PIC Receives Funding for Next Five Years as Wyo’s Parent Center

The Parent Information Center (PIC) is thrilled to announce we were recently awarded a grant from the US Department of Education as Wyoming’s Parent Training and Information Center under the Individuals with Disabilities Education Act (IDEA) for the next five years. PIC has received this grant multiple times over the last 23 years.

The purpose of the grant is to provide information, training and support to families of disabilities, birth to 26 years old, to increase parents capacity to help their children with disabilities improve their early learning, school-aged, and postsecondary outcomes. Increasing youths with disabilities' capacity to be effective self-advocates, and collaborating with state agencies, organizations educators and others to promote high expectations and positive outcomes for youth with disabilities round out the purpose of the project.

How is PIC going to do this? We will have 4-5 regional Outreach Parent Liaisons across the state to provide support and information to families on an individual basis to help them understand their rights under the IDEA and the special education system. We will attend IEP meetings, with families, and link them to other families and resources in their communities, while empowering them to have high expectations for their children’s future. Currently, we already have three of the four Outreach Parent Liaisons in place in Buffalo, Green River and Moorcroft, all of them having worked for PIC for the last 6 to 13 years. They bring multiple skills and diverse experiences to their role as supportive, knowledgeable outreach to other parents. PIC will hire additional outreach staff in Casper and Cheyenne.

A new focus of this grant is in supporting youth with disabilities to gain critical skills in order to advocate for themselves throughout their lives. Our Outreach Parent Liaisons will work with students to teach them how to lead their own IEP’s, as well as collaborate with other organizations who work with youth for better outcomes. We will present trainings and clinics on the topics such as: IDEA, IEP’s, Transition and Early Intervention Services.

PIC will maintain our statewide toll-free number, so families can access information and support. At 1-800-660-9742. We will increase the number of our training materials on our accessible web-site at www.wpic.org, with new web-based applications, such as web tutorials and podcasts. PIC will publish and distribute a quarterly newsletter PIC’s-n-Pieces and a monthly e-newsletter every month to families, providers and educators. The central office will continue to be located in Buffalo.
What Parents Should Know… About Behavioral Health Supports

What Families Can Do When a Child May Have a Behavioral Health Condition

By National Alliance on Mental Illness (NAMI)

If you are worried about your child’s mental health, follow your instincts. Unexplained changes in your child’s behavior and/or mood may be the early warning signs of a mental health condition and should never be ignored. There are many different types of mental illness, including anxiety, depression, bipolar disorder, eating disorders, ADHD, and autism spectrum disorder, and it isn’t easy to simplify the range of challenges children face. One way to begin if you are concerned is to get an evaluation for your child or teen by a licensed mental health professional. Because all children and youth are unique and local mental health services, insurance coverage and school services vary from community to community, it is a challenge to find the right kind of help for your child.

As a parent there are things that you should be concerned with if you see them, such as:

- A sudden or persistent drop in school performance.
- Persistently aggressive behavior.
- Threats to self or others.
- Substantial mood swings.
- Hallucinations, paranoia, or delusions.
- Acting very withdrawn, sad or overly anxious.
- Extreme difficulty interacting with friends and/or siblings.
- Extreme changes in sleeping and eating patterns.
- Increased or persistent use of alcohol or drugs.

Several factors contribute to the challenge in getting an accurate diagnosis, including:

- Symptoms, which include difficult behaviors and dramatic changes in behavior and emotions, may change and continue to develop over time. A clinical interview should gather a full history, a “movie,” as well as a “snapshot” in the interview process.

- Diagnoses may co-occur. A teen with an anxiety disorder may be using alcohol extensively. A teen with major depression may also have problematic eating behaviors.

- Children and adolescents undergo rapid developmental changes in their brains and bodies and face multiple social role changes at the same time.

- Younger children may be unable to effectively describe their feelings or thoughts, making it harder to understand their experience. They may “show” distress more than “tell” about their distress. They may be seen frequently in school nurse offices with headaches or stomachaches but may have an undiagnosed psychiatric disorder.
It is often difficult to access a qualified mental health professional to do a comprehensive evaluation because of the shortage of children’s mental health providers and because some health care providers are reluctant to recognize mental illnesses in children and adolescents. Despite these challenges, there is plenty families can do to help their child get an accurate diagnosis and receive the most effective treatment, supports and services.

**BY THE NUMBERS:**
- 21% of youth aged 13-18 live with a behavioral health condition severe enough to cause significant impairment in their day-to-day lives.
- 50% of lifetime cases of behavioral health conditions begin by age 14 and 75% by age 24.
- Approximately 50% of students over 14 with behavioral issues drop out of high school, the highest of any disability group.
- 70% of youth in state and local juvenile justice systems have behavioral health conditions with at least 20% experiencing severe symptoms.
- Only 50% of youth with behavioral health issues receive treatment.

**What Should Parents do If They Suspect a Behavioral Health Condition?**

**Talk to your pediatrician.** Early identification and intervention are important. If you are concerned about your child, start by talking with your pediatrician, share your concerns and ask for a comprehensive check-up. A comprehensive physical examination should be done to rule out other physical health conditions that may be causing a child’s symptoms, such as an endocrine problem, recurrent head injuries in sports or other conditions. If the pediatrician believes your child is exhibiting early signs of a mental health condition, the pediatrician may talk to you about treatment options, may recommend a referral to a mental health professional or may offer to provide some of the services herself.

**Get a referral to a mental health specialist.** If you are referred to a mental health professional, ask for pediatrician to help by calling for you to help get an appointment scheduled for your child. Many mental health professionals have long waiting lists and may not be taking new patients, so a call from your pediatrician can help get an immediate appointment for your child. To find a psychiatrist, visit the American Academy of Children and Adolescent Psychiatry website (www.aacap.org) and click on “Child and Adolescent Psychiatrist Finder.”

**Work with the school.** Meet with your child’s teacher or other school officials to request and evaluation for your child for special education services. Work with the school to identify effective interventions that promote positive behaviors, social skill development, academic achievement and prevent challenging behaviors in school. Ask your child’s treating mental health provider to identify interventions that can be used at school and at home to help you and your child cope with challenging behaviors and related issues.

**Connect with other families.** Never underestimate the importance of connecting with and working with other families. There are many seasoned families who have walked the walk and are happy to share their wisdom and experience with you. Contact NAMI at www.nami.org to learn how you can connect with other families in your community.

**Getting an Accurate Diagnosis**

For some children, having a diagnosis is scary and they may be resistant to accept it. Others are relieved to know that what is happening to them is caused by an illness, that they are not alone, and that there are treatment options that can make them feel and do better. **It is important to find ways to use the strengths and interest of your child to help him or her cope with difficult symptoms.** Benefits are often derived from aerobic exercise, martial arts, music, and art – whatever it takes to provide your child with a therapeutic outlet. The diagnosis is one piece of a much larger puzzle. NAMI offers ten steps for families to getting an accurate diagnosis. These include record keeping; comprehensive physical examination; recording co-occurring conditions; seek specialists in children’s mental health; evaluation

(Continued on page 5)
Join PIC at our 3rd Annual Parent Conference on disAbilities, at the Parkway Plaza in Casper Sat, Jan 17, 2015 8:30AM - 5PM and Sun, Jan 18, 2015 8:30AM – 1PM.

No Registration costs for Parents of children with disabilities!

Educators / Service Providers $50 each (purchase orders accepted)

Conference topics include:
Challenging Behaviors, Conflict Resolution, Learning Disabilities, Sensory Disorder, Transitions to Employment and more!

Sponsored by PIC, the WY Dept of Education and the Governor’s Council on Developmental Disabilities

REGISTRATION OPEN @ WWW.WPIC.ORG
OR CALL (307) 684-2277

TOGETHER We Make a Difference
Preparing for an IEP: a Few Suggestions

Being prepared for an IEP can help keep parents stress level down, while helping to facilitate a successful meeting. Being prepared also helps us, as parents, feel like we have more control over the meeting and can help guide the direction it takes.

Parents are important members of the IEP Team. Here are suggestions of steps to take as you prepare to be a valued and contributing member of your child’s team.

- Ask to have written evaluation results/reports before the IEP meeting. Typically you will not get them more than a day or two in advance. Even a day or two will allow you to look them over and make a list of areas/questions you might have that you wish to discuss at the meeting.
- Review your child's current IEP– be familiar with the goals and what success looks like when a goal is achieved.
- Talk to your child regarding his or her feelings about school, what he/she likes best, what he/she likes least, what suggestions he/she thinks might make learning better for them. Be sure to bring this information to the IEP meeting, or support your child in attending the IEP to share him or herself.
- Gather records or information you feel are important and pertinent to your child's program -- evaluations done outside the school, medical records that relate to your child's performance at school.
- Make notes about information you want to contribute at the meeting, including your child's level of functioning at home -- your child's interests, how your child relates to family members, to friends and others in the community. List goals you have for your child and concerns you have or areas you would like to see addressed.
- Find out who will be attending the meeting. If there are school personnel involved with your child's program who are not on the list, and who you feel should be included, ask to have them at the meeting.
- Bring someone along for support -- PIC has staff that are available for this, either in person as available, or by phone. It is not unusual for parents to feel overwhelmed when encountering a roomful of educators and professionals discussing their child. It can be very emotional for a parent, and it helps to have someone with you for support, to help clarify and/or to take notes.
- Look for opportunities to say thanks or express gratitude to teachers and other staff. Everyone appreciates a thank you!
- When asking for something for your child, ask the team how you can support them in helping your child succeed. Working toward a common goal allows everyone to feel like a valued member and resource. If you are given a task, when asked, be sure to follow up and follow through and report back to the team on the task.
- Try to remain calm. Look for win-win situations. Expect competency and maintain high expectations. Trust your heart and your instincts!

Before your next IEP, give PIC a call at 307-684-2277 and we can help you prioritize and prepare for a positive, productive meeting!

What Parents Should Know continued...

Based on all aspects of the child’s life; adjust the diagnosis as new symptoms arise or change; make effective interventions and outcomes as needed; work with the school; find service and support options; and never under estimate the importance of working with other families. For more information on these steps visit NAMI’s Child & Adolescent Action Center at www.nami.org/caac.
Notes on the Spectrum

Autism. Asperger’s Syndrome. PDD-NOS. Autistic-tendencies. The labels differ, but underneath, we all share common challenges that make life complicated. Neuro-typical parents can find it difficult to understand their spectrum child. That’s not so surprising, since their brains are wired differently than are ours. So, we share information back and forth, in hopes that understanding and acceptance grow on both fronts. Here’s some advice from me, an Aspie, to parents of autism/AS children:

› We tend to be mono-taskers*, not multi-taskers. And we can be very, very good mono-taskers, able to concentrate on certain jobs much better than our neuro-typical (NT) counterparts. See our strengths, not just our weaknesses. (*mono-taskers is someone who can only work on one task at a time—editor)

› Accept that noise bugs us. Big time. Help us find work-arounds. Vacuum cleaners, food processors, hair dryers, power tools, anything high-pitched can drive us nuts. It’s just the way it is. Please put us out of range if you must use these things.

› We may turn away from you because your voice hurts our ears. Or your cologne is overpowering. Or the color of your dress feels like spikes driven into our eyes. Please understand we have different sensory systems, ones that can be frazzled and fried and sometimes getting away is a necessity.

› During times when we can’t get away, we may need to tune you out for self-preservation. Clacking shoes on hard floors, frequent nervous coughing or throat clearing, your snapping gum are more than mere annoyances. They hurt. We tune it out to keep ourselves sane. So would you, if you felt that too.

› Privacy and solitude nourish us. They are like air and water. So what if we’re not as social as you want us to be. Being able, and choosing not to socialize, is different than not being able to be with others. Respect the first condition; help us work through the second.

› Having only one or a few interests is not necessarily a bad thing. Many Aspies who have gone before used their special interests in remarkable ways: Mozart, Edison, Jefferson, for instance. Bill Gates’s obsession with computers made him billions. Support our interests. You never know.

-Lawrence M. Rubin is an adult man with Aspergers.

2015 Wyoming Teacher of the Year

Tyler Bartlett, a math teacher at Newcastle Middle School (Weston County School District No. 1), has been named the 2015 Wyoming Teacher of the Year. Mr. Bartlett has been teaching for six years. Tyler will receive a $5,000 award and represent Wyoming at the national level.
Third Party Billing Policy for Special Education

WDE 3rd-Party Billing Policy is Open for Public Comment Nov 1 through Nov 30, 2014.

Methods for Ensuring Services: Third Party Billing Policy and Procedures under Part B of the Individual with Disabilities Education Act (IDEA)

Who: Those individuals wishing to provide comment regarding proposed policy and procedures under Part B of the IDEA for obtaining parental consent for the use of public benefits or insurance (e.g., Medicaid).

What is proposed: Links to proposed WDE Policy and three (3) supporting documents:

1. Method of Ensuring Services: Third Party Billing Policy and Procedures

2. Consent to Release Information and Access Public Benefits Model Form/Consent to Release Information and Access Private Insurance Model Form

3. Notice of Procedural Safeguards Model Document

Why new policy and procedures are necessary:
February 14, 2013, the Office of Special Education and Rehabilitative Services (OSERS) published final regulations to amend 34 C.F.R. §300.154 governing the use of public benefits or insurance (e.g., Medicaid).

The United States Department of Education, Office of Special Education Programs (OSEP) requires each state to develop policy and procedures to be in compliance with the federal regulations as amended. A U.S. Department of Education (USDOE) Web Page includes a Q&A guidance document and one-page summary of the amended regulation.

How to provide comment:
Written comment will be received at WDE from Nov 1, 2014 through Nov 30, 2014. Written comment can be submitted by email to sped.comments@wyo.gov or mailed to Special Education Comments, Wyoming Department of Education, 320 West Main Street, Riverton, WY 82501. All comments must be received by Nov 30, 2014.

PIC Parent Conference on disAbilities Jan 17-18, 2015 Parkway Plaza, Casper

This year’s PIC Parent Conference on disAbilities will feature Mary Kay Savage, Former Director of MPACT—Missouri’s Parent Training and Information Center on Sat morning, Jan 17, 2015. Her keynote will be “Beyond our Expectations: A Journey of Fear, Faith, and Letting Go.” As the parent of a young adult with an Intellectual Disability, Mary Kay will share her family's experiences in supporting their son's navigation of an independent life.

Ms. Savage will also present a breakout session on how technology, schedules, and communication can assist young adults in being successful in their transition to independent living and employment.

Philip Moses will be the keynote speaker for Sun morning, Jan 18, 2015. Mr. Moses serves as Associate Director for CADRE, the National Center on Dispute Resolution in Special Education. Mr. Moses’ keynote will be “The 18th Horse: Why Moving Dispute Resolution Upstream is a Better Match for High Expectations”

His presentation will discuss the benefits and limitations of dispute resolution options and look at the advantage of working through special education conflict before communication deteriorates and relationships are ruined.

For conference schedule & to register, visit www.wpic.org or call PIC at (307) 684-2277.
Focus on Early Intervention

What Is an Individualized Family Service Plan (IFSP)?

The IFSP is the written plan that describes what supports and services (information and help) you will receive focused on meeting the developmental needs of your child. The IFSP is how successful early intervention is provided according to Part C of IDEA. The IFSP should include the resources, strengths, and needs of your family. It will spell out the services your child and your family can expect. It will be a map to guide you and the professionals working with you.

Through the IFSP process, family members and service providers work as a team to plan, carry out, and evaluate services adapted to the family’s concerns, priorities, and resources. This means your child should be provided supports and services as it relates to your family and your family’s needs.

Parents are their children’s first and best teachers, and babies do most of their early learning within the family. When children have special learning and developmental needs; however, parents look for help from professionals with experience in particular areas. Even though special services may be provided by experts outside of the family, the infant or toddler remains within the family. Any services that are provided must be offered within the structure or framework of the family, and build upon the strengths of each individual family.

What Must an IFSP Include?

According to IDEA, the IFSP shall be in writing and contain:

1. the child’s present levels of physical development, cognitive development, communication development, social or emotional development, and self-help development;
2. the family’s resources, priorities, and concerns as they relate to improving the development of their child with a disability;
3. the measurable results or outcomes expected to be achieved for both your child and your family, including pre-literacy and language skills as developmentally appropriate for your child;
4. the criteria, procedures, and timelines used to decide if your child is progressing or reaching the results or outcomes;
5. whether modifications or revisions of the results, outcomes, or services are necessary;
6. specific early intervention services necessary to meet the special needs of your child and family, including how often, how much, and in what ways services will be provided;
7. the natural environments (everyday settings where your child typically lives, learns and plays) where services will be provided, including an explanation of why any of the services will not be provided in a natural environment;
8. the expected dates for when services will begin and how long they will be provided;
9. the type of service provider who will be responsible for carrying out the plan and coordinating with other agencies and persons, including transition to preschool programs; and
10. the description of the appropriate transition services for the child to attend the developmental center or other appropriate services.

An addendum can be made to the IFSP anytime. An addendum is a change that can be made to the IFSP, if any team member asks for it, if ALL of the IFSP team members agree.

More information on an IFSP and services to infants and toddlers can be found in PIC’s “Babysteps” parents guide to Part C found on our website at www.wpic.org/publications.
Child Passenger Safety: Reduce Their Risk

Using the correct car seat or booster seat can be a lifesaver: make sure your child is always buckled in an age- and size-appropriate car seat or booster seat.

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**Rear-facing Car Seat**
Birth up to Age 2*
Buckle children in a rear-facing seat until age 2 or when they reach the upper weight or height limit of that seat.

**Forward-facing Car Seat**
Age 2 up to at least age 5*
When children outgrow their rear-facing seat, they should be buckled in a forward-facing car seat until at least age 5 or when they reach the upper weight or height limit of that seat.

**Booster Seat**
Age 5 up until seat belts fit properly*
Once children outgrow their forward-facing seat, they should be buckled in a booster seat until seat belts fit properly. The recommended height for proper seat belt fit is 57 inches tall.

**Seat Belt**
Once seat belts fit properly without a booster seat
Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck).

*Recommended age ranges for each seat type vary to account for differences in child growth and height/weight limits of car seats and booster seats.
Use the car seat or booster seat owner’s manual to check installation and the seat height/weight limits, and proper seat use.

Keep children ages 12 and under in the back seat. Never place a rear-facing car seat in front of an active air bag.

Graphic design: adapted from National Highway Traffic Safety Administration.
www.cdc.gov/motorvehiclesafety/cps

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PIC Newsletters

Keep up-to-date on “What’s Happening in Wyoming” and continue to read great and relevant articles by subscribing to our online E-News at www.wpic.org or by subscribing to PICs-N-Pieces newsletter (free to parents of children with disabilities/ $20 professionals, any donations is appreciated)
ABOUT US:

Parent Information Center (PIC):

Outreach Parent Liaisons (OPL) provide information and support to families of children with disabilities, on their rights under the Individuals with Disabilities Education Act (IDEA). PIC can attend IEPs with families to help empower them to partner with schools effectively and/or provide workshops on IDEA, IEPs, and specific disabilities such as attention disorders and autism.

For more info check out our website at www.wpic.org or call PIC at (307) 684-2277:

Terri Dawson, Director, tdawson@wpic.org (307) 217-1321
Serves the entire state

Juanita Bybee, jbybee@wpic.org (307) 684-2277
Serves Buffalo & Sheridan

Janet Kinstetter, jkinstetter@wpic.org (307) 756-9605
Serves Moorcroft, Gillette, Sundance & Newcastle for phone support only. Janet no longer attends IEPs or provides workshops

Tammy Wilson, twilson@wpic.org (307) 217-2244
Serves Green River & Rock Springs

Check out our website at www.wpic.org to download a copy of our Parent’s Rights Handbook on IDEA called “Keys…”

TOGETHER We Make a Difference!
“There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle.”

Albert Einstein

Parents Helping Parents of WY, Inc. (PHP), because of rising production costs, we must charge a $20/year subscription fee to professionals and other interested individuals for our hard copy newsletter.

*The (hard copy) PIC's n-Pieces newsletter remains free to parents of children with disabilities, however any donation is appreciated.*

Please complete and return the form below so that we may update our mailing list:

- I am a parent of a child with a disability and a Wyoming resident. Please keep me on/add me to the list.
  - If your child has a disability, please list disability: __________________________ Child's age ________
  - _______ I am a professional, teacher or other interested person. Enclosed is $20 for a one year subscription.
  - My organization/school name is __________________________ My role/position is __________________________
  - _______ I am the parent of a child with disabilities, but do not live in Wyoming. Enclosed is $20 for 1 year subscription.

Name: ____________________________________ Phone: (H) _______________ (W)__________________

Address: __________________________________________ Zip: ________________

     Street               City                State

This is my: ___ Home address ___ Work address (Please check one)

- ______ I would like to subscribe (at no cost) to PHP’s new electronic news brief to be distributed monthly
  (Please note; this e-news does not have the same content as the PIC’s n Pieces newsletter).

E-mail address: ______________________________________________________________________

Additional Donation amount________________. Thank you!

Please Send PHP a Change of Address if You Move. The Post Office Does Not Forward or Return Bulk Mail.

Mail to: Parents Helping Parents of WY, Inc.
500 W. Lott St, Suite A
Buffalo, WY 82834

For more information:
Contact PHP at (307) 684-2277
or e-mail tdawson@wpic.org
PIC Parent Conference on disabilities
Jan 17-18, 2015 in Casper; Register Now!

No Registration Costs for Parents of Children with Disabilities!

**PTSB credit and STARS available**

REGISTER AT WWW.WPIC.ORG OR CALL PIC AT (307) 684-2277