement of a person trained in behavior analysis. An Internet search of functional behavior analysis quickly reveals several excellent websites with overviews and suggested data collection forms.

Sensory profile. Occupational therapists will be familiar with the sensory profile, developed by widely respected occupational therapist (OT) Winnie Dunn. Parents or caregivers respond to 125 questions regarding the frequency or intensity of their

child's responses to a range of sensory experiences. The results are scored by an OT and can be invaluable in pinpointing environmental stimuli that may be contributing to the behavior.

Sensory map/sensory diet. With the information gained from the sensory profile, an OT can design a sensory map and "diet" for the child. The map charts the child's day, identifies where sensory problems are likely to occur, and provides intervention suggestions, or diet. The diet may need to include both calming and alerting activities. Disinterest and lethargy can be symptoms of sensory disorder just as much as hyperactivity.

Food journal. Foods can wreak all kinds of havoc with a child's behavior. Food allergies or sensitivities, low blood sugar, dehydration, vitamin deficiencies, absorption issues—the list of how foods can affect behavior is quite long. Detailed notes on what and when the child eats, alongside notes on when behaviors occur, can be very revealing.

Sleep journal. Parents need to document the child's sleep habits at home. Chronic sleep shortage is a veritable prescription for behavior problems.

A clear, fair, meaningful plan for consequences. Your student's autism maybe the cause of some of her behaviors, but it can never be the excuse. No one would suggest that a child with autism always be spared the natural consequences of her behavior, but the huge qualifier here is to be very clear in making the connection between the behavior and the consequence.

Eyes, ears, and heart. Behaviors rooted in emotional triggers can be the toughest to detect, because your student with autism will probably not be able to easily identify his or her emotions and may not understand that, for most people, feelings are a matter of degree.

A child experiences many things outside of our range of awareness—teasing, bullying, frustration, disappointment. All of these can erupt into behavior. So we really need to listen with our hearts, listening and looking in places we can't readily hear or see.

And most critically, the child with challenged social-emotional and language skills will not be able to communicate what is wrong. The ongoing involvement of a speech, art, or music therapist is key. Many children can express themselves through drawing, painting, sculpture, or song when conventional words are not possible. 

© 2006 Ellen Notbohm. This article is adapted from her new book, *Ten Things Your Student with Autism Wishes You Knew (2006, Future Horizons)*. Ellen Notbohm is also the author of the award-winning *Ten Things Every Child with Autism Wishes You Knew*, coauthor of the award-winning *1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders*, and a regular columnist for *Autism Asperger's Digest and Children's Voice*. Your comments and requests for reprint permission are welcome; please visit www.ellennotbohm.com.



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Children Who Hurt, Children Who Challenge

By Julie Nelson

If all children arrived at our school doors relaxed and happy, it would be easy to be a teacher! Calm, happy children do well at school, and our lesson plans and behavior guidance strategies work. The children who present challenges in our classrooms are often not happy or relaxed. There is the angry child throwing toys and swearing, the anxious child running out of the classroom or climbing on top of the shelves, the sad child who rarely talks and never smiles.

Successful intervention with hurting, stressed children requires responding to the underlying beliefs and emotions of children. It's not managing behavior, but meeting the needs of children that lays the groundwork for success. Successful intervention requires creating a caring community in which the needs of children are met; a caring community in which children who hurt can calm, trust, and learn.

In my classroom at Families Together, I work with 12 2- to 5-year-olds whose families are receiving child protection services. Recently, three new children started who had been kicked out of seven programs among them! Violence, poverty, drugs, alcohol, police, foster stays, and mental illness are everyday realities in the lives of these young children. The children are highly stressed, with many social emotional challenges. Some children's social emotional development is arrested; others are experiencing regression or delays. Highly stressed children have so much to gain from preschool experiences.

What are the keys to successful intervention with highly stressed children?

Foster a positive social emotional climate in the classroom.

- The focus of the classroom is children's successes, not their mistakes.
- Relationships, not rules, are primary. Value and support child-teacher and child-child relationships.
- Teacher-child verbal interactions are primarily conversations, affirmations, reflections, and relationship builders—not directions, limit setting, and questions to which the teacher already knows the answer.

Provide anxiety reducing activities, practices, and language.

- Vigorous outdoor play, rich sensory experiences, rocking and swinging activities, calming touch, and a predictable routine all are important.
- Use words that calm upset children, not words that increase their anxiety. For example:

I'll still be your teacher, even when you are angry.
Not "If you act like that, you can't come anymore."

This is a safe school. I'll keep you safe, and me safe, and all the kids safe.

Not "You're going to hurt somebody."

Everyone needs to be safe. Even when we don't like someone, it's not okay to hurt them.

Not "We don't hurt our friends."

Respond to the questions and emotions that underlie the behavior.

Recognize and respond to

- the fear that underlies the anger,
- the need for connection and recognition that underlies attention seeking,
- the worry about scarcity that underlies hoarding toys,
- the lack of trust and feelings of helplessness that underlie power struggles, and
- the anxiety that underlies the climbing.

Respond appropriately to the child's developmental age rather than demanding pseudo-maturity from the child.

Be truly fair!

If all children came to school with the same skills, strengths, and needs, it would be fair to treat them all the same. But children have such different worries, abilities, and histories, being fair means connecting with, caring for, and teaching each child to the best of our abilities. Highly stressed children need flexibility, not rigidity. They need caring, consistent relationships, not more rules.

Give them hope!

Learning takes time, and highly stressed children often have so much to learn. Recognize the small steps of progress. Encourage children when they make mistakes. If today was difficult, help them believe tomorrow may be better. Help hurting, troubled children talk, draw, sing, paint, and play about their hopes as well as their fears, about their dreams and wishes.

Highly stressed children can quickly lead to highly stressed classrooms and highly stressed teachers. But it's these very children who often have the most to gain from their preschool experience. When we reduce anxiety, build relationships, value and respond to emotions, and foster social learning, highly stressed children can be very successful in the early childhood classroom, and children, parents, and teachers can feel hopeful for their futures. 

Julie Nelson is a Senior Early Childhood Teacher/Home Visitor in the Families Together Program of Lifetrack Resources, St. Paul, Minnesota.

Saving Babies From Shaking

By Ann Blake and Jennifer Michael

Millions of people become new parents each year and are seldom prepared for the stress of the job. Crying, late-night feedings, spit-up on that new outfit, and changing smelly diapers day after day can, for some, escalate to uncontrollable frustration and aggravation.

Child advocate George Lithco likens it to the effects of war. "If you read about a lot of the physical symptoms people in combat have, it's something that parents can relate to—stress, trauma, exhaustion."

But as the old adage goes, "kids will be kids." They're simply exhibiting age-appropriate behavior. Children too often bear the brunt of parental frustration, and in just a few seconds, this frustration can be fatal for the child.

Eight children a day die or are severely injured by something that is 100% preventable: Shaken Baby Syndrome (SBS), a severe head injury caused by violently shaking an infant or child for as little as five seconds. It is the leading cause of child abuse deaths in the United States. SBS will afflict an estimated 1,200–1,400 children this year.

"People lose control," says Lithco, whose 11-month-old son was killed in 2000 after being shaken by a 51-year-old caregiver who was having a bad day. "People think it's about crying. Though that's the most frequent precipitator, it's about self-control. It's a flux of things.

"Most cases entail some prolonged crying with children under 1 year old," Lithco explains, "and the parent, who is under a lot of stress, loses control, goes into some sort of rage mode, and does something really violent in a very short amount of time. In most cases, at the time, parents don't even know they're doing it."

Most parents and caregivers prosecuted in shaking incidents have no record of abusive behavior, Lithco says. "You look at some of these cases, and the perpetrators are doctors, lawyers, police officers—and...everybody [who knows the perpetrator] is saying, 'I can't believe it!'"



The Fatal Consequences of a Bad Day

Reflecting on his own tragedy, Lithco says, "If I were hiring a nanny today, we wouldn't have made a different choice. There's nothing about her we missed, other than having a conversation with her in which we gave her permission to say, 'It's a

bad day, I just can't do it tonight.' We all have bad days, and we should only do what we're prepared to do. Every parent gets up some mornings and says, 'I just can't do this.'"

According to newspaper accounts, the night Lithco's son, Skipper, was fatally injured, his nanny was also looking after her own grandson and a third child. She was depressed from a recent divorce, and Skipper was cranky from teething. Skipper spit up while being fed, and the nanny picked him up from his high chair and shook him for only a few seconds. She later pleaded guilty to a charge of reckless manslaughter and was sentenced to 3–10 years in prison.

SBS is a type of whiplash that can have devastating consequences. Infants are highly vulnerable to this kind of force because their brains are softer, their neck muscles and ligaments are weak and not fully developed, and their heads are large and heavy in proportion to the rest of their bodies. When a baby is shaken, even only for a moment, it can cause the brain to rattle around inside the skull and pull apart. In educating parents, caregivers, and teenagers about SBS, the extent of the injury is often graphically demonstrated by placing an egg in a jar and shaking the jar for a few moments until the egg cracks and the yolk splashes everywhere.

For those who survive it, the consequences of this kind of injury can be tragic. In addition to acute brain damage that requires constant assistance for the rest of their lives, survivors of SBS often suffer blindness due to retinal hemorrhaging, and paralysis because of damage to the spine.

"In many cases, by the time [I see them]...their fate is largely sealed," explains Dr. Kent Hymel, Director of the Forensic Assessment and Consultation Team at Inova Fairfax Hospital for Children in Virginia. "It's admittedly frustrating that it's too late. I think the most important gains will come if we can figure out ways to prevent it in the first place."

George Lithco and Peggy Whalen's son Skipper died in 2000, at age 11 months, when his nanny shook him. Lithco and Whalen went on to found the Skipper Initiative to raise awareness of SBS.

Increasing Awareness

Prevention efforts to save children from situations that result in SBS are increasing nationally thanks to publicity from high-profile cases, such as the death of Matthew Eappen in 1997 after a 19-year-old English au pair shook him. Awareness of the consequences of shaking babies is on

the rise, with grassroots prevention efforts and slow steps toward federally regulated preventive measures.

Mark Dias, a pediatric neurosurgeon at Penn State Milton S. Hershey Medical Center, and Associate Professor of Neurosurgery at Pennsylvania State University College of Medicine, is spearheading one SBS prevention program. Dias conducted a study on SBS prevention efforts at 16 hospitals in an eight-county region of western New York State served by the Women and Children's Hospital of Buffalo. Nurse educators trained hospital nurses to distribute pamphlets, talk to new parents, and screen a short video about the dangers of shaking a baby. Parents signed commitment statements, acknowledging they received and understood the education materials. The uniform prevention model paid off dramatically, reducing incidences of abusive head injuries from SBS by 47% at participating hospitals.

Dias's program costs less than \$10 per infant and takes less than 15 minutes per family—a stark contrast to the medical costs for SBS survivors, which can amount to anywhere from \$300,000 to more than \$1 million during the first five years of life. Many states, including Illinois, Minnesota, Missouri, Nebraska, New York, Pennsylvania, and Wisconsin, have adopted the Dias model.

The Children's Trust Fund of Connecticut is promoting a "modified Dias training model," says Executive Director Karen Foley-Schain. "What we found impressive is that, for a relatively small investment up front, the project could net huge gains down the line."

The Children's Trust Fund stepped up its prevention efforts first by holding a community awareness and fundraising campaign that brought 500–700 people together at various venues across the state for dinners and discussions about SBS. The campaign used the money it raised to fund training for about 700 human service providers in Connecticut, from educators to social workers. The Children's Trust Fund is now providing education materials and training for a handful of hospitals in Connecticut, and more are interested.

Foley-Schain says the next phase of Connecticut's project is working with private pediatricians and clinics to give them "really simple, straightforward, powerful information to make a difference."

Similarly, the Wisconsin Children's Trust Fund has been working with maternity wards in hospitals statewide. It helped push legislation through the state legislature this year that mandates hospitals to adopt a Dias-like model to distribute information



PHOTOS COURTESY OF THE SKIPPER INITIATIVE

about SBS to new parents. The legislation also requires the state Department of Health and Family Services to create a registry of documented SBS cases in the state; all licensed child care providers, as well as middle and high school students, to receive information about SBS; and home visitation programs to include SBS information in their curriculum materials.

The Wisconsin Children's Trust Fund is planning to hire a coordinator to work specifically on its expanding SBS prevention efforts. Executive Director MaryAnn Snyder says her organization is also

Common Symptoms of Shaken Baby Syndrome

- Lethargy, decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding, or vomiting for no apparent reason
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Seizures
- Head or forehead appears larger than usual, or soft-spot on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement or unequal size of pupils



Source: National Center on Shaken Baby Syndrome

developing more ideas for SBS prevention materials, including “caregiver instruction pads” for babysitters and day care providers, prescription pads for pediatricians that are imprinted with warnings to parents about shaking their babies, and more materials geared to young fathers and the parents of toddlers, not just newborns.

Washington State has focused on research that shows many SBS perpetrators are in their early 20s. An eight-minute video called *Have a Plan for Teens*, featuring real-life teens talking about parenting, babysitting, stress, frustration, and the dangers of SBS, is being distributed to schools, teen parents, caregivers, birthing hospitals, and childbirth education classes.

The video—produced through a partnership between the Children's Protection Program at Children's Hospital and Regional Medical Center, the Washington Council for Prevention of Child Abuse and Neglect (WCPCAN), the Conscious Fathering Program of Parent Trust for Washington Children, and the state chapter of the National Shaken Baby Coalition—can be previewed and ordered through WCPCAN's website at www.wcpcan.wa.gov.

Also, Washington's Department of Health is now distributing SBS information to new parents, along with immunization information. Earlier this year, the state began selling license plates that say, “Keep Kids Safe,” and feature the handprints of a Washington infant who died from SBS. Fifteen percent of the proceeds from the license plate sales will go to SBS prevention efforts, and the rest will go to child abuse prevention programs, says WCPCAN spokesperson Chris Jamieson.

Finding Solace in Advocacy

After the death of his son, Lithco and his wife Peggy Whalen founded the Skipper Initiative to increase awareness about SBS

and promote prevention efforts. Their advocacy efforts focus on teaching parents and caregivers to identify situations in which they are vulnerable, and how to manage these situations.

Demonizing SBS perpetrators is unproductive, according to the philosophy of the Skipper Initiative and similar programs. “We are trying to reach ‘good’ people who could do a ‘bad’ thing if they aren't prepared to cope,” Lithco says.

The Skipper Initiative has found much success in its efforts to target parents, caregivers, and high school students who regularly serve as babysitters, in addition to pursuing state and national legislation to standardize prevention. “There's a great pressure for child care, but yet, on average, it's certainly one of the worst paying jobs in the United States,” Lithco says. “Taking care of four or five kids for \$8 an hour is a lot of stress and a lot of responsibility for not a lot of money and frequently not a lot of training.”

The challenge in sending an effective message, he explains, is to make people want to learn the information, instead of forcing it on them. “Even if you know shaking is dangerous, if you haven't spoken to the other child care providers, you haven't protected your child. If you can get that information out to parents to talk to child care providers, then parents feel a lot more comfortable, and you're doing a greater service to your children.”

He adds that people have to be able to relate to the circumstances that facilitate shaking, instead of removing themselves from the scenario and thinking this is not relevant to them. “If you get the message to them, and they don't listen to it, you've lost it. If you give it to them and they say, ‘Oh, SBS is terrible, don't do it. If someone does it, we should lock them up and throw away the key because they're animals,’ well at three o'clock in the morning they are no better off than the person who didn't get the message.

“If someone says, ‘Oh shaken baby, crying baby, I can understand that, I can relate to that, and now I understand what I need to do about it,’ then protection has been achieved.”

Today, the Lithcos take solace in their efforts to prevent Skipper's tragedy from harming another family. They also find joy in the life of their second son, John, who will never know his older brother. John is almost 4, and the Lithcos have yet to trust him to a babysitter. Most likely, John will not have a babysitter until he is at least 5, the age at which a child's skull and bone structures usually solidify, making the child no longer susceptible to SBS. ☺

Ann Blake is a Contributing Editor, and Jennifer Michael is Managing Editor, Children's Voice.

SBS Resources

- National Center on Shaken Baby Syndrome
www.dontshake.com
- National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov/disorders/shakenbaby/shakenbaby.htm
- National Shaken Baby Syndrome Campaign
www.preventchildabuse.com/shaken.htm
- SBS Prevention Plus
www.sbsplus.com
- The Shaken Baby Alliance
www.shakenbaby.com
- The Skipper Initiative
www.skippervigil.com

Living with the Consequences—My Family's SBS Journey

By Michele Poole

If your granddaughter lives through the night, she will be a vegetable." On November 21, 1994, I heard those exact words. My 3-month-old baby granddaughter, Gabriela, sustained a traumatic brain injury as a result of being shaken.

This event changed my life and the life of our entire family. That fateful day, my son George admitted that, in a moment of anger and frustration, he shook his infant daughter as he cared for her and her twin sister while their mom was at a part-time job. When I went to the hospital, I had no idea what had happened or the extent of her injuries. When I saw Gabbi in the Pediatric Intensive Care Unit, I did not need anyone to tell me she was close to dying; I could see that through the tears in my eyes.

I thought I had told [my son] everything there was to know about caring for an infant. I never told him not to shake her. It never crossed my mind that anyone would shake a baby or that shaking a baby would cause a fatal or near fatal injury. That is the hidden problem of Shaken Baby Syndrome (SBS). No one ever thinks to tell a parent or child care provider the dangers of shaking a baby in a moment of frustration.

Life as an SBS Victim Family

That first year was surreal. My 24-year-old son was going to jail for five years. I was now, at the ripe age of 44, raising two infant girls that I loved. I wanted to love them as a grandmother, not their mother. I wanted to spoil them and let them get away with things their parents wouldn't let them do. Instead, I was going to court for custody hearings and case plans while the Department of Children and Families of Florida was monitoring the care of the girls at our home.

The first five years of Gabbi's life were immensely difficult. I had no experience dealing with a child overcome with such severe medical needs—one who was unable to communicate even the slightest life-sustaining need without crying or screaming.

I was now caring for a child with seizures, tube feedings, endless diaper changes, multiple doctor visits, and late-night emergency room trips.

We finalized adoption of Gabbi and her sister Michele in 1996. George was in jail. The girls' mother understood the children were better off with me, but we still wanted her to have a role in their lives.

In 1998, I attended my first conference on SBS in Utah. What an enlightening but heart-aching experience it was. I learned all about SBS, what people were doing to prevent it, how the legal system works, and when to investigate and prosecute perpetrators. I was learning what all the medical terms meant. I was also learning there were far too many SBS cases each year and more awareness was needed.

I went home armed with so much information. I started contacting schools in my area, dropping off literature, and asking to talk to their students. I went to day care centers and dropped off SBS information. I visited drug rehab centers and spoke to their clients. I contacted women's shelters and other like-minded agencies in the area to give them literature and to request to speak at one of their events. I would talk to anyone if they stood still long enough.

Spreading the Word: Never Shake a Baby

The information on the National Center on Shaken Baby Syndrome (NCSBS) website is wonderful and provides

the most accurate accounting to date on SBS. There are now many SBS family sites dedicated in honor of a child's memory or life struggle. More and more sites about infants contain information regarding the dangers of shaking a baby.

Many groups have worked to pass legislation for mandatory education in hospitals. Many states have passed laws to stiffen punishment for perpetrators. Many

individuals have spoken on television or in print, sharing their own shaken baby journey. There is still much to do.

See "Living with the Consequences," page 35



Michele and Rodney Poole with granddaughters Michele and Gabbi.

NATIONAL CENTER ON SHAKEN BABY SYNDROME

We generally think of religions as healing, loving forces in the world. Today, however, there are Christians, Jews, and Muslims who are directly engaged in demonizing one another in unending cycles of hatred and hostility. How do we end the distrust among peoples? How do we live with each other in love, truth, light, and peace?

Lives are being lost as we speak. Families dread the message that will tell them the death rolls now include the names of those they love. Behind the headlines of war and violence, there is always the agony of real people experiencing unspeakable pain, one heart at a time. I write from this perspective—from one heart that knows such pain.

I did not lose my son in the deserts of Afghanistan or Iraq, but in the ongoing, endless war on the streets of the United States. It may be worse to know that your child is going into battle and may never come home. I do not know. It may be harder to get the call that confirms your fears. My son went out to deliver pizzas, not to combat his country's foes.

My son, Tariq, was 20—a bright, warm-hearted art student earning his spending money at a pizza place in our beautiful city, San Diego. An order came in, just before closing, and Tariq jumped into his Volkswagen to make the delivery. But a gang was waiting for him, and they had no intention of paying for their late-night snack. The gang leader handed a gun to a 14-year-old boy and told him to get the pizzas. Tariq, with all the invincibility of the young, got back in his car, with the pizzas—and the boy killed him.

I have described my own experience as having a nuclear bomb go off in my heart—parents simply are not designed to withstand the murder of a child. Everything stopped for me. My intense work as an international investment banker, my pleasant social life, my certainty that I was taking good care of my family, protecting them—all my certainties ended with Tariq's life. I called Tariq's mother, whose scream helped me know how real the horror was. I called my daughter, feeling my utter failure. Fathers are supposed to make everything all right, to make the world safe and secure for their children. I had failed. Her only little brother had been shot and killed.

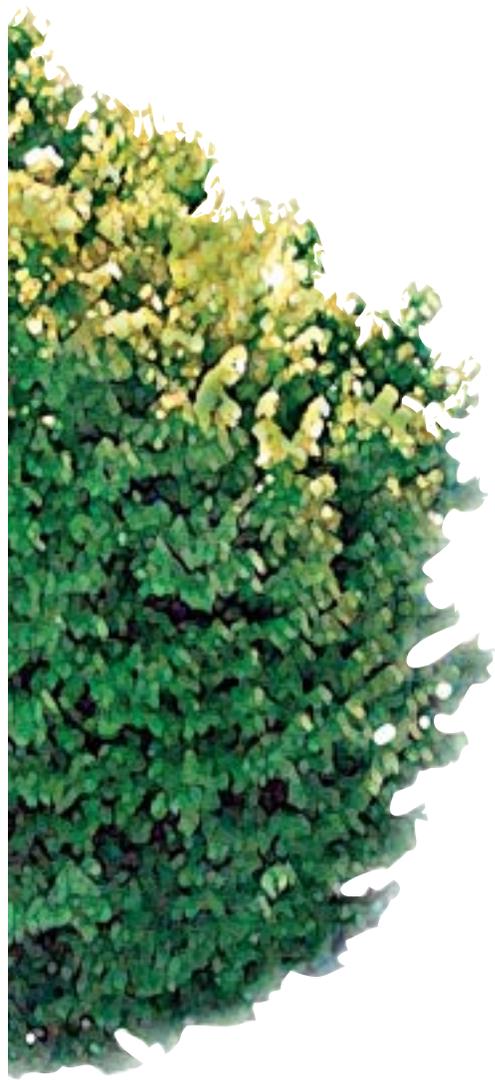
Tariq's funeral was held in Vancouver, British Columbia, where both sets of his grandparents live. More than 1,000 people observed the rites of the Ismaili Muslim faith. For two hours, they circled his body, chanting a prayer for the salvation of his soul and generating the strength the family needed to bury him. In our ritual, the father stands in the grave to receive the child's body into his arms. I did not want to leave him there alone. I wanted to stay with him. But my Muslim family brought me back to stand with the living, to begin the rest of my life—without my son.

Burning Rage, Wounded Pride

The next day, the rage came. But it was not aimed at Tariq's killer. It was aimed at the hideous absurdity of children, too young to drive, having access to handguns. It was aimed at the breakdown of community that put a young boy on a dark street,



FROM MURDER TO



By Azim Khamisa
Illustration by Jennifer R. Geanakos

FORGIVENESS

A father turns the tragedy of his son's murder into a life-long goal to spread messages of reconciliation and restoration to schools and the justice system.

Azim Khamisa was the subject of a "Voices for Children" interview in the Summer 1996 (Vol. 5, No. 4) issue of Children's Voice.—Ed

becoming a killer to prove himself to a gang. How could this happen, here, in the country to which I had fled for refuge from violence?

I came to the United States in 1974, fleeing the violence of Idi Amin's regime in Uganda, which was spilling over into my birthplace, Kenya. In leaving Africa, we lost everything material, but we gained something far more valuable—a peaceful homeland. As my children were growing up, I told them my greatest gift to them was to live in this blessed, safe country. When I pledged allegiance to this country as one of its newest citizens, I was filled with joy and pride.

The rage that followed Tariq's funeral burned away that pride—I had literally made a fatal mistake. My American-born son had been killed on a street in the country I had chosen for him. I considered leaving. But where was there to go? My love for this country was stronger than my rage, and common sense told me there was no place on earth where I could escape the loss of my son. I had to stay, I had to fight, and I had to make some sense of the rest of my life.

People around me were expecting my anger to focus on Tariq's killer. But that made no sense to me. An eye for an eye? The wise Hindu, Gandhi, reminded us, "An eye for an eye, and soon the whole world is blind." Tariq's life had been taken, but why would I want the life of his killer? He was a child who had lost what remained of his childhood, who would surely lose much of his adulthood as well. A child named Tony Hicks was in custody for Tariq's murder.

From the onset, I saw victims at both ends of the gun—Tony and Tariq—victims of a society I had helped create. I had been a citizen of this nation for decades, but what had I done to ensure its children were safe? That they lived in a country where children do not shoot each other? Where kids did not feel the need to join gangs to feel respected and protected?

Seeing Tariq's Soul on Its Journey

Like so many of us when horror strikes, I turned to my faith. My spiritual teachers reminded me that mourning could fill the first 40 days of Tariq's journey in the next world, but after that, after we said the prayers that closed the 40 days, excessive grieving would impede his soul's journey. I must turn my grief into good deeds for the living, deeds that would fuel his soul's journey, not hinder it. The quality of the rest of my life depended totally on my reaction to Tariq's murder; for a life to have quality, it must have purpose.

My faith had given me a cause, a reason for living. I would turn my grief into the good deed of stopping other children from killing each other. I would turn my rage into bringing greater peace to this country I so love. I would help Tariq's soul on its journey. And I would help my country protect all its children. I would become the foe, not of my son's killer, but of the forces that put a young boy on a dark street, holding a handgun.

I decided to start the Tariq Khamisa Foundation (TKF) as the framework for the work I would do in my son's name—ending youth violence. In the past, I had volunteered and contributed, mostly to causes that benefited people in other countries. Now I would focus on a cause in my own country, starting in my city of San Diego. My personal energy began to return as I talked with people in the community about taking part in this enormous task.

Through it all, my thoughts kept going to the family of the other boy, to the family of Tony Hicks. What must they be suffering as petitions circulated in the community to try their boy as an adult? How were they dealing with the horror of what the child had done? From deep and long meditations, I was inspired to reach out in forgiveness to Ples Felix, the boy's grandfather, who was also his guardian.

He is a good man, this Ples Felix, a kind, smart, caring man who is a project manager for the city of San Diego. He has a master's degree in urban development, completed two tours in Vietnam as a Green Beret, and is devoutly spiritual. He dearly loved his grandson and was devastated by what the child had done, on the first night that he had ever defied his grandfather and left the house to meet with the gang.

At our first meeting, Ples told me of his daily prayers for my family and me, and I told him of my concern for him, for Tony, and for all the other kids who were trying to cope with this violent world. Yes, it was difficult. His Tony had killed my Tariq. But the man was suffering deeply, feeling the guilt of his own inability to keep a child he loved safe in this world, grieving that the child was now lost to him, and grieving for Tariq as well.

Ples's grandson, a boy Ples knew as gentle and loving, a boy who carried his hopes for the future, was, at age 14, the first juvenile to be sentenced as an adult in California. Tony was sent to Folsom Prison. So we became brothers in grief, Ples and I, and brothers in our determination to end the hideous cycle of violence.

The press and many citizens of our community held Ples responsible for what happened: He must have treated Tony badly, or simply failed to teach him basic ethics. Being in the public eye was not a pleasant experience for this man. It was an act of great bravery for him to offer his services to the foundation.

Ples and I do the work of the Tariq Khamisa Foundation—saving children's lives—together. TKF has reached more than 350,000 kids in live programs, and millions via digital media. Beginning this year, Discovery Education will offer TKF's programs, organized into six different digitized video vignettes, to some 24,000 schools and potentially 10.5 million children.

Creating Leaders Who Are Peacemakers

TKF's mission is to stop kids from killing kids. Our violence prevention work has received incredible domestic and international acknowledgements, and the work continues to grow in scope. We have received several thousand letters from kids affected by our five key messages:

- Violence is real and hurts everyone.
- Actions have consequences.
- Youth can make good and nonviolent choices.
- Youth can work toward forgiveness, as opposed to seeking revenge.
- Everyone deserves to be loved and treated well.

My dream is for TKF's programs to be in every elementary and middle school in San Diego, and thereafter, in my lifetime, to be in every 4th through 8th grade classroom in our country and in the world. Yes, someday we will be in places like Israel, Palestine, and Iraq. Our goal is to create leaders who are peacemakers and those who can resolve conflict without violence; the vision must begin with our children. I invite you to learn more about the work of the Tariq Khamisa Foundation. Our website is easy to remember: www.tfk.org.

Each school year, several thousand students hear our inspiring message of peace, forgiveness, and positive choices at assemblies in their schools. Our programs empower students to reap the benefits of positive, nonviolent choices; to find the inner strength to resist negative peer pressure; to establish supportive safety nets; to understand the devastating consequences of violence; and to work toward forgiveness as opposed to seeking revenge. Ples and I are living proof it is possible to break the cycle of violence.

These kids are surprised to see us together. In their world, injury and insult lead to violence in an escalating cycle. But they see us, they hear us speak about the tragedy of violence, and they speak—many of them for the first time—of the pain violence has caused in their own lives. In a society where 12 young people die violently every day, where 237 kids are arrested every day for violent crimes, the kids in our program pledge themselves to nonviolence. Violent incidents decrease at their schools. Fewer kids join gangs. I am truly happy to share that our programs work.

Restorative Justice

One other young person who is very much in our hearts is Tony Hicks. It took me a while, but I now go with Ples to visit Tony. When he was first arrested, the boy had no remorse, no understanding of what he had done. But by the time of his trial, he did understand and took responsibility. He is no longer the tough-talking, unfeeling kid being macho for his gang. Now, he talks to us about his regrets, his fears, and his hopes.

Tony began studying for his GED, no thanks to the state prison system. I was shocked to learn the state had no provision for educating a prisoner as young as Tony. Ples was able to obtain study guides and textbooks for him. Tony could finish his sentence in his 40s, but the state system would return him to society with only a prisoner's understanding of the world, with no knowledge or skills to contribute to society.

This makes absolutely no sense. It is shortsighted, wrong-headed, and designed for maximum damage to individuals and society. Revenge, punishment, and release back into society—could there possibly be a better process for feeding the endless cycle of violence that drags us deeper and deeper into the abyss?

That realization has led me to focus some of my attention on the reform movement for restorative justice. An important part of the basic principles of restorative justice is that criminals should be guided into understanding the effect of their actions on their victims, that they should make restitution not to the state but to those victims, and that our reformatories should indeed do the work of reforming criminals into productive citizens.

My work in this area includes developing the Constant and Never Ending Improvement program (CANEI) under the auspices of the National Youth Advocate Program. CANEI (www.canei.org) is a strengths-based program that seeks to help adolescents served by the child welfare or juvenile justice systems restore confidence and control in their lives.

In my book—*Azim's Bardo: A Father's Journey From Murder to Forgiveness*—I have allocated a full chapter on restorative

justice. In the context of juvenile criminals, I want to see our system changed to a restorative justice approach. Why? One compelling reason may be that the current criminal justice system is just not providing, in most cases, any justice at all. Its results are dismal. Besides that, however, there are three important reasons why restorative justice makes sense.

First, most criminals do return to society at some point. If they cannot heal and be restored as functioning members of society, there is a good chance they will return as criminals. When that happens, they lose, their new victims lose, and we all lose.

Second, I believe every human being is the repository of unique gifts.

Finally, and perhaps most importantly, is that the victim needs to heal too. When we are victimized by a criminal act, it is natural to feel anger. But permanent, unabated anger is destructive and harmful to us. It fills us with hatred and tension and blocks out love and joy. The criminal needs the victim's forgiveness to heal.

And in one of human nature's strange twists, full healing for the victim may require him or her to grant that forgiveness. There may be no other way to defuse the destructive anger one feels. No one wants to feel used in such a process—no one wants to be duped by a slick operator. Forgiveness should not be casually handed out as if it were penny candy. The stage must be set properly. That is what restorative justice tries to accomplish.

The prison system offers none of these things to Tony, but we, as individuals, have not left him to this destructive system. Tony Hicks will be a productive, contributing citizen when he is at last a free man. And I have told him that when that day comes, there will be a job waiting for him at the Tariq Khamisa Foundation. Can you see the power of Tony joining his grandfather and me at a school, talking to the kids about the disastrous choices he made when he was only 14? In my heart of hearts, I know we will save Tony. And Tony in turn will save thousands and thousands of other kids. That is the power of forgiveness.

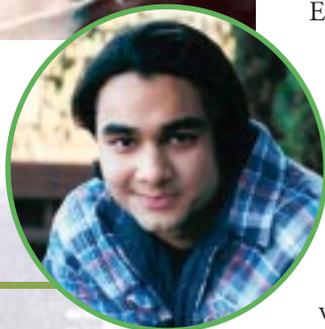
We are teaching kids that through conflict we can create brotherhood and unity. Ples and I are different in many ways. He is Christian, I am a Muslim. He is African American, and I have Eastern roots. We have lived in different circles and would never have met had Tony not taken Tariq's life. Now we are brothers—we have been together for 11 years, and Ples is as much a part of my family as my own family members. He helps me carry my load, and I help him carry his. If we can come together in the spirit of forgiveness, there is much hope for our society. 

Azim Khamisa is founder and CEO of the Tariq Khamisa Foundation, a nonprofit organization dedicated to the mission of stopping children from killing children and breaking the cycle of youth violence. He resides in La Jolla, California, and can be contacted at azim@azimkhamisa.com. This article was adapted from the March 2004 issue of Science of Mind magazine.

Yes, even criminals have something of value buried within them. As with the mining of precious metals, it might require a lot of effort to find it, dig it out, polish it, and reveal its value, but I will never be comfortable with the idea of slamming doors shut forever on young people who have made one terrible mistake. The more we mine their resources and allow them to contribute to the community, the better our chances are to live a rich, peaceful life.



Tony Hicks (top left) was the first juvenile to be sentenced as an adult in California for the 1995 murder of Tariq Khamisa (right). Above, Tony's grandfather, Ples Felix (left) and Tariq's father, Azim Khamisa (right) help California school children plant a tree as part of a "Garden of Life" in memory of Tariq and other children who have died from violence. The children also planted flowering plants around the tree in memory of someone they had lost. Over the past 11 years, the Tariq Khamisa Foundation has planted several hundred Gardens of Life.



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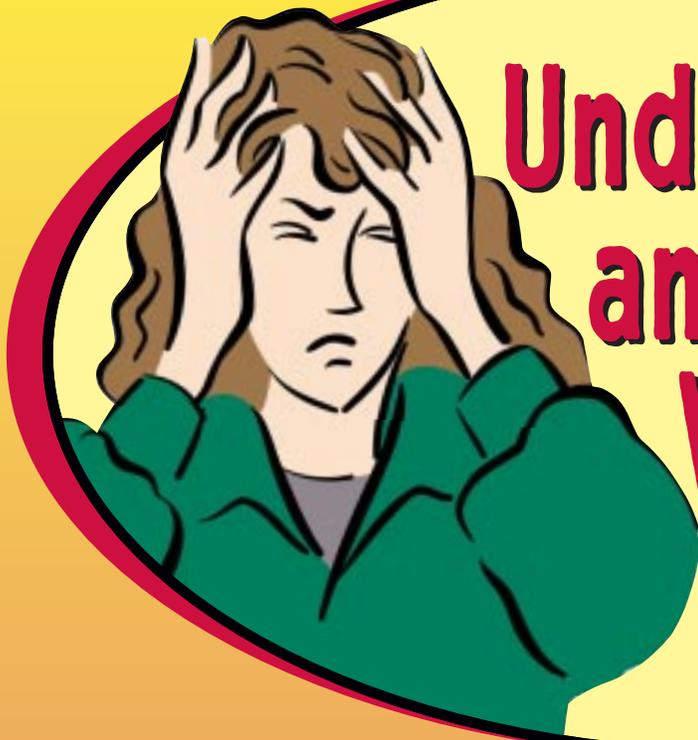
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Understanding and Preventing Worker Burnout



By Kathryn Brohl

Do I have burnout, or am I just fatigued by my compassion?

Job burnout was first identified in the 1970s and defined as “a breakdown of psychological defenses that workers use to adapt and cope with intense job-related stressors” and “a syndrome in which a worker feels emotionally exhausted or fatigued, withdrawn emotionally from clients, and perceives a diminution of achievements or accomplishments.”¹ In other words, when workers experience burnout, their coping skills have declined, they are emotionally and physically drained, and they feel what they do does not matter.

The child welfare system includes several uncontrollable factors that play a large role in feeling out of control, and loss of control is the overwhelming contributor to worker exhaustion.

Workers usually arrive at their jobs with a certain level of educational competence, in the form of an associate’s, bachelor’s, or master’s degree. Formal training, however, doesn’t prepare them for the challenges they can encounter. It can be jarring: The mother who beats Satan out of her children, or the newborn found faintly breathing in a garbage can behind a fast food restaurant; the kids playing with parents’ heroin needles, and the enraged teenager kicking in doors; the children in foster homes or hospitals claiming nobody hurt them, it was just an accident; policies that require workers to fight for the kids but keep themselves at emotional arm’s length.

Child welfare work can mean long rides in subways and hours spent suffocating in filthy, overheated rooms. It means tolerating explosive parents and sometimes explosive judges. It can require calming a child after a 2:00 AM nightmare, or noticing the fresh, self-inflicted wounds on another. Child advocacy can be dangerous, especially when children are removed from their homes in front of drug- or alcohol-affected parents.

While working with uncertainties, workers must also keep their feelings in check when they grieve for young clients. It’s difficult

to express grief if workers have no time for it and have to move on to the next case. The child welfare system is filled with workers who have not had an opportunity to deal with their losses.

In an article published in *City Limits*, a *New York News Magazine*, a child investigations worker comments,

The more I ended up at ECS [emergency children’s services] the harder it became to comfort these children. When you had no idea where a child was going to end up that night, it was impossible to assure them of anything. When a child asks, “Am I going to get split up from my little brother?” you can’t say no. Instead you have to say, “Let’s hope not, okay?”

Child welfare’s greatest loss is the talented people who leave the field because they are burned out. Workers coming and going create a revolving door, especially in residential treatment. Administrators and supervisors bemoan the fact that just when a new worker is trained and beginning to give quality service, he or she leaves. The pressure is mounting as demands on people in direct service grow to reduce risk in children, fill out piles of paperwork, and live with marginal wages.

Are Burnout and Compassion Fatigue the Same?

A newer definition of *worker fatigue* was introduced in the last century by social researchers who studied workers who helped trauma survivors. It was called *compassion fatigue*. People confuse it with burnout, but burnout is different.

Compassion fatigue, or secondary traumatic stress (STS), can surface quite rapidly. Burnout, on the other hand, emerges gradually as one is exposed to mounting job strain.² Burnout occurs when gradual exposure to job strain leads to an erosion of

1. Kreisher, K. (2002). Burned Out. *Children’s Voice*, 11 (4), 6–11.

2. Figley, C.R. (Ed.). (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. Bristol, PA: Brunner/Mazel.

idealism, which leads to discouragement and reduced sense of accomplishment. Burnout and compassion fatigue can share symptoms, however—emotional exhaustion being one of them.

But, unlike burnout, STS can suddenly cause a child welfare worker to feel confused, helpless, and isolated from supporters. STS symptoms often are not related to real causes. One symptom, for example, is feeling worthless, reflecting irrational thinking, yet helpers with STS can experience a speedier recovery.

People with STS experience stress as a result of helping or wanting to help a suffering person in crisis. Child welfare investigation professionals may acquire STS more easily due to their early role in the child separation process. Child protective services professionals would be more likely to experience burnout because they tend to stay with a child's case much longer.

External and Personal Stressors

External stressors that contribute to burnout include:

- **Poor agency management.** Poor interoffice communication, bad managers, and constant crises in agencies contribute to low morale.
- **Poor work conditions.** Difficult work schedules, excessive on-call hours, intense workdays, and blurred job descriptions, leading to a feeling of losing control, being overwhelmed, confusion, and frustration.
- **Boring work, fewer opportunities for promotion, and fear of downsizing.** These factors contribute to feeling stuck and not being able to realize one's potential.
- **Difficult interagency politics, and inadequate training.** Poor or no communication between agencies or workers can lead people to make mistakes.
- **Personal risk.** Insufficient supervision with regard to potentially hazardous conditions places workers at risk of contracting diseases or being exposed to violent situations.
- **Lack of appreciation.** Everyone needs to feel good about what they do. People don't get this feeling through osmosis. Child welfare workers will leave a job sooner if they don't receive appreciation than if they receive low pay.

Personal or internal stressors that contribute to burnout include:

- **A recent loss.** A loss through death, divorce, or life stage, such as children leaving home, contributes to a sense of losing control.
- **Chronic illness.** Ongoing sickness is exhausting and causes irritability and frustration.
- **A history of trauma.** Formerly traumatized workers may give their previous suffering meaning by working with children, but they may be biologically more sensitive to danger cues at work and thus experience exhaustion as a result of these physically hypervigilant conditions.

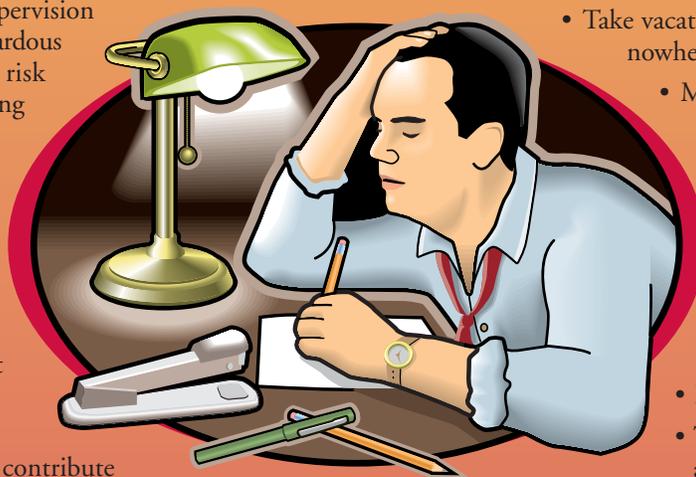
- **Lack of support.** Single parenting, moving to a new town, or being estranged from family can create a feeling of isolation when trying to manage home and work.
- **Poor coping skills.** Many people are workaholics or perfectionists. They do not know how to relax or take time to regenerate. Their communication skills may be primitive, or they may not have control over their anger.
- **High expectations of others.** Some workers expect their coworkers to have the same commitment to the job. If their expectations are disappointed, they become angry or withdrawn. If clients do not fulfill their treatment goals, they may become disheartened or hardened.
- **Unrealistic expectations of agency administrators.** A small number of child welfare workers may rebel against authority and pout when they do not get their way. Their obsession with trying to change the system can exhaust them.
- **Choosing the wrong career.** Child welfare work is not for everyone. People who want to please others can choose it for the wrong reasons. Dealing with the resulting conflicting feelings puts tremendous strain on physical and emotional systems.

How to Prevent Burnout

The best way to prevent burnout is to “know thyself.” Identifying one's strengths and weaknesses is necessary. People can get into undesirable work situations and expect far too much of themselves if they don't know what they want.

Unfortunately, many people do not explore their internal selves until they are in crisis, but they can stop burnout if they begin to notice signs of slow burn. Some things people can do to prevent further decompensation include:

- Take vacation time, even if you have nowhere to go.
- Make sure someone takes your calls when you're off the clock.
- Take a yoga or drawing class—something to disengage your brain.
- See a therapist.
- Find a mentor at work.
- Get new training.
- Form a peer supervision group.
- Talk to more-experienced workers about how they cope with stress.
- List your stressors, and see what you can prune from the list.
- Go to bed earlier.
- Exercise and cut out the heavy carbohydrates and caffeine.
- Say no to evening events.
- Turn off your cell phone and beeper.
- Delegate work at home and at work. Ask for help.
- Make time to do at least one relaxation activity a day.
- Write your goals for the next workday.
- Don't put off making decisions.



- Spend time outdoors.
- Get a massage.
- Surround yourself with supportive friends who aren't all child welfare workers.

How to Deal with Burnout

Any painful condition like burnout provides an opportunity for growth, because crisis forces us to evaluate our old habits. Most people learn through suffering. It opens us to a more authentic state. But each crisis is terribly uncomfortable, and we can find ourselves in a state of anxiety.

Ironically, when people experience burnout, they tend to hang on more tightly to familiar habits. When the anxiety will not go away, however, they are forced to consider other choices. They may not know that burnout is a state of vulnerability. It puts them at a crossroads in their lives.

Feeling vulnerable can cause us to feel guilt-ridden and extremely self-critical. Taking excessive responsibility for all that happens to us is typical. Consequently, shame and embarrassment are also predictable feelings. People naturally want to hide from the realization they are not perfect, but frailties become less powerful when one accepts them. Experiencing burnout is a wake-up call to discard unnecessary baggage.



Overcoming Burnout

The first thing to do if one chooses to work through burnout is to slow things down and become more aware of one's physical and emotional condition. The obvious solution is to take personal days, but if that isn't possible, cancel personal appointments and get some rest.

The second step is to work at adopting patience with oneself and others. Getting to the burnout stage takes time, and physical and emotional healing is not immediate. Patience is a daily practice. Practicing breathing or slow exercise can help one become more observant and patient. Changing perspectives by literally changing scenery is helpful as well.

Next, workers need to examine old habits with compassion. One of the most difficult things for people to do is list 10 things they like about themselves. Workers reach burnout due to a number of reasons. Not all of them are the workers' fault, and burnout has nothing to do with being bad. Remember, all the saints we know are dead.

Along these lines, it's helpful to reassess one's expectations for oneself and others. Sometimes, all we can do is our best; even then, however, the situation may get worse. When workers examine expectations for clients, they can recognize that sometimes a little change is the best they can expect.

In overcoming burnout, workers need to practice new habits, but first, they need to know which ones to adopt. This is where self-awareness comes into play. What do we like to do? What makes us excited, eager, or curious? Old habits are hard to break, but it's easier when we're excited about adopting new ones.

When working through burnout, it's important to practice new behavior and thinking, because practicing them leads to confidence, and subsequently, success. It takes time for brains to develop new sensitized neural pathways, so repetition is the key to change. Few people learn a skill after a couple of tries. Change happens over time. Timelines in adopting new habits of thinking are more realistic when they are viewed in weeks and months.

Lastly, through the process of renewal, workers may be challenged to make brave decisions that will affect their lives.

For example, they may need to speak up, take a stand, or simply consider other career opportunities. Taking responsibility for improving one's well-being is scary but absolutely necessary in overcoming burnout.

The Other Side of Burnout

The opposite of burnout is authentic appreciation for the opportunity to work with children and families. It's a state that allows workers to participate fully and leave the job behind at the end of the day. Most people will experience burnout at some point in their careers. It isn't the end of the world. Yet how they acknowledge and work through their condition, while learning from their experience, has a lot to do with their resiliency in the future. ✨

Adapted from The New Miracle Workers: Overcoming Contemporary Challenges in Child Welfare Work, by Kathryn Brohl (CWLA Press, 2004).

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A licensed marriage and family therapist, Kathryn Brohl has worked in child welfare for more than 30 years. The author of four other books, Brohl trains child welfare workers throughout the United States, Canada, and Australia.

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Living with the Consequences—My Family's SBS Journey

From page 25

Our family is now in its 12th year of our journey. Little Michele is in middle school with glowing grades and a very positive look on life. Hilary Duff is her idol. She loves her sister and helps with her care.

Gabbi attends a charter school in Palm Beach that provides all her therapies as well as education. Gabbi only functions as a 5-month-old, but her school has provided ways for her to actually communicate some of her needs and wants. Gabbi knows she does not like a wet diaper, so they put her on the potty every hour. She has seizures, sometimes as many as 15 a day. We have tried diets along with medicines and have been successful, but her body changes, and we need to find new [medicines]. We are currently using a medicine we can only get from Europe. Amazingly, we have gone from 15 seizures a day, to 2, 1, or none.

Gabbi has had multiple hip surgeries, which I think take more out of me than her. She goes with me to visit middle schools, high schools, parenting classes, drug recovery programs, jails, child abuse prevention seminars, church groups, police, nurses, and DCF workers.

My son was released from jail five years after Gabbi was shaken. I not only lost my grandmother role, I lost my only son. With the circumstances as they are, a relationship with him is impossible.

Many [people] ask me, "How do you do what you do?" I hear, "You are so strong," and "They are so lucky to have you." I respond by saying, "I use the 12 steps of Alcoholics Anonymous." Although I have no addiction problem, I have found that this program's structure gives me the strength to carry on. I believe very much in God and His love for me.

Every time Gabbi clears another hurdle in her life and proves the doctors wrong, I know I am the lucky one.

Our journey continues. We still cross paths with many who are just starting the journey or have been traveling with us for a very long time. We try hard to continue to spread the word. Some people will tell you to make sure your seat belt is buckled, to put your child in the back seat away from the air bag, to wear a helmet when biking or skating, to never let your child sleep on his or her tummy for the first year, to never leave your child unattended at a swimming pool, and to stay away from strangers. SBS victim families will tell you, "Never, ever, shake a baby!" 

Michele Poole, Lake Worth, Texas, is a volunteer consultant and fundraiser for NCSBS. Adapted with permission from the NCSBS website, www.dontshake.com.

CWLA Analyzes Mississippi Child Welfare System

At the request of Mississippi's Department of Human Services (DHS), Division of Family and Children's Services (DFCS), CWLA has reviewed and produced a 40-page report the state can use in response to a suit filed by New York-based Children's Rights Inc.

The suit alleges the constitutional rights of children placed in the protective custody of DFCS were violated by virtue of the state's failure to provide them with basic care and protection. CWLA's review, conducted with the full cooperation of DFCS and in partnership with agency staff at multiple levels, found the state's child welfare system "suffers from a lack of sufficient resources to support the family-centered practice approach it is attempting to undertake."

The review also found:

"DFCS is understaffed at all levels. Many caseworkers carry workloads that are at least double the average number they can manage based on the workload analysis conducted in this review...The recruitment and retention of qualified staff is adversely impacted by heavy workload, low pay, and lack of opportunity for advancement or cost of living adjustments."

Training resources are so limited that new caseworkers are often on the job for weeks or months before they are able to attend training.

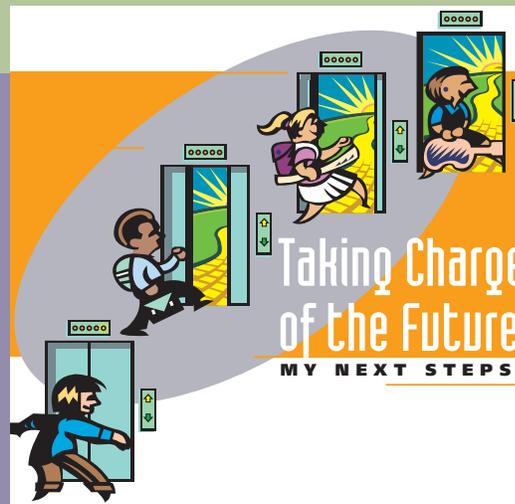
Agency staff are hampered in their efforts to serve children and families by a lack of resources.

The review concludes, "DFCS has begun to lay a foundation that will enable it to better respond to the needs of children and families in Mississippi. The success of these efforts will be reliant, as it is in any child welfare system, on the provision of the resources necessary to support the building of a workforce sufficient in number and skill and an organizational structure and environment that supports them in doing this very difficult and important work."

CWLA Vice President of Corporate Communications and Development Linda Spears explained to the *Clarion-Ledger* in Jackson, Mississippi, that CWLA's report outlines issues that governments must be vigilant to resolve. "It's a commitment of resources and time to protect children adequately," Spears said.

DHS Executive Director Don Taylor told the *Clarion-Ledger* efforts are under way to increase staffing and training. "I see a lot of good things ahead for us."

Lawmakers added 97 social workers to the state's payroll this year, and state contributions to the agency's budget grew 5.5%, to more than \$93 million, according to the *Clarion-Ledger*.



Summit Explores Life Lessons 101

CWLA Mid-Atlantic Region Director Cassandra Rainey points to an evaluation comment from a youth who attended CWLA's first Mid-Atlantic Region Youth Empowerment Summit as a good summary of the event's outcome:

"The summit made me realize that everybody goes through struggles and to keep going forward."

The summit, *Taking Charge of the Future: My Next Steps*, brought together more than 300 youth, parents, and member and nonmember agency staff last April for a day of workshops designed to highlight the importance of youth taking an active role in planning their futures, as well as their ability to access permanent support connections. The workshops, held at the Newark campus of Rutgers University, and conducted by child welfare agencies, focused on empowering youth ages 14–21 to plan and implement important life decisions about education, careers, housing, health, and interpersonal relations.

Specifically, the workshops explored

- how youth can serve as youth advocates and peer role models,
- how youth can become successful leaders in society and in their own lives,
- successful aging out programs, and
- how to overcome the odds and become caring, competent adults.

Keynote speakers included New Jersey Department of Human Services Commissioner Kevin Ryan and motivational speaker Darrell "Coach D" Andrews. The day concluded with a poetry and rap slam.

The idea for the summit came about during discussions with CWLA members. Kevin Keegan, Executive Director of New Pathways in Baltimore, was instrumental in moving the idea forward, Rainey said. Twenty CWLA members brought youth to the summit, as well as a number of non-CWLA members. The young participants included youth in foster care and others who were not in care.

"When we originally started [discussing the idea of the summit], it was to deal with kids in care who are aging out, but we recognized you can age out from your parents' home and still need the same kinds of conversations and encouragement, if not at a different level," Rainey said.

The summit was funded through financial support from Casey Family Programs, as well as through grants from the Anne E. Casey Foundation and the National Center for Learning Disabilities.

CWLA Advocacy at a Glance

Following is a sampling of CWLA's activities in recent months on the public policy and advocacy fronts:

- CWLA has joined with SOS Children's Villages-USA and other organizations in an effort to gather 25,000 petition signatures to send to Secretary of State Condoleezza Rice, urging the United States government's ratification of the United Nations Convention on the Rights of the Child (CRC).

The CRC is an international agreement that requires signing nations to protect the basic rights of their most vulnerable citizens—children. The United States and Somalia are the only countries that have not ratified the CRC. To add your signature to the petition, visit www.sos-usa.org.

- CWLA urged Congress to reject proposed federal funding cuts to juvenile justice and delinquency prevention during a congressional briefing in May. CWLA and other organizations shared information with 30 congressional staffers about successful community-based programs funded through the Juvenile Accountability Block Grant and the Title V Community Prevention Grants program.
- CWLA, along with 27 other national child and medical organizations, has called on congressional leaders to increase funding for the Centers for Disease Control and Prevention's

National Center for Injury Prevention and Control, which would establish a consortia on the medical aspects of child abuse and neglect—the Health Child Abuse Research, Education, and Services (CARES) Network.

The CARES Network would serve as an infrastructure to establish communications, collaboration, and information sharing among the various health care professionals who work directly or indirectly in the field of child maltreatment. The network would link medical providers such as pediatricians, family practitioners, dentists, nurses, and allied health professions to share information, develop educational programs, disseminate and implement best practices, and ultimately prevent child maltreatment. The network would not duplicate aspects of other programs, such as child advocacy centers, but would serve as a resource to law enforcement, the judiciary, the child protection system, and others.

- CWLA has partnered with the National Association of State Alcohol and Drug Abuse Directors, the Rebecca Project for Human Rights, and other organizations in calling for increased methamphetamine treatment supports and services for pregnant and parenting women who come in contact with the criminal justice system.

The organizations call for appropriators in the House of Representatives to allo-

cate \$20 million to fund Section 756 of the USA Patriot Act. This provision calls for collaboration between the criminal justice, child welfare, and state substance abuse systems to carry out programs to address the abuse of meth by pregnant and parenting women offenders.

- CWLA has joined with other organizations in launching a new version of the Youth Policy Action Center (www.youthpolicyactioncenter.org), a website that engages young people and adults in changing policies that affect young people's lives. CWLA will be posting alerts to the Action Center so members and partners can contact elected officials to make a difference when key policies are being discussed.

Other features of the website include state pages with information on the state and local level, policy tools to learn about elected officials and media contacts, and an information portal to stay up-to-date on research and policy analysis.

- In partnership with Youth Services Inc., a member of both CWLA and the Crittenton family of agencies, CWLA held the Philadelphia Summit for Young Ladies, attended by 75 high-school-aged girls, on May 20. The summit featured many other sponsors, including the National Florence Crittenton Mission. The summit was the second of its kind, the first being held in Washington, DC, in 2005 as part of CWLA's National Girls Initiative.

H A P P E N I N G S

NOVEMBER 13–15, 2006

Finding Better Ways

Best Practice in Working with Gay, Lesbian, Bisexual, Transgender, and Questioning Youth
Gaylord Opryland Hotel, Nashville, Tennessee

FEBRUARY 26–28, 2007

CWLA National Conference

Children 2007: Raising Our Voices for Children
Marriott Wardman Park, Washington, DC

Dates and locations subject to change. For more information on the CWLA calendar, including conference registration, hotels, programs, and contacts, visit CWLA's website at www.cwla.org/conferences, or contact CWLA's conference registrar at register@cwla.org or 202/942-0286.

The People Behind CWLA

Would you like to get to know CWLA staff a little better? Now League members can by visiting CWLA's members-only website, www.cwla.org/membersonly.

Biographies and photos of CWLA's Washington headquarters and regional staff were recently added to the site. Information about CWLA's members is also updated monthly and is viewable by state.

The members-only site is accessible with your member number and password. If you don't have that information, links on the members-only login page allow members to request that it be sent to them. You can also call Member Services at 617/769-4019, or contact your CWLA Regional Director. Regional contact information is located at www.cwla.org/members/regionaloffices.asp.

Rags to Riches Chances

A new report from the Center for American Progress, *Understanding Mobility in America*, discusses the chances for an American child who is born poor to end up rich, and the strength of the correlation between the chances of upward class mobility and factors such as education and effort.

Major findings from the report include:

- Children from low-income families have only a 1% chance of reaching the top 5% of the income distribution, versus children of the rich, who have about a 22% chance.
- Children born to the middle quintile of parental family income (\$42,000–\$54,300) had about the same chance of ending up in a lower quintile than their parents (39.5%) as they did of moving to a higher quintile (36.5%).
- African American children born in the bottom quartile are nearly twice as likely to remain there as adults than are white children.
- The United States has an unusually low level of inter-generational mobility: Our parents' income is highly predictive of our incomes as adults. Only the United Kingdom had a lower rate of mobility.
- The overall volatility of household income increased significantly between 1990–1991 and 1997–1998, and again in 2003–2004.
- People who work long hours on a consistent basis no longer appear to be able to generate much upward mobility for their families.

The full report is available on the Center for American Progress website at www.americanprogress.org.

Five States Receive Foster Care Funding Waivers

The U.S. Department of Health and Human Services (HHS) has granted foster care funding waivers to California, Florida, Iowa, Michigan, and Virginia.

The waivers will allow California, Florida, and Michigan to modify how they use federal funds to provide early intervention and intensive in-home services for abused and neglected children. In Iowa and Virginia, waivers will provide subsidies to families who assume legal guardianship of children in foster care. Iowa will also provide intensive case planning and services for older children transitioning or leaving foster care.

HHS announced the waivers last spring, just before its authority to grant such waivers expired, and shortly after it released new national child abuse and neglect data for 2004. Three million children were reported abused and neglected during 2004, with 872,000 children confirmed as victims of maltreatment, and nearly 1,500 fatalities from abuse.

Shortly after the waivers were announced, CWLA released a statement noting the data, “have changed only slightly from year to year because as a country we have done very little to provide needed services and address the underlying causes of child abuse and neglect.”

CWLA went on to address the recently granted state waivers: “In each instance, the states seek to conduct worthy efforts to meet the needs of children, and we commend them for their innovative approaches. But states should not be forced into a position to request waivers to avoid the impact of a federal funding formula that in no way relates to the needs of children who have been abused and neglected.

“The need to lock in this funding and create additional flexibility is the result of an outdated, ineffective system of providing limited federal support for the protection and treatment of this nation’s abused and neglected children.”

Too Many Kids in Need, Too Few Psychiatrists to Help

A shortage of psychiatrists in the United States is worsening as the stigma of mental health problems recedes and more families seek help for their children, including prescriptions for psychiatric drugs, according to an article in the *Star-Telegram* in Fort Worth, Texas.

“There is no state where this is not a problem—none,” says Gregory Fritz, Director of Child Psychology at Brown Medical School in Providence, Rhode Island, in the *Star-Telegram*. “We see it in the emergency ward every night, where problems have gotten out of hand over time due to lack of intervention, and progress to a point where a kid is suicidal or dangerous.”

A recent report from the National Conference of State Legislatures warns the demand for drugs is intense, and the shortage of psychiatrists “forces kids to see other practitioners for medication management who might not have the training or experience to appropriately treat them.”

According to the *Star-Telegram*, two main factors are to blame for the shortage: Child psychiatrists must undergo an extra two years of training on top of four years of medical school and three years of general psychiatry; and reimbursement rates do not cover the time required for a psychiatrist to interview parents, teachers, and others aware of a child’s behavior.

On average, there is only one child psychiatrist for every 15,000 youth under age 18, resulting in a caseload of 750 seriously disturbed children per doctor, according to a study commissioned by the American Academy of Child and Adolescent Psychiatrists in 2003. West Virginia has 1.3 child psychiatrists per 100,000 young people, the *Star-Telegram* reports.

Savings with Systems of Care

Children and youth served by systems of care that provide community-based services spend less time in inpatient care, experience fewer arrests, make improvements in their overall mental health, and do better in school than before enrollment, according to data from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The SAMHSA data suggests that systems of care save taxpayers money when compared with the traditional mental health service delivery systems. On average, systems of care save public health systems \$2,776.85 per child in inpatient costs, and juvenile justice systems \$784.16 per child, over the course of a year.

The SAMHSA data also shows:

- The percentage of children who used inpatient facilities within the previous six months decreased 54% from entry into systems of care to 18 months after systems of care.
- Emotional and behavioral problems were reduced significantly or remained stable for nearly 90% of children after 18 months in systems of care.
- The percentage of children and youth who deliberately harmed themselves or attempted suicide decreased 32% after 12 months in systems of care.
- The percentage of children with regular school attendance during the previous six months increased nearly 10%, with 84% attending school regularly after 18 months in systems of care.

Calling on Help for Katrina's Young Survivors

Earlier this year, the Children's Defense Fund (CDF) released a report, *Katrina's Children: A Call to Conscience and Action*, urging immediate mental health and health services to children struggling to cope with Katrina's trauma.

The report included recommendations for an emergency children's health and mental health corps, mobile health vans, school-based health clinics, and emergency Medicaid relief to cut through state requirements and bureaucratic barriers.

In addition to emergency health and mental health assistance, CDF called for immediate attention to the public education and afterschool needs of Katrina survivor children. CDF has opened emergency afterschool "CDF Freedom Schools" in Mississippi and is working on similar efforts with local historically black colleges and universities and organizations in Louisiana.

"Our efforts are a drop in the basket of need," says CDF President Marian Wright Edelman. "Our invisible children need to be on the front burner of adult and national concern and action. This is not a time for business as usual, compassion fatigue, moving on to the next story, partisan political games, or citizen apathy."

CDF's report cites Bruce D. Perry of the Child Trauma Academy in Houston, who warns:

The real crisis from Katrina is coming. It is more relentless and more powerful than the floodwaters in New Orleans...Over our lifetime, this crisis will cost our society billions upon billions of dollars. Yet our society may not have the wisdom to see that the real crisis of Katrina is the hundreds of thousands of ravaged, displaced, and traumatized children, and may not have the will to prevent the crisis.

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Tracking Kids via Satellite

More cell phone companies are taking advantage of global positioning system (GPS) technology to turn kids' phones into tracking devices, according to the *Chicago Tribune*.

Last spring, Sprint Nextel began offering downloadable software for parents and other caregivers to use to follow children on their own cell phone video screens or online.

A new phone due out this summer from Disney will offer similar GPS locating controls, but Sprint is the first major U.S. carrier to offer such a service, the *Tribune* reports. For a monthly fee of \$9.99, Sprint's new "Family Locator" plan can be used with up to four phones. Some current Sprint phones can download the program, but some customers will have to buy new phones.

To use the Family Locator plan, a parent tells the phone to find the child, and the location is displayed on a map visible on the parent's phone or from a personal computer connected to the Internet. Once the child has been located, the child receives a text message from the parent's phone.

CHILD WELFARE LEAGUE OF AMERICA

NATIONAL CONFERENCE

CALL FOR PAPERS & SAVE THE DATE

Raising our VOICES for Children

CHILDREN 2007



February 26-28, 2007
Marriott Wardman Park
Washington, DC

Circle the dates February 26 through 28 on your 2007 calendar, and start planning now to attend Children 2007.

This year's National Conference, *Children 2007: Raising Our Voices for Children*, will offer you the chance to meet face-to-face, initiate discussions and collaborations, showcase best-practice models, and vocalize your concerns about issues affecting children and families in one-on-one meetings with lawmakers. By raising our voices collectively, we can make the world a better place for our nation's most vulnerable children.

What better place to amplify our voices than in the nation's capital. The Hill visits and state caucuses that take center stage on the second day of every CWLA National Conference are one important facet of our work. They are advocacy in action. The plenary sessions, workshops, meetings of task forces and working groups, and informal networking that goes on around the conference are equally essential.

Children's Voice



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