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***Circuit** is a quarterly publication of South Dakota Parent Connection providing stories around a central theme for each issue. **Circuit** is intended to be a reference publication packed with information and is provided electronically and in printed format.*

South Dakota Parent Connection also produces an electronic semi-monthly newsletter (weConnect) with current events and time-sensitive information.

Circuit

Offering information and assistance to parents and families caring for children with a disability or special need.

***In this Issue:
What Parents Should Know...
About Safety***

“The central struggle of parenthood is to let our hopes for our children outweigh our fears.”

Ellen Goodman



Keeping Your Child Safe

*By Susanne A. Hansen, Parent of a Child With Special Needs
Fort Campbell, Kentucky*

Safety is one of the most important concerns with raising children, but it becomes vital if one of your children has a special need. Children with special needs can present special safety needs too. Children who suffer from any type of disability, whether it is mental, physical or emotional, will tend to suffer accidents at a higher rate. Your child’s disability will determine what types of issues to be aware of, but there are several areas to consider when taking safety precautions.

Never Underestimate Your Child’s Ability to Get Away

In situations where a child has autism or an autism spectrum disorder, this brings a whole new risk factor to child safety. Children with autism tend to wander. Some may not respond to their names being called. Some may be too trusting of strangers. Some may be awake at night when the rest of the house is sleeping. Whatever the issues, keeping your child with an autism spectrum disorder safe can be a nightmare. Drowning, prolonged exposure, and other wandering-related factors remain among the top causes of death among children with autism spectrum disorders.

- Secure your home by installing some of the following:
 - Dead bolts that require keys from both sides.
 - A home security alarm system.
 - Inexpensive battery operated alarms on doors and windows.
 - Hook and eye locks on all doors above your child’s reach.
 - Fence your yard.
 - Adhere printed STOP signs to doors, windows and other exits.
- Consider a tracking device. Check with your local law enforcement for where to find devices such as Project Lifesaver or LoJack SafetyNet services. These tracking devices are worn on the wrist or ankle and locate the individual through radio frequency. Various GPS tracking systems are also available.

Keeping Your Child Safe



(Continued from page 1)

- Consider an ID bracelet that includes your name, telephone numbers and other important information. They may also state your child's disability.
- Teach your child to swim. However, fence your pool if you own one, using gates that self-latch higher than your child's reach. When not in use, remove all toys or items of interest. Neighbors with pools should be made aware of these safety precautions and your child's tendency to wander.
- Alert your neighbors. Knowing your neighbors can help reduce the risks associated with wandering.
- Provide first responders with key information before an incident occurs. Preparing for a wandering incident may seem extreme for some families. Yet, for many other families, addressing wandering the first time can be the worst time. Anyone with a child with autism should complete a first responder alert form that can be copied and carried with you at all times. Keep one at home, in your car, in your purse or wallet or affixed to a child's car seat. Parents should also consider having a Family Wandering Emergency Plan. Visit <http://www.autismspeaks.org/family-services/community-connections/first-responders> for information on helping first responders respond should a child wander.

Fire Safety

There are other areas to consider when planning for the safety of your child with special needs. In the area of fire safety and prevention, parents of children who are vision or hearing impaired should have safety aids installed in their house. Here are some fire safety tips:

- Contact your local Fire Department and explain any special circumstances you have.
- Consider a medical alert device for your child, his backpack or clothing.
- Create visual aids above doors to highlight exit routes.
- There should be a house map with the exits marked.
- Children should know the Evacuation Plan and practice a fire alarm drill to make them become more comfortable in the event of a real fire. Techniques should include feeling along walls to get to safety.
- Fire extinguishers should be placed on every level of the house.
- Flashing or vibrating smoke alarms should be installed.
- For children who cannot communicate verbally, keep a whistle, bell or alarm near your child's bed to alert others to danger.

For ALL children, falls are the number one unintentional injury. As a parent or caregiver of a child with special needs, you might have to make physical modifications in your home to ensure your child's safety. However, here are some basic steps you can take to help prevent falls.

- Install secure handrails and grab bars where necessary, such as stairways and bathrooms.
- Remove area rugs.
- Keep cords and clutter out of the way.
- Keep chairs pushed in and cabinets and doors fully closed.
- Secure tall and heavy furniture with furniture straps.
- Look out for uneven floorings.

Transportation can also present unique safety challenges. When riding in a vehicle, children with special needs can generally be transported with the use of standard child restraint devices and this is preferable. If necessary and a conventional restraint does not meet a child's positioning needs and proper use of the restraint is compromised, then a specialized restraint should be considered. Car safety seats with five-point harnesses anchored at both shoulders, both hips and between the legs, can be adjusted to provide good upper torso support for many children with special needs. In some cases, having a person ride in the seat next to the child may be necessary.

These tips are to help you keep your child with special needs safe and are by no means all inclusive. Planning ahead and a few precautionary measures can make all the difference in the safety of your special child. Remember, safety should always come first.

Store Medicine Up and Away

Families take medications and vitamins to feel well and stay well, and families of children with special needs more so than others. However, did you know that more than 60,000 young children end up in emergency rooms every year because they got into medicines when their parent or caregiver wasn't looking?

Here are some tips for protecting your child from the Centers for Disease Control and Prevention (CDC).



Put medicines and vitamins up and away – out of reach out of sight!

Children are curious and put all sorts of things in their mouths. Even if you turn your back for less than a minute, they can quickly get into things that could hurt them. Pick a storage place in your home that your child cannot reach or see. Different families will have different places. Walk around your house and decide on the safest place to keep your medicines and vitamins.

Put medicines and vitamins away every time.

This includes medicines and vitamins you use every day. Never leave them out on a kitchen counter or at a sick child's bedside, even if you have to give the medicine again in a few hours.

Be prepared in case of an emergency.

Program the poison control number into your home and cell phones (800-222-1222). Call your poison control center right away if you think your child might have gotten into a medicine or vitamin.

Hear the click to make sure the safety cap is locked.

Always lock the cap on a medicine bottle. If the bottle has a locking cap that turns, twist it until you hear the click. Remember, even though many medicines have safety caps, children may be able to open them. Every medicine and vitamin must be stored up and away and out of children's reach and sight.

Teach your child about medicine safety.

Teach your children what medicine is and why you must be the one to give it to them. Never tell children medicine is candy to get them to take it, even if your child doesn't like to take his or her medicine.

Tell your guests about medicine safety.

Ask house guests and visitors to keep purses, bags or coats that have medicine in them up and away and out of sight when they are in your home.

Take the pledge.

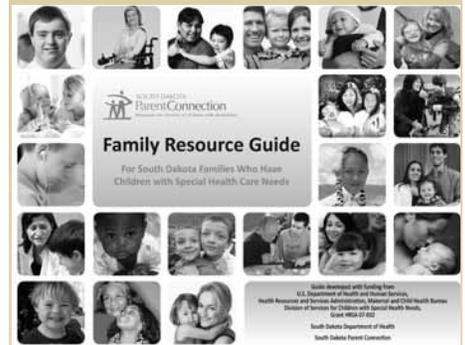
Visit the Up and Away website, www.upandaway.org and take the pledge to store medications safely.

Another Tool from SDPC

SDPC recently introduced another tool for families who have children with special needs or disabilities and those who support them.

The Family Resource Guide has more than 200 links to programs and services. A convenient Notes section on each page provides space to record dates of contact, update program information and other important details. **The FREE 64 page book is available in English and Spanish from SDPC. Call 1-800-640-4553 or email sdpc@sdparent.org.**

The Guide is also available on the SDPC website, www.sdparent.org, in both English and Spanish as a searchable document.



The resource was developed with funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Services for Children with Special Health Needs, South Dakota Department of Health and South Dakota Parent Connection with support from Avera Children's Hospital and Sanford Castle of Care Children's Hospital.

Coping with a Child's 'Meltdown'



For many parents and those caring for a child with an autism spectrum disorder, meltdowns are often a fact of life. Adelle Jameson Tilton, author of *"The Everything Parents Guide to Children with Autism"* has written several excellent articles on coping with meltdowns that are available on the Internet.

"Defusing a Meltdown" - www.netplaces.com/parenting-autistic-kids/meltdowns-and-discipline/defusing-a-meltdown.htm

"Meltdowns of Children with Autism versus Temper Tantrums"
www.netplaces.com/parenting-autistic-kids/meltdowns-and-discipline/autistic-meltdowns-versus-temper-tantrums.htm

"Handling a Meltdown in Public" - www.netplaces.com/parenting-autistic-kids/meltdowns-and-discipline/handling-a-meltdown-in-public.htm

Children with Special Health Needs Require Extra Precautions Against West Nile and Flu

Children with special health care needs often have weakened immune systems which makes them more susceptible to life-threatening complications of viruses such as the West Nile and the influenza.

West Nile Virus

As of late August, South Dakota ranked sixth nationally in the number of West Nile cases with 98. While it is often thought that West Nile only is a problem in wet conditions, the culex tarsalis mosquito, which carries West Nile Virus, tends to thrive in dry conditions with occasional rain.

Parents need to watch for West Nile symptoms until a hard freeze occurs. According to the Centers for Disease Control four out of five people who become infected will not show any symptoms. Up to 20 percent of people who become infected have symptoms such as fever, headache, body aches, nausea, vomiting and sometimes swollen lymph glands or a skin rash on chest, stomach and back. Symptoms can last for as short as a few days, though even healthy people have become sick for several weeks. About 1 in 150 people infected with West Nile virus will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks and neurological effects may be permanent. Occasionally, an infected person may develop more severe disease such as "West Nile encephalitis," "West Nile meningitis" or "West Nile meningoencephalitis."

For more information about the West Nile Virus visit the Centers for Disease control at www.cdc.gov or the South Dakota Department of Health at <http://doh.sd.gov/WestNile/>.

Protection Against West Nile

It is not necessary to limit any outdoor activities, unless local officials advise you otherwise. However, you can and should try to reduce your risk of being bitten by mosquitoes. In addition to reducing stagnant water in your yard, make sure all windows and doors have screens, and that all screens are in good repair. If West Nile Virus is found in your area:

- Minimize time spent outdoors between dusk and dawn. Wear shoes, socks, long pants and a long-sleeved shirt when outdoors for long periods of time, or when mosquitoes are most active.
- Use mosquito repellent containing DEET, Picaridin, oil of lemon eucalyptus, or IR3535, according to directions, when you are outdoors.

Source: South Dakota Department of Health

(Continued on next page)

(Continued from page 4)

The Flu and Children with Special Needs

A disproportionately high number of children with neurologic disorders died from influenza-related complications during the 2009 H1N1 pandemic, according to a study by scientists with the Centers for Disease Control and Prevention. The report in the journal *Pediatrics* underscores the importance of influenza vaccination to protect children with neurologic disorders. CDC is joining with the American Academy of Pediatrics, Families Fighting Flu and Family Voices to spread the message about the importance of influenza vaccination and treatment in these children.



“We’ve known for some time that certain neurologic conditions can put children at high risk for serious complications from influenza,” said Dr. Lyn Finelli, chief of the surveillance and outbreak response team in CDC’s Influenza Division. “However, the high percentage of pediatric deaths associated with neurologic disorders that occurred during the 2009 H1N1 pandemic was a somber reminder of the harm that flu can cause to children with neurologic and neurodevelopmental disorders.”

“Flu is particularly dangerous for people who may have trouble with muscle function, lung function or difficulty coughing, swallowing or clearing fluids from their airways,” said study coauthor and pediatrician Dr. Georgina Peacock. “These problems are sometimes experienced by children with neurologic disorders,” said Peacock, of CDC’s National Center on Birth Defects and Developmental Disabilities

The most commonly reported complications for children with neurologic disorders in this study were influenza-associated pneumonia and acute respiratory distress syndrome (ARDS). Seventy-five percent of children with a neurologic condition who died from 2009 H1N1 influenza-related infection also had an additional high risk condition that increased their risk for influenza complications, such as a pulmonary disorder, metabolic disorder, heart disease or a chromosomal abnormality.

The Influenza Vaccination

The CDC recommends that anyone over six months of age be vaccinated every year. The “flu shot” is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. The nasal-spray flu vaccine is a vaccine made with live, weakened flu viruses that is given as a nasal spray (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). The viruses in the nasal spray vaccine do not cause the flu. LAIV is approved for use in individuals 2 through 49 years of age without underlying medical conditions that predispose them to complications or who are not pregnant.

The CDC recommends that people get vaccinated against influenza as soon as 2012-2013 flu season vaccine becomes available in their community. Influenza seasons are unpredictable, and can begin as early as October. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against the flu.

To learn more about influenza, visit www.cdc.gov/flu.

Safety Resources

Here are some resources to help ensure your child’s safety:

AWAARE - www.awaare.org

Information, resources, social stories and more. Includes Family Wandering Emergency Plan, Alert Form for First Responders, Sample IEP Letter.

Autism Risk Management – <http://www.autismriskmanagement.com/>

Autism training and resources for law enforcement, emergency first responders, parents, educators, care providers, and the autism community. Includes downloadable forms.

Safe Kids USA – www.safekids.org

Online Safety VIDEOS show how you can take precautions in the home to help prevent injuries to children with physical, developmental or cognitive disabilities.

My Precious Kid – www.mypreciouskid.com

1-800-381-4577
Child safety products and devices.

Brickhouse Security – www.brickhousesecurity.com/about-child-locators-gps-tracking.html

Project Life Saver - <http://www.projectlifesaver.org/>

Rapid response for children and adults who wander.

Internet Safety - <http://www.netismart.org/Parents>

How to protect children from online dangers

Bullying – National Bullying Prevention Center - www.pacer.org/bullying/

Resources and information to combat and prevent bullying

Look Before You Lock - <http://transition.acf.hhs.gov/programs/occ/news/look-before-you-lock-pledge>

New government website to help curb rise in heatstroke among children left in vehicles.

TIP: Family Support 360 families may be eligible for financial assistance for safety devices.

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"When we made the initial call to SDPC, we were so pleased to have someone listen, point us in the right direction, and understand. Since then, we have been blessed by regular contact and information, along with the realization that there is a network of resources and families we can receive support from as we parent."

One of the thousands of parents
assisted by SD Parent Connection

If YOU want to make a difference
for a family of a child with a disability
or special need
visit www.sdparent.org

Donate Now

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Thank You!!!

Sibshops Schedule for 2012-2013 Announced



Thanks to a Sheldon F. Reese Foundation grant and partnerships with Here4Youth and Children's Care Hospital and School, South Dakota Parent Connection will offer four Sibshops in Sioux Falls during the 2012-2013 school year.

The program is designed specifically for brothers and sisters, ages 6-12, of children with special needs or disabilities to enjoy friendship, activities and learning together. .

Dates Set for 2012-2013

Saturday, October 6, 2012 - 10 a.m. to 1 p.m., Outdoor Campus, 4500 S. Oxbow. Wear appropriate clothing for outdoors and shoes appropriate for walking. Among the activities: Animal Adaptations (*claws, teeth, spots and stripes*) and a discussion of adapting to life as a sibling of a person with a disability or special need. Lunch will be provided. Parents will need to sign a waiver provided by the Outdoor Campus. Pre-registration required. Register by October 3.

Saturday, December 8, Details to Be Announced

Saturday, February 9, 2013 - Swimming at Children's Care Hospital and School

Saturday, April 13, 2013 - Details to Be Announced

Sibshops is made possible through private funding. **If you would like to help fund Sibshops contact SDPC at sdpc@sdparent.org.**

Marcia Maltaverne Joins SDPC Team

Marcia Maltaverne has joined the SDPC team as Projects Coordinator. Marcia has 20 years of experience working with children with disabilities and their families. Marcia has a Bachelor of Science degree in Elementary and Special Education and a Master's degree in Education Leadership and Development. She is the parent of a child with an attention deficit disorder.

SDPC's RHOP focuses on Rural Health Outreach for CYSHCN

Sixty-three of South Dakota's 66 counties are designated as frontier or rural and children and youth with special health care needs (CYSHCN) living in these communities are much less likely than their urban area and large town counterparts to meet target goals (outcome measurements) set by the Maternal Child Health Bureau (MCHB). The Rural Health Outreach Project (RHOP), a three-year project funded by the U.S. Department of Health and Human Services, MCHB, will support SDPC in partnering with providers and systems statewide to improve outcomes for rural/frontier area CYSHCN in the following areas:

- Families partner in decision making and are satisfied with the services they receive.
- Children are screened early and continuously for special health care needs.
- Community-based service systems are organized so that families can use them.
- Youth with special health care needs receive the services necessary to make transition to adulthood in education, employment and health care.

"What If" Dialogue: Talking to Your Child About Dangers

Adapted from Child Advocacy Center of the Black Hills, Children's Home Society

A "What If" dialogue can help parents and caregivers assess a child's understanding of situations that could be harmful and provide teaching moments for parents and caregivers. A simple introduction to the child safety talk begins with asking the child where on their body they would NOT want other people to touch. If the child becomes bashful, ask them if it is okay for someone to touch their eyes. Most children will laugh and say, "No!" Then re-prompt them to name parts of their body they would not want somebody to touch. If the child does not include their genitals or mouth, simply ask them if it would be okay for someone to touch those parts or their body. If the child agrees it is okay for somebody to touch their genitals, use this as a teaching moment to educate what parts of their body it is not okay for others to touch.

Discussions should also include the child's responsibility to tell about all touching. Be cautious of using phrases such as "good touch," "bad touch," "private touch," or "secret touch" (or any similar touch descriptor). That approach asks a child to determine the intentions of an adult. The child ONLY needs to know to tell an adult; the adult can determine if it is an appropriate type of touch.

Beginning the "What If" Dialogue

Explain to the child that you will be asking questions about situations and inviting them to share their reaction of what they would do. You may start with questions about safety plan topics, such as "What if you were at the mall and got lost; what would you do?" or moral topics, "What if someone in front of you dropped a ten dollar bill; what would you do?"

After several topics of safety have been discussed, the topic of sexual touching may be introduced. If a child is young, it may be best to divide this discussion into two sessions, introducing sexual touching into the second session. Here are some samples of questions to ask

- What if someone touched your private parts and said it was an accident; would you still have to tell?
- What if someone touched you and wanted you to keep it a secret?
- What if your best friend told you someone was touching their private parts?
- What if someone touched your private parts and said someone would get mad if you told?
- What if someone you really love touched your private parts?
- What if someone touched your private parts and said they would hurt someone if you told?
- What if someone wanted you to touch their private parts?
- What if you told someone about someone touching your private parts and they didn't believe you?

As the child responds, look for opportunities to reward their initiative of telling an adult. When they respond incorrectly, use this as a teaching moment to help the child understand the correct course of action to take.

Here is an example

Question: What if someone touched your private parts and said it

was an accident; would you still tell?

Answer: Nope! Because it was an accident.

Response: Actually, no matter if it is an accident or not, you still get to tell me (*avoid using have to or suppose to*).

Other questions about safety topics may be added at the discretion of the parent.

- What if you saw an adult hit another adult?
- What if you saw an adult hit a child?
- What if you know about someone who uses drugs?
- What if someone wanted to take pictures of you without clothes?
- What if someone wants you to use drugs or drink alcohol?
- What if someone at school was bullying you?
- What if someone knocks on the door and you are home alone?
- What if someone approaches you through the computer?
- What if someone says their dog got out of the yard?
- What if someone says they lost the key to their house?

During these dialogs it is imperative to keep the conversation light and relaxed. It is important to praise a child when they respond correctly and gently correct when they need more guidance. Also, it is important not to use phrases such as “No one is suppose to touch,” “Don’t let anyone touch these parts,” “Bad people might touch those parts.” Use of these phrases tends to imply the child is responsible for “allowing” or “letting” the touch happen. The child’s ONLY responsibility is to tell about the touching. Whether or not this is an appropriate touch is not the child’s concern.

Avoid telling children that only specific people can touch their “private areas.” Doctors, parents, step-parents, and other people who are “allowed” to touch children’s genitals have been convicted of abusing children.



Be Prepared Should Natural Disaster Strike

This summer it has been wildfires, but any natural disaster can create unique challenges for people with disabilities. Jana Burke, director of the Rocky Mountain ADA Center, offers this advice:

Be Prepared. Because adverse weather can strike no matter where we live, it is vital we all take steps to prepare ourselves and our families for possible disasters. Educate yourself. Learn about the Americans with Disabilities Act requirements for access to emergency services within your community, including access to temporary shelters and disaster recovery centers. Register your phone numbers with your county 911 service so you receive emergency notifications in a timely manner. Visit www.ready.gov, the emergency preparedness website from the Federal Emergency Agency for helpful tips on building your own 72-hour disaster kit and other basic information to keep you informed and prepared. You can also download a form for a Family Emergency Plan and a template for wallet size Family Emergency Plan cards for each family member at www.ready.gov/sites/default/files/documents/files/Family_Emergency_Plan.pdf.

Know your Resources. As part of your preparation for emergencies, it is helpful to know ahead of time what resources are available for people with disabilities. Log on to www.ready.gov to find your local emergency preparedness office. Give them a call to find out what kind of planning they have done for citizens with disabilities in your community. If you use durable medical equipment, make sure you know who provides back-up equipment (or batteries or oxygen tanks, etc.) in times of emergency. If you use public transportation verify that you have access to transportation to evacuate through other community organizations if public transit isn’t available or running. Disability organizations in your community are ready to help and often have services and programs that specifically address emergency preparedness. Learn about them. Read and share the Department of Justice’s guide for making community emergency preparedness programs accessible to citizens with disabilities. Visit www.ada.gov/emergencyprep.htm to access the document.

Get Involved and Help Plan for an Accessible Future. Participate in county emergency preparedness advisory groups. Log on to ready.gov to find ways to participate in emergency preparedness activities in your community. Contact your local center for independent living to volunteer to help with planning activities. Get in touch with your local emergency preparedness office to volunteer. Be part of the discussion and help plan for a more accessible future. *Adapted from an editorial by Jana Burke, director of Rocky Mountain ADA Center. To learn more about the Rocky Mountain ADA Center visit, www.adainformation.org*

SDPC Parent Education and Support Series Schedule for 2012-13 School Year

The Parent Education and Support series begins this month. The **FREE** Parent Education and Support sessions are held each month through Dakota Digital Network (DDN) video conferencing in **Sioux Falls** at USD Wegner Library, 1400 W. 22nd Street; **Rapid City** at School of Mines, 501 E. St. Joseph Street Classroom Building; and **Salem**, McCook Central School, 200 East Essex Avenue at 7 p.m. CDT. (6 p.m. MDT). Sessions will also be available **LIVE via the Internet** with the ability to ask questions of the presenter through a chat feature.

Videos of the presentations are archived at www.sdparent.org (**Family Life, Parent Education Series**) for viewing at any time. The sessions are appropriate for parents and those working with or supporting children with cognitive, developmental, emotional/behavioral or physical special needs. Monthly sessions are held throughout the school year on the second Thursday of the month at 7 p.m. Central Time or 6 p.m. Mountain Time.

Upcoming Sessions:

Thursday, September 13: "To iPad or not to iPad." If you are a parent of a child with a special health care need or disability, you may be thinking about investing in an iPad. The variety of apps available can support and aid students in communication, organization, learning and much more. In this session, learn what questions should be answered before you make your decision. The session will be presented by Luke Comeau, M.A., autism specialist at the USD Center for Disabilities. Luke has a master's degree in special education and experience teaching pre-K through year 13 special education and is an alternative augmentative communication programmer.



Thursday, October 11: Bowel and Bladder Challenges In Children Over Age 4. Many problems children have with bowel and bladder control can be successfully treated with specialty physical therapy and are usually covered by insurance. Children with typical development, as well as those with developmental disabilities, can benefit from treatment. Treatable conditions include bed wetting, urinary incontinence, fecal incontinence, regression wetting, dysfunctional voiding (including stool hoarders), and constipation. Christine Stephenson, PT, DPT, will describe the causes of many childhood bowel and bladder issues, address ideas for parents to try at home, and discuss when professional help may be needed. Christine has her Doctor of Physical Therapy degree from the University of South Dakota, works as a physical therapist for Children's Care in Rapid City, and has been trained in the treatment of childhood bowel and bladder issues.

Thursday, November 8: Transition (Beyond High School) 101: Preparing Before Transition Hits! If you are the parent of a teen with an IEP, transition refers to the planned activities during high school that will successfully launch your student into adulthood; post-secondary education or training, employment and independent living. Learn from Cindy Kirschman, Transition Liaison with Transition Services Liaison Project in Aberdeen, what steps should be taken to ensure your student has a transition plan that will support their post high school success. Parents of children in the transition process, or those who have 'lived through' transition, are invited to share their experiences and tips during this session.

Thursday, December 13: Emotional and Mental Health Among Teenagers. Communication is vital in all aspects of our lives. Living in a family where someone, especially a teen, has a mental health challenge can put extra obstacles in the way of having a message "understood." This session will contain practical information you can incorporate into your daily life that will help you effectively communicate with this special person in your life. Presented by Phyllis Ahrends, Executive Director, NAMI of South Dakota.

The Parent Education and Support series is sponsored by SDPC and the University of South Dakota Sanford School of Medicine Center for Disabilities. For more information, contact **SDPC at 1-800-640-4553 or sdpc@sdparent.org**.

Bullying and Children with Disabilities



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Children with visible and invisible disabilities are significantly more likely than their peers to be the victims of bullying behavior. The type of bullying experienced often differs according to the child's disability. Children with visible conditions, like cerebral palsy and spina bifida, are more likely to be called names or aggressively excluded from social activities. Children with learning disabilities report higher rates of teasing and physically abusive victimization. Obesity has also been linked to higher rates of bullying. Overweight girls are especially vulnerable to physical forms of bullying.

Children with special needs are not exclusively victims of bullying. Research suggests that children with ADHD are more likely to demonstrate bullying behavior than their typical peers. Impulsivity and a lower tolerance for frustration are characteristics of this disorder that are also associated with bullying. Peer relationships are often extremely difficult and complex for children with ADHD. They need support and supervision to practice healthy social interactions with others. Whether victim or perpetrator, school bullying impedes learning and stunts the development of a healthy self-esteem.

Bullying at Home

Children with disabilities are not only at a greater risk to endure bullying at school, but many also face victimization at home. Cyberbullying and excessive aggression from siblings have become newly addressed areas of concern for researchers interested in bullying. Cyberbullying is defined as the use of technology, including cell phones and the Internet, to harass, stalk, and humiliate another person. Children with developmental disabilities who spend large amounts of time on the computer are especially at risk to be victimized by online bullies.

Sibling Rivalry

Sibling rivalry can also escalate into a more severe form of teasing and intimidation. Approximately 30 percent of children and adolescents report experiencing abuse from siblings that have crossed the line. Because typical sibling rivalry has been associated with positive social gains in negotiating and conflict resolution skills, parents are often rightfully hesitant to intervene.

How can parents differentiate bullying from potentially beneficial sibling rivalry? Bullying differs from rivalry because one child remains in control. Bullying is persistent and the perpetrator intends to do harm. If parents observe signs of bullying behavior from their children, they should intervene immediately.

What Can Parents Do?

- **Learn to recognize the signs of bullying.** Children who are bullied and those that bully are equally in need of support and guidance from caring adults. Watch children for bruises or changes in moods, eating habits, and sleeping patterns.
- **Implement "The Stop Rule" in your home.** If one child has had enough of rough verbal or physical play, he or she can say, "Stop!" to immediately end the activity. Children on both sides benefit from this simple act of social skills development and assertiveness training.
- **Instill confidence and pride in your child's abilities and disabilities.** Children with special needs who have developed a sense of pride in their differences are less likely to be victimized by bullies and will respond more effectively when faced with social pressures.
- **Communicate with all parties involved.** If you believe your child may be the victim or the instigator of bullying, contact teachers, principals, and other parents of children who are involved. Put your concerns in writing.
- **Review the anti-bullying policy of your child's school.** If there is not one in place, advocate for the adoption of guidelines to address this serious impediment to learning. Ensure the policy considers all forms of bullying.
- **Request an Individualized Education Program (IEP) team meeting** if you believe bullying of your child is based on his or her disability and is interfering with learning. This form of severe intentional harm is considered "disability harassment" under Section 504 of the Rehabilitation Act of 1973 and under Title II of the Americans with Disabilities Act of 1990. Disability harassment is illegal.
- **Seek support.** Bullying is a serious and harmful aspect of childhood. Adding shame to the equation, however, only further stigmatizes the children involved. Talk with your children and other parents about bullying. Avoid labeling and model calm, rational, and assertive behavior for your children to observe.



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One Page Introductions Can Be Tool for Emergency First Responders

Better days and improved lives are positive outcomes when using Person Centered Thinking tools to develop one page introductions. Families can utilize these tools to improve the lives of their sons or daughters and the people who support them. A one page introduction helps families share this information with others—family, friends, teachers, health care professionals, emergency first responders and others who support your child.

Each of us has gifts and talents; we all have things that are very important to us and we all have unique support requirements. A one page introduction is much more than a pretty poster; it provides a concrete, visual way to support your son or daughter in school and related activities. The one page description is the centerpiece of the *Families Planning Together* curriculum.

To learn more about *Families Planning Together* training opportunities regarding the use of these tools, call 1-800-640-4553 or email sdpc@sdparent.org.

Calling Youth 13-18

Take the Stop Bullying Video Challenge

Submit an original public service announcement (30 to 60 seconds in length) that showcases ways youth are taking action against bullying and promoting a culture of kindness and respect in their communities. **Deadline is Oct. 14.** For details visit <http://stopbullying.challenge.gov>

October is Bullying Prevention Month

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