

Emotional Behavioral Disabilities

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Emotional Behavioral Disorders Terminology

Emotional behavioral disorders and mental illnesses are not the same issues. Some children have behavioral disorders that stem from mental illnesses, but many do not. Several criteria are used to determine if a child has an emotional behavioral disability. One is that the children's social and emotional behaviors are significantly different from what is generally accepted for other children of the same age, taking into consideration ethnic and cultural background. These behaviors adversely affect the children's functioning in school, interaction with peers, and their ability to care for themselves. Another criteria is that the behaviors are severe, frequent, and occur at school and in at least one other setting.

Wisconsin Information on Emotional Behavioral Disabilities

The Wisconsin Department of Public Instruction's Emotional Disability (ED) classification was changed in 2001 to Emotional Behavioral Disability (EBD). Most educational disability labels are set by the language used in federal and state statutory language. Wisconsin's use of Emotional Behavioral Disability differs from the federal language. DPI contends that within the school environment it is appropriate to use an educational model and context, rather than medical, in discussing and working with students who exhibit emotional or behavioral problems. The medical labels matter very little in schools, where the focus is on helping a student have an effective educational experience and structuring the environment to foster success.

Information on the DPI's web page on emotional behavioral disorders explains that "mental health" often is used in the context of discussing mental illnesses. This has led to a de-emphasis on the school's role in developing positive social and emotional functions. It is widely acknowledged that schools are not mental health providers, but that there is a role for schools when the learning is directly affected. Schools provide direct services such as special education, but also offer other modifications, accommodations, school counseling, and the services of school psychologists, social workers, and links for families and other community agencies. A diagnosis of a mental illness does not automatically qualify a student for special education, because for some students, a mental health diagnosis does not significantly impact their education. Conversely, many students who receive special education services because of their behaviors do not have a mental illness. To qualify for emotional behavioral support services, the problem has to be an educational disability, not a mental health or medical diagnosis.

About 1.6% of students in the state have been identified as EBD. A total of 16,544 students in the state received services through their schools for emotional behavioral disorders during the 2005-06 school year. Some of these students function well in regular classrooms with resources and support from the special education team. Other students spend part or all of their day in pullout programming or self-contained classrooms. Schools place emphasis on a behavior intervention plan, as part of the student's overall education plan, when the student's behavior impacts his learning or that of other students. The goal is to identify positive interventions and strategies to address the behaviors that are of concern.

Number of Students Identified with Emotional Behavioral Disabilities in Wisconsin, 2005-06

Age	Number of Students
3-5	234
6-11	4,903
12-17	10,323
18-21	1,084
Total	16,544

From the IDEA Child Count at <http://dpi.wi.gov/sped/cc-12-1-05.html>

For More Information:

Stephens, J. "Are You Aware?" In *The Iris* 22, no. 15. (August-September 2005) NAMI Wisconsin, Inc.
Wisconsin Department of Public Instruction, Special Education. "Services for Children with an Emotional Behavioral Disability." <http://dpi.wi.gov/sped/ed.html>

Child Abuse and Neglect in Wisconsin

Research by the National Institute of Mental Health indicates child abuse and neglect place youth at higher risk for emotional difficulties, delinquency, violent criminal behavior, and adult criminality. When there is early intervention with children at age six who demonstrate behavior problems, there are fewer incidences of aggression and less need for special education classes by third grade. When incidences of early childhood injury, neglect, and abuse are prevented, youth at age 15 have fewer behavior problems, arrests, and sexual partners. They are less likely to abuse drugs or alcohol, and have fewer incidences of running away.

In 2003 the number of reports of child neglect and emotional abuse in Wisconsin were almost the same for boys and girls. There more than 400 more reports of physical maltreatment of boys than girls, and many more reports of sexual abuse involving girls than boys.

People who lived in the home with the child were typically the abusers in cases reported during 2003. Most abusers were family members. Parents or stepparents were the abusers in over 60 percent of the situations. Friends and siblings accounted for the abuse in a small number of the reported situations. Reports of abuse by foster parents involve less than a half of one percent of all abuse reports.

Reporting Child Abuse or Neglect

Reports of alleged child abuse or neglect are usually made to the county social service agency where the child lives. The Department of Health and Family Services maintains a web site that lists the appropriate contact for all the counties, at: <http://dhfs.wisconsin.gov/Children/CPS/cpswimap.HTM>

All the county agencies are supervised by the state, which sets policies and procedures. Reports made to law enforcement agencies must be referred to the respective Child Protective Services (CPS) agency within 12 hours. In turn, CPS agencies must report all suspected abuse cases to a law enforcement agency.

Once a report is made, social service agencies decide if the information reported constitutes an allegation of child maltreatment or threatened harm. If the report meets the definition of maltreatment, the agency must initiate an initial assessment within 24 hours, and complete the investigation within 60 days. When a report indicates a child is in current or imminent danger, the agency must respond immediately.

The focus of an assessment is to assure the child is safe, to work with the family to determine if the any social services are needed, and to identify what must be done to protect the child. Services might include counseling, training in home or financial management, parenting classes, or self-help groups. In severe situations, the child may be temporarily placed in out-of-home care.

Individuals whose employment involves close contact with children are required by law to report any suspected abuse, neglect, or threats. Among those required to report are teachers, school counselors, day care providers, and clergy. However anyone may make a report and is immune from criminal or civil liability if the report was made in good faith.

If librarians need assistance in determining if a report of neglect or abuse should be filed, school counselors, social workers, and the district's homeless liaison can all give general guidance. The school staff may decide to follow up on particular situations, if they are already familiar with the families. However, due to student confidentiality issues, school staff will not be able to share much information with public librarians.

Child maltreatment typically falls into four basic types—physical neglect, physical abuse, emotional abuse and sexual abuse. Physical neglect is the failure, refusal, or inability, for reasons other than poverty, to provide adequate care, food, clothing, medical or dental care, or shelter for a child. Physical abuse involves a physical injury that was not the result of an accident. It can include lacerations, fractured bones, burns, internal injuries, and severe or frequent bruising. Emotional abuse involves neglect, refusal, or the inability, for reasons other than poverty, to obtain necessary treatment of a child's mental illnesses symptoms.

Sexual abuse is determined by state statutes. Among the situations considered to be sexual abuse are, sexual contact or intercourse with a child 15 years or younger, with juveniles 16 to 17 years of age without their permission, inducing a child to engage in sexually explicit conduct in order to videotape or photograph the child, or to produce, distribute, sell, or otherwise profit from child pornography. It includes causing a child to view or listen to sexual activity, exposing genitals to a child, or permitting or encouraging a child to engage in prostitution. Mutual sexual activity between minors is considered sexual abuse if one of them is less than 16 years of age. The activity can involve teens or sexual activity between preschool age children.

Signs of Neglect and Abuse

Although one or more of the following signs of child abuse or neglect may not in isolation indicate a problem, if a number of them appear together or recur frequently, they are indicators of potential problems that public librarians may notice.

Signs of Neglect:

Children who are being neglected may have poor hygiene or an odor. They may be inappropriately dressed for the weather. These children may say they are hungry, ask for food or money to buy food, or steal food while they are in the library. They may be in need of dental or medical care. Librarians might notice that children are being left unsupervised or alone for long periods of time. On a frequent basis, they may be at the library before it opens and not leave until it closes. They may have extreme need to please.

Signs of Abuse:

Typical signs of physical abuse include bruises or welts on face, neck, chest, back, arms, or legs. There might be injuries in the shape of an object like a belt or cord. Unexplained burns on the palms, soles of feet, or back and fractures that don't fit the story of how they occurred can indicate physical abuse. Children who are not taken to a doctor when they need medical attention could be at risk of being abused. Extremes in behavior, either very aggressive or withdrawn and shy can indicate a problem, as well as children who are afraid to go home, frightened of their parents, or fearful of other adults in general.

Baby FAST Infant Abuse Prevention Program

A national infant abuse prevention program was first used in Wisconsin in 2004-05. Baby FAST targets new parents and their support network to reduce parental stress and social isolation among new mothers. The goals of the program are to enhance family functioning among three generations, strengthen the infants' development, reduce stress for the new parents, and prevent substance abuse, depression, and family violence. The program in Wisconsin is a collaborative effort between UW-Madison and the Family and Schools Together (FAST) National Training and Evaluation Center. The initial sites included programs in Green Bay, Hayward, LaCrosse, Milwaukee, Racine, and a program at the Taycheedah Correctional Facility.

For More Information:

FAST National Training and Evaluation Center.

www.forbabysake.org

Wisconsin Department of Health and Family Services.

Bureau of Community Mental Health. Child Abuse and Neglect Program: Child Maltreatment. <http://dhfs.wisconsin.gov/Children/CPS/progserv/maltreat.HTM>

— Reporting Child Abuse and Neglect

<http://dhfs.wisconsin.gov/Children/CPS/cpswimap.HTM>

— Signs of Child Abuse and Neglect. <http://dhfs.wisconsin.gov/Children/CPS/progserv/signs.HTM>

Emergent Emotional Problems in Young Children

Studies indicate that early behavior problems often persist and are at the root of later more serious problems. Fifty percent of preschool children who exhibited challenging behaviors continued to have behavior problems when they started school. Early challenging behavior is highly predictive of disruptive behavior later in school and poor outcomes once the student leaves school. Positive behavior modification and support is a highly effective intervention approach for addressing severe and persistent challenging behaviors with young children.

A 2004 joint study by Florida State University and University of South Florida indicated 10-15 percent of young children exhibit challenging behaviors and the percentage may rise as high as 40 percent among children living in poverty. DHFS asserts the best way to intervene with young children who have behavioral problems is within early childhood programs and with home visits. However, many day care providers do not feel prepared to handle children with challenging behaviors, and these children are increasingly expelled from preschools.

As these children mature they often make friends with children who are antisocial, and they reinforce each other's inappropriate behaviors. School curriculum that teaches children about self-control, understanding emotions, and problem solving results in better understanding about emotions. Children who have had the training used their knowledge of emotions to form friendships, resolve conflicts, manage anger, and do better problem solving.

For More Information:

Fox, L., G. Dunlap, and L. Cushing. 2002. "Early Intervention, Positive Behavior Support, and Transition to School." In *Journal of Emotional and Behavior Disorders* 10 (3): 149-157.

Hanline, M. F., A. Wetherby and J. Woods. 2004. *Positive Beginnings: Supporting Young Children with Challenging Behavior*. Department of Childhood Education, Reading and Disability Services at Florida State University, Department of Communication Disorders and the Department of Child and Family Studies at the Louis de la Parte Florida Mental Health Institute, at the University of South Florida. Tallahassee, Fla: Florida State University and University of South Florida.

Qi, C.H, and A.P. Kaiser. 2003. "Behavior Problems of Preschool Children from Low-Income Families: Review of the Literature." In *Topics in Early Childhood Special Education* 23 (4): 188-216.

The Evolution of Youth Violence

The National Institute of Mental Health's (NIMH) 2003 study on youth violence in 2002 indicated beginning at about age four, overt aggression that causes physical damage or the threat of damage is much more characteristic of boys than girls. Girls are more likely to engage in social aggression that causes harm by manipulating social relationships. At a young age, children who are depressed demonstrate more serious aggression than children who have only behavioral problems.

Weak bonding and ineffective parenting, such as excessively harsh or inconsistent discipline, inadequate supervision, exposure to violence in the home, and a climate that supports aggression put children at risk of becoming violent. This is particularly true for youth who have early behavior problems, attention deficit disorders, learning disabilities, anxiety or depression disorders, or low verbal or cognitive skills.

When antisocial behaviors emerge in adolescence, there is more likely to be peer influence and lapses in parenting involved. Inadequate supervision plays a stronger role in later childhood and adolescence than in early childhood. Physical discipline often leads to antisocial behavior. Parents who do not discourage bullying, hitting other children, or behaviors such as shoplifting, often have teens who are involved with antisocial behaviors or violence.

Factors that help reduce the likelihood of a teen becoming violent include having a nurturing environment, good early education, and success in school. One important finding was that the influence of peers, whether negative or positive, is a critical factor related to involvement with violence.

At school some aggression and violence is related to peer rejection and competition for status and attention. Small numbers of youth who struggle academically often band together. Violence within a peer group can influence an individual teen to become violent. Children who engage in violence when they are young tend to remain violent through adolescence. Typically, as teens mature, fewer engage in violent behavior.

For More Information:

"Grant to Aid Suicide Awareness." *Wisconsin State Journal*, June 27, 2006.

National Institute of Mental Health (NIMH), National Institutes of Health, U.S. Department of Health and Human Services. *Child and Adolescent Bipolar Disorder: An Update from the National Institute of Mental Health.*

www.NIMH.nih.gov/publicat/bipolarupdate.cfm

— *Child and Adolescent Violence Research at the National Institute of Mental Health 2002.*

www.nimh.nih.gov/healthinformation/violencemenu.cfm

— *Depression in Children and Adolescents: A Fact Sheet for Physicians* www.nimh.nih.gov/publicat/schizkids.cfm

Teen Issues Related to Emotional and Behavioral Problems

National Data on Teens with Behavior Problems

Nationally 66 percent of teens in residential care programs are aggressive, 34 percent exhibit delinquent behaviors, and 31 percent have substance abuse issues. More males, 61 percent, than females have emotional behavioral problems. Sixty-five percent are white, 21 percent are black, and 10 percent are Hispanic. Studies indicate teens who have been shuttled between the child welfare and the juvenile justice systems, separated from their families, and who do not attend mainstream schools are among the most troubled individuals in the mental health system. About half of the teens in residential care programs are victims of physical or sexual abuse or neglect, and about one-fifth experience post traumatic stress. Thirty-four percent of teens in treatment programs returned to their families. With intensive care most of these juveniles can return to their communities.

For More Information:

"Adolescents in Residential Care Programs Likely to Have Child Welfare Involvement." In *Children's Bureau Express* 4, no.10 (November 2003). U.S. Department of Health and Human Services.

http://cbexpress.acf.hhs.gov/articles.cfm?issue_id=2003-11&article_id=733

Teen Alcohol and Drug Use

Signs of alcohol and drug abuse include lying about drug or alcohol use, avoiding others to get drunk or high, driving while under the influence of drugs or alcohol, believing that having fun requires drugs or alcohol, and pressuring others to drink or use drugs. Drug and alcohol abuse are associated with taking risks including sexual risks, being a victim of violence, feeling run down or depressed, acting selfishly and not caring about other people, and talking excessively about drinking and drug use. Trouble at school that leads to suspensions and getting in trouble with the police are frequently associated with substance abuse.

Youth with alcohol and drug abuse problems often exhibit personality changes. They may have difficulty concentrating, lack motivation and energy, and have a change in appetite. They may seem overly sensitive, very

moody, or nervous. They may lose interest in long time-friends, and begin to have unplanned or unprotected sex. They may demand excessive privacy, become secretive, or engage in suspicious behavior. The National Mental Health Association recommends adolescents who use alcohol and drugs be screened for depression and anxiety disorders.

The 2004 National Survey on Drug Use and Health as reported in the *Wisconsin State Journal* by Karen Matthews, found that although overall drug use by teens was down, more girls ages 12 to 17 are using alcohol than are boys. They also are trying marijuana, cigarettes, and abusing prescription drugs at higher rates than boys. This is the first time in the history of the survey that rates were higher for girls. Health professionals are alarmed by the increase, because girls are known to become addicted to nicotine faster than boys, and even moderate drinking can disrupt the growth and development of girls' reproductive systems. There also is concern that even casual use of some club drugs, inhalants and steroids can cause lasting brain damage and death.

Fewer than one in ten teens who have serious drug and alcohol addictions receive treatment. According to the Office of Applied Statistics, in 2005, 25 percent of teens who did seek treatment did not stay in it for the recommended three months, more than 50 percent stayed for less than six weeks. There is almost no follow-up care for these teens when they do return home. The relapse rate is 80 percent. These poor outcomes have led to the development of alternative high schools and colleges that focus on abstinence

and recovery, as well as social and academic growth. Some studies indicate that more than 80 percent of high school age girls who are substance abusers have been sexually, physically, or emotionally abused, which make screening for abuse important when girls seek drug and alcohol treatments.

For More Information:

Libraries Serving Special Populations Section, American Library Association. 2005. *Guidelines for Library Services for People with Mental Illnesses*. Chicago: American Library Association.

Matthews, K. "Girls Do More Dope Than Boys." *Wisconsin State Journal*, February 10, 2006.

Montgomery, R. "Studies Say Boys Will Be...Different." *Wisconsin State Journal*, December 13, 2005.

Schennin, R. "Spotlight on Youth Addicts." *Wisconsin State Journal*, August, 2006.

Webb, N. "Risky Business." *Wisconsin State Journal*, July 5, 2006.

Teen Inhalant Use

Overall drug use by youth has decreased since 2000, but inhalants are as popular among middle school students as marijuana. A report by the Substance Abuse and Mental Health Services Administration (SAMHSA) based on data from the National Survey on Drug Use and Health reported that an average of 598,000 youth in the U.S. started to use inhalants between 2000 and 2004. Thirty percent of those initiating inhalant use in the past year were ages 12 or 13, while 39.2 percent were ages 14 or 15, and just over 30 percent were ages 16 or 17. Use of inhalants is a particularly serious concern with eighth graders. The majority of the youth who used inhalants were white, and came from homes with incomes well above the poverty line. The SAMHSA report, *Characteristics of Recent Adolescent Inhalant Initiatives*, indicates that the most popular inhalants included glue, shoe polish, gasoline or lighter fluid, nitrous oxide, spray paints, correction fluid, degreaser or cleaning fluid, other aerosol sprays, locker room deodorizers, and paint thinners or solvents. Even first time experimentation with inhalants can result in brain damage or death.

For More Information:

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. *SAMHSA Advisory: 8 Million Youth Initiate Inhalant Abuse in Three Years*. www.samhsa.gov

Teen Sexuality and Teen Parents

Two recent reports on teen sexual activity and risk behavior in Wisconsin provided information on teen sexual activity—the DHFS report on teen sexual activity, *Wisconsin Youth Sexual Behaviors and Outcomes 2003-2005*, and the 2005 *Wisconsin Youth Risk Behavior Survey*. Study results indicated 60 percent of high school students reported they had never had sexual intercourse in 2005. Condom use has increased to 65 percent among teens who are sexually active from 2003 to 2005. Chlamydia is the most prevalent sexually transmitted disease (STD) among teens, and increased by 26 percent since 1993. There was a 20 percent decline in STD among black teens, but they are still more than five-and-a-half times as likely to have an STD, than are white teens.

Teen pregnancy rates have dropped since 1993 for all ethnic groups except Hispanics. From 1993 to 2004, the teen birth rate for ages 15 to 19 was 15 percent, and 24 percent for teens aged 18-19. According to DPI information, pregnancy rates for young women with emotional disorders run as high as 50 percent, compared to the national average pregnancy rate of 17 percent for teen women. Young women with mental illnesses face many risks including abusive relationships, financial and sexual exploitation, substance abuse, sexually

transmitted diseases, and unexpected pregnancy. Serious delinquency and multiple drug use by teen women are closely related to a high risk of pregnancy.

Mental Illnesses and Disorders

Although there is a difference between emotional behavioral disorders and mental illness, background information is provided here on some of the most common mental illnesses that affect youth. The National Mental Health Association estimates that one in five children has a mental health problem, but almost two-thirds of these children do not receive treatment. Left untreated, these disorders can lead to problems at home, school, and in the community; substance abuse; and in some cases, suicide. Depression affects one in every 33 children and one in eight teens. Mental illnesses are real diseases, they are common, and are treatable. The success rates of treatment for emotional illnesses are often higher than those related to physical illnesses.

Anxiety disorders include generalized anxiety disorders, phobias, panic disorders, obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). Children who experience high stress in their lives are at risk of developing anxiety disorders. It is estimated that one in ten adolescents have an anxiety disorder. Girls have higher incidence rates of phobias than do boys. OCD affects approximately one in every 200 children and teens. Boys tend to develop OCD in childhood and girls after age 20.

The National Institute for Mental health estimates that up to 2.2 percent of children and 8.3 percent of adolescents have been affected by some form of depression. Fewer than half of those with depression receive appropriate treatment. Up to seven percent of adolescents with major depression will commit suicide. The number of boys and girls affected by depression in childhood is about the same, but in adolescence twice as many girls are affected than boys. The recovery rate for children and adolescents is very high, but 70 percent have another episode within five years.

Anxiety Disorders

Untreated anxiety can lead to missed school, poor peer relationships, and abuse of drugs or alcohol. Treatment usually involves a combination of individual psychotherapy, family therapy, medications, behavioral treatments, and consultations with the school. Youth with anxiety disorders often feel something bad is going to happen, and they do not have any control over it. They often worry about things before they happen, or seem to be constantly worried about something. They often have low self-esteem. Some may be afraid of making mistakes. Some appear to be very clingy and need a lot of reassurance. They may have nightmares or trouble sleeping. These youth may fear new situations and cry easily or frequently. Some youth with anxiety disorders are overly quiet, compliant, and anxious to please.

Youth with social phobias tend to also be depressed or have substance abuse issues. Problems usually start in childhood or adolescence. Youth with social phobias also may complain of headaches or stomach pain. Panic disorders also often occur in combination with depression. They are more likely to start in late adolescence or early adulthood.

An obsession is an uncontrollable idea or emotion. A compulsion is a repetitive behavior done in response to an obsession. Common obsessions include fear of dirt or germs, a need for order or precision, lucky and unlucky numbers, or a fear of harm coming to the family or to the child. Common compulsions include excessive showering, hand washing, putting things in order, repeating exact routines, checking and re-checking on things, and hoarding or collecting things. There is no cure for OCD, but it can be treated.

OCD does tend to run in some families. Researchers feel it is caused by the interaction of neurobiology and the environment, including environmental toxins. Youth with OCD are often embarrassed by their symptoms and try to hide them, and embarrassment and hiding worsens in adolescence. Stress can trigger OCD. Youth with OCD may make frequent trips to the bathroom, have chapped hands from constant washing, are often very secretive, and have extreme childhood fears.

Post traumatic stress disorder (PTSD) develops after a traumatic event, usually within three months of the ordeal. Events may include sexual assault or abuse, physical abuse, being the victim of a violent crime, automobile accidents, disasters such as a fire or tornado, being attacked by a dog, witnessing a violent event

For More Information:

Bright Futures. National Center for Education in Maternal and Child Health.

www.brightfutures.org/bf2/pdf/index.html

Wisconsin Department of Health and Family Services. Division of Public Health, Bureau of Health Information and Policy, *Wisconsin Youth Sexual Behaviors and Outcomes, 2003-2005*.

<http://dhfs.wisconsin.gov/stats/s-behyouth.htm>

Wisconsin Department of Public Instruction. "Helping Ensure the Success of Teen Parents and Their Children."

<http://dpi.wi.gov/sspw/success.html>

—2005 Youth Risk Behavior Survey.

<http://dpi.wi.gov/sspw/yrebsindx.html>

—Wisconsin Teen Parent Resources: Pregnant Teens and Mental Health. Instruction.

<http://dpi.wi.gov/sspw/teenhlth.html>

or attack. PTSD affects about 1 percent of the general population. Factors related to the development of PTSD include the child's age, the type and severity of the trauma, support from the family, and the mental stability of the parents or child's care givers. More than 40 percent of children who have PTSD have symptoms a year after being diagnosed.

Youth with PTSD may experience flashbacks, have nightmares, and fear for their lives. They may repress or deny the event and have trouble recalling the details. Teens may abuse drugs and alcohol. Children and teens may be disorganized, nervous, and withdrawn. They may have difficulty trusting and loving other people. There may be regression to immature behaviors or acting out.

Depression

Treatment of depression often shortens the episodes and reduces their severity. Risk factors for childhood depression include a family history of mental illness or suicide, emotional, physical or sexual abuse, and the loss of a parent at a young age.

Students who are depressed may have difficulty processing information, have low self-esteem, and may perceive themselves as helpless. Two-thirds of the youth affected also have anxiety, conduct disorder, OCD, or abuse alcohol or drugs. They may have phobias, OCD, ADHD, or learning disabilities.

Symptoms of depression include frequent bouts of sadness and crying, and increased anger or hostile behavior. Other symptoms include low energy, decreased interest in things that were once favorite activities, and social isolation at home and from friends. School work may be affected, and they may find it hard to concentrate. These children and teens may sleep or eat too much or too little, run away, and engage in reckless behavior. Some students affected by depression have thoughts or make threats about suicide, or engage in self-harming behavior.

For More Information:

American Academy of Child and Adolescent Psychiatry. *The Anxious Child, Facts for Families*. Washington DC, 2004.

www.aacap.org/publications/factsfam/anxious.htm

Anxiety Disorders Association of America.

www.adaa.org

Minnesota Association for Children's Mental Health.

www.macmh.org

National Institute of Mental Health (NIMH). *Helping Children and Adolescents Cope with Violence and Disasters*. Washington DC, 2001.

<http://NIMH.nih.gov/publicat/violence.cfm>

Obsessive-Compulsive Foundation.

www.ocfoundation.org

OCDOnline. www.ocdonline.com

Post Traumatic Stress Disorder. <http://kidshealth.org>

For More Information:

American Academy of Child and Adolescent Psychiatry. *The Depressed Child*.

www.aacap.org/publications/factsfam/depressd.htm

Minnesota Association for Children's Mental Health.

Children's Mental Health Fact Sheet for the Classroom: Depression. www.macmh.org

Related Issues

Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder

The National Institute of Mental Health's (NIMH) information on attention deficit hyperactivity disorder (ADHD) indicates children with ADHD have a high instance of behavior problems or oppositional defiant disorders. A high percentage of children with ADHD have anxiety or mood disorders, and 65 percent of children with emotional disturbances also have ADHD. It is estimated that about a third of children and adolescents diagnosed with depression may actually have early onset bipolar disorder. Additional information on ADHD is included in the Learning Disabilities chapter of this publication.

Eating Disorders

According to the Caringonline Eating Disorders web site 10-15 percent of all Americans suffer from some type of serious eating disorder. At least one third of all Americans are now considered to be obese and 60 percent are overweight. Ten percent of the people with eating disorders report the problem started at about age 10, for 33 percent the onset was between the ages of 11-15, and the onset for 86 percent of the people with these disorders started before age 20. More girls are affected than boys.

The EatingDisorders Online Web Site indicates that eating disorders are characterized by severe disturbances in eating behavior. These types of disorders may be a way of trying to express something that teens can't express in other ways. Underlying causes may include low self-esteem, depression, feelings of loss of control, family communication problems and an inability to cope with emotions. The most common eating disorders are anorexia nervosa, bulimia nervosa and compulsive overeating. Compulsive overeating can lead to numerous health problems, and anorexia and bulimia can be fatal.

Anorexia nervosa involves extreme restricting of food intake and a refusal to maintain a normal body weight. Teens who are bulimic consume large amounts of food in a short time, usually in secret. They purge what they

have eaten through self-induced vomiting, use of laxatives, diuretics, diet pills, or ipecac. They also may use strict diets, fast, chew and spit, or exercise vigorously. Teens with a binge eating disorder (BED) eat as a coping mechanism to deal with their feelings and fall into a cycle of binge eating and depression. Some researchers believe BED is the most common eating disorder, affecting 4 percent of the population and from 15-50 percent of participants in weight control programs.

There are also combinations of anorexia nervosa and bulimia, or disorders where all the criteria are not met for a diagnosis. Disordered eating is much more common and widespread than eating disorders. It can involve chronic dieting, food aversions, or changes in eating behaviors. Although less severe than an eating disorder, disordered eating can affect health and well being, and also may require nutritional and emotional interventions.

Suicide Issues

Nationally more teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined. Ninety percent of people who die by suicide have a treatable mental illness. Suicide is the third leading cause of death in the U.S. for 15 to 24 year-olds, and the sixth leading cause of death for children ages five to 14 years. Attempted suicides have an even higher frequency rate. Four out of five teens who attempt suicide give some warning. These might include talking about suicide, hinting that they “won’t be around much longer,” putting affairs in order such as giving away favorite things, and having hallucinations or bizarre thoughts. A study done by the National Institute of Medicine found that half of severely depressed teens improved within six weeks of psychotherapy, and the other half improved when antidepressant medication was combined with psychotherapy.

A stigma is associated with mental illnesses and many stereotypes remain in place. A common misconception by the public is that people with mental illnesses exhibit violent behavior. While individuals who have both a mental illness and substance abuse problem are at greater risk of violence, people with mental illnesses, in general, or more likely to be the victims of violence rather than be violent to other people.

For More Information:

Caringonline Eating Disorder Web Site.

www.caringonline.com/index.html

EatingDisorders Online.

www.raderprograms.com/whatare.aspx

Minnesota Association for Children’s Mental Health.

www.macmh.org

National Association of Anorexia Nervosa and Associated Disorders (ANAD). www.anad.org

National Institute of Mental Health Public Inquiries.

www.NIMH.nih.gov

Office of Women’s Health. U.S. Department of Health and Human Services.

www.4women.gov/owh/pub/factsheets/eatingdis.htm

Barriers to Service

For the most part mental illnesses are invisible. ALA’s *Guidelines for Library Services for People with Mental Illnesses* points out that unusual behaviors are not typical of people who have mental illnesses. However, regardless of the cause, public librarians are likely to encounter youth with challenging behaviors occasionally in story times, at other programs, and in the youth department during non-program times, especially when groups of youth are using the library at the same time.

For More Information:

American Library Association. *Guidelines for Library Services for People with Mental Illnesses*. Chicago, 2005.

www.ala.org/ala/ascla/asclaprotocols/asclastandards/GuidelinesMental_Illnesses_draftJune2005.pdf

Stephens, J. “Are You Aware.” In *The Iris* 22, no.15. (August-September 2005.) NAMI Wisconsin, Inc.

Strategies for Success

Collaboration

All the strategies for success involve elements of collaboration between the library and other agencies. Agencies that could potentially collaborate with the library in designing services for youth with behavioral emotional disabilities or mental illnesses include:

- Birth to 3 early intervention programs
- Local school district and area CESA staff
- Alternative high school programs
- Juvenile detention facilities
- Social service agencies, especially those that deal with teens

For More Information:

American Library Association. *Guidelines for Library Services for People with Mental Illnesses*. Chicago, 2005.

www.ala.org/ala/asclaprotocols/asclastandards/GuidelinesMental_Illnesses_draftJune2005.pdf

Planning

Local mental health professionals, early intervention programs such as Birth to 3, school district staff, staff of alternative high schools, and staff at juvenile detention facilities are all likely to be able to help the library evaluate and plan services. Social service agencies that place teens for court ordered community service hours also can offer planning assistance and opportunities for collaboration.

Staff Training

Staff should receive training on ways to communicate in positive, respectful, non-threatening ways with all patrons who use inappropriate behaviors in the library, including children and teens. They need to know where the limits are on patron behavioral expectations and what can be tolerated or ignored as outlined in the library's written policy. They should know the steps to take when patron behavior is not within a reasonable range. At least one person on duty at all times should be trained in crisis management. Staff need to understand that some patrons, including youth, may require a little more time and patience. Many of the agencies mentioned previously could offer advice on handling the behaviors of problem patrons.

Diversified Collections and Services

The library should have current materials on mental health, behavioral disorders, and parenting difficult children. Materials that help prepare students to take the General Equivalency Degree (GED) or the High School Equivalency Degree (HSED) tests, can be an especially helpful public library service for teen parents. Many libraries have found that creating a teen area or section in the library with interesting seating, such as booths, gym style seating for large group events, and offering programs on a wide range of interests have been effective in encouraging library use by various groups of teen populations.

Story Time Accommodations for Children with Challenging Behaviors

Behavior problems during a story time can be problematic if they interrupt or distract the presenter, or are distractive to the other children. Some children who seem to have behavior problems may be affected by attention deficit or hyperactivity. Suggestions on how to manage children with ADHD are included in this publication in the chapter on Learning Disabilities.

General suggestions include reducing visual or noise distractions by holding programs away from of the library's general areas. A separate room with a door that can be closed is ideal. Greet each child with a smile and make all of them feel welcome. Keep rules to a minimum, have the children repeat the rules at the start of each session, and be consistent about enforcing them. When it is necessary to ask a child to adjust his behavior, start by calling him by name, then make eye contact before giving instructions. Allow children who find sitting still difficult to hold a "fidget toy" to keep their hands busy. Find one thing to praise a child for at the end of each program, regardless of how trying the session was.

It may help to bring a child close to the front of the room if she tends to lose interest easily and engages in inappropriate behaviors. Gently remind her to remain sitting or quiet before inappropriate behavior escalates. Help the child by mediating with other children if there is a problem and explain the points of view to each of them. Try to help them reach a compromise by asking them for suggestions on a fair resolution.

There may be days where it will be necessary to have a child removed from the story time session or other programs. If this happens try to talk calmly to the child, explain his behavior did not follow the rules, and invite him to the next session with confidence that he will do better next time.

If the child leaves before there is chance to discuss the situation, make a call to the home and chat with an adult about the incident. Ask if there are ways the program could be adjusted to help the child. Ask the parent or guardian to relay an invitation to return to the next session to the child. Try to assure the parent and child they are welcome to try to participate in library activities in the future. It might help to offer to read one short story to the child when they next visit to give the child undivided attention, and the opportunity to see that he is capable of great behavior while at the library.

Managing Challenging Adolescent Behavior in the Library

Making some adjustments to library programs and activities can help older youth who have challenging behaviors. Be sure to state the rules at the beginning of each program and include an expectation that all participants will be treated with mutual courtesy and respect. Make sure that no one is bullied, taunted, or teased into misbehaving by the other participants. It may help to slow the pace of the program, so that the excitement

of an activity does not over stimulate youth who get frustrated easily, or speed it up those youth who catch on quickly and then lose interest. Give youth discreet visual or verbal cues if they need help keeping their behavior under control. Intervene before behavior escalates. Asking a youth to step out of the room to get a drink of water, or run a lap around the outside of the library can break up a tense situation, and offer a chance to settle down. When an adolescent's behavior is not acceptable, stay calm, and avoid sarcasm or criticism. State the rules or behavior expectations, and consequences for not following them. Try to keep a sense of humor. Explain the problem behavior and why it is not allowed. State the instructions, and avoid arguing because it often leads to a power struggle. Minimize choices. Say "I need you to do X, or you will have to leave."

If it is necessary to ask an older child or teen to leave, do it without anger, and include an invitation to return at a different time. In most situations the youth should be allowed to return to the library the next day. Don't lecture, present the facts clearly, and keep the conversation short and succinct.

If the consequences for inappropriate behavior involve a suspension of library privileges that will involve more than one day, state how long the youth must stay out of the library. Follow up with a call to the parents or a letter to inform of them of the situation and the terms of the suspension from the library. Invite the parent to come in with the teen to discuss the situation if they have any questions. Some public libraries have requested that the parent meet with the library director to discuss chronic behavior problems or an especially serious incident as a requirement to having the youth's library privileges reinstated. If a parent is unwilling to participate in the discussion, proceed with a meeting of the teen, the director, and youth librarian, or other staff who were involved, to talk about the incident and expectations for the future. That way the youth can start using the library again regardless of the level of parental involvement in his life. Be clear about the action the library will take if the situation is repeated. All youth should be given a chance to earn their library privileges back regardless of the offense. Juveniles should not be suspended indefinitely from using their local public library, unless by court order, request of a parent, or the recommendation of teachers or the police. However, it may be necessary to suspend use of library computers, other equipment, or participation in programs depending on the situation.

Inclusive library programming offers children and teens who have behavior problems a welcoming, non-threatening environment in which to practice positive social skills. While supervision and group control are management concerns, unlike a school a public library can reasonably ask youth who are not behaving to leave, but that should be a last resort. Some modifications during programs may help.

Accessible Buildings, Equipment, and Outreach

Some youth with challenging behaviors are not able to visit the library. Libraries have found ways to provide services for these youth by sending deposit or rotating collections to detention facilities and county jails or prisons. Some libraries also offer off-site services to alternative high school programs that often have a high percentage of students with behavioral problems or in detention facilities.

Marketing

Ask school staff, teachers, and counselors, including those at alternative high schools, to help promote library programs and services. Put up fliers on street light posts, on public bulletin boards in teen centers, skate boarding parks, recreation centers such as in-door football and soccer areas, hockey rinks, and at restaurants where teens hang out, to promote library programs. Send fliers to community centers, teen centers, and Boys and Girls Clubs, and ask staff to post them. Advertise teen programs on radio stations teens tend to listen to frequently. Many libraries have had success in creating teen advisory boards for either short-term projects such as giving input on the design of a library teen area, or long term to advise the library on teen issues, help select teen materials, and to plan teen programs.

Getting Started with Little Money and Time: Serving Youth Who Have Behavioral Problems

Collaboration

- Put brochures from mental health agencies, domestic abuse shelters, child abuse hotlines, and other related agencies in public information areas.
- Collaborate with and support community efforts to create a youth center or a skate board park or other services that benefit teens.

Planning

- Contact your local school district to find out how many students in the district are identified as having emotional or behavioral disorders, and talk with teachers about their needs. Go to the DPI web site at: www2.dpi.state.wi.us/leareports/.
- Collaborate with community efforts to set up a juvenile justice court in which teens work under the supervision of a judge to hear non-criminal cases and determine punishments.

Staff Training

- Ask local school staff to meet with the library staff and discuss specific ways to deal with challenging behaviors. Role play difficult situations and discuss options on handling the situation.
- Review the library policy on patron behavior to assure it is not overly restrictive, and to assure all staff know the procedures to handle emergencies when patron behavior seems to be a threat to staff, other patrons, or to the youth involved.

Diversified Collections and Services

- Weed the collection of outdated materials on mental health, behavioral disorders, and parenting difficult children.
- Assure the youth and teen collection has materials that appeal to a broad range of interests, including graphic novels.
- Host community informational programs on handling stress, anger management, and dealing with challenging behaviors of children.
- Initiate a teen advisory board and try to recruit youth who have a broad range of interests.

Accessible Buildings, Equipment, and Outreach

- Create a teen area in whatever space is available in the library with contemporary or interesting seating and shelving that can include materials of special interest to teens.
- Investigate the needs of the area alternative high school or teen detention center and determine if the library can provide any needed outreach services.

Marketing

- Send library information about new materials and programs to the mental health service agencies and ask them to include it in their newsletters.
- Routinely send publicity about library programs to alternative high schools, teen group homes, and programs for teen parents.
- Identify one non-traditional location that is a “hang-out” for teens who don’t fit within the mainstream of community life and put program fliers at that location.
- Set up links on the library’s web page to web sites of agencies that serve youth who have behavior problems and that provide information on related issues.

Observe These Awareness Events

February

National Eating Disorders Week sponsored by the National Eating Disorders Association
www.nationaleatingdisorders.org

March

National Inhalants & Poisons Awareness Week sponsored by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services www.samhsa.gov/news/newsreleases/060316_youth.htm

April

Child Abuse Prevention Month sponsored by the Prevent Child Abuse
www.preventchildabuse.org

Day of Hope (Prevention of Child Abuse) sponsored by ChildHelp
www.childhelp.org/dayofhope/index.htm

May

Adolescent Pregnancy Prevention Month sponsored by Planned Parenthood
<http://dhfs.wisconsin.gov/teenpregnancy/>

Childhood Depression Awareness Day sponsored by the National Mental Health Association
www1.nmha.org/may/CDAD/index.cfm

Children's Mental Health Week sponsored by the Federation of Families for Children's Mental Health www.ffcmh.org

Mental Health Month sponsored by the National Mental Health Association www1.nmha.org/may/index.cfm

National Day to Prevent Teen Pregnancy sponsored by the National Campaign to Prevent Teen Pregnancy
www.teenpregnancy.org/national/default.asp

September

National Alcohol and Drug Recovery Month sponsored by U.S. Department of Health and Human Services
www.recoverymonth.gov

October

Domestic Violence Awareness Month sponsored by the U.S. Department of Health and Human Services
<http://dhfs.wisconsin.gov/children/DOMV/index.htm>

National Mental Illness Awareness Week sponsored by the National Alliance on Mental Illness (NAMI)
www.nami.org

Bi-polar Awareness Day sponsored by the National Alliance on Mental Illness www.nami.org

Resources

National Resources

800-DRUGHELP www.drughelp.org

This is a 24-hour hotline for help with drug problems.

American Academy of Child and Adolescent Psychiatry www.aacap.org

This site provides information, research and training related to mental illnesses and youth.

Children with Oppositional Defiant Disorder: AACAP Facts for Families #72.

www.aacap.org/publications/faxtsfam/72htm

The Depressed Child. www.aacap.org/publications/factsfam/depressed.htm

Schizophrenia in Children www.aacap.org/publications/factsfam/schizo.htm

Alcoholics Anonymous www.aa.org

Alcoholics Anonymous is a fellowship of people who help others recover from alcoholism.

Anxiety Disorders Association of America www.adaa.org

This association promotes research into the prevention and treatment of anxiety disorders.

Anxiety Disorders in Children and Adolescents. www.aacap.org

Facts for Families www.aacap.org/publications/factsfam/anxious.htm

American Library Association. www.ala.org

Association of Specialized and Cooperative Library Agencies (ASCLA) www.ala.org/ascla/

Libraries Serving Special Populations Section www.ala.org/ala/ascla/lssps

Guidelines for Library Services for People with Mental Illness www.ala.org/ala/ascla/asclaprotoools/asclastandards/GuidelinesMental_Illnesses_draftJune2005.pdf

Beach Center on Families and Disability. www.lsi.ukans.edu/beach/beachhp.htm

The center conducts research on disability issues affecting families.

The Bipolar Child www.bipolarchild.com

This site is owned by authors of a book on bipolar children.

Caringonline Eating Disorders www.caringonline.com/index.html

This web site provides resources and information on eating disorders.

Center for Multicultural and Multilingual Mental Health Services www.mc-mlmhs.org

The center assists mental health workers whose clients have a culture and/or language barrier to treatment.

Child and Adolescent Bipolar Foundation (CABF) www.bpkids.org

Childhelp www.childhelp.org

This organization focuses on the prevention and treatment of child abuse.

Council for Exceptional Children www.cec.sped.org

The council is dedicated to improving educational outcomes for children with disabilities.

Council for Children with Behavioral Disorders (CCBD) www.ccbd.net

Depression and Bipolar Support Alliance (DBSA) www.ndmda.org

The mission of DBSA is to improve the lives of people with mood disorders.

Depression and Related (DRADA) www.drada.org

DRADA provides support to individuals struggling with depression and bipolar illness.

EatingDisorders Online <http://eatingdisordersonline.com>

This site is maintained by the Family Resource Network this site addresses anorexia and bulimia and related issues.

ERIC Clearing House on Disabilities and Gifted Education (ERIC ED) <http://ericec.org>

Guetzloe, Elenor. *Depression and Disability in Children and Adolescents.* <http://ericec.org/digests/e648.html>

Families for Depression Awareness <http://familyaware.org>

This group helps families recognize and cope with depressive disorders.

FAST National Training and Evaluation Center www.fastnational.org

FAST works to prevent school failure, alcohol and drug abuse, violence, delinquency, and child abuse.

Federation of Families for Children's Mental Health. www.ffcmh.org

The federation provides parent leadership in the field of mental health and ensures the rights of people with mental illness and publishes *Claiming Children*—a quarterly newsletter.

Healthy Teen Network www.healthyteennetwork.org/

This organization strives to help youth make responsible decisions about their sexuality.

MindZone: A Mental Health Site for Teens www.copecaredeal.org

This site is directed at teens and includes personal stories and strategies for dealing with mental health issues.

Minnesota Association for Children's Mental Health. www.macmh.org

The association publishes information on children's mental health including: *About Mental Illness: Borderline Personality Disorder; Children's Mental Health Fact Sheet for the Classroom: Depression; Children's Mental Health Fact Sheet for the Classroom: Oppositional Defiant Disorder; and Children's Mental Health Fact Sheet for the Classroom: Schizophrenia.*

National Alliance for the Mentally Ill. (NAMI) www.nami.org

NAMI is dedicated to improving the lives of people with severe mental illnesses.

National Association of Anorexia Nervosa and Associated Disorders (ANAD) www.anad.org

ANAD offers free counseling and maintains a network of support groups.

National Campaign to Prevent Teen Pregnancy www.teenpregnancy.org/

The goal of the campaign is to reduce the rate of teen pregnancy by one-third between 2006 and 2015.

National Center for Education in Maternal and Child Health www.brightfutures.org

Bright Futures www.brightfutures.org/bf2/pdf/index.html

National Clearinghouse on Family Support and Children's Mental Health www.adm.pdx.edu/user/rri/rtc

The clearinghouse maintains a 24-hour, toll-free phone service and sends out information packets.

National Council on Alcoholism and Drug Dependence. www.ncadd.org

The council provides education, information, help, for the treatment for addiction.

National Depressive and Manic Depressive Association. www.ndmda.org/

The association provides education on depression and manic-depression.

National Empowerment Center www.power2u.org

The center provides information and referrals to mental health resources.

National Information Center for Children and Youth with Disabilities (NICHCY) www.nichcy.org

This is a clearinghouse on disabilities and related issues involving children birth to age 22.

National Foundation for Depressive Illnesses, Inc. www.depression.org

This foundation strives to correct myths about depression and manic depression, and to improve the lives of those affected.

National Mental Health Association Information Center www.nmha.org

The center maintains a referral and information center and helps identify local chapters.

Obsessive-Compulsive Foundation. www.ocfoundation.org

The foundation provides information, resources, and links about obsessive-compulsive disorder, as well as support and advocacy.

OCDOnline. www.ocdonline.com

This web site is devoted to greater understanding of OCD and treatment and was designed by Stephen Phillipson, M.D., with the Center for Cognitive-Behavioral Therapy in New York.

ParentsMedGuide. www.ParentsMedGuide.org

This site offers practical advice to parents of children and adolescents struggling with depression

Research and Training Center on Family Support and Children's Mental Health. www.adm.pdx.edu/user/rri/rtc/

The focus of this organization is improving services to families whose children have a mental or behavior disorder.

U.S. Department of Health and Human Services www.dhhs.gov/

Administration for Children' Bureau / ACFY

Child Welfare Information Gateway www.childwelfare.gov/

Child Abuse and Neglect www.childwelfare.gov/can/index.cfm

National Institutes of Health www.nih.gov/

National Institute on Drug Abuse www.nida.nih.gov

National Institute of Mental Health (NIMH) www.NIMH.nih.gov

NIMH conducts research on mental health and disorders, and strives to diminish the burden of mental illness.

Child and Adolescent Bipolar Disorder: An Update from the National Institute of Mental Health.

[www.NIMH.nih.gov/publicat/bipolarupdate.cfm`](http://www.NIMH.nih.gov/publicat/bipolarupdate.cfm)

Child and Adolescent Violence Research at the National Institute of Mental Health 2002.

www.NIMH.nih.gov/healthinformation/violencemenu.cfm

Childhood-Onset Schizophrenia: An Update from the NIMH. www.nimh.nih.gov/publicat/schizkids.cfm

Depression in Children and Adolescents: A Fact Sheet for Physicians

Office of the Surgeon General www.surgeongeneral.gov

See the report on the Surgeon General's Conference on Children's Mental Health: A National Action Agenda.

www.surgeongeneral.gov/topics/cmh/childreport.htm

Substance Abuse and Mental Health Services Administration (SAMHSA) www.findtreatment.samhsa.gov/

Wisconsin Resources

Alcoholics Anonymous (AA) www.alcoholics-anonymous.org/US_CtrOffice/wi.html

AA offers a 12-step program to help people overcome alcohol addiction.

HOPES (Help Others Prevent and Educate for Suicide) www.hopes-wi.org

HOPES is a network of suicide survivors who help others.

Madison Institute of Medicine www.miminc.org

Lithium Information Center www.miminc.org/aboutlithinfoctr.html

The center provides biomedical and general about treatments for bipolar disorder.

Obsessive Compulsive Information Center (OCIC) www.miminc.org/aboutocic.html

The center collects and disseminates information about obsessive compulsive disorder.

NAMI Wisconsin, Inc. www.namiwisconsin.org

This organization is dedicated to improving the quality of life for those affected by mental illness in Wisconsin.

Children's Guide www.namiwisconsin.org/library/children/toc.cfm

Narcotics Anonymous (NA) www.wisconsinna.org

NA provides assistance for people addicted to illegal drugs.

National Alliance for the Mentally Ill (NAMI) Wisconsin www.namiwisconsin.org
 NAMI was founded in Madison, Wisconsin, in 1980 and is now a national organization.

Planned Parenthood of Wisconsin www.ppwi.org
 This organization helps people manage their sexual and reproductive health.

Prevention Intervention Center for Alcohol and Drug Abuse (PICADA) www.fsmad.org/WebPages/AODA/PICADA.htm
 The center provides assistance with substance addiction.

University of Wisconsin–Milwaukee www.mcw.edu
 Milwaukee Adolescent Health Program www.mcw.edu/display/router.asp?docid=2321

Wisconsin Alcohol and Drug Treatment Providers Association (WADTPA). <http://bcscconsultants.org/wadtpa/>
 The association's members are health care organizations that provide substance abuse treatment.

Wisconsin Assistive Technology Initiative (WATI) www.wati.org
 WATI is a statewide project to make assistive technology and services more available to children with disabilities.

Wisconsin Clearinghouse for Prevention Resources www.uhs.wisc.edu/wch/
 This clearinghouse is a unit of University Health Services, UW–Madison and includes resources for the prevention of substance abuse.

Wisconsin Coalition for Advocacy, Inc. www.w-c-a.org
 The coalition protects and advocates for the rights of people with mental illnesses.

Wisconsin United for Mental Health www.wimentalhealth.org
 The organization works to increase awareness about mental illnesses as real diseases that are treatable.

Wisconsin Department of Health and Family Services <http://dhfs.wisconsin.gov>
 Births and Infant Deaths <http://dhfs.wisconsin.gov/births/index.htm>
 Bureau of Community Mental Health www.dhfs.state.wi.us/mentalhealth
 The bureau provides information on public or private psychiatric residential facilities.
 Blue Ribbon Commission on Mental Health Care http://dhfs.wisconsin.gov/MH_BCMH/Reports/BLUERIB.HTM
 Child Abuse and Neglect Program: Child Maltreatment
<http://dhfs.wisconsin.gov/Children/CPS/progserv/maltreat.HTM>
 Child Abuse and Neglect Program: Mandated Reporters
<http://dhfs.wisconsin.gov/Children/CPS/progserv/manrpts.HTM>
 Child Abuse and Neglect Program: Signs of Child Abuse and Neglect
<http://dhfs.wisconsin.gov/Children/CPS/progserv/signs.HTM>
 Child Abuse and Neglect Program: Structure of CPS
<http://dhfs.wisconsin.gov/Children/CPS/progserv/structure.htm>
 Child Abuse and Neglect Program: The Wisconsin Model for Child Protective Services
<http://dhfs.wisconsin.gov/Children/CPS/PDF/FormsInstruct.pdf>
 Domestic Violence
<http://dhfs.wisconsin.gov/children/DomV/index.htm>
 Mendota Mental Health Institute http://dhfs.wisconsin.gov/MH_Mendota
 The institute provides inpatient services for civilly committed patients and prisoners. It has a secure correctional facility.
 Reporting Child Abuse and Neglect
<http://dhfs.wisconsin.gov/Children/CPS/cpswimap.HTM>
 Winnebago Mental Health Institute http://dhfs.wisconsin.gov/MH_Winnebago
 Bureau of Mental Health and Substance Abuse Services
 Addiction Services <http://dhfs.wisconsin.gov/substabase/INDEX.HTM>
 Comprehensive Community Services (CCS) http://dhfs.wisconsin.gov/MH_BCMH/CCS/CCSIndex.htm
 Family Support Program <http://dhfs.wisconsin.gov/bdds/fsp.htm>
 Health Statistics <http://dhfs.wisconsin.gov/stats>
 Data on Wisconsin Youth Sexual Behavior <http://dhfs.wisconsin.gov/stats/s-behyouth.htm>
 Wisconsin Youth Sexual Behavior and Outcomes 2003-2005 <http://dhfs.wisconsin.gov/stats/pdf/SexualBehavior05.pdf>
 Healthy Babies <http://dhfs.wisconsin.gov/substabase/Publications/Brochures/HealthyBabiesBrochure.pdf>
 Project Fresh Light www.projectfreshlight.org
 State Health Plan <http://dhfs.wisconsin.gov/statehealthplan>
 Evidence-Based Practices for Healthiest Wisconsin 2010
<http://dhfs.wisconsin.gov/statehealthplan/practices/priority/risk.htm>
 Teen Pregnancy <http://dhfs.wisconsin.gov/teenpregnancy>
 Adolescent Pregnancy Prevention and Intervention <http://dhfs.wisconsin.gov/teenpregnancy/index.htm>
 Wisconsin Abstinence Initiative for Youth <http://dhfs.wisconsin.gov/waiy/index.htm>
 Wisconsin Clearinghouse for Prevention <http://wch.uhs.wisc.edu/02-Programs>
 Wisconsin's Brighter Futures Initiative <http://wch.uhs.wisc.edu/02-Programs/02-BFI-MainPage.html>
 Wisconsin Suicide Prevention <http://dhfs.wisconsin.gov/health/injuryprevention/SuicidePrevention.htm>
 Wisconsin Suicide Prevention Strategy
<http://dhfs.wisconsin.gov/health/injuryprevention/SuicidePrevention.htm>

Wisconsin Department of Public Instruction <http://dpi.wi.gov>

Alternative Education <http://dpi.wi.gov/alternativeed/alted.html>

Blueprint for Success: Instructional Strategies to Promote Appropriate Student Behaviors
<http://dpi.wi.gov/sped/ebdbluepri.htm>

Child and Adolescent Mental Health Problems Fact Sheets for School Personnel
<http://dpi.wi.gov/sped/edmhfacts.html>

IDEA Child Count <http://dpi.wi.gov/sped/cc-12-1-05.html>

IDEA is a child count for state special education by category.

Services for Children with an Emotional Behavioral Disability. <http://dpi.wi.gov/sped/ed.html>

Special Education www.dpi.wi.gov/sped/index.html

Special Education Reports www2.dpi.state.wi.us/leareports

The reports include district counts of children in special education categories.

Student Services, Prevention and Wellness <http://dpi.wi.gov/sspw>

Helping Ensure the Success of Teen Parents and Their Children <http://dpi.wi.gov/sspw/success.html>

Websites for Teenagers, Parents and Professionals Working with Teens <http://dpi.wi.gov/sspw/electresc.html>

Wisconsin Teen Parent Resources <http://dpi.wi.gov/sspw/teenpar.html>

Wisconsin Teen Parent Resources: Pregnant Teens and Mental Health <http://dpi.wi.gov/sspw/teenhth.html>

Wisconsin Department of Workplace Development , Division of Vocational Rehabilitation (DVR)

www.dwd.state.wi.us/dvr

DVR provides employment services for people who have a physical or mental impairment.

Services for Children with an Emotional Behavioral Disability <http://dpi.wi.gov/sped/ed.html>

Wisconsin Family Ties www.wifamilyties.org

This organization supports families with children who have emotional, behavior and mental disorders.

Wisconsin Prevention Network <http://danenet.danenet.org>

The association works to assure human and financial resources for prevention and wellness.

Wisconsin United for Mental Health www.wimentalhealth.org