

FEDERATION OF FAMILIES OF SOUTH CAROLINA
SUPPORT MATTERS



Is your family prepared for an emergency?

In the past few years we have seen the devastation brought by hurricane strength winds and flooding. We can still recall where we were on September 11, 2001 when terrorist changed our country forever.

Hopefully we have learned that there are measures to be taken in case such a situation should arise.

Is your family prepared for an emergency or natural disaster? Being prepared for a situation requires planning ahead and not assuming that an emergency situation will never happen to your family

Get informed about hazards and emergencies that may affect you and your family.

Understanding your surroundings will help you determine any possible emergency situation that may place your family into a crisis situation. A disaster is an occurrence such as hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, earthquake, drought, blizzard, pestilence, famine, fire, explosion, volcanic eruption, building collapse, transportation wreck, or other situation that causes human suffering or creates human needs that the victims cannot alleviate without assistance.

Develop an emergency plan.

The type of situation will determine what action your family will need to take. For example, if there is a house fire you should have an evacuation route for each room in your house. Do you have a designated meeting location outside? This will allow for you to access the situation so that the authorities can be notified if someone is still in the home. Have you made copies of vital records that are often kept in the home

and may be destroyed due to fire or water damage? Have a plan in place that will address methods of communication in the event that you may be separated at the time of an emergency. There are many factors to consider when developing an emergency plan. Some examples may include: Pet care, health care issues, evacuation plans and emergency supplies.

Evacuations are more common than many people realize. Hundreds of times a year, transportation and industrial accidents release harmful substances, forcing thousands of people to leave their homes. Fires and flooding cause evacuations even more often. Almost every year, people along the Gulf and Atlantic coasts are forced to evacuate due to approaching storms and hurricanes. In weather related emergencies, a family may have several days to prepare for evacuation and will be advised of the route to take. Always keep a full tank of gas in your car if an evacuation seems likely. Gas stations may be closed during emergencies and unable to pump gas during power outages. Listen to a battery-powered radio and follow local evacuation instructions. Evacuate immediately to avoid being trapped by severe weather. Do not drive into flooded areas and avoid downed power lines. Always follow the recommended evacuation routes. Do not take shortcuts; they may be blocked.

Collect and assemble disaster supplies kit.

Since you do not know where you will be when an emergency occurs, you should

prepare supplies for home, work and your vehicles. Have enough supplies to last for up to two weeks. Keep supplies in a container that you can "Grab and Go" in the event you are evacuated. Make sure that all family members know where the kit is kept and supplies should be restocked as needed.

Learn where to seek shelter from all types of hazards.

To effectively shelter, you must first consider the hazard and then choose a place in your home or other building that is safe for that hazard. For example, for a tornado, a room should be selected that is in a basement or an interior room on the lowest level away from corners, windows, doors and outside walls.

Learn what to do for specific hazards.

There are actions that should be taken before, during, and after an event that are unique to each hazard. For example: Seeking a safe shelter during a tornado or reducing property loss from a hurricane. Additional instruction for specific hazards is available at www.fema.gov

Practice and maintain your plan.

Once you have developed your plan, you need to practice and maintain it. For example, ask questions to make sure your family remembers meeting places, phone numbers, and safety rules. Conduct drills such as drop, cover, and hold on for earthquakes. Test fire alarms. Replace and update disaster supplies

See how to put together your disaster supplies kit on page 11.

Free Life Insurance Program for Parents

For more information on insurance assistance programs visit www.fedfamsc.org

MassMutual is proud to announce the introduction of LifeBridge [A Free Life Insurance Program](#).

Through LifeBridge, the Massachusetts Mutual Life Insurance Company (MassMutual) insures the lives of qualified working people for the benefit of their children. A 10-year term life insurance policy, with a death benefit of \$50,000, is provided. If you die during the 10 years of coverage, the \$50,000 is paid into a trust and used to cover educational expenses of your dependent children.

Remember, Your Child's Mental Health: What's Up Doc? here's no time like the present to think about your children's

You are eligible to apply for the program if you are:

- Between the ages of 19 and 42;
- The parent or legal guardian of one or more dependent children under age 18;
- A permanent, legal resident of the United States;
- Currently employed—either full or part time—with a total family income of not less than \$10,000 or more than \$40,000 annually; and
- In good health, as determined by MassMutual

For more information about the LifeBridge Program, please contact Tripp Limehouse @ 1-800-790-9206

Your Child's Mental Health: What's Up Doc?

When your child has a high fever, you get medical advice. Most likely, your child soon will be back to his or her playful and rambunctious self.

Mental health problems can be more difficult to recognize. One in five children has a diagnosable mental, emotional, or behavior problem that can lead to school failure, family discord, violence, or suicide. Help is available. However, two-thirds of children with mental health problems are not getting the help they need.

Mental health is how we think, feel, and act. It's common for children to feel sad or to behave badly from time to time. If you see troubling behaviors that seem persistent and severe, it's time to take action. These questions can help you:

- **Does your child seem angry most of the time?** Cry a lot? Overreact to things?
- **Does your child avoid friends or family?** Want to be alone all the time? Seem to have lost interest in things usually enjoyed?
- **Does your child destroy property, break the law, or do things that are life threatening?** Often hurt animals or other people? Seem not to care when you explain that this behavior is harmful? Use alcohol or other drugs?
- **Is your child extremely fearful?** Having unexplained fears or worrying more than other young people?
- **Is your child limited by poor concentration?** Suddenly having trouble making decisions? Grades showing a marked decline?
- **Is your child obsessed about how he/she looks?** Experiencing unexplained changes in sleeping or eating habits? Often complaining about headaches, stomachaches, or other physical problems?
- **Does your child feel that life is too hard to handle or talk about suicide?**

If you answer "yes" to any of these questions, talk to your family doctor or pediatrician about your child's feelings and behavior. Discuss how your child may have been affected by recent major changes in your family or community. Together, you may decide that your child and family need help from someone with more mental health training.

Parents, teachers, and other care providers can work together to build on your family's strengths. All families have strengths.

Maybe your family strengths are shared during a community function that you attend regularly. A family activity like cooking together may provide a time to experience both good communication and good food. Bonds may be strengthened and skills developed in the ways you encourage your child's interest in activities like baseball, science, or being a helpful neighbor. Building on your family's strengths can provide the support your child and family need to succeed.

The *Caring for Every Child's Mental Health Campaign* is part of The Comprehensive Community Mental Health Services Program for Children and Their Families of the Federal Center for Mental Health Services. Parents and caregivers who wish to learn more about mental well-being in children should call 1-800-789-2647 (toll-free) or visit mentalhealth.samhsa.gov/child/ to download a free publications catalog (Order No. CA-0000). The Federal Center for Mental Health Services is an agency of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Save the Date...

Below is a list of some important, upcoming dates that we think you should know about. For up-to-date information visit our website www.fedfamsc.org

The “**Shared Implementation of IDEA**” conference is being planned by the Shared Agenda Partners, SC Department of Education, Office of Exceptional Children, Federation of Families of SC, SC Department of Mental Health School Based Services, SC Department of Juvenile Justice and other partners.

The conference will be held in Columbia, at the Metropolitan Convention Center March 22-24, 2007.

There will be a limited number of scholarships available from the SC Department of Education and the Federation of Families.

Check our website at www.fedfamsc.org, updates will be added as plans progress.

Training Opportunity:

If you are a parent or caregiver of a child or adolescent with emotional, behavioral or psychiatric challenges and would like to volunteer to assist other families in your community, plan to attend our volunteer Family Support Network training. Training is scheduled for January 26 & 27, 2007. Call or check the website for more information.

Federation of Families of South Carolina Board of Directors, is seeking passionate family members who are interested in serving on the Board of Directors. If you are interested please contact the office for information.

Charleston Family Support Network. Staff and volunteers have been networking to develop a Charleston Family Support Network. If you are a parent or caregiver of a child or adolescent with emotional, behavioral or psychiatric challenges and would be interested in volunteering with other family members in this effort please contact our office for more information. The first organizational meeting is being planned for a date in January.

Early Periodic Screening Diagnosis and Treatment (EPSDT)

Early-identifying problems early

Periodic- checking children’s health at periodic, age-appropriate intervals.

Screening- doing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems.

Diagnosis- performing diagnostic tests to follow up when a risk is identified.

Treatment- treating the problems found.

EPSDT is the child health component of Medicaid. It is a mandatory set of services and benefits for all individuals under age 21 who are enrolled in Medicaid.

Eligible Children

- Low-income children-children in families who meet the income eligibility may be covered under regular Medicaid or they may be covered under the State Children’s Health Insurance

Program, known as SCHIP.

- Children with disabilities- children with private coverage-states may not deny Medicaid coverage to children who also have employer coverage. When a child qualifies for both, Medicaid covers services not covered under an employer-based plan.
- Other children- Medicaid also covers: most children in foster care and others in the child welfare system, many homeless children, and legally resident non-citizen children.

Behavioral Health Screening Policies

Almost 21 percent of children and adolescents have a diagnosable mental disorder, and 11 percent have significant impairment. An estimated 70 percent of children with mental health conditions do not receive specialty mental health

services.

Federal Medicaid laws and regulations recognize the need for early identification and treatment. The EPSDT mandates that children are to be screened for mental health conditions, including substance use disorders as part of the EPSDT assessments. The Medicaid screening consist of a health and developmental history, an unclothed physical exam, immunizations, laboratory tests, and health education. The purpose of these assessments is to diagnose health problems early before they worsen and the treatment becomes more costly.

This information from publications, “Using EPSDT To Promote Early Childhood Mental Health: An IDEA Kit”, National TA Center for Children’s Mental Health, Georgetown University Center for Child and Human Development, prepared by Johnson Group Consulting, Inc., 2003. Psychiatric Services, Brief Reports; Semansky, M.P.P., Koyanagi, Vandivort-Warren, M.S.W., 2003.

The **FACTS** About Youth & Alcohol

Alcohol Use Is Widespread Among Today's Teenagers

- Nearly 70% of 8th graders perceive alcoholic beverages as "fairly easy" or "very easy" to get.
- By the time they complete high school nearly 80% of teenagers have consumed alcohol, 30% report having been drunk in the past month, and 29% report having 5 or more drinks in a row in the past two weeks.

Alcohol Use Increases Substantially From Middle To High School

- Approximately 20% of 8th graders report having recently (within the past 30 days) consumed alcohol compared to 35% of 10th graders and almost 50% of 12th graders.
- A little over 20% of 8th graders report having been drunk at least once in their life compared to almost 45% of 10th graders and 60% of 12th graders.

The Consequences of Underage Drinking

- A person who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol.
- During adolescence significant changes occur in the body, including the formation of new networks in the brain. Alcohol use during this time may affect brain development.
- Motor vehicle crashes are the leading cause of death among youth ages 15 to 20, and the rate of fatal crashes among alcohol-involved drivers between 16 and 20 years old is more than twice the rate for alcohol-involved drivers 21 and older. Alcohol use also is linked with youthful deaths by drowning, suicide, and homicide.
- Alcohol use is associated with many adolescent risk behaviors, including other drug use and delinquency, weapon carrying and fighting, and perpetrating or being the victim of date rape.



Seeking To Assist Families of Youth with Co-Occurring Mental Health and Drug and Alcohol Challenges!

As an organization we have focused on mental health challenges of our children and youth. We are however very aware that the population who we advocate for are at high risk of becoming involved with drugs and alcohol.

Many of our youth self-medicate in order to numb the pain of the experi-

ences of their mental health needs. Others seeking friends find it with the wrong group. Whatever the reason the outcome is additional worries and concerns for the families and caregivers of these youth.

We are seeking to identify families who have youth with co-occurring, mental health and drug and alcohol related

needs. If you are concerned that there may be a problem and do not know where to go or have not been able to access treatment. Please contact us by e-mail through our web-site or directly at info@fedfamsc.org or by phone if you do not have web access at toll-free 866-779-0402.

Are You Concerned about Your Teens Use of Technology?

My teen might be using drugs. Can I use technology to better monitor him/her?

The first step is to closely monitor the technology your teen uses frequently. Cell phones, instant messaging and social networking sites such as MySpace.com are popular among teens. These technologies have many positive uses, but they can also be used to facilitate drug use. Check out Digital Technology 101 for advice on how to monitor these technologies.

Also, check the computer history to see Web sites visited by your teen. Contact your Internet service provider for help. Ask to see your teen's cell phone address book. Check on unfamiliar names and numbers. Review your teen's personal Web page together. Pay close attention to pictures and other details and read any blog entries.

I caught my teen visiting inappropriate Web sites or posting inappropriate content online. What should I do?

If possible, set rules and consequences for online

activity before there are problems. Situations vary, so it's up to you to decide on the right consequence. You could restrict computer time or other privileges; require your teen to remove a profile from a social networking site; or implement monitoring technologies.



Remember to set limits for use of other technologies, too. If your teen goes over the limit on cell phone minutes or text messages, remove phone privileges. You could also review the bill together each month. This way, your teen can explain overages and you can see who she is texting/calling.

Reading up on cell phones, the Internet, and other technologies, will also help you decide on appropriate consequences. Set clear and age-appropriate guidelines. Explain that the rules are to protect your teen's safety, not to control or to embarrass your teen.

This information was reprinted from an online newsletter and website. For more information or to elect to receive this newsletter go to ParentingTips@TheAntiDrug.com. If you do not have internet access call the Federation and we will mail information on this topic. Toll-free 866-779-0402.

Federation of Families of South Carolina Contact Information

- In Columbia: (803) 779-0402
- Toll Free: 1-866-779-0402
- Email: info@fedfamsc.org
- Web: www.fedfamsc.org

PO BOX 1266
Columbia, SC 29202

Diane Revels-Flashnick, Executive Director
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Tracey Oswald, Outreach Coordinator

Bullying Among Children and Youth with Disabilities and Special Needs.

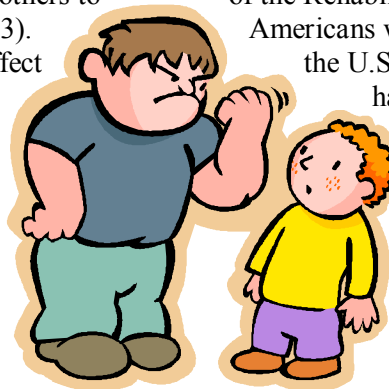
What is bullying?

Bullying is aggressive behavior that is intentional and that involves an imbalance of power or strength. Often, it is repeated over time. Bullying can take many forms, such as hitting, kicking, or shoving (physical bullying), teasing or name-calling (verbal bullying), intimidation through gestures or social exclusion (nonverbal bullying or emotional bullying), and sending insulting messages by text messaging or e-mail (cyberbullying).

What is known about bullying among children with disabilities and special needs?

There is a small but growing amount of research literature on bullying among children with disabilities and special needs. This research indicates that these children may be at particular risk of being bullied by their peers. For example, research tells us that:

- Although little research has been conducted on the relation between learning disabilities (LD) and bullying, available information indicates that children with LD are at greater risk of being teased and physically bullied (Martlew & Hodson, 1991; Mishna, 2003; Nabuzoka & Smith, 1993; Thompson, Whitney, & Smith, 1994).
- Children with Attention Deficit Hyperactivity Disorder (ADHD) are more likely than other children to be bullied. They also are somewhat more likely than others to bully their peers (Unnever & Cornell, 2003).
- Children with medical conditions that affect their appearance (e.g., cerebral palsy, muscular dystrophy, and spina bifida) are more likely to be victimized by peers. Frequently, these children report being called names related to their disability (Dawkins, 1996).
- Obesity also may place children at higher risk of being bullied. In a study of children aged 11–16, researchers found that overweight and obese girls (aged 11–16) and boys (aged 11–12) were more likely than normal-weight peers to be teased or to be made fun of and to experience relational bullying (e.g., to be socially excluded). Overweight and obese girls were also more likely to be physically bullied (Janssen, Craig, Boyce, & Pickett, 2004).
- Children with hemiplegia (paralysis of one side of their body) are more likely than other children their age to be victimized by peers, to be rated as less popular than their peers, and to have fewer friends than other children (Yude, Goodman, & McConachie, 1998).



- Children who have diabetes and who are dependent on insulin may be especially vulnerable to peer bullying (Storch et al., 2004).
- Children who stutter may be more likely than their peers to be bullied. In one study, 83 percent of adults who had problems with stammering as children said that they had been teased or bullied; 71 percent of those who had been bullied said it happened at least once a week (Hugh-Jones & Smith, 1999).

How does bullying affect children?

Bullying can have serious consequences. Children and youth who are bullied are more likely than These and other materials are available online at:

www.stopbullyingnow.hrsa.gov

other children to

- Be depressed, lonely, anxious;
- Have low self-esteem;
- Experience headaches, stomachaches, fatigue, poor appetites;
- Be absent from school and dislike school; and
- Think about suicide.

Can bullying of my child be illegal?

Yes. Bullying behavior may cross the line to become “disability harassment,” which is illegal under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. According to the U.S. Department of Education, disability harassment is “intimidation or abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student’s participation in or receipt of benefits, services, or opportunities in the institution’s program” (U.S. Department of Education, 2000). This behavior can take different

forms including verbal harassment, physical threats, or threatening written statements. When a school finds out that harassment may have occurred, staff must investigate the incident(s) promptly and respond appropriately. Disability harassment can occur in any location that is connected with school: in classrooms, in the cafeteria, in hallways, on the playground or athletic fields, or on a school bus. It also can occur during school-sponsored events (Education Law Center, 2002).

...continued on page 7

Bullying... continued from page 6

What can I do if I think my child is being bullied or is the victim of disability harassment?

- Be supportive of your child and encourage him or her to describe who was involved and how and where the bullying or harassment happened. Be sure to tell your child that it is not his or her fault and that nobody deserves to be bullied or harassed. Do not encourage your child to fight back. This may make the problem much worse.
- Usually children are able to identify when they are being bullied by their peers. Sometimes, however, children with disabilities do not realize they are being targeted. (They may, for example, believe that they have a new friend, when in fact, this “friend” is making fun of them.) Ask your child specific questions about his or her friendships and be alert to possible signs of bullying—even if your child doesn’t label the behaviors as bullying.
- Talk with your child’s teacher immediately to see whether he or she can help to resolve the problem quickly.
- If the bullying or harassment is severe, or if the teacher doesn’t fix the



problem quickly, contact the principal and put your concerns in writing. Explain what happened in detail and ask for a prompt response. Keep a written record of all conversations and communications with the school.

- Ask the school district to convene a meeting of the Individualized Education Program (IEP) team or the Section 504 team, a group convened to ensure that the school district is meeting the needs of its students with disabilities. This meeting will allow you to explain what has been happening and will let the team review your child’s IEP or 504 plan and make sure that the school is taking steps to stop the harassment. If your child needs counseling or other supportive services because of the harassment, discuss this with the team.
- As the U.S. Department of Education (2000) recognizes, “creating a supportive school climate is the most important step in preventing harassment.” Work with the school to help establish a system-wide bullying prevention program that includes support systems for bullied children.

- Sometimes children and youth who are bullied also bully others. Explore whether your child may also be bullying other younger, weaker students at school. If so, his or her IEP may need to be modified to include help to change the aggressive behavior.
- Be persistent. Talk regularly with your child and with school staff to see whether the behavior has stopped.

What if the bullying or harassment does not stop?

If your school district does not take reasonable, appropriate steps to end the bullying or harassment of your child, the district may be violating federal, state, and local laws. For more information about your legal rights, you may want to contact:

- The U.S. Department of Education Office for Civil Rights Phone: (800)-421-3481; or Web: <http://www.ed.gov/about/offices/list/ocr/index.html>
- The U.S. Department of Education Office of Special Education Programs Phone: (202) 245-7468; or Web: <http://www.ed.gov/about/offices/list/osep/index.html>

South Carolina Safe School Climate Act

Section 59 63 140. (A) Before January 1, 2007, each local school district shall adopt a policy prohibiting harassment, intimidation, or bullying at school. The school district shall involve parents and guardians, school employees, volunteers, students, administrators, and community representatives in the process of creating the policy.

In June 2006 the Safe School Climate Act was signed into law. The Federation receives regular phone contact in regard to a child with a disability being bullied at school. As the previous article indicates children with dis-

abilities are at greater risk of being bullied and youth with disabilities may be at greater risk of developing bullying behavior toward others. The Section cited above is taken from the SC Safe School Climate Act directed at addressing these behaviors. If your child is being bullied or you are concerned he/she is exhibiting bullying behaviors you must be aware of your schools policies. Check to see if those policies have already been developed, if not you may want to ask to participate in the process. The policies must be in place by January 1, 2007.

To read the complete SC Safe School Climate Act go to our website at www.fedfamsc.org under Information, or call for a copy to be mailed.

Community Parent Networks

The Federation of Families of SC assists many parents of children with emotional, behavioral, or mental health disorders establish community parent groups. For others we provide information and technical assistance.

If you are the parent of a child or adolescent who is having emotional or behavior problems that have you concerned or if your child has been identified with a mental health disorder, join other families who will understand what you and your family are experiencing.

Attending a meeting with other families experiencing similar situations at home, in school and with agencies and professionals can be a comforting experience for parents who have felt they were the only parents having such an experience with their child.

If there is not a group listed in your community please call our office toll free at 1-866-779-0402. We may be able to connect you with other parents in your community. If you live in one of the areas below you may contact the group facilitators listed directly.

Anderson County

Phone support
Jimmie Craigo (864) 338-0227

Beaufort County

Call for time and place
Rita Jaklitsch (843) 706-2395
Sharon Brown (843) 757-7107

Chester County

Call for time and place
Katherine Caldwell (803) 581-7672
Chester Public Library

Fairfield County

Winnsboro
3rd Thursday 11:30 – 1:00 pm
Shirley Green (803) 635-6086
Fairfield Memorial Hospital

Florence County

Florence/Darlington
Aroma Underground
Celebration Avenue
2nd Saturday 8:00-9:00 am
866-779-0402 for more info

Georgetown County

Georgetown/Andrews/Pawley's Island
Call for location
2nd Tuesday 6-7pm
Betty Wright (843) 546-9714

Greenville County

Greenville
Call for time and place
Maria Atkinson
(864)884-7460

Greenville County – Greer

Greer/Greenville/Spartanburg
NAMI Greenville Office
2320 East North St Suite L

1st Thur 10-11am (parents of 12-up)
2nd Wed 10:30-11:30 (parents of 5-12)
Kelly Troyer (864) 346-7446

Greenville

Call for Time
Greenville Mental Health Center
David Brown 864-346-4147

Greenwood

Parents Unite
Greenwood Children's Center
113 Liner Dr.
Every Monday 5-6:30
Tara Cothran- 864-941-8196

Hampton County

Hampton
Call for time and place
Mary Morris (803) 943-9191

Lancaster County

Lynnwood United Methodist Church
3rd Sunday 3:00pm
Bridgett Reeves (803) 273-9133

Lexington County

Lexington/West Columbia
Three Rivers Hospital – Hwy.378
(private dining room)
1st Tuesday 7:00 – 8:00 pm
Crystal Bivens (803) 794-9796

Newberry

1st Monday 6-7pm
Call for location
Kerry Johnson
803-940-1383

Richland County

Columbia-Phone support
Pheobe Malloy (803) 695-5700 (W)
(803) 776-4105 (H) or,
Lillie Griffin- (803) 731-7643 (H)

Richland County

Phone support
Laurie Jackson (803) 407-8141

Spartanburg County

Spartanburg/Greer
Spartanburg County Library
3rd Friday 6:30 pm)
Maria Atkinson (864) 884-7460

Sumter County

Sumter
Phone Support
Maureen Fitzgerald (803) 469-9729

Williamsburg County

Hemingway/Andrews/Kingstree
Call for date, time, and place
Glander Pressley (843) 382-8685

York County

Rock Hill
3rd Friday
YouthNet Building
507 East Black Street
Danice Vance (803) 324-5964
Betsy O'Brien (803) 802-4484



Learning from your Child's Teacher

You know how your child behaves at home, but do you really know what he or she is like at school? Now is a good time to find out if your child is ready to learn. A child's mental health is an important factor in his or her ability to do well in school. Mental health is how a child thinks, feels, and acts. Mental health problems can affect any child—even elementary or preschool children. These problems are more common than you may think. One in five children has a diagnosable mental, emotional, or behavior problem that can lead to school failure, family discord, violence, or suicide. Help is available, but two-thirds of children with mental health problems are not getting the help they need.

The federal Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration, is urging parents and teachers to talk about mental health. Your child's teacher should be your ally. He or she can help you decide if your child may need help.

Here are a few questions you should discuss with your child's teacher.

1. Does my child seem angry most of the time? Cry a lot? Overreact to things?
2. Does my child destroy school property or do things that are life threatening? Harm other children on the playground? Break rules over and over again?
3. Does my child appear sad or anxious much of the time? Show an unusual concern about grades or tests?
4. -Does my child seem obsessed about how he looks? Often complain about headaches, stomach aches, or other physical problems—especially when it's time to take a test or participate in classroom social activities?
5. -Is my child unable to sit still or focus her attention? Make decisions? Respect your authority as a teacher?
6. -Has my child lost interest in things usually enjoyed, such as sports, music, or other school activities? Suddenly started avoiding friends?

If you and your child's teacher answer "yes" to any of these questions, and the problem seems persistent or severe, then you need to find out if a mental health problem is contributing to this behavior. It's not easy for parents to accept that their child may have a problem. Early treatment can help your child succeed in the classroom, but it is important that you seek help. Here are some tips to get you started.

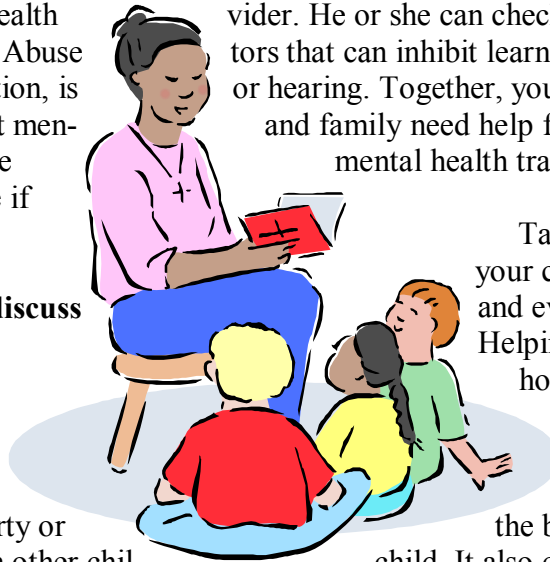
Get more information. Call 1-800-789-CMHS (2647) to receive a free brochure or other materials about children's mental health.

Talk with your pediatrician or health care provider. He or she can check your child for other factors that can inhibit learning, such as poor eyesight or hearing. Together, you may decide that your child and family need help from someone with more mental health training.

Take an active role in helping your child get better. Every child and every parent has strengths. Helping your child do his or her homework gives you a chance to share your time and your experience with your child. This can strengthen the bond between you and your child. It also can teach you what interests your child.

Keep looking until you find the right services and the right providers for your child. Be patient, yet persistent. When it comes to mental health services, one size does not fit all. There are several national organizations and advocacy groups that can help you find services in your community.

Children need consistency — both in the home and in the classroom. By working together, parents and teachers can reinforce a child's strengths — such as curiosity, caring for animals, or a sense of humor. That's a big part of being a caring parent or teacher.



“Tis The Season”

Giving from the heart. At this time of year as you make your gift giving list please remember the mission of the Federation of Families of South Carolina and offer what you can to support this mission.....

The mission of the Federation of Families of South Carolina is to provide leadership in the area of children's mental health through education, awareness, support and advocacy for families of children and youth with, or with the potential for, emotional, behavioral or mental disorders.

The Federation of Families of SC, as a statewide organization, has a small but dedicated staff and a small army of volunteers to accomplish this mission. Since the Federation became a recognized non-profit organization in 2000, 68 family members have been trained to provide telephone support and develop community networks statewide.

Over the past year the Federation has reached South Carolina families in many ways:

- **8000 newsletters have been mailed or distributed**
- **Telephone support has been provided to 739 families**
- **Staff has represented South Carolina families at 140 policy or planning meetings**
- **Training has been sponsored or provided to over 400 family members**
- **A newly designed comprehensive informational website has received 6830 new visitors since January 2006**

The hours spent by volunteers helping other families is priceless but we need your financial assistance in order to continue to support our volunteers and continue this mission. When you make your holiday giving list please consider a tax deductible donation to the Federation of Families of South Carolina. No amount is too small or too large.....

Please mail donations to:
Federation of Families of South Carolina
P.O. Box 1266
Columbia, SC 29202



My tax deductible donation:

Name: _____

Telephone: () _____

Email: _____

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___ \$100 ___ Other

Putting Together a Basic Disaster Supplies Kit

The following items are recommended for inclusion in your basic disaster supplies kit:

- Three-day supply of non-perishable food.
- Three-day supply of water - one gallon of water per person, per day.
- Portable, battery-powered radio or television and extra batteries.
- Flashlight and extra batteries.
- First aid kit and manual.
- Sanitation and hygiene items (moist towelettes and toilet paper).
- Matches and waterproof container.
- Whistle.
- Extra clothing.
- Kitchen accessories and cooking utensils, including a can opener.
- Photocopies of credit and identification cards.
- Cash and coins.
- Special needs items, such as prescription medications, eye glasses, contact lens solutions, and hearing aid batteries.
- Items for infants, such as formula, diapers, bottles, and pacifiers.
- Other items to meet your unique family needs.



If you live in a cold climate, you must think about warmth. It is possible that you will not have heat. Think about your clothing and bedding supplies. Be sure to include one complete change of clothing and shoes per person, including:

- Jacket or coat.
- Long pants.
- Long sleeve shirt.
- Sturdy shoes.
- Hat, mittens, and scarf.
- Sleeping bag or warm blanket (per person).

Be sure to account for growing children and other family changes. You may want to add some of the items listed to your basic disaster supplies kit depending on the specific needs of your family. If you have a special needs child make a special list for individual needs. Consider different types of disasters. Plan ahead for emergency medication needs. Remember many Katrina victims didn't go back home. Take copies of current medical information and IEP records in the event that long term evacuations occur.

Maintaining Your Disaster Supplies Kit

Just as important as putting your supplies together is maintaining them so they are safe to use when needed. Here are some tips to keep your supplies ready and in good condition:

- Keep canned foods in a dry place where the temperature is cool.
- Store boxed food in tightly closed plastic or metal containers to protect from pests and to extend its shelf life.
- Throw out any canned good that becomes swollen, dented, or corroded.
- Use foods before they go bad, and replace them with fresh supplies.
- Place new items at the back of the storage area and older ones in the front.
- Change stored food and water supplies every six months. Be sure to write the date you store it on all containers.
- Re-think your needs every year and update your kit as your family needs change.

Keep items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers, such as an unused trashcan, camping backpack, or duffel bag

Giving Thanks!

This is the time of year when we all think more about what we have to be thankful for.

The Board of Directors of the Federation of Families of South Carolina and staff would like to take this opportunity to give thanks to the many volunteers around the state who give of their time and talents to help and support others. That is what our organization is all about and we couldn't do it without your help.

There are also many dedicated professionals in the many agencies and organizations who go far above and beyond what their job duties require and for you we are most grateful.

We wish you all a Happy Holiday Season from Thanksgiving through the New Year and hope that 2007 will be a successful year to bring hope to you and your family!

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