Children and Youth Mental Health
Resource Guide

Developed by Parents to Share with Parents

Ministry of Education and Ministry of Children & Youth Services

STUDENT SUPPORT LEADERSHIP INITIATIVE

Oxford | Elgin | London/Middlesex

in collaboration with

Parents For Children's Mental Health

Disclaimer

The material in this Resource Guide is intended to help parents and caregivers, and members of the community to assist children with mental illness. It will hopefully help you to understand mental illness, the support services and resources available for children and their families, and how you can advocate for better support and acceptance from the community and your child's school. By its nature, this Resource Guide provides information about all of these topics, but is not a complete review of the issues raised or services available for the support and treatment of children's mental health problems. This Resource Guide is current to September 2011.

This Resource Guide is for general reference, and is intended to direct concerned parties to other, more complete sources of information about supports and resources available to them. This Guide is not intended to cover every possible issue that you may encounter when struggling with children's mental health problems.

This Resource Guide should not be relied on as legal advice or a professional opinion. You may contact Children's Mental Health Ontario for more information about services in the province. If you have a question about your legal rights, you may wish to consult a lawyer.

- **Children's Mental Health Ontario** website - www.kidsmentalhealth.ca
- **Parents for Children's Mental Health (PCMH)** website – www.pcmh.ca

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Do You Need Translation Services?

Mental illness is often stigmatized in any culture. It is important that you obtain information to help you treat your child's illness. Don't wait until the situation is urgent. It can be very lonely and scary for the parent raising a child who has special needs even when you have lived in this country from birth. Find someone to talk to and talk to your doctor.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

TRANSLATION/MULTICULTURAL SERVICES:
Centre for Addictions and Mental Health – www.camh.ca – fact sheets in 16 languages
- www.camh.ca/About_Addiction_Mental_Health/Multilingual_Resources/index.html
Yellow Pages – www.yellowpages.ca/ or check your local listings under "Translation"

WELCOME TO HOLLAND

I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this.....

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, ***"Welcome to Holland."***

"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills....and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever go away... because the loss of that dream is a very, very significant loss.

But... if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things ... about *Holland*.

NOTES

Who Is This Guide For?

Almost 1 in 5 children in Ontario between the ages of 3 and 17 have a diagnosable mental health disorder. Of these approximately 500,000 children, 3/5 or about 300,000 of them have more than one disorder. (Source: Children's Mental Health Ontario)

As parents supporting parents, Parents for Children's Mental Health (PCMH - *see below*) recognizes that Children's Mental Health is one of the least talked about and most common childhood problems today. In our vastly varied experiences we have found that one of the most common problems families face raising a child with a mental disorder is the lack of information available for those seeking services and resources in the community. Another common issue is the lack of support in the community whether it is due to ignorance, intolerance or disbelief. It is our sincere hope that parents, educators and caregivers will benefit from this combined collection of Children's Mental Health information, services and supports available to you and your family. It is the goal of this guide to share with parents some information to enable them to find the answers and assistance they so desperately need. Who is this guide for?

- Parents/caregivers who are struggling with their child's behavior at home or school
- Parents/caregivers seeking emotional and/or financial support
- Parents seeking advice regarding school concerns
- Parents who suspect something is the matter, but don't know where to start
- Parents/caregivers not sure what mental illness means, or how to go about getting help
- Parents/caregivers seeking to support or advocate for their special needs child

What Is Parents For Children's Mental Health (PCMH)?

Parents for Children's Mental Health or PCMH (as it will be referred to in this book) is a voluntary group of parents who have used, or are currently using, the mental health services of Ontario. Members are dedicated to helping families and improving mental health services in the province. For more information about PCMH, please visit the provincial website at www.pcmh.ca.

What Is Mental Illness?

Mental illness and mental disorder are not easy to define. Misunderstandings lead to misuse and abuse of the terms, reinforce myths, and even prevent people from getting help when it is really needed.

In general, mental illness refers to clinically significant patterns of behavioural or emotional functioning that are associated with some level of distress, suffering (pain, death), or impairment in one or more areas of functioning (such as school, work, or social and family interactions). The basis of this impairment is a behavioural, psychological, or biological dysfunction, or a combination of these.

Signs and Symptoms of Children's Mental Health Issues

The way a child thinks, feels and behaves may be a sign that he or she needs help with a mental health problem. It can sometimes be difficult to decide if a child is acting "appropriately" for his or her age or if the child does, in fact, have a mental health need.

Although many children and youth will show some of the following characteristics and behaviours at various times during normal childhood development, it is the degree and frequency to which these characteristics affect their day-to-day living.

This list serves as a guide and is by no means complete.

Signs & Symptoms

- getting poorer marks in school, suspension/expulsion
- persistent nightmares
- avoiding friends and family
- outbursts of anger and rage
- hyperactivity or low energy
- loss of appetite
- difficulty sleeping
- rebelling against authority
- abusing alcohol or drugs
- stop doing things used to enjoy
- damaging others' property
- many physical complaints (headaches, stomach aches)
- severe worry and anxiety
- stop caring about appearance
- obsession with weight
- lost energy and motivation
- hitting or bullying other children
- trying to injure self
- mood swings
- personality change
- threatening to run away

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for SIGNS AND SYMPTOMS:
Children's Mental Health Ontario - www.kidsmentalhealth.ca/parents/resources_parents.php
American Academy of Child & Adolescent Psychiatry - www.aacap.org
Parents For Children's Mental Health - www.pcmh.ca

Psychological Assessments

If you are asked to have an assessment performed on your child, we feel you should be aware of the benefits of having one done. It is a tool to help you decide the best course of action for the best interests of your child. It can be a relief to know the true nature of the difficulty you are presented with or to have a diagnosis for a variety of reasons:

- you can do your own research on the subject
- you can join a local support group of parents experiencing similar issues
- you may benefit from proven strategies at home and school
- you can help educate other friends, family members about the subject
- you may be eligible for special services or funding

Your child's school may suggest and pay for a psycho-educational* or psychological assessment to be done and refer you to their team. It has been recommended that assessments be done every four years during elementary school. The other option is to have your own assessment done privately, which your benefits or Employee Assistance Program (EAP) through your workplace might cover. You can expect to pay anywhere from $800 - $4,000 to have this assessment completed privately. See box below for links to "Finding a Therapist." The Ontario Psychological Association can direct you to local therapists as should your family doctor or pediatrician.

** the term psycho-educational assessment is commonly used by school personnel to describe an assessment of academic accomplishment, which may or may not include intellectual testing. These tests can be administered by anyone trained to administer these tests. Conversely, a psychological assessment is usually administered by a practitioner trained in psychology and psychometrics and includes IQ, cognitive, memory, language processing, etc., as well as personality tests and questionnaires.*

Now You Have a Diagnosis

If your child has just been diagnosed, don't panic! There are other people who understand what you are going through. There are also sources of information which can help you handle problems now and in the future.

"Even though we received this news about our child, this child is the very same one we loved yesterday, a diagnosis has not changed that. We love the gifts that are also a part of his disability."

A first step would be to find and join a local support group. Talking to other families experiencing similar difficulties can help you get perspective. They will often have resources such as books and videos that will help to answer your burning questions. They can be a wonderful source of possible new friends for your child and for parents/caregivers also. It is comforting to be around other people who "get it". Other sources of information are local libraries and the internet.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources:
See ***"Finding A Therapist"*** page under **Finding Support**
Canadian Academy of Psychologists in Disability Assessment – www.capda.ca
Finding a Therapist - www.mooddisorders.ca – 1-888-486-8236
Ontario Psychological Association – www.psych.on.ca - click on referral service or 1-800-268-0069
See "***What You Can Expect from a Mental Health Professional*** – www.cymhin.ca/downloads/What%20to%expect.pdf – Child and Youth Mental Health Information Network (CYMHIN)
The Association of Chief Psychologists with Ontario School Boards – www.acposb.on.ca

Tips For Self-Care

***MOST OF ALL**, to be an effective **advocate**, **parent**, and **partner** you must keep your own life going! DON'T create a bubble around you and your child's illness.*

- Take time to enjoy yourself and do things to take your mind away from the illness of your child. Structure your day and stick to a schedule.
- Pace yourself. Don't be afraid to *not always be there*.
- Remain positive and optimistic – keep that sense of hope.
- Grieve your loss and dream new dreams.
- If it is indeed a mental illness accept the fact that your child is not choosing to be "bad" and that they may not have control due to the illness.
- Acknowledge that those around you may react negatively to the words "mental illness". Develop a thick skin. You did not cause the illness and you can not cure it.
- Get counselling if you cannot deal with how you are feeling about the illness of your child – feelings of guilt, shame and grief are normal.
- Sometimes you may need to give up some authority. Let events take place as they unfold. Be ready to compromise.
- Understand that it may take time to make a diagnosis.
- Take time for just you and/or you and your significant other.
- Join a support group and find out as much information as possible.
- Eat healthy foods and drink lots of water throughout the day to maintain your energy.
- Try to exercise or do something active on a regular basis.
- Practice meditation, yoga or other relaxation techniques.
- Get a good night's sleep even if it means taking the phone off the hook for the evening.
- Try distraction: spending time with pets, going for a walk, watching television, HOUSEWORK!
- Look for humour in unexpected places and **laugh out loud**!
- Practice self-compassion and NOT self-pity.

What is the DSM-IV?

Now that you have an assessment, you should have a diagnosis. For your information, the DSM-IV is the basis of that diagnosis, so we have attempted to help you understand its importance.

Psychiatric Diagnoses are categorized by the Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition. Better known as the DSM-IV, the manual is published by the American Psychiatric Association and is the standard classification of mental health issues (disorders) for both children and adults. It also lists known causes of these disorders, statistics in terms of gender, age at onset, and prognosis as well as some research concerning the optimal treatment approaches.

Mental health professionals use this manual when working with patients in order to better understand their illness and potential treatment and to help 3rd parties (e.g., insurance) understand the needs of the patient. The book is typically considered the 'bible' for any professional who makes psychiatric diagnoses in Canada, the United States and many other countries.

The DSM uses a multiaxial or multidimensional approach to diagnosing because rarely do other factors in a person's life not impact their mental health. It assesses five dimensions as described below:

Axis I: Clinical Disorders

- This is what we typically think of as the diagnosis (e.g., depression, schizophrenia, social phobia). These are conditions that need clinical attention.

Axis II: Personality Disorders and Mental Retardation

- Mental retardation and developmental disorders (e.g. autism) which are typically first evident in childhood.
- Personality disorders are clinical syndromes which have more long lasting symptoms and encompass the individual's way of interacting with the world (e.g. Paranoid, Antisocial, and Borderline Personality Disorders).

Axis III: General Medical Conditions which play a role in the development, continuance, or exacerbation of Axis I and II Disorders.

- Physical conditions such as brain injury or HIV/AIDS that can result in symptoms of mental illness are included here.

Axis IV: Psychosocial and Environmental Problems

- Events in a person's life, such as death of a loved one, starting a new job, college, unemployment, and even marriage can impact the disorders listed in Axis I and II. These events are both listed and rated for this axis.

Axis V: Global Assessment of Functioning Scale

- On the final axis, the clinician rates the person's level of functioning both at the present time and the highest level within the previous year. This helps the clinician understand how the above four axes are affecting the person and what type of changes could be expected.

What Is the DSM-IV? (continued)

The DSM-IV has been designed for use across settings-- inpatient, outpatient, private practice and with community populations and by psychiatrists, psychologists, social workers, nurses, occupational and rehabilitation therapists, counsellors, and other health and mental health professionals. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text.

The diagnostic classification is the list of the mental disorders that are officially part of the DSM system. "Making a DSM diagnosis" consists of selecting those disorders from the classification that best reflect the signs and symptoms that are afflicting the individual being evaluated. Associated with each diagnostic label is a diagnostic code, which is typically used by institutions and agencies for data collection and billing purposes. These diagnostic codes are derived from the coding system used by all health care professionals.

For each disorder included in the DSM, a set of diagnostic criteria indicates what symptoms must be present (and for how long) in order to qualify for a diagnosis (called inclusion criteria). It also includes those symptoms that must not be present (called exclusion criteria) in order for an individual to qualify for a particular diagnosis. The use of these criteria has been shown to increase diagnostic reliability (i.e., likelihood that different users will assign the same diagnosis).

Finally, the third component of the DSM is the descriptive text that accompanies each disorder. The text of DSM-IV describes each disorder under the following headings: "Diagnostic Features"; "Subtypes and/or Specifiers"; "Recording Procedures"; "Associated Features and Disorders"; "Specific Culture, Age, and Gender Features"; "Prevalence"; "Course"; "Familial Pattern"; and "Differential Diagnosis."

The last major revision was published in 1994, although a "text revision" was produced in 2000 (the DSM-IV-TR). Changes were made to a handful of criteria sets in order to correct errors identified in DSM-IV. The DSM-V is currently in consultation, planning and preparation, due for publication in May 2012.

Links or Useful Resources for DSM-IV:
American Psychiatric Association - www.psych.org
Psychiatry Online - www.psychiatryonline.com
All Psych Online – www.allpsych.com

The Myth of the Bad Kid

We all remember at least one "bad kid" in our class or in our lives. The child was thought to be spoiled, abused, or "just trying to get attention". Sound familiar? Many of these children suffer from illnesses that are *not their fault* **or** *their caregivers' fault*.

Mental health myths make it easy to blame instead of trying to help. These kids are often written off. However, with appropriate mental health services many of these children can be successful and grow up to lead productive lives. Here are some of the myths that lead to misconceptions that contribute to stigma about mental illness and need to be overcome.

X *Myth: Depression and other illnesses, such as anxiety disorders, do not affect children or adolescents. Any problems they have are just a part of growing up.*

Fact: Children and adolescents can develop severe mental illnesses. Almost 1 in 5 children in Ontario between the ages of 3 and 17 have a diagnosable mental health disorder. Of these approximately 500,000 children, about 300,000 of them have more than one disorder (source: Ontario Child Health Study, Children's Mental Health Ontario). Left untreated, these problems can get worse.

X *Myth: Mental illness is fatal or terminal and people never get better.*

Fact: With the right help, many children with a mental illness do learn to cope and go on to lead healthy, productive, and satisfying lives.

X *Myth: Children misbehave or fail in school just to get attention.*

Fact: No child chooses to be bad. Mental illness has a physical cause, and is not the result of bad parenting. Most experts agree that a genetic susceptibility, combined with other risk factors, leads to a psychiatric disorder.

X *Myth: People with a mental illness are psycho, mad and dangerous, and have to be locked away.*

Fact: Many individuals with a mental illness can have difficulty coping with day-to-day living. These individuals are at greater risk of harming themselves than others when in great distress.

X *Myth: You can tell if someone has a mental illness by looking in their eyes.*

Fact: Although there are many signs and symptoms for when someone may be developing a mental illness *(see **Signs and Symptoms of Children's Mental Health Issues** under Tab 1: Getting Started)*, quick judgements and stereotypes DO NOT make for comprehensive assessments by professionals.

X *Myth: Only crazy people see "shrinks."*

Fact: People of all ages and all walks of life seek help from a variety of mental health professionals, including psychiatrists. Seeking and accepting help early are critical and are signs of coping and of preventing situations from getting worse.

The Myth of the Bad Kid (continued)

Myth: If you talk about suicide, you won't attempt it.

Fact: Suicidal comments have to be taken seriously as they often lead to plans, attempts, or completions.

Myth: Psychiatric disorders are not true medical illnesses like heart disease and diabetes. People who have a mental illness are just "crazy."

Fact: Brain disorders, like heart disease and diabetes, are legitimate medical illnesses. Research shows there are genetic and biological causes for mental illness, and that they can be treated effectively.

Myth: Depression is a character flaw and people should just snap out of it.

Fact: Research shows that depression has nothing to do with being lazy or weak. It results from changes in brain chemistry or brain function, and medication and/or psychotherapy often help people to recover.

Myth: Schizophrenia means split personality, and there is no way to control it.

Fact: Schizophrenia is often confused with multiple personality disorder. However, it is a brain disorder that at times causes people to be unable to think clearly and logically. Symptoms range from social withdrawal to hallucinations and delusions. Medication helps many of these individuals to lead fulfilling, productive lives.

Myth: If you have a mental illness, you can will it away.

Fact: Being treated for a mental illness means an individual or his family has decided to seek professional help. You can't just make a mental illness go away because you want it to. Ignoring it doesn't make it go away either. All mental illnesses require professional help, which could include medication, psychotherapy, or a combination of the two.

Myth: Addiction is a lifestyle choice and shows a lack of willpower. People with a substance abuse problem are morally weak or "bad".

Fact: Addiction is a disease that generally results from changes in brain chemistry. It has nothing to do with being a "bad" person or lacking willpower.

How to use this section:

We have attempted to describe, in simple language, the definition of each of the following terms in an easy to understand manner. Words appearing in boxes within this and other sections are defined in the **glossary** at the back of the book.

WHAT IS...?

Addictions/Substance Abuse
Anger/Aggression
Anxiety Disorder
Attention Deficit/Hyperactivity Disorder (ADHD)
Autism Spectrum Disorder (ASD)
Bipolar Disorder
Borderline Personality Disorder
Bullying
Conduct Disorder
Cutting/Self Harm
Depression
Dual/Concurrent/Co-morbid Diagnoses
- Developmental Disability

Eating Disorders
Fetal Alcohol Spectrum Disorder (FASD)
Learning Disabilities (LD)
Mood Disorders
Obsessive-Compulsive Disorder (OCD)
Oppositional Defiant Disorder (ODD)
Psychosis
Re-active Attachment Disorder (RAD)
Schizophrenia
Schizoaffective Disorder
Sensory Integration Dysfunction / Sensory Processing Disorder
Stress
Suicide
Tourette Syndrome (TS)
Trauma

NOTES

Addiction/Substance Abuse

Children and in particular teenagers may be involved with a variety of drugs, both legal and illegal. Experimenting with a variety of drugs is common.

Using alcohol and tobacco at a young age increases the chances of using other drugs later. Some will try them, some will use occasionally but unfortunately others will develop a dependency and cause harm to themselves. Twelve is now the age when children begin to try alcohol and marijuana.

Teens use drugs for a variety of reasons: curiosity; because it feels good; to reduce stress; to feel grown up; to fit in. Drug use includes* alcohol; tobacco; prescribed medications; inhalants; over-the-counter cough, cold and sleep medications; stimulants; marijuana; club drugs; depressants; heroin and steroids.

Who is at risk?

Teenagers that are at risk of developing serious alcohol and drug problems include those:

- With a family history of substance abuse
- Who are depressed
- Who have low self-esteem
- Who feel like they don't fit in

Warning Signs of Substance Abuse

- Physical – health complaints, red and glazed eyes, lasting cough, fatigue
- Emotional – personality change, mood swings, irritable, irresponsible behaviour, poor judgement, low self-esteem, depression, general lack of interest
- Family – starts arguments, negative attitude, breaks rules, withdrawal from family, secretive
- School – decreased interest, negative attitude, drop in grades, many absences, truancy, discipline problems
- Social – new friends who are not interested in school or family and make poor decisions, problems with police, changes in clothing and music

Treatment

Early education is critical and is often received at school. Professional consultation with a mental health professional is also crucial. No one treatment is the answer. All the individual's needs must be met, not just the substance abuse, since the substance abuse is usually a symptom of a more serious issue, such as depression.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Useful resources/links for ADDICTIONS/SUBSTANCE ABUSE

American Academy of Child & Adolescent Psychiatry (AACAP) – www.aacap.org
Canadian Centre of Substance Abuse – www.ccsa.ca
Canadian Mental Health Association – www.cmha.ca
Centre for Addiction and Mental Health (CAMH) – www.camh.net
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Drug and Alcohol Registry of Treatment (DART) – 1-800-565-8603 – www.dart.on.ca
Mayo Clinic – www.mayoclinic.com
National Institute on Drug Abuse – www.nida.nih.gov
Narcotics Anonymous – 1-800-573-0920 or www.glana.ca
Science and Management of Addictions - www.samafoundation.org

Anxiety Disorder

Parents may notice that their child is fearful or nervous. This can be associated with a stressful event, such as public speaking or writing a test. It is normal for a child to worry or feel nervous about these single events.

Anxiety disorders are treatable. Both anti-anxiety medications and cognitive behavioural therapy (CBT) have been shown to be effective and are sometimes used in combination. Early intervention is important.

Children or adolescents may have a problem, however, if they are frequently nervous or worried and find it hard to cope with any new situation or challenge. If they are trying to avoid any situation that causes anxiety, it may mean the child has an anxiety disorder.

Anxiety is defined as a feeling of unease. When the level of anxiety is great enough and persistent enough to interfere with everyday activities, it is considered an Anxiety Disorder.

Types and Symptoms of Anxiety	
Agoraphobia	• persistent avoidance of places or situations in which one feels trapped or fears having a panic attack and/or being unable to escape the situation • can be so debilitating that some people become house bound • can include avoiding elevators, crowds, busy streets, traveling, using public transportation, driving or being alone
Generalized Anxiety Disorder (GAD)	• many worries and fears • tense muscles, a restless feeling, becoming tired easily, having problems concentrating, trouble sleeping • a need for approval
Panic Disorder	• sudden onset of intense apprehension, fearfulness or terror • may include shortness of breath, dizziness, unsteady feelings, heart palpitations, trembling or shaking, sweating, chest pain, choking, feelings of unreality, fear of dying or going crazy • each occurrence usually lasts only a few minutes
Phobia	• extreme fear of a specific thing or situation (e.g. dogs, insects) • fears cause significant distress and interfere with usual activities
Post-Traumatic Stress Disorder (PTSD)	• fairly rare in children • begins after one or many episodes of serious emotional upset • may include jumpiness, muscle tension, being overly aware of one's surroundings • nightmares and sleep problems • sometimes flashbacks when events are triggered

Anxiety Disorder (continued)

Separation Anxiety	• constant thoughts and intense fears about the safety of parents and caretakers • refusing to go to school • frequent stomach aches and other physical complaints • extreme worries about sleeping away from home • being overly clingy • panic or tantrums at times of separation from parents
Social Anxiety	• significant anxiety in certain types of social or performance situations • fear the evaluation or judgment of others • avoidance of public washrooms, eating in restaurants, writing in public • may cause panic or anxiety attacks • few friends outside the family

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for ANXIETY:
Anxiety Disorders Association of Ontario – www.anxietyontario.com
Anxiety BC – www.anxietybc.com
American Academy of Child and Adolescent Psychiatry (AACAP) – www.aacap.org
Canadian Mental Health Association – www.cmha.ca
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Mind Your Mind – www.mindyourmind.ca
Offord Centre for Child Studies – www.knowledge.offordcentre.com

Attention Deficit/Hyperactivity Disorder

Children can seem inattentive, because they are daydreaming or are easily distracted by something going on in their life. They may run around because they simply have energy to burn. Some children may not appear to have attention problems until they get to school and are required to pay attention during activities they have no interest in.

In some school-aged children, however, there are kids for whom paying attention and sitting still is very difficult. Their behaviour frequently gets them into trouble at home, school and in the neighbourhood. It can affect their social skills and make it difficult for them to make and keep friends. As a result, they can experience sadness and low self-esteem or feelings of rejection. Their impulsive behaviour and lack of judgement may also bring them into conflict with the law. These children would benefit from seeing a health professional to find out whether they have Attention Deficit Hyperactivity Disorder (AD/HD).

Symptoms of AD/HD	
Inattention	**Hyperactivity/Impulsivity**
1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities. 2. Often has difficulty sustaining attention in tasks or play activities. 3. Often does not seem to listen when spoken to directly. 4. Often does not follow through on instructions and fails to complete schoolwork, chores or duties (not due to oppositional behaviour or failure to understand instructions). 5. Often has difficulty organizing tasks and activities. 6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework). 7. Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books or tools). 8. Is often easily distracted by extraneous stimuli. 9. Is often forgetful in daily activities.	1. Often fidgets with hands or feet or squirms in seat. 2. Often leaves seat in classroom or in other situations in which remaining seated is expected. 3. Often runs about or climbs excessively in situations in which it is inappropriate; (in adolescents or adults, may be limited to subjective feelings of restlessness). 4. Often has difficulty playing or engaging in leisure activities quietly. 5. Is often "on the go" or often acts as if "driven by a motor." 6. Often talks excessively. 7. Often blurts out answers before questions have been completed. 8. Often has difficulty waiting for turn. Often interrupts or intrudes on others (e.g. butts into games or conversations).

Attention Deficit/Hyperactivity Disorder (continued)

Sub-Types of AD/HD

Predominantly Inattentive Type -When a person displays 6 or more symptoms of inattention, but fewer than 6 symptoms of hyperactivity-impulsivity, and the symptoms have persisted for at least 6 months.

Predominantly Hyperactive-Impulsive Type - When a person displays 6 or more symptoms of hyperactivity-impulsivity, but fewer than 6 symptoms of inattention, and the symptoms have persisted for at least 6 months.

Combined Type - When a person displays 6 or more symptoms of inattention and 6 or more symptoms of hyperactivity-impulsivity, and the symptoms have persisted for at least 6 months.

Most children and adolescents with AD/HD have the combined type.

Children with undiagnosed AD/HD are at risk for school failure. Many also have other common related problems such as anxiety, mood problems, and oppositional behaviour or conduct disorder. (*see definition of Conduct Disorder in this section*). If their emotional and behavioural problems are not addressed and treated they could have higher rates of alcohol, nicotine and other drug abuse in adolescence due to self-medication.

AD/HD can be safely and successfully treated with a combination of medication and behavioural therapy. More than 150 quality studies have shown that medications are the best treatment for AD/HD symptoms. When the child is treated with medication, it allows for the second approach of behaviour therapy to be more effective. Parent training may also be helpful in managing some of the social problems associated with AD/HD. *(Also see **Social Skills Training** information under Finding Support).*

Adapted from the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th edition

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for ATTENTION DEFICIT/HYPERACTIVITY DISORDER:
Attention Deficit Disorder Association (ADDA) – www.add.org
Canadian Mental Health Association – www.cmha.ca
Centre for ADD/ADHD Advocacy, Canada - www.caddac.ca
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) – www.chadd.org
Children's Mental Health Ontario – www.kidsmentalhealth.ca
McMaster University's Canchild Centre for Childhood Disability Research - www.canchild.ca
Offord Centre for Child Studies www.knowledge.offordcentre.com
Tourette Syndrome Foundation of Canada - www.tourette.ca
Tourette Syndrome Plus - www.tourettesyndrome.net

Bipolar Disorder

Bipolar disorder (also known as manic-depression) is a serious but treatable medical illness. It is thought to be a chemical imbalance in the brain marked by extreme changes in mood, energy, thinking and behaviour. Symptoms may be present since infancy or early childhood, or may suddenly emerge in adolescence or adulthood. Until recently, a diagnosis of the disorder was rarely made in childhood. Doctors can now recognize and treat bipolar disorder in young children.

Early intervention and treatment offer the best chance for children with emerging bipolar disorder to achieve stability, gain the best possible level of wellness, and grow up to enjoy their gifts and build upon their strengths. Proper treatment can minimize the adverse effects of the illness on their lives and the lives of those who love them.

Everyone has ups and downs in mood. Feeling happy, sad and angry is normal. Bipolar disorder, or manic-depressive illness, is a serious medical condition that causes people to have extreme mood swings that affect their entire outlook in all areas of life. These swings affect how people think, behave and function.

How to Recognize Bipolar Disorder		
Symptoms of a Depressive Episode	**Symptoms of a Manic Episode**	
	Enjoyable Symptoms	Negative Symptoms
- preoccupation with failure - loss of self esteem - feelings of uselessness and hopelessness - excessive guilt - crying easily - slowed thinking - loss of interest in activities - sleep problems - loss of appetite - suicidal thoughts - loss of energy and motivation - decreased sexual drive	- feelings of happiness and excitement - inflated self-esteem - heightening of the senses - excessive energy - increased sexual drive	- irritability and impatience - speaking loudly and quickly - rapid, unpredictable emotional changes - racing thoughts - overreaction to stimuli - poor judgement - overspending - decreased sleep - alienating friends and family members - hallucinations or delusions - sexually inappropriate behaviour

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for BIPOLAR DISORDER:

Centre for Addiction and Mental Health – www.camh.ca
American Academy of Child and Adolescent Psychiatry – www.aacap.org
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Canadian Mental Health Association – www.cmha.ca
Juvenile Bipolar Research Foundation – www.bpchildresearch.org
Child and Adolescent Bipolar Foundation – www.bpkids.org
Mood Disorder Association of Ontario (MDAO)-www.mdao.ca or 1-888-486-8236

NOTES

Conduct Disorder

Conduct disorder is a repetitive and persistent pattern of behaviour in children and adolescents in which the rights of others are violated (or they are behaving in a socially unacceptable way). The child or adolescent usually exhibits these behaviour patterns in a variety of settings – at home, at school, and in social situations – and they cause significant impairment in his or her social, academic, and family functioning. Many youth with this disorder have trouble feeling and expressing empathy or remorse and reading social cues. Some may have been rejected by peers as young children. They often misinterpret the actions of others as being hostile and respond by escalating the situation into conflict.

Early intervention is key. Family therapy, Psychotherapy and Cognitive Behavioural Therapy are usually necessary to help the child appropriately express and control anger.

The disorder is more common among boys than girls. It can have early onset, before the age of 10, or in adolescence.

Many factors can contribute to a child developing conduct disorder. Although it is more common in the children of parents who themselves exhibited conduct problems when they were young, other factors such as brain damage, child abuse, school failure, and traumatic life experiences are also believed to contribute to development of the disorder.

Identifying the Signs of Conduct Disorder

- Aggressive behavior that threatens harm to other people or animals (bullying, intimidating, physical fighting, cruelty to animals, use of weapons, steals from a victim in a confrontational manner)
- Non-aggressive conduct such as fire-setting or deliberate destruction of property
- Theft; breaking in to someone else's building, car or house, or shoplifting
- Deceitfulness; "conning" or lying to obtain goods or favours or to avoid obligations
- Serious rule violations, such as staying out at night, running away from home, truant from school.

Children that exhibit these behaviours should receive a comprehensive evaluation. Many children with a conduct disorder may have co-existing conditions such as mood disorders, ADHD, anxiety, Post Traumatic Stress Disorder, substance abuse, learning disorders or thought disorders. Intervention is crucial, as without help, these youth are at risk to not adapt into adulthood and will continue to have problems with relationships and holding a job. They often break laws or behave in an antisocial manner.

Treatment of children with conduct disorder can be complex and challenging. Treatment can be provided in a variety of different settings depending on the severity of the behaviours. Adding to the challenge of treatment are the child's uncooperative attitude and fear and distrust of adults. In developing a comprehensive treatment plan, a child and adolescent psychiatrist may use information from the child, family, teachers, and other medical specialties to understand the causes of the disorder.

Conduct Disorder (continued)

The key is early intervention. Family therapy, psychotherapy and Cognitive Behavioural Therapy are usually necessary to help the child appropriately express and control anger. Focus needs to be on building skills like anger management. Drug therapy alone is not sufficient for the treatment of conduct disorder. Special education may be needed for youngsters with learning disabilities. Parents often need expert assistance in devising and carrying out special management and educational programs in the home and at school. Treatment may also include medication in some youngsters, such as those with difficulty paying attention, impulse problems, or those with depression.

Treatment is rarely brief as establishing new behaviour patterns takes time. However, early treatment offers a child a better chance for considerable improvement and hope for a more successful future.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for CONDUCT DISORDER:
American Academy of Child and Adolescent Psychiatry - www.aacap.org
Mental Health America - www.nmha.org

Cutting/Self Harm

Cutting is when a person intentionally makes cuts on his or her body with a sharp object. The cuts may be small or large, shallow or deep. They may cause a little bleeding or a lot of bleeding and require stitches. The person cuts to try to feel better. This is not a suicide attempt. Some people use other methods to hurt themselves – burning, scratching, head banging, pulling out hair, biting or hitting themselves, etc. At schools in Waterloo Region they are known as "EMO's" ("emotional") and sometimes they hang around in groups. The EMO subculture is associated with emo music (emotional rock or indie music) but also extends into appearance, behaviour, and perspectives on life.

> Cutting can become an addiction over time. Like other addictions only the addict can have the power to make change, seek help and support.

Both sexes may cut themselves, but more females do this. They may cut at any age but most people start as teens or young adults. It could be short term or go on for years. Background, race and income level does not appear to have any influence.

Why do people cut?

Cutting is a response to deep and painful feelings. People cut for different reasons:

- Some feel numb. The pain of cutting makes them feel alive.
- Some feel ashamed or guilty about something. It is a way to punish themselves.
- Some believe it is a method of control. Choosing when and where to feel physical pain makes them feel more in control of their emotional pain.
- Some want to communicate. Cutting is a way to express pain the person can't say in words.

Signs of Cutting

It may be difficult to spot signs of self-injury as people often try to keep this behaviour secret.

Signs & Risks of Cutting	
Signs	**Risks**
- Scars, such as from burns or cuts - Always wearing long sleeved shirts and long pants - Cuts, scratches or other wounds - Bruises - Broken bones - Keeping sharp objects on hand - Spending a lot of time alone - Frequent accidents or mishaps	- Infection - Scars - Unintended life-threatening injuries - Losing (or not learning) other ways to cope - Feeling guilty, ashamed or angry about the cutting - Having painful feelings continue and get worse - Isolation from friends and family - Avoiding usual activities as the cutting becomes more addictive

Cutting/Self-Harm (continued)

Signs of Cutting (cont'd)

Cutting can become an addiction over time. Here are some suggestions from people who stopped cutting:

- Be honest. Admit how serious the behaviour is.
- Know what you can do. Like other addictions only the addict can have the power to make change, seek help and support.
- Notice triggers. What events, situations and memories can lead to cutting? Avoid these triggers.
- Build a support system – Find people who can help you to make healthier choices.
- Try therapy – If the person has been cutting for some time, therapy may be a way to get support.

If your child or youth is cutting:

- In an emergency, GET HELP. **Call 911 if you need to**.
- Ask about it. Listen if he or she wants to talk.
- Avoid judging. Don't dismiss the cutting as a way to get attention.
- Let them know you care. Understand that they are feeling pain.
- Help them find resources that can help.
- Contact your paediatrician or family doctor
- Get a referral to a mental health specialist-preferably with expertise in self-injury

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for CUTTING/SELF HARM:
Mayo Clinic – www.mayoclinic.com
Canadian Mental Health Association – www.cmha.ca
Kids Help Phone – www.kidshelpphone.ca
The Helpline USA – www.helpguide.org/mental/self_injury
A Complete Guide to Self Injury – http://www.mentaline.com/articles/self-injury-information.aspx

Depression

Parents may notice that their child is sometimes sad or blue. Sadness is part of living. It helps us understand our inner world and gives meaning to events.

Depression is treatable. Early identification, diagnosis and treatment will help the child reach full potential.

Children or adolescents may have a problem, however, if they are frequently sad and it begins to interfere with a child's ability to function in daily life. Depression is not a weakness or character flaw and you cannot just "snap out of it".

Depression is treatable. Early identification, diagnosis and treatment will help the child or adolescent reach full potential. Any child, youth or adult who abuses substances should also be evaluated for depression.

Dysthymia is a mood disorder that falls within the depression spectrum. It is considered a chronic depression, but with less severity than a major depression. This disorder tends to be a chronic, long-lasting illness.

Symptoms of Depression

- Sad mood or cries a lot and it doesn't go away
- Don't feel like doing a lot of things they used to
- Loss of self-esteem, feeling useless, hopeless, excessively guilty
- Life seems meaningless
- Withdrawal from friends and activities
- Slowed thinking, forgetfulness
- Difficulty concentrating and making decisions
- Lethargy, low energy
- Sleep pattern changes; sleeping more or having trouble falling asleep
- Frequent physical complaints such as headaches and stomachaches
- Agitation
- Changes in appetite or weight – eating too little or too much
- Suicidal thoughts or talk of death or self-destructive behaviour

A combination of these symptoms for more than two weeks should be discussed with a mental health professional or doctor.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for DEPRESSION:

American Academy of Child and Adolescent Psychiatry – www.aacap.org
BC Partners For Mental Health & Addiction Information - www.heretohelp.bc.ca
Canadian Mental Health Association – www.cmha.ca
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Depression Hurts – www.depressionhurts.ca
Families for Depression Awareness – www.familyaware.org
Mood Disorders Association of Ontario (MDAO) – www.mdao.ca or 1-888-486-8236
See also ***"The Facts of Teen Depression"*** sheet at http://www.mooddisorders.ca/faq/teen-depression

NOTES

Dual / Concurrent / Co-morbid Diagnoses

"Dual Diagnosis" has been used to refer to the occurrence of both a **mental illness** and a **developmental disability** *(see the reverse for a definition)* in the same person. Some examples of developmental challenges are: intellectual disability, (also known as mental retardation); learning disability; Downs Syndrome; Prader-Willi Syndrome and Autism Spectrum Disorder.

Concurrent diagnosis refers to the presence of an addiction as well as a mental illness. However, in the United States, they use the term dual diagnosis to refer to this condition. Co-morbid, or co-occurring disorders means they are commonly found together in the same person, i.e. AD/HD + Obsessive-Compulsive Disorder).

Often, a dual diagnosis is not given right away. Usually, either the developmental challenge or the mental health issue is diagnosed first and the other is recognized later on.

For our reference and for many other professionals, dual diagnosis is referring to a developmental disability PLUS a diagnosis of a mental health disorder.

If a diagnosis of a developmental disability has been made, **regardless of other diagnoses**, the family/guardian can access services through Developmental Services Access Centre (DSAC) or through Developmental Services Ontario (DSO).

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for DUAL / CONCURRENT / CO-MORBID DIAGNOSES:
Canadian Mental Health Association – www.cmha.ca
KidsAbility Centre For Child Development – www.kidsability.ca or 519-886-8886
KidsLINK – www.kidslinkcares.com or access through Front Door at 519-749-2932
Mayo Clinic – www.mayoclinic.com

Eating Disorders

Eating disorders include anorexia, bulimia and binge eating disorder. Food restrictions, food rituals, binge eating, starving, purging or compulsive physical activity are some of the behaviours of people with eating disorders.

If you suspect your child has an eating disorder, act quickly. Someone with an eating disorder needs professional help. It is vital to recognize and treat the symptoms early.

Eating disorders can be difficult to detect. Glamorization of so-called ideal bodies, coupled with the view that dieting is a normal activity, can obscure a person's eating problems. It can be difficult for a person with an eating disorder to admit they have a problem, let alone someone whose life is inhibited by weight preoccupation. Gaining an understanding of these conditions is the first step in the journey to wellness. Education and awareness activities are crucial.

Someone with an eating disorder may be:

- Obsessed with their appearance
- Severely preoccupied with food, weight and exercise
- Weighing themselves frequently
- Avoiding eating with others
- Making abusive remarks about themselves
- Depressed or irritable

Characteristics of:		
Anorexia Nervosa	**Bulimia Nervosa**	**Binge Eating Disorder**
• drastic weight loss or keeping weight below a healthy level • intense fear of gaining weight (may be accompanied by excessive exercising) • - possible loss of menstrual cycle	• uncontrolled, secretive binge eating • purging of food (e.g. self induced vomiting) • - fasting or excessive exercise	• eating frequently in large quantities • feeling out of control & unable to stop • may eat rapidly or secretly • eating to avoid difficult relationships or people • finding comfort in eating • feeling guilty/ashamed of over-eating • - may have a history of diet failures.

Recovery from eating disorders is possible, especially when identified and treated early on.

There is no known single cause of eating disorders. Research suggests a combination of psychological, physiological, genetic and social factors may contribute to the development of anorexia or bulimia nervosa. Many individuals have symptoms of both conditions.

It is also essential that professionals receive specialized training for the treatment of eating disorders.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for EATING DISORDERS:
Bulimia Anorexia Nervosa Association – www.bana.ca
Eating Disorders Awareness & Prevention Inc. – www.edap.org
Eating Disorders Awareness Coalition – www.edacwr.com, phone: 519-745-4875
National Eating Disorders Information Centre – www.nedic.ca

Fetal Alcohol Spectrum Disorder

Fetal alcohol spectrum disorder is an umbrella term used for Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS) and Alcohol-related Neurodevelopmental Disorder (ARND).

Proper treatment and accommodations will help to prevent secondary disabilities* such as cognitive disorders, psychiatric illness and psychological dysfunction.

FASD is an invisible disability. It lasts a lifetime, but it may change over time. It cannot be cured, but can be prevented. This disorder affects how information is processed in a person's brain. The disorder is a spectrum disorder because of the range of effects from mild to severe.

FASD may also look like:

- Attention Deficit Disorder (ADD or ADHD)
- Attachment Disorder
- Autism or Pervasive Developmental Delay
- Conduct Disorder
- Hyperactivity
- Learning Disabled
- Oppositional Defiant Disorder
- Sensory Integration Dysfunction

Diagnosis of this disorder will provide parents/caregivers and educators with direction and guidance for interventions. Proper treatment and accommodations will help to prevent secondary disabilities* such as cognitive disorders, psychiatric illness and psychological dysfunction. A diagnosis helps people involved with these children's care and education to establish realistic expectations based on child's strength and weaknesses.

To diagnose FASD, there must be a confirmed knowledge/history of prenatal alcohol consumption and a combination of:

- Prenatal and/or postnatal growth deficiency
- 3 facial characteristics (short palpebral fissures, indistinct philtrum, thin upper lip)
- 3 neurobehavioural domains below 2nd standard deviation.

No two people with FASD are alike.

* Secondary disabilities that may occur with undiagnosed FASD are:

- mental health problems (90%)
- dependent living arrangements (80%)
- employment difficulties (80%)
- involvement with the legal system (60%)
- school difficulties (60%)
- substance abuse (30%)

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for FETAL ALCOHOL SYNDROME DISORDER:
Canadian Centre on Substance Abuse – www.ccsa.ca
Mayo Clinic – www.mayoclinic.com

NOTES

Learning Disabilities

Children with learning disabilities can succeed when solid coping skills and strategies are developed.

Learning disabilities (LDs) affect one or more of the ways that a person takes in, stores, remembers, or uses information. Between 5 and 10 percent of Canadians have LDs.

LDs are a life-long condition -- they do not go away -- but can be coped with successfully when solid coping skills and strategies are developed. For example, using areas of strength to compensate and accommodations such as technology.

LDs and their effects are different from child to child, so a child's pattern of learning abilities needs to be understood in order to find good, effective strategies for compensation.

LDs result from impairments in one or more psychological processes related to perceiving, thinking, remembering or learning. These include, but are not limited to: language processing; phonological processing; visual spatial processing; processing speed; memory and attention; and executive functions (e.g. planning and decision-making). Learning disabilities are specific, not global impairments and as such are distinct from intellectual disabilities.

Learning disabilities range in severity and invariably interfere with the acquisition and use of one or more of the following important skills:

- oral language (e.g., listening, speaking, understanding)
- reading (e.g., decoding, comprehension)
- written language (e.g., spelling, written expression)
- mathematics (e.g., computation, problem solving)

LDs may also cause difficulties with organizational skills, social perception and social interaction.

LDs are due to genetic, other congenital and/or acquired neurobiological factors. They are not caused by factors such as cultural or language differences, inadequate or inappropriate instruction, socio-economic status or lack of motivation. Any one of these and other factors may, however, compound the impact of learning disabilities. Frequently learning disabilities co-exist with other conditions, including attentional, behavioural and emotional disorders, sensory impairments or other medical conditions.

For success, persons with learning disabilities require specialized interventions in home, school, community and workplace settings, appropriate to their individual strengths and needs, including:

- specific skill instruction;
- the development of compensatory strategies;
- the development of self-advocacy skills;
- appropriate accommodations.

Learning Disabilities (continued)

Types of Learning Disabilities

LDs take so many forms, and vary in intensity so much, that it is not simple to list them all, but there are some broad categories which they all fall into:

LDs that affect Academics: Difficulties with spelling, reading, listening, focussing, remembering and writing can all have an impact on all areas of school subjects.

LDs that affect Organization and Focus: A series of executive functions allow us to do things like plan, predict, organize and focus. LDs that interfere with these things can interfere with how we manage our lives and physical space. ADHD, which does affect executive functions, is coming to be seen as an LD because of this.

LDs that affect Social Life: We learn how to be socially successful, even though we don't notice that we're learning. So LDs that make it difficult to interpret facial expressions, body language, or tones of voice can have a real impact on a person's social life.

LDs that affect Physical Interaction With the World: Again, without knowing, we are constantly receiving information about our surroundings and about our bodies: our balance, coordination and movement are all based on this information. So an LD that interferes with how we understand that information can cause a person to be uncoordinated or "clumsy."

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for LEARNING DISABILITIES:
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Learning Disabilities Association of Ontario – www.ldao.ca
Learning Disabilities Association of Canada – www.ldac-taac.ca
Coordinated Campaign for Learning Disabilities – www.ldonline.org

Learning Disabilities (continued)

The following is a checklist of characteristics that may point to a learning disability. Most people will, from time to time, see one or more of these warning signs in their children. This is normal. If, however, you see several of these characteristics over a long period of time, consider the possibility of a learning disability.

What Are Some Common Signs of Learning Disabilities?*	
Preschool	**Grades K-4**
- speaks later than most children - pronunciation problems - slow vocabulary growth, often unable to find right word - difficulty rhyming words - trouble learning numbers, alphabet, days of week, color shapes - extremely restless and easily distracted - trouble interacting with peers - difficulty following directions or routines - fine motor skills slow to develop	- slow to learn the connection between letters & sounds - confuses basic words (run, eat, want) - makes consistent reading & spelling errors, incl. letter reversals (b/d), inversions (m/w), transpositions (felt/ left) and substitutions (house/home) - transposes number sequences and confuses arithmetic signs (+, -, X, /, =) - slow to remember facts - slow to learn new skills, relies heavily on memorization - impulsive, difficulty planning - unstable pencil grip - trouble learning about time - poor co-ordination, unaware of physical surroundings, prone to accidents
Grades 5 - 8	**High school students & adults**
- reverses letter sequences, (i.e. soiled/solid, felt/left) - slow to learn prefixes, suffixes, root words and other spelling strategies - avoids reading aloud - trouble with word problems - difficulty with handwriting - awkward, fist-like or tight pencil grip - avoids writing compositions - slow or poor recall of facts - difficulty making friends - trouble understanding body language & facial expressions	- continues to spell incorrectly, frequently spells same word differently in a single piece of writing - avoids reading & writing tasks - trouble summarizing - trouble with open-ended questions on tests - weak memory skills - difficulty adjusting to new settings - works slowly - poor grasp of abstract concepts - either pays too little or too much attention to details - misreads information

* Chart source: Co-ordinated Campaign for Learning Disabilities booklet, www.ldonline.org.

NOTES

Mood Disorders

Mood problems affect everything about a person, the way they think, the way they feel about themselves and the way they act. The most common mood problem is depression. Please see information under that category.

Mood disorders include:

- Major Depression – long-lasting and disabling *(see **Depression** in this section)*
- Dysthymia – chronic low level depression lasting for at least two years *(see **Depression** in this section)*
- Bipolar Disorder *(see **Bipolar Disorder** in this section)*

How you can help:

- Learn as much as you can about the mood disorder – it's signs, causes, treatment and symptoms
- Ensure that treatment or medications are being taken
- View the mood disorder as an illness, not a character flaw
- Learn to distinguish a good day from a bad day.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for MOOD DISORDERS:
American Academy of Child and Adolescent Psychiatry (AACAP) – www.aacap.org
Canadian Mental Health Association – www.cmha.ca
Centre for Addiction and Mental Health (CAMH) – www.camh.ca
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Mood Disorder Association of Ontario (MDAO)-www.mooddisorders.ca or 1-888-486-8236
Offord Centre of Knowledge on Healthy Child Development – www.knowledge.offordcentre.com
Families for Depression Awareness – www.familyaware.org
Book title: ***"All Together Now: How families are affected by depression and manic depression"*** *by MDAO*

NOTES

Obsessive-Compulsive Disorder (OCD)

OCD is treatable. Both medications and therapy or counselling are often used and are sometimes used together.

Parents may notice that their child worries sometimes. When these worries consume a child they are called **"obsessions"**. These are uninvited thoughts, urges or images that repeat themselves in the child's mind over and over again.

When children act out one of these thoughts in the same way every time it is called a **ritual**. The child can become stuck on this ritual and need to do it over and over again. Then it is called a **"compulsion"**.

When obsessions and compulsions happen over and over again they are called obsessive-compulsive disorder (OCD).

Symptoms of Obsessive-Compulsive Disorder	
- recurrent obsessions or compulsions that interfere with a person's life - take up more than one hour a day, or - cause marked distress or significant impairment	
Common Obsessions	**Common Compulsions**
- fear of contamination - repeated doubting - focus on exactness and order - preoccupation with religious images and thoughts or fear of having blasphemous thoughts - fear of harming oneself or others - fear of blurting out obscenities in public - forbidden or unwanted sexual thought, images or urges	- cleaning/washing (hands, household items, objects) too often - checking repeatedly - ordering/arranging objects in a certain order - hoarding - mental rituals

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for OBSESSIVE-COMPULSIVE DISORDER:
Centre for Addiction and Mental Health – www.camh.ca
American Academy of Child and Adolescent Psychiatry – www.aacap.org
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Canadian Mental Health Association – www.cmha.ca
Ontario OCD Network – www.ocdontario.org
Tourette Syndrome Plus – www.tourettesyndrome.net

NOTES

Oppositional Defiant Disorder (ODD)

All children from time to time are oppositional when tired, hungry or under stress. They talk back, disobey, defy teachers and parents and argue with other adults. This is normal for two to three year olds and early teens.

Oppositional Defiant Disorder however occurs when the behaviour is so often and consistent that it affects the family, school and social life of the child. There will be an ongoing pattern of defiant and hostile behaviour towards anyone seen as an authority figure and it will interfere with the day to day functioning of the child.

Symptoms of ODD may include:

- Frequent temper tantrums
- Excessive arguing
- Defiance and refusal to comply with adult rules and requests
- Deliberately annoying or upsetting people
- Blaming others for their mistakes and misbehaviour
- Being irritable or easily annoyed by others
- Frequent anger and resentment
- Mean and hateful speech when upset
- Revenge seeking

Symptoms will be seen in more than one setting, but may be more apparent at home or at school. Five to 15 percent of all school-age children have ODD. Causes are unknown.

Treatment

Children presenting with these symptoms should have an evaluation by a professional. ODD may often be present in other disorders such as ADHD, learning disabilities, depression, bipolar disorder and anxiety. Often the other disorder needs to be treated first.

Treatment can include cognitive behaviour therapy, anger management therapy, social skills training and medication.

Caregivers can have a very difficult time with a child with ODD but **REMEMBER**:

- Always build on the positives
- Pick your battles
- Set reasonable, age appropriate limits
- Be consistent with consequences
- Keep interested in other activities
- See **Tips For Self-Care** in the Getting Started section

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for OPPOSITIONAL DEFIANT DISORDER (ODD):
ABC's of Mental Health – www.brocku.ca/teacherresource/ABC/
American Academy of Child and Adolescent Psychiatry (AACAP) – www.aacap.org
Canadian Mental Health Association – www.cmha.ca

NOTES

Psychosis

"Psychosis" is defined as persistent changes in behaviour, functioning or personality. Psychosis is treatable. Psychosis can happen to anyone and usually develops during teen years.

Signs of Psychosis:

- Hear voices that no one else hears
- See things that aren't there
- Believe that others can influence their thoughts
- Believe that they can influence the thoughts of others
- Believe that they are being persecuted by others
- Thoughts have sped up or slowed down
- Believe that they are being followed, watched by others

Other symptoms that family may notice:

- Loss of interest in socializing
- No energy or motivation
- Memory and concentration issues
- Study or work issues
- Lack of self-care
- Confused speech
- Difficulty communicating
- Inappropriate emotional display or lack of response
- Suspiciousness
- Appetite and sleep disturbances
- Unusual behaviours

Treatment

If you see persistent changes that strike you as strange don't wait. Trust your instincts. Talk to your doctor or a mental health professional.

Links or Useful Resources for PSYCHOSIS:
Canadian Mental Health Association – www.cmha.ca

NOTES

Re-Active Attachment Disorder (RAD)

Re-active attachment disorder is most often used to describe emotional and behavioural problems of children related to the inability to form healthy attachments to caregivers. Reactive Attachment Disorder (RAD) of Childhood is a very specific diagnosis that can only be made by a qualified psychiatrist, psychologist or physician, as with other formal diagnoses. RAD refers to the very limited set of circumstances in which a child is thought to not have the opportunity to develop any attachment to a caregiver. Diagnostic criteria have not yet been agreed on. RAD can be broken into two types – inhibited and disinhibited. Many children have both. Symptoms are listed below for the combined type.

Symptoms

- Resists affection on parents' terms
- Affectionate with strangers – shows bad judgment
- Continuous and intense control battles, bossy and argumentative; defiant and angry
- Lack of eye contact, especially with parents but will look into your eyes when lying
- Manipulative - superficially charming and engaging
- Poor peer relationships
- Steals
- Lies about the obvious even when confronted
- Shows no remorse - lack of conscience
- Destructive to property, self and/or others
- Lack of impulse control
- Hyper-vigilant/Hyperactive
- Learning delays
- Speech and language problems
- Incessant chatter and questions
- Inappropriately demanding and/or clingy
- Food issues - hordes, gorges, refuses to eat, eats strange things, hides food
- Very concerned about tiny hurts but brushes off big hurts

Possible Causes

- Neglect or abuse
- Separation from the primary caregiver
- Changes in the primary caregiver or frequent moves and/or placements
- Environmental disruption (a "chaotic" home)
- Traumatic experiences (exposure to domestic violence)
- Caregiver mental health problems (depression, psychosis)
- Maternal addiction - drugs or alcohol
- Undiagnosed, painful illness such as colic, ear infections, etc.

Re-Active Attachment Disorder (RAD) (continued)

RAD can be a lifetime disability. Seek help from a knowledgeable professional as soon as possible. Consider getting a second opinion if you have questions or concerns about the diagnosis or treatment plan.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for RE-ACTIVE ATTACHMENT DISORDER (RAD):
Attachment Disorder Site - www.attachmentdisorder.net
Institute for Attachment – www.instituteforattachment.org
Mayo Clinic – www.mayoclinic.com

NOTES

Schizophrenia

Schizophrenia is a complex illness that affects a person's behaviour. It causes strange thinking, strange feelings, and unusual behaviours. It is uncommon in children and is hard to recognize in its early phases.

> Early diagnosis and medical treatment are important. Schizophrenia is a life-long disease that can be controlled but not cured.

The cause of schizophrenia is not known. Current research suggests a combination of brain changes, bio-chemical, genetic and environmental factors may be involved. Early diagnosis and medical treatment are important. Schizophrenia is a life-long disease that can be controlled but not cured.

The behaviour of children with schizophrenia may start slowly over a period of months or years. For example, children who used to enjoy relationships with others may start to become more shy or withdrawn and seem to be in their own world. They might begin talking about strange fears and ideas. They may start to cling to parents or say things, which do not make sense.

The following symptoms and behaviours can occur in children or adolescents with schizophrenia. The behaviour must persist for at least 6 months.

- seeing things and hearing voices which are not real (hallucinations)
- odd and eccentric behaviour, and/or speech
- unusual or bizarre thoughts and ideas (delusions)
- confusing television and dreams from reality
- confused thinking (thought disorder)
- extreme moodiness
- ideas that people are out to get them, and or talking about them (paranoia)
- severe anxiety and fearfulness
- difficulty relating to peers, and keeping friends
- withdrawn and increased isolation
- decline in personal hygiene

Treatment

Children with schizophrenia must have a complete evaluation. Parents should ask their family physician or paediatrician to refer them to a psychiatrist, preferably a child and adolescent psychiatrist, who is specifically trained and skilled at evaluating, diagnosing, and treating children with mental health symptoms. Children with schizophrenia need a comprehensive treatment plan. A combination of medication, individual therapy, family therapy, and specialized programs (school, activities, etc.) is often necessary. Psychiatric medication can be helpful for many of the symptoms and problems identified. These medications require careful monitoring by a psychiatrist.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for SCHIZOPHRENIA:
American Academy of Child and Adolescent Psychiatry – www.aacap.org
Canadian Mental Health Association – www.cmha.ca
Children's Mental Health Ontario – www.kidsmentalhealth.ca
Mood Disorders Association of Ontario (MDAO) – www.mooddisorders.ca
Schizophrenia Society of Ontario – www.schizophrenia.on.ca

Schizoaffective Disorder

What You Should Know

Schizoaffective disorder combines the problems of schizophrenia with those of a mood disorder. As with schizophrenia, victims lose touch with reality. However, schizoaffective disorder is more likely to come and go, like depression and mania tend to run in cycles. The condition affects more girls than boys. Look at Bipolar Disorder and Schizophrenia descriptions for more information.

Causes

An imbalance in the brain's chemical messengers is the most likely cause, but its exact nature—and the reason for it—are still unclear. Stress alone will not trigger this illness, though it can make the symptoms worse. The problem is more likely to develop if you have a family member with a mood disorder.

If you suspect your child of having any disorder you must seek help from a mental health professional as symptoms can worsen and be harder to treat over time.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for SCHIZOAFFECTIVE DISORDER:
See also Schizophrenia and Bipolar resources in this section.
Centre for Addiction and Mental Health – www.camh.ca
Canadian Mental Health Association – www.cmha.ca
Mood Disorders Association of Ontario (MDAO) – www.mooddisorders.ca
Schizophrenia Society of Ontario – www.schizophrenia.on.ca

Sensory Integration Dysfunction/Sensory Processing Disorder

Sensory Integration Dysfunction is not yet included in the DSM-IV manual but is recognized by many professionals.

Sensory Integration Dysfunction (SID), also called sensory processing disorder is a neurological disorder causing difficulties with processing information from the five classic senses (vision, auditory, touch, smell, and taste), the sense of movement (vestibular system), and/or the positional sense (proprioception). They vary from person to person in characteristics and how severe the symptoms are. Some symptoms may include tags on clothing, bright lights, noises, smells.

Sensory Integration Dysfunction is not yet included in the DSM-IV manual but is recognized by many professionals. There is no known cure; however, there are many treatments available. Not everybody agrees that this is a disorder and it is only diagnosed when the sensory behaviour interferes significantly with all activities of daily living. Co-morbid conditions are common – anxiety, ADHD, Fragile X and Autism Spectrum Disorders to mention just a few. There are 3 types classified:

Type I – Sensory Modulation Disorder – Under or over response to stimuli or trying to find stimulation.
Type II – Sensory Based Motor Disorder – output is disorganized due to processing information incorrectly.
Type III – Sensory Discrimination Order – sensory discrimination challenges.

Symptoms of Sensory Integration Dysfunction
(Reproduced with permission from the Apraxia-Kids Web page)

Sensory	Symptoms
Auditory	• Responds negatively to unexpected or loud noises • Holds hands over ears • Cannot walk with background noise • Seems oblivious within an active environment
Visual	• Prefers to be in the dark • Hesitates going up and down steps • Avoids bright lights • Stares intensely at people or objects • Avoids eye contact
Taste/Smell	• Avoids certain tastes/smells that are typically part of children's diets • Routinely smells non-food objects • Seeks out certain tastes or smells • Does not seem to smell strong odours

Continued on next page...

Sensory Integration Dysfunction/Sensory Processing Disorder (continued)

Symptoms of Sensory Integration Dysfunction (cont'd) *(Reproduced with permission from the Apraxia-Kids Web page)*	
Sensory	**Symptoms**
Continued from previous page	
Body Position	• Continually seeks out all kinds of movement activities • Hangs on other people, furniture, objects, even in familiar situations • Seems to have weak muscles, tires easily, has poor endurance • Walks on toes
Movement	• Becomes anxious or distressed when feet leave the ground • Avoids climbing or jumping • Avoids playground equipment • Seeks all kinds of movement and this interferes with daily life • Takes excessive risks while playing, has no safety awareness
Touch	• Avoids getting messy in glue, sand, finger paint, tape • Is sensitive to certain fabrics (clothing, bedding) • Touches people and objects at an irritating level • Avoids going barefoot, especially in grass or sand • Has decreased awareness of pain or temperature
Attention, Behaviour and Social	• Jumps from one activity to another frequently and it interferes with play • Has difficulty paying attention • Is overly affectionate with others • Seems anxious • Is accident prone • Has difficulty making friends, does not express emotions

As with any other disorder, if you think your child may be experiencing sensory dysfunction issues seek the help of a professional. A referral to an Occupational Therapist with knowledge of this disorder would be preferred.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for SENSORY INTEGRATION DYSFUNCTION:
Apraxia Kids – www.apraxia-kids.org
Kid Power – www.kid-power.org
Tourette Syndrome Plus – www.tourettesyndrome.net

Stress

Stress affects children in different ways and all children handle stress differently. Stress can be positive as well as negative. There are many factors that influence this. Some kids internalize stress.

Sources of Stress:

At School	Other sources of stress
• fear of wetting themselves • being away from home and missing caregivers • worry about changing bodies • worry about getting lost in school hallways • fear of teacher punishment • worry about getting along with peers • worry about school work • worry about being last chosen on a team	• major family change – divorce of parents, etc. • move to new town or city • serious illness

Signs of Stress

- physical – headaches, stomach aches, vomiting, bed-wetting
- emotional – sadness, irritability, fear
- behavioural – losing temper, nervous tics, crying
- interactions with others – teasing or bullying, shyness, withdrawal

How You Can Help Your Child Manage Stress

- Encourage your child to talk about what is bothering them. Take opportunities like road trips.
- Don't ask what's wrong. Instead ask "How are things at _____."
- Spend one-to-one-time. Find hobbies that you can do with the child.
- Encourage healthy eating.
- Teach relaxation skills.
- Give back rubs and hugs.
- Show them that mistakes are o.k.
- Be clear about rules and consequences.
- Role play and talk through difficult situations.
- Tell stories about similar situations.
- Be a role model.
- Seek out professional support if necessary.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for STRESS:
Families for Depression Awareness – www.familyaware.org
BC Partners For Mental Health & Addiction Information - www.heretohelp.bc.ca

NOTES

Suicide

Nobody likes to talk about this topic. It is difficult to think that your child may be at risk. Children often leave a trail of warning signs but often do not make a direct plea for help. If you can pick up these warning signs you may be able to do something. Warning signs include:

- Withdrawal from friends, family and activities
- Change in eating patterns
- Preoccupation with death (e.g. music, movies, reading, writing, artwork)
- Giving away valued personal possessions
- Glorification of someone's completed suicide – often famous people – musicians, etc.
- Suicide pact or suicide of significant other
- Changes in school work: lower grades, missing classes
- Increased use of drugs and/or alcohol
- Excessive risk taking
- Sudden change of behaviour – either positive or negative
- Depression, moodiness or hopelessness
- Excessive anger and impulsivity
- Previous attempts of suicide
- Serious illness of family or friend

How to Respond

1. In an emergency, **GET HELP! Call 9-1-1!**
2. GET HELP! You can't do it alone. Contact: Family, friends, relatives, clergy, doctors, crisis lines*, mental health services or hospital emergency departments. It is crucial to get a suicide/self-harm assessment completed by a certified professional if a person is suicidal.
3. Take every cry for help seriously.
4. Ask directly: Are you thinking about suicide? Are you thinking of killing yourself?
5. Offer support and reassurance that suicidal feelings do not last forever.
6. If the person has thought of suicide, a professional needs to determine the degree of suicidal risk.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for SUICIDE:
Centre for Suicide Prevention – www.suicideinfo.ca
Mood Disorders Association of Ontario – www.mooddisorders.ca – 1-888-486-8236
Ontario Association for Suicide Prevention – www.ospn.ca

NOTES

Remember…It is not your fault, take time to **breathe**, relax and don't be afraid to ask for help.

Crisis/Emergency Services

Ensure that you and your family are safe.

In An Emergency – dial 911

911 is for police emergencies, fire or serious accidents, or when you fear for the safety of the child or yourself.

Kids Help Line (for kids only) Free phone counselling or web counselling available 24/7 for ages 20 and under. Anonymous and confidential.	1-800-668-6868

Crisis/Emergency Services (continued)

Other Helpful Numbers

Your Family Doctor, Pediatrician, Psychologist or Psychiatrist: *(Enter the names and phone #'s here for handy reference)*	
Telehealth Ontario. Ontario Ministry of Health & Long Term Care	1-866-797-0000

Emergency Room Locations

Protocol In Event of Emergency/Crisis

1. **Ensure that you and your family are safe.**
2. **Assess the situation and then proceed with one of the following:**
   - give the person time to calm on his/her own. If possible maintain a calm, quiet environment.
   - call one of the information or crisis line numbers listed if you think they are applicable.
   - call family and friends to care for other family members if required.
   - call 911 if you cannot transport person to hospital and make arrangements to follow or accompany ambulance.
   - if you can transport patient go to the Hospital Emergency room – have basic information, medications and money for parking meters with you.
3. **Reassure the person that is in crisis.** "I'm here to help", "I'd like to know how I can help."

   Create a crisis plan if you believe this could happen again. See our template for creating a safety plan. This includes what to do in crisis and emergency situations.

Crisis/Emergency Services (continued)

What to Have Prepared For A Trip To Hospital

- It is best to have reviewed the pages on Crisis **before** you need them.
- Your name, relationship to ill person, medications or list of medications, phone #, etc. We have included a sample form that can be handed to police, ambulance, nurses, etc. when in crisis. Keep a copy in your vehicle or in a safe place that can be easily accessed.
- A roll of quarters, loonies or toonies should also be available in the same location for parking and phone call needs.
- If you have time jot down your main concerns and what was happening that caused you to come to emergency – in the case of teens this can be passed on to team if they do not want you involved.
- The sample form (next page) includes room for medications – if possible bring medications with you.
- An updated copy of a Safety Plan for your child. *(see **Creating A Safety Plan** under Advocacy)*

What to Expect at Hospital

(This will vary, of course, depending on hospital visited.)

- Triage will determine urgency of situation and there may be a wait time or the person may be escorted to a safe room (an empty room, sometimes with cameras to watch patient) for safety reasons.
- If this was a police escort, police will need to stay until doctor has seen patient.
- Psychiatric team member will take patient and talk to them for further assessment. If patient is younger you will accompany them.
- You may or may not be given an opportunity to provide background information. The best way to deal with this is to have written notes that you can pass on to the team.
- Assessment and follow-up may take several hours as an on-call psychiatrist or the patient's own psychiatrist may need to be contacted.
- Discharge with care advice or admission to hospital will be the final step.

Your Child's Medical History

DATE: mm/dd/yy

Legal Name:		Parents Names:	
Date of Birth:		Home Address:	
Sex:		Home Phone:	
Health Card No.:		Cellular:	

Diagnosis	

****attach a copy of your Safety Plan if available****

Health Insurance Plan Info			
Carrier name:		Address:	
Plan Number:		Certificate #:	
Hospital Room Type:	(private, semi-private)		

Medical Info			
Doctor(s) Name:	Specialty:	Phone #:	

Current Medications	Dosages, times given, etc.

Pharmacy Info
Phone:
Fax no.:
Pharmacist:
Location/address:

Medication Sensitivity	
Food Allergies:	
Other Allergies:	
Previous Ilness:	
Previous Surgeries:	

Immunizations			
	Date	Date	Date
DTP			
Polio			
MMR			
TB			
Hep B			
Haemophilius b			
Tetanus/TB or other			

Counselling Services

Counsellors can help you define the problem and decide what's important and what to do next. It can be a safe place to express feelings and needs.

It is a myth that only "crazy" people get counselling. Many people from all areas of life benefit from counselling at some point in their lives. These people are seeking help with common life concerns. Counselling is simply a conversation between two people and requires the building of a relationship that deals with the concerns you have. Dealing with a child with mental health issues can be very difficult. You may need to talk to someone. You may wish to seek counselling for a variety of reasons including concerns about behaviour or understanding yourself and your reactions to the child with mental health issues. It's o.k. to be depressed or worried or to feel helpless or hopeless. Counselling can help get you or your child past these issues. Support groups can not provide this service.

Counsellors can help you define the problem and decide what's important and what to do next. It can be a safe place to express feelings and needs.

The best way of finding a counsellor is by asking your Doctor for a referral. Please refer to the insert called "Finding A Therapist" (on the next page).

There are counsellors that deal with a variety of issues for both the child and the adult in the family. These issues include anxiety, anger, stress management and sometimes Dialectic Behaviour Therapy. These services are free or have fees based on the ability to pay. Some of the services available are listed below. This is by no means an exclusive list.

There are also other counselling services available in the community or you may have an Employee Assistance Plan that will help you find one.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for COUNSELLING SERVICES:

See "***Finding A Therapist***" (*insert on next page*) – www.mooddisorders.ca
See ***"What you Can Expect from a Mental Health Professional"*** - www.cymhin.ca/downloads/What%20to%expect.pdf – Child and Youth Mental Health Information Network (CYMHIN)
Ontario Psychological Association - www.psych.on.ca, under "referral service"
The Therapy Directory - www.therapists.psychologytoday.com, search Ontario

Finding a Therapist

There are as many different types of therapists as there are types of problems. The result for you as you look for help can be confusion and frustration. This document is for you. We hope that you will be able to use it as a guide as you negotiate the "Finding A Therapist Maze". Psychotherapy or counselling is a therapeutic partnership between someone experiencing emotional difficulties and a mental health professional. It is a contractual agreement between the therapist and the client for the purposes of supporting the client through a problem solving and healing process.

The psychotherapist/counsellor brings knowledge and skill to the therapeutic relationship. The primary role of the counsellor is to provide the safety, containment and guidance that is necessary in order to make sure that you feel supported and secure in the important work that you are doing.

Remember that the therapist is actually working for you. The work that you do together must be done as a team if you are to be successful in your journey.

Before you begin make sure that you know what you want. Here are a few things to keep in mind.

- How much can I afford to pay?
- How long do I want to be in therapy?
- Do I want therapy that is interactive?
- Do I want therapy that is more analytical and less interactive?
- Is the therapist's office in a location that I feel comfortable with?
- How often do I want to see the therapist?

There are a few good questions that you can ask. All therapists should be willing to answer them. If they won't, move on! Buyer beware. There are lots of people who claim to be therapists but who do not have the credentials or professional memberships to support the claim. When you are making your first exploratory phone calls:

Ask these questions

- What's your education?
- What's your professional / clinical training?
- Do you have experience in treating mood disorders?
- Are you a member of a professional association or college?
- How long have you been practicing?
- Do you have experience with my specific problem?
- What are your fees?
- How many sessions do you think it will take to reach my goals?
- Can we work as a team to set the goals for my therapy?
- Do you have a waiting list?

Make sure that you write down the responses in order to review them later. As you ask the questions check how you feel about the responses. Your "gut" feelings about the person on the other end of the phone shouldn't be ignored. Pay attention to the "ease" or "dis-ease" that you feel as you go through your checklist. A good thing to do is to rank your gut feeling from 1-5.

1. I felt really uncomfortable with this one.
2. I felt moderately comfortable with this one.
3. I felt comfortable with this one.
4. I felt very comfortable with this one.
5. This is the one for me.

Once you have ranked your gut feeling, review the other questions to make sure that the therapist is a fit. Now you can make an appointment. You will know that the therapist you have chosen is the right one within the first two to three sessions.

Here are some questions to ask yourself after the first couple of sessions:

- Am I beginning to trust this therapist?
- Does the therapist seem to understand me?
- Do I feel at ease with the therapist even though it's a difficult situation?
- Are the fees okay?
- Is the location good?
- Do I feel comfortable in the therapist's office?
- Can the therapist accommodate my schedule needs?
- Do I feel that we make a good team?
- Do I feel heard?
- Do I feel supported?

Make sure that you feel comfortable. Remember, this is an important and courageous step that you have taken and you need to be on the journey with someone that you know you can count on.

If you don't feel that you and the therapist are a good fit, let him/her know. Some problems can be resolved but sometimes it's just a matter of "mismatched personality". This is no one's fault but will require you to find a different counsellor.

If you do need to find a new therapist ask your current therapist to help you by providing some names of other thera- pists. He/she should be able to accommodate this request.

How much will this cost me?

- OHIP covers Psychiatrists and Medical Doctors.
- Psychologists and Clinical Social Workers aren't covered by OHIP but are often covered by private or company insurance policies.
- Fees can range from as low as $0.00 per hour at public agencies all the way up to $160+ per hour.
  Some therapists have a sliding fee scale.

It's important to know that there are lots of people who call themselves therapists or counsellors. The price for services isn't a gauge of the quality of service. You are the gauge and you will know which therapy fits best for you.

Therapy can be the key to unlocking all of your hidden potential. You need to respect and trust your ability to choose the right counsellor. Once you've done that, the work may be difficult but you will succeed.

You're worth it!

Where can I start to look?

TRADITIONAL

College of Physicians and Surgeons: Telephone: 416.967.2603
Toll free: 1.800.268.7096 ext. 306
Website: *www.cpso.on.ca*

G.P. Psychotherapy Association:
Telephone: 416.410.6644

Ontario Association of Social Workers:
Telephone: 416.923.4848
Website: *www.oasw.org*

Ontario College of Social Workers:
Telephone: 416.972.9882
Toll free 1.877.828.9380
Website: *www.ocswssw.org*

Ontario Psychological Association:
Telephone: 416.961.5552
Toll free: 1.800.268.0069
Website: *www.psych.on.ca*

ALTERNATIVE

Friends of Alternative & Complementary Therapies (FACT): Telephone: 416.299.5113
Website: *www.thefacts.org*

You're on your way

You've done a lot of work to get here. If you have any questions or concerns, please call us at MDAO. We'll be happy to support you through this complicated but important decision-making process.

Note: *The Mood Disorders Association of Ontario does not recommend individual therapists.*

The Mood Disorders Association of Ontario provides support, information and education as a complement to traditional and alternative therapies. MDAO services are not intended as a replacement for other treatment options and encourages individuals to seek treatment by a qualified health professional.

Mood Disorders Association of Ontario (MDAO)

36 Eglinton Avenue West, Suite 602, Toronto, Ontario M4R 1A1 Telephone: 416.486.8046 Toll-free: 1.888.486.8236
Fax: 416.486.8127 E-mail: info@mooddisorders.on.ca Website: ***www.mooddisorders.on.ca***

Why Join a Parent Support Group?

There are several reasons to join a parent support group:

- You will meet other people who are having similar experiences, which can also lead to lasting friendships for you and your child.
- You can ask questions and clarify things you may not understand.
- You can see and hear guest speakers on relevant subjects.
- You will learn about workshops and seminars that are pertinent to you.
- You can learn about the newest technologies to accommodate your child, or breakthroughs in the medical treatments or alternative therapies that are successful.
- Some groups offer resources such as libraries from which you may sign out books, DVDs, etc. for yourself and your child.
- You may receive handouts on parenting tips, or tips for teachers & schools.
- Some groups offer in-service. In-service consists generally of an accredited person (someone the group recommends, either from within the group, or a professional) providing through assemblies in school, or at a staff meeting, a speaker to address the issues around the child's disability or disorder.
- Some groups offer workshops or courses that teach parents new skills, from dealing with a child with a disability to advocating for that child in school.
- You can share your stories with other adults without judgment.
- You can learn advocacy skills.

Social Skills Training Programs

To our knowledge, there are several school-based social skills training programs running in the region. One of these is called the "FRIENDS" program, coordinated by the Canadian Mental Health Association and the other is called the "Tools for Life" program by kidsLINK.

The **FRIENDS** service operates in partnership with local school boards to develop self-esteem and social skills with children between the ages of 4 and 15 years. Friends matches trained adult volunteers (16 years of age or older) with children and youth who are experiencing significant difficulties in their lives. Children may be experiencing issues related to social, emotional, behavioural, developmental or mental health concerns. Volunteers act as positive role models and confidantes to provide emotional support to children and assist them to build/enhance their self-esteem and confidence while developing strong social skills.

Tools for Life: **Relationship-building Solutions** are fun, highly interactive resources for use in schools, child care centres, homes and community agencies with 3-10 year olds. Tools for life builds relationship problem solving skills for these children; progressively develops self understanding, self management, interpersonal communication and relationship problem-solving skills. The program is comprised of user-friendly curriculum or manual supported by age, gender, culture and language appropriate resources and aids communication between school and home.

It should be mentioned that not all schools are participating in these programs. Firstly, there has to be a need in the school for such a program, and secondly, volunteers and/or staff are needed to support some of these programs.

We encourage parents to advocate for social skills training through any agencies you may be involved with, whether it is through occupational therapy, mental health agencies or treatment centres. Any of these may offer training if parents of children in similar age ranges can band together and request this support for their children.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Useful resources/links for SOCIAL SKILLS TRAINING:
Canadian Mental Health Association – www.cmhawrb.ca – *"Friends"*
kidsLINK - www.kidslinkcares.com, *"Tools For Life"*

Complementary/Alternative Health Care

There are a wide variety of treatments available in the field of alternative or complementary therapies. Complementary therapies are those that are used to complement traditional medicine. Alternative therapies can be used instead of traditional medicine.

> "A long time ago, the (Western) medical profession separated the head from the body"....
>
> *(quoted by Dr. Mehmet Oz)*

Canadians are visiting alternative and complementary health care providers more and more as the population ages. Some commonly used practices in this country include: chiropractic, body/energy therapies, relaxation techniques, massage, prayer, herbal therapies, special diet, folk remedies, acupuncture, yoga, self-help groups, lifestyle diets and homeopathy.

This approach to health care focuses on prevention, rather than "reactive" care. Practitioners take a holistic approach, that is, the whole person (mind, body and spirit) is considered when treating a health issue.

Most complementary therapies are not covered under OHIP, but are sometimes covered under private health insurance benefits. Make sure that you are dealing with a qualified and registered practitioner.

There are many practices originating from many different cultures. While we cannot make a comprehensive list here of all the services you can find of this nature, we should point out that other ways of healing are important also. Examples include; meditation, laughter, music, art, play, diet, sleep, nutrition, exercise, and spirituality.

Acupuncture is an ancient Chinese art based on the theory that Chi or Qi energy flows along meridians in the body, and can be unblocked or re-programmed by inserting fine needles at specific points. Acupuncture is used to treat conditions such as, but not limited to asthma, addiction, allergies, arthritis, anxiety, blood pressure, depression, problems with the digestive system, etc.

Aromatherapy involves the use of essential oils (extracts or essences) from flowers, herbs, and trees to promote health and well-being. Aromatherapy can help with symptoms, can affect your mood, or help alleviate or temporarily eliminate stress or other psychological factors.

Ayurveda (meaning "the science of life") is an alternative medical system that has been practiced primarily in the Indian subcontinent for 5,000 years. Ayurveda includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment. It does this through a variety of cleansing and rejuvenating treatments and practices that can include diet, exercise, meditation and massage. Yoga is part of the ayurvedic tradition, too - when you perform some **yoga positions,** you're engaging in a physical and spiritual exercise that is rooted in ayurvedic philosophy.

Chiropractic (word comes from ancient Greek word for "done by hand") is a system that focuses on the relationship between bodily structure (primarily that of the spine) and function, and how that relationship affects the preservation and restoration of health.

Energy Therapy - There are a variety of approaches to healing that involve energy flow in the body. Some are touch related (see massage therapies) and some are body and/or energy work such as

Complementary/Alternative Health Care (continued)

biofeedback, reflexology, reiki, shiatsu, and gem-stone therapy. The general principal behind these practices is that blockages are cleared from the body's energy meridians. Clearing these blockages can help clear up physical and mental problems that are preventing optimum functioning.

Homeopathic medicine is a system based on the belief that "like cures like" meaning that small, highly diluted quantities of medicinal substances are given to cure symptoms, when the same substances given at higher or more concentrated doses would actually cause those symptoms.

Massage therapy or massotherapy is the manipulation of muscle and connective tissue to enhance function of those tissues and promote relaxation and well-being. There are a variety of techniques and practitioners practicing them, for example; acupressure, bio-dynamic, chair massages, cranio-sacral, deep muscle therapy, deep tissue, healing touch, integrative manual therapy, joint mobilization, kinesiology, reflexology, reiki, shiatsu, Swedish massage, therapeutic touch.

Natural Health Products are defined as vitamins and minerals, herbal remedies, homeopathic medicines, traditional medicines (such as traditional Chinese medicines), probiotics, and other products like amino acids and essential fatty acids. Natural health products are available for self care and self selection, and do not require a prescription to be sold. In Canada, natural health products, also referred to as complementary medicines or traditional remedies, are subject to *Natural Health Products Regulations.*

Naturopathic Medicine is a distinct primary health care system that blends modern scientific knowledge with traditional and natural forms of medicine. Naturopathic medicine is the art and science of disease diagnosis, treatment and prevention using natural therapies including botanical medicine, clinical nutrition, hydrotherapy, homeopathy, naturopathic manipulation, traditional Chinese medicine / acupuncture, and lifestyle counselling.

Phototherapy (light therapy) for sufferers of Seasonal Affective Disorder and depression involves spending about 20 minutes a day in front of a light-box, particularly in the winter months when mood and energy levels can be affected by lack of light.

Yoga has been shown to alleviate stress and, at the physical level, has been seen to be useful in the treatment of those who suffer conditions that affect or are affected by posture, such as backache and arthritis.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for COMPLEMENTARY/ALTERNATIVE HEALTH CARE:
Canadian Association of Naturopathic Doctors (CAND) - www.cand.ca
Mood Disorders Association of Ontario - www.mooddisorders.on.ca
Government of Canada - www.canadabusiness.ca

Respite Services

Respite Services recognize the need for parents and guardians to have a much needed break -- time to regroup and recuperate away from the constant demands of caring for their child with serious social, emotional and behavioural concerns. This service provides temporary relief for families. Most children are referred through a local agency. Most services have waiting lists and **need referrals**.

NOTES

Financial Supports

(ODSP) Ontario Disability Tax Credit Certificate (Form T2201)*

Parents of dependent children with any Mental Health diagnosis are encouraged to apply for the Federal Disability Tax Credit Certificate. This certificate allows you to enjoy a tax savings at almost any income level (**NOT** just for lower income families)! Once approved, the tax credit is transferred from the child who qualifies to a parent or other supporting person. It is only useful to someone who pays taxes (in some cases a person with a disability has no taxable income).

This tax credit is available whenever a child of any age is markedly restricted in the activities of daily living on an on-going basis. These restrictions can be cognitive, developmental, physical or mental, or a combination of disabilities. For children with mental health issues, the section of the form dealing with "Mental functions necessary for everyday life" is the area of interest to you. Some examples of the effects of your child's impairments could be, but are not limited to:

- Constant supervision required due to hyperactivity or behaviour
- Parent must stay home to provide care (i.e., loss of income)
- Extra time/supervision needed to complete tasks like homework
- Supervision/re-direction needed in social situations
- Requires daily medication
- Requires frequent trips to the doctor/pediatrician
- Prolonged or repeated lessons (i.e. swimming) to be promoted or to progress
- Private lessons / tutoring

In 2008, the credit returned approximately $1,600.00 each year to a taxpayer that made use of it. It could also be back-filed ten years on a rolling annual basis (your claim can be back-filed to the date of your child's diagnosis). In the years prior to 2001, the tax credit return was $1,000.00 per year as was the previous allowance. This back-filing for the full period in 2008 would return approximately $15,000.00 to the taxpayer.

To apply for this credit, the Disability Tax Credit Certificate (form T2201) must be completed by an authorized healthcare professional. In the case of learning disabilities, the authorizing professional can be a registered psychologist. Complete details about this tax credit are contained in the guide, RC4064-Medical and Disability-Related Information, which also contains the form T2201. http://www.cra-arc.gc.ca/E/pub/tg/rc4064/README.html.

To check your eligibility, visit the Canada Revenue Agency website: http://www.cra-arc.gc.ca/bnfts/fq_cdb-eng.html#q4 or call toll free: 1-800-959-8281.

Financial Supports (continued)

Other Child and Family Benefits

Other financial supports available to low-to-middle income families (use the Canada Revenue Agency's calculator to determine if you qualify (http://www.cra-arc.gc.ca/benefits-calculator/) that your child may qualify for are as follows:

- Canada Child Tax Benefit (CCTB)

  The Canada Child Tax Benefit is a tax-free monthly payment made to eligible families to help them with the cost of raising children under age 18. The CCTB may include the:

  A. National Child Benefit Supplement (NCBS) - The NCBS is a joint initiative of the federal, provincial, and territorial governments. This initiative is designed to:

  - help prevent and reduce the depth of child poverty;
  - ensure that families will always be better off as a result of parents working; and
  - reduce overlap and duplication of government programs and services.

  The NCBS is included in the CCTB and paid monthly to low-income families with children under 18 years of age. It is the Government of Canada's contribution to the National Child Benefit (NCB). As part of the NCB, certain provinces and territories also provide complementary benefits and services for children in low-income families, such as child benefits, earned income supplements, and supplementary health benefits, as well as child care, children-at-risk, and early childhood services.

  B. Child Disability Benefit - The CDB, which is based on family net income, provides up to a maximum of $204.58 per month for each child eligible for the disability amount. This amount is calculated automatically for the current and the two previous benefit years for children who qualify and are under 18 years of age with an approved from T2201 (Disability Tax Credit certificate).

Ontario Child Benefit - the Government of Ontario has created the Ontario Child Benefit (OCB) to help Ontario families with low or modest incomes to provide for their children. It will be delivered monthly with the Canada Child Tax Benefit (CCTB). For detailed information, please visit: http://www.cra-arc.gc.ca/bnfts/dsblty-eng.html.

- Special Services at Home (SSAH) is for severe (usually developmental) disabilities
- Ontario Disability Support Program (at age 17 start process for 18th year)
- Refundable Medical Expense Supplement
- Universal Child Care Benefit - The UCCB is designed to help Canadian families, as they try to balance work and family life, by supporting their child care choices through direct financial support. The UCCB is for children under the age of 6 years and is paid in installments of $100 per month per child.
- Children's Special Allowances is for children kept in government approved agency care

Children's Fitness Amount - You can claim to a maximum of $500 per child, the fees paid in 2007 that relate to the cost of registering you or your spouse or common-law partner's

- child in a prescribed program of physical activity. The child must have been under 16 years of age at the beginning of the year.

Financial Supports (continued)

Other Child and Family Benefits (continued)

You can claim this amount provided that another person has not already claimed the same fees and that the total claimed is not more than the maximum amount that would be allowed if only one of you were claiming the amount.

Children with disabilities – If the child qualifies for the disability amount and is under 18 years of age at the beginning of the year, an **additional** amount of $500 can be claimed provided that a minimum of $100 is paid on registration or membership fees for a prescribed program of physical activity.

Note: You may have paid an amount that would qualify to be claimed as child care expenses (line 214) and the children's fitness amount. If this is the case, you must first claim this amount as child care expenses. Any unused part can be claimed for the children's fitness amount as long as the requirements are met.

Prescribed program

To qualify for this amount, a program **must**:

- be ongoing (either a minimum of eight weeks duration with a minimum of one session per week or, in the case of children's camps, five consecutive days);
- be supervised;
- be suitable for children; and
- require significant physical activity (generally, most of the activities must include a significant amount of physical activity that contributes to cardiorespiratory endurance **plus** muscular strength, muscular endurance, flexibility and/or balance).

Reimbursement of an eligible expense – You can only claim the part of the amount for which you have not been or will not be reimbursed. However, you can claim all of the amount if the reimbursement is included in your income, such as a benefit shown on a T4 slip, and you did not deduct the reimbursement anywhere else on your return.

For more information on any of the information listed above, please visit the **Canada Revenue Agency** website at www.cra.gc.ca or call 1-800-959-2221.

Some tax consultants are well-versed in the specific supports or tax deductions available for your family. You may seek professional advice in this matter. We note that some parent support groups in the Region have facilitated speakers on the subject of tax savings. They may be a good resource for this information as well. (see Local Support Group listing in the Finding Support Section).

For a complete list see Canada Revenue Agency list of what persons with disabilities claim as a deduction or credit, http://www.cra-arc.gc.ca/tx/ndvdls/sgmnts/dsblts/ddctns/menu-eng.html.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for FINANCIAL SUPPORTS:
Canada Revenue Agency website: www.cra.qc.ca or 1-800-959-2221
J.E. Arbuckle – www.finplans.net/documents.shtml

Henson Trusts

Caring for a child with a disability, and determining the support they will require over time is a big responsibility. It is one that needs to be considered seriously along with a will and powers of attorney. One of the best ways to provide for children after you die is to make legal arrangements that maximize your estate when you are no longer there to look after them.

You have three options:

1. You can fully support your child over his lifetime or until you die
2. You can plan for the Ontario Disability Support Plan (ODSP) to take care of your child's needs
3. You can leave a trust fund for your child's future

A **Henson Trust** is a type of trust designed to benefit disabled persons. It allows you to support your child without affecting ODSP payments.

A **Henson Trust** is a type of trust designed to benefit disabled persons. It allows you to support your child without affecting ODSP. It protects the inheritance of the special needs person, as well as that person's right to collect government benefits and entitlements. At the same time it allows the child to have some funds for extra expenses such as services they may need and holidays.

The key provision is that the trustee has "absolute discretion" in determining whether to use the trust monies to provide assistance to the beneficiary, and how much. This means that the monies cannot be used to deny government benefits.

In addition, the trust may provide income tax reductions by being taxed at a lower rate than if the total willed monies were considered. In most cases, the monies are immune from claims by creditors of the beneficiary.

Your decision to create a trust should be based on the following:

1. Will you have assets/monies in your estate that you will leave to your child
2. If the total amount is between $5,000 and $10,000, your child will lose ODSP without a trust set up

Please note that consideration should also be taken towards setting up a Power of Attorney for Personal Care and a Power of Attorney for Property. Samples of each are attached but using a professional to make lasting documents is recommended.

Links or Useful Resources for HENSON TRUSTS:

Kenneth C. Pope -www.kpopelaw.ca
The Special Needs Planning Group - www.specialneedsplanning.ca
Documentation on Power of Attorney, Mental Incapacity, etc. - www.attorneygeneral.jus.gov.on.ca
Community Legal Education Ontario – www.cleo.on.ca or phone 416-408-4420
Henson Trust Handbook (2008) in PDF format – www.reena.org/pdfs/hensontrust.pdf
J.E. Arbuckle – www.finplans.net

BMO Registered Disability Savings Plan

The Registered Disability Savings Plan (RDSP) is designed to enhance the long-term financial security of people with disabilities, and to provide "peace of mind" to parents and other contributors that a plan is in place.

Features:

- Similar to other registered plan types, most investment offerings are available in an RDSP.
- Anyone can make a contribution to an RDSP, provided that the contributor has written consent from the plan holder.

Contributions

- Contributions are limited to a lifetime maximum of $200,000 per beneficiary with no annual limit. Only one beneficiary per RDSP is allowed.
- Contributions can be made until:
  - the year in which the beneficiary reaches age 59,
  - the date on which plan contributions reach the lifetime maximum of $200,000,
  - the beneficiary no longer qualifies for the Disability Tax Credit, or
  - the beneficiary is no longer a resident of Canada for tax purposes.
- Contributions to an RDSP are not tax-deductible; however, investment earnings that accrue within the plan grow on a tax-deferred basis. When earnings are withdrawn as part of a disability assistance payment, they are taxable in the hands of the beneficiary.
- Contributions to an RDSP may qualify for payments from the **Canada Disability Savings Grant (CDSG)*** program, up to a lifetime maximum of $70,000 per beneficiary.

- Lower-income families may qualify for payments from the **Canada Disability Savings Bond (CDSB)*** program without having to make a contribution to an RDSP, up to a lifetime maximum of $20,000.

Eligibility For An RDSP:

Beneficiary

Any Canadian resident under the age of 60 and eligible for the federal Disability Tax Credit.

Account holder

The legal parent or guardian of the beneficiary, or a public agency or organization can establish a plan. In cases where the beneficiary is of the age of majority, the beneficiary can also be named the account holder.

We Can Help.

For more information on RDSPs or other eligible grants, please contact the BMO Investment Centre at 1-800-665-7700.

06/11-887

® Registered trade-mark of Bank of Montreal, used under licence.

* Eligibility ends December 31 the year the beneficiary turns 49. Both the Canada Disability Savings Grant and the Canada Disability Savings Bond are contributed by the Government of Canada and paid directly to the plan on behalf of the plan beneficiary.

BMO Financial Group

Making money make sense®

SAMPLE ONLY

Continuing Power of Attorney for Property
(Made in accordance with the Substitute Decision Maker Act 1992)

1. I, _____revoke any previous continuing power of attorney for property made by me
(print or type your full name here)

and **APPOINT**: _____ to be my attorney(s) for property

(print or type the name of the person or persons you appoint here)

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words "jointly and severally" here: _____
(this may be left blank)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the court**, I SUBSTITUTE**:
_____

to act as my attorney for property with the same authority as the person he or she is replacing.

4. I AUTHORIZE my attorney(s) for property to do on my behalf anything in respect of property that I could do if capable of managing property, except make a will, subject to the law and to any conditions or restrictions contained in this document. I confirm that he/she may do so even if I am mentally incapable.

5. CONDITIONS AND RESTRICTIONS:
Attach, sign and date additional pages if required. *(This part may be left blank*)

6. DATE OF EFFECTIVENESS:
Unless otherwise specified in this document, this continuing power of attorney will come into effect on the date it is signed and witnessed.

7. COMPENSATION:
Unless otherwise stated in this document, I authorize my attorney(s) to take annual compensation from my property in accordance with the fee scale prescribed by regulation for the compensation of attorneys for property made pursuant to Section 90 of the Substitute Decisions Act, 1992.

8. **SIGNATURE**: _____ DATE: _____
(SIGN YOUR NAME IN THE PRESENCE OF TWO WITNESSES)

Continuing Power of Attorney for Personal Care
(Made in accordance with the Substitute Decision Maker Act 1992)

1. I, _____revoke any previous continuing power of attorney for personal
(print or type your full name here)

care made by me and **APPOINT**: _____ to be my attorney(s) for

(print or type the name of the person or persons you appoint here)

Personal care in accordance with the Substitute Decision Act 1992.

[Note: A person who provides health care, residential, social, training or support services to the person giving this power of attorney for compensation may not act as his or her attorney unless that person is also his or her spouse, partner, or relative].

2. If you have named more than one attorney and you want them to have the authority to act separately, insert the words "jointly and severally" here: _____
(this may be left blank)

3. If the person(s) I have appointed, or any one of them, cannot or will not be my attorney because of refusal, resignation, death, mental incapacity, or removal by the court**, I SUBSTITUTE**:
_____

(this may be left blank)

to act as my attorney for personal care in the same manner and subject to the same authority as the person he or she is replacing.

4. I give my attorney(s) the **AUTHORITY** to make any personal care decision for me that I am mentally incapable of making for myself, including the giving or refusing of consent to any matter to which the Health Care Consent Act, 1996 applies, subject to the Substitute Decisions Act, 1992, and any instructions, conditions or restrictions contained in this form.

5. INSTRUCTIONS, CONDITIONS AND RESTRICTIONS
Attach, sign and date additional pages if required. (This part may be left blank)

6. SIGNATURE: _____ DATE: _____
(SIGN YOUR NAME IN THE PRESENCE OF TWO WITNESSES)

Links or Useful Resources for POWER OF ATTORNEY:
For your free 24 page kit from the Ontario Government – www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf

Transitioning To Adult Services

Transitions are about change. Sometime between the ages of 14 to 18 it will become more difficult for you, the caregiver, to be involved in your loved one's life. Different services have different cut-off ages to allow this to happen.

You need to start to consider knowledge transfer and service transfer for your child. You also should consider the need for a Substitute Decision Maker or Power of Attorney form if the need warrants. *(See sample forms inserted ahead of this page).*

While this process is not the same for all young people the aim of successful transition is to optimize their abilities and what is available in the community to support them.

A holistic approach needs to be used – your child has the same needs as anyone else – but the actual process needs to be tailored to your child's mental status and should include your child as much as possible.

Case management is one of the possibilities. This would be someone who would take responsibility for the transition, the co-ordination of community services, housing, social activities, further education, etc. while still being sensitive to the needs of the caregiver in beginning to let go.

There are a few on-line resources regarding transition planning although they are not specifically aimed at Mental Health needs they can be adapted. The Aspire booklet entitled "Parent's Guide to Transition: What happens After High School? is available on-line at Access Waterloo Region at the link listed below. On the reverse of this page, please find the table of contents describing the topics covered in this document. Another helpful document is the BC Ministry of Children and Family Development: ***Your Future Now. A Transition Planning & Resource Guide for Youth with Special Needs and Their Families*** listed below.

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for TRANSITIONING TO ADULT SERVICES:

Parent's Guide to Transitions – http://www.accesswaterlooregion.ca/infores.html (see Table of Contents on Reverse of this page)
A Transition Planning & Resource Guide for Youth with Special Needs and Their Families" – www.mcf.gov.bc.ca/spec_needs/pdf/your_future_now.pdf
"Connections" - www.cdrcp.com/transition.html
Ministry of Education – www.edu.gov.on.ca/eng/general/elemsec/speced/transit/transition.pdf
Aspire – www.aspirewory.org/
Parents for Children's Mental Health – www.pcmh.ca

Parent's Guide to Transition: What Happens After High School?

Table of Contents kindly provided by N. Cherry of the Aspire Group

Parents' Guide to Transition: What Happens After High School?

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful resources for PARENT'S GUIDE TO TRANSITION:
www.accesswaterlooregion.ca/admin/sources/editor/assets/pdfs_documents/Parent%20Guide%20to%20Transition%202020 10.pdf

Why Advocate for Mental Health of Ontario's Children?

Numbers of Children in Need:

- **1 in 5 (18.1%) children and youth in Ontario had at least one mental health issue, and two thirds of this group have two or more mental health issues. That equals 500,000 children in Ontario that would require mental health treatment.**
- **Only 1 in 6 of the group of children in need were receiving therapeutic intervention.**

Source:Ontario Child Health Study, 1989

A more recent study based on 117,000 children receiving treatment in children's mental health centres in Ontario in 1997 would be that less than 25% of children in need are receiving treatment in the formal care and treatment system.

A 1994 survey by the Ontario Ministry of Health found that 25% of youth (ages 15 – 24) have at least one psychiatric disorder.

Do you know that:

- Despite the fact that 75% more children are served by children's mental health services in Ontario than 5 years ago, funding has been cut by 8% over that same period.
- Family poverty doubles the chance of violence and mental health issues for children of those families.
- At any given time, 7,000 children are waiting an average of 6 months to get service.
- 8% of young offenders show evidence of mental health problems.
- 10% of the cost of child and youth crime in Ontario, an annual cost of $280 million, can be attributed to inadequate mental health care.
- If only half the children receiving treatment complete high school, $232 million would be returned to government in reduced social assistance and more taxpayers – nearly offsetting the annual expenditures for children's mental health services in Ontario.
- Of children seen by Children's Aid Societies, 62% of these children had some evidence of emotional and mental health issues; 39% had developmental delays; 46% had pervasive behavioural problems; 61% had limited acceptance by caregivers; 69% of caregivers showed evidence of mental health problems; and only 32% of caregivers had realistic expectations of their children.
- Canada's youth suicide rate has increased 300% in the last 30 years and our suicide rate for boys aged 10 – 14 doubled during the same period. Our youth suicide rate is the third highest in the industrial world and suicide is the second leading cause of death in 15 – 24 year old Canadians after accidents.

Source: Canadian Mental Health Association, Ontario Division

To access resources in Elgin, Oxford, London, Middlesex, Huron, and Perth please visit:
www.mentalhealth4kids.ca

Links or Useful Resources for more FACTS AND STATISTICS:
Quick Facts: Mental Illness & Addiction in Canada – www.mooddisorderscanada.ca/page/quick-facts

Invitation to Join Us!

Did you know that there is NO legislation specifically directed at children's mental health in Ontario?

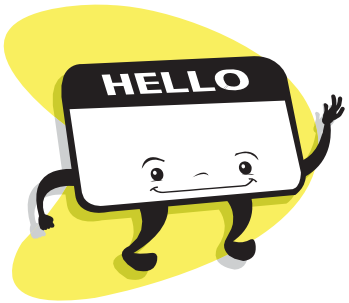
Parents For Children's Mental Health invites all support groups and parents who are interested in affiliating with PCMH to join them for the purpose of children's mental health advocacy. We are working together to educate the people of our province to help drive the movement to legislate standards for the provision of mental health services to our children. Please contact the PCMH at www.pcmh.ca

Annual Conference

Please visit the ***www.pcmh.ca*** website for upcoming events!

Watch for the annual **Parent Conference*** *(under **"Services"** then **"Events"** on the web-site)* in the spring. PCMH organizes courses with content that specifically teaches *parents* and *mental health agencies* about running parent support groups, advocacy, self-care, etc. It is a weekend filled with networking, learning, and above all, a common experience for parents who may feel that they are alone in their quest to improve services for their children! The conference fees are quite reasonable. You may try approaching your local children's mental health service provider to assist you financially to attend.

**** Note: conference is usually in April.***



Advocacy Resources

PCMH has compiled this listing with a brief description of various resources available for each to help you determine at a glance whether the information you seek is there.

Name	Phone	Website or E-mail
Child Advocacy Project	416-977-4448	info@childadvocacy.ca
www.childadvocacy.ca		
A service by Pro Bono Law Ontario that provides free legal services for low to moderate-income families who cannot afford a lawyer. Site includes advocacy tip sheets for school. Discover whether you are in need of legal advice regarding your child's education.		
People For Education	416-534-0100	info@peopleforeducation.com
www.peopleforeducation.com		
Tip sheets in many languages about topics such as: parent-teacher interviews, starting school, solving problems at school, special education, EQAO testing, high school course selection, school councils, etc.		
Office of the Provincial Advocate for Children and Youth	1-800-263-2841 or 416-325-5669	advocacy@idirect.com
www.provincialadvocate.on.ca		
For children who live outside their family's care who feel they are being abused or treated harshly and their rights violated. (see "client group" for a list of client types); a list of child's rights and a Youth site.		
Parents For Children's Mental Health	416-220-0742	admin@pcmh.ca
www.pcmh.ca		
Site offers tip sheets for parents, teachers. Parent facilitation/education workshops and events. Sample letters and template questions to ask your provincial government candidate.		

Book:
"Exceptional Children – Ordinary Schools" Getting the Education You Want for Your Special Needs Child *by Dr. Norm Forman* ISBN 1-55041-759-2

Parent To Parent: Mental Health And Our Kids

by: Susan Hess, January 2006, revised October 2006

Our children and youth describe mental health as:

"Mental Health means I feel comfortable in my own skin. I handle stressful situations without freaking out or losing control. I am comfortable talking with others. I like my life. I am not afraid to ask for help. I can bounce back from unexpected occurrences or upsetting situations. I have dreams and hopes for the future. I know I can be successful by doing the best I know how. I enjoy being with my friends. I can come up with positive solutions to solving a problem."

WHEN to be CONCERNED:

If your child or youth is:

- really sad all the time
- cries a lot
- often irritable with many temper outbursts
- overreacts in their responses
- feels hopeless
- anxious or worried about everything
- feels worthless consistently
- afraid and frightened most of the time, with no explained reasons
- "hates life"
- wishes they were dead
- no friends....disconnected
- feel they have no control over their life
- angry and aggressive much of the time

WATCH FOR:

- trouble at school with other kids
- school marks going down
- sleeping and eating patterns changing for no apparent reason
- feeling exhausted, not much energy
- wanting to be alone all the time
- daydreaming a lot and cannot get things done
- wanting to kill themselves
- hurting themselves or others
- hearing voices talking to them or about them
- unable to concentrate
- difficulty in making decisions most of the time
- such words as "You'd be better off without me" or " I may as well be dead" in their conversation

HOW TO HELP?

Pay attention to your child or youth's distress. Their pain must not be minimized. The important thing is your child or youth's behaviour tells you there is a problem, and / or if your instinct tells you something is wrong, reach out for help!

Parent To Parent: Mental Health And Our Kids (continued)

by: Susan Hess, revised October 2006

WHO CAN HELP?

Talk with those you trust:

- Family members
- Teachers, Guidance Counsellors, Child Youth Workers, Vice Principal, Prinicipal
- Friends
- Community Mental Health Agencies in your area
- Family Doctor
- Minister, Priest, Rabbi

Check for Support Groups for parents who have a child or youth who has a mental illness / mental health problems

WHY REACH OUT?

Treatment really does work. Early intervention is essential. IT CAN SAVE YOUR CHILD OR YOUTH'S LIFE!

Talking with someone can help connect you to those professionals who can best help your child or youth. Talking with someone you trust will create a support network for you and you will know that you are not alone.

Often our kids do not have the words or know how to ask for help. As parents, we need to be observant and try to understand what is going on in their life, so we can be their words and their voice.

About Susan Hess: Past Volunteer President of Parents for Children's Mental Health

Susan Hess is a mother, widow, and award-winning volunteer, Susan Hess has the ability to move audiences to both laughter and tears with stories of children and their families who have faced the challenge of mental health problems in children.

For more information go to: www.pcmh.ca

Organize Yourself

Enough cannot be said about the benefits of keeping your child's records in an organized fashion. Being organized presents you on a more professional level at meetings and saves a lot of time, energy and frustration if everything you need is on hand. Like it or not, you are really a "case manager" advocating on behalf of your child.

We do however acknowledge that in our busy lives that organization is easier said than done. There are several organizational tools on the market that can be purchased, as well as a number of templates that can be downloaded from web-sites and put in your own binder. Microsoft Works also has several templates that can be adapted to keep a running record of your child's medical needs. In addition, there are on-line registries where you can keep your child's medical history.

Examples of resources that can be purchased include sample forms to track assessments, hospitalizations, medications, reactions to medications, power of attorneys, etc.

1. CANCHILD K-I-T (Keeping It Together) – www.canchild.ca
   This kit can be ordered from the McMaster University Bookstore or online or by calling Customer Service at 1-800-238-1623. Cost is $29.95 for a single copy. If you are an approved member some of the forms used can be downloaded as well.
2. Ontario Association for Families of Children with Communication Disorders (OAFCCD) - Parents as Partners – www.parents-as-partners.ca
   Funding for this program came from an Ontario Trillium Foundation grant. They developed a resource binder to be used to collect and file records about your child's education. The binder is available through workshops and directions are given on the website for creating your own.
   An "ALL ABOUT ME" template is also available on this site. This booklet was designed for parents of young children with special needs and defines your child and his family for the teacher and the school. It can also transfer into other settings and can be used as an add-on to an IEP.
3. The Advocate's Journal – www.caddac.ca/cms/page.php?41
   This is a profiling diary that guides you step-by-step through the educational process. It covers a student's life from birth to graduation and beyond. It is available for $20.00 from The Advocate's Journal, 5 Martin Road, Toronto, Ontario M4S 2V1.
4. The Care Notebook and The Care Organizer - www.cshcn.org
   These tools are distributed by Washington State Children's Hospital. The forms can be downloaded but keep in mind they are based on United States information. *(Note: most forms on this site can be ordered in Spanish, English, Vietnamese, Russian, Chinese and Somalian.)*

Creating Your Child's Profile

In the "Organize Yourself" material it was touched on (in item #2), a resource called "All About Me" *(a PDF booklet available on the OAFCCD web-site)*. Particularly for young children who do not yet have the words to self-advocate, this is an excellent way to help teachers, or others (i.e. doctor, dentist, camp staff, recreation centre staff, church, etc.) understand the unique needs of your child.

We highly recommend that you provide this type of information for your child when they are entering into school, or are entering a new situation where people might not know your child.

There is something very powerful about having a document that begins with a picture of your child and sets out some valuable information that a person might not be aware of, particularly in the first days of school, or starting a new year with a new teacher.

The more details you can include that will help your child be successful, the better! Here is a sample letter written by parents of a special needs child to his classmates' parents. Keep in mind your comfort level (and your child's) when deciding how much information you wish to share, or how much contact you would like with other parents!

September 2007
Dear Families,

As this new school year begins, we would like to take this opportunity to share with you some of our son Dylan's special qualities and needs. Dylan is a grade 4 student in your child's class. He is a bright, creative, and fun-loving boy who has been diagnosed with Tourette Syndrome (TS), Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD). Some of Dylan's' vocalizations (tics) are snorts or sniffing, meowing, and sometimes inappropriate words or phrases. He may pull/twirl his own hair or tap walls and desks. These will change over time too.

We have found when people know a little bit about Dylan and can ignore these symptoms they actually decrease in frequency or not occur. Additional information to explain these neurological disorders are on the back*. Dylan's symptoms often vary, but for the most part, he appears to be a regular kid, and a good friend. Should you have any questions, please don't hesitate to contact us. (**not included here*)

We are informing you of Dylan's needs so you can be familiar, and we are looking for your much appreciated support. You can be an important role model for your child. Should at any time over the year, you or your child have a concern, please communicate it to *(teacher's name)* at *(School name)* - phone (519) xxx-xxxx. We appreciate having your information to help Dylan; otherwise he will miss out on an important learning opportunity. Having a neurological condition can be an explanation, but not an excuse, and we expect Dylan to take responsibility for his behaviour. Your child will have the benefit of experiencing a person who is a bit different, they will learn about the value of diversity and tolerance. They will also learn that it's ok and important to speak up if they have a concern. These are great life lessons to learn at an early age.

As parents we want Dylan to grow up learning and demonstrating the importance of respect and responsibility. It is our hope that he will be happy and that society will become better informed and accepting of people like Dylan.

Dylan had a successful year last year at *(School name)* with the understanding and help of the dedicated teachers, staff, children and parents. We are looking forward to another successful year.

Sincerely,
(Your name), Optional: (Phone), Email).

The Ministry of Education and Special Education Resources

What is the Ministry of Education?

The Ministry of Education administers the system of publicly funded elementary and secondary school education in Ontario, in accordance with the directions set by the provincial government.

The Minister of Education, through the ministry:

- Issues curricula
- Sets requirements for student diplomas and certificates
- Provides funding to school boards for academic instruction and for building and maintaining schools.

The minister may also set policy for student assessment, which is then carried out by the Education Quality and Accountability Office (EQAO).

What is Special Education?

Students who have behavioural, communication, intellectual, physical or multiple exceptionalities, may require special education programs and /or services to benefit fully from their school experience.

Special education programs and services primarily consist of instruction and assessments that are different from those provided to the general student population. These may take the form of accommodations (such as specific teaching strategies, preferential seating, and assistive technology) and/or an educational program that is modified from the age-appropriate grade level expectations in a particular course or subject, as outlined in the Ministry of Education's curriculum policy documents.

The resources outlined below are available on-line or may be requested in print from Publications Ontario at 1-800-668-9938. There is no charge for the documents but there is a charge for shipping the material. Each item listed below is a document with information that parents and educators have found very helpful. We encourage you to visit the Ontario Ministry of Education's website at www.edu.gov.on.ca/eng/teachers, then click on "Special Education" to view the documents listed below, under these headings:

Overview

- An Introduction to Special Education in Ontario
- The Identification, Placement, and Review Committee
- The Individual Education Plan Process
- Transition Planning
- Ministry Support for Special Education
- Minister's Advisory Council on Special Education

Resolving Identification or Placement Issues

- Procedures for Parents/Guardians

Policy Direction

- The Education Act on Special Education
- Special Education Policy Documents
- Policy/Program Memoranda Concerning Special Education

The Ministry of Education and Special Education Resources
(continued)

Policy Direction (continued)

- Funding for Special Education
- Standards for School Boards' Special Education Plans
- Individual Education Plans: Standards for Development, Program Planning, and Implementation

Resource Documents

In addition to policy documents, the ministry has published a number of resource documents to assist school boards in implementing policies and delivering high-quality special education programs and services.

- Special Education Funding Guidelines: Special Equipment Amount (SEA) and Special Incidence Portion (SIP), 2007-08
- Shared Solutions - A Guide to Preventing and Resolving Conflicts Regarding Programs and Services for Students with Special Education Needs
- Effective Educational Practices for Students with Autism Spectrum Disorders
- Special Education Transformation: The Report of the Co-Chairs with the Recommendations of the Working Table on Special Education, 2006
- Education for All: The Report of the Expert Panel on Literacy and Numeracy Instruction for Students with Special Education Needs, Kindergarten to Grade 6, 2005
- Early School Leavers: Understanding the Lived Reality of Student Disengagement from Secondary School, 2005
- Planning Entry to School – A Resource Guide, 2005
- Guidelines 2005 – For Approval of Education Programs for Pupils in Government Approved Care and/or Treatment, Custody and Correctional Facilities
- The Individual Education Plan (IEP), A Resource Guide, 2004
- Transition Planning: A Resource Guide, 2002
- Special Education, A Guide for Educators, 2001
- Highlights of Regulation 181/98: Identification and Placement of Exceptional Pupils provides a summary of the key provisions of this regulation. Readers should refer to Regulation 181/98 itself rather than to this summary for the exact wording of the relevant sections.
- The Special Education Advisory Committee (SEAC) Information Program, developed by the ministry, assists SEAC members in undertaking the roles and responsibilities ascribed to them by legislation.
- Older Resource Documents

Related Information

- Minister's Advisory Council on Special Education
- Special Education Tribunals
- Special Needs Opportunity Windows (SNOW)
- Web Based Teaching Tool (WBTT)

***Source**: www.edu.gov.on.ca*

Special Education Advisory Committee (SEAC)

What is SEAC?

SEAC is a committee mandated by legislation. This makes it a standing committee of the Board. The members of the committee include representatives of local associations who represent students with Special Needs (defined in the regulation), Senior Special Education Staff and Trustees. The majority of the individuals who represent these Community Associations are volunteers – in many cases parents with their own child who has a special need.

Responsibilities of SEAC

- To make recommendations to the board in respect of any matter affecting the establishment, development, and delivery of special education programs and services for exceptional pupils of the board;
- To participate in the board's annual review of its special education plan;
- To participate in the board's annual budget process as it relates to special education;
- To review the financial statements of the board as they relate to special education.
- SEAC does not advise parents or school boards on matters involving individual students. They can be available as a resource for parents.

SEAC Meetings

All meetings are open to the public. You are welcome to attend and observe any of the ten SEAC meetings held throughout the year (Sept-June).

> SEAC member associations are available to provide specific information, make recommendations and give assistance to parents/guardians whose children may require additional support. For this reason parents are encouraged to contact the local association that best represents the special needs of the student. The organization may in turn pass on the question or concern to the SEAC representative.

Meeting Agendas and Minutes are available on each Board's website. It may be best to call, email, or visit the websites to confirm meeting dates and location.

Have a look at the websites for further information on SEAC and many other resources:

people for Education
BECAUSE EDUCATION MATTERS MOST

Special Education
tips for parents

All students will have times when they struggle with schoolwork or with school life. But some students may need extra support from a special education program.

Parents may be the first to notice that their son or daughter is having problems in school, or a teacher may suggest to a parent that their son or daughter might need extra and ongoing support.

Some things to remember

- Some issues can be solved by the teacher in the classroom, so speak to the teacher first if you are worried about your child's progress.
- Needing Special Education support is not a bad thing—some students just learn differently or need extra support to succeed.
- Just because your child does not speak English, it does not mean that he/she needs Special Education help. Some problems are a normal part of adjusting to a new language and school. It may help to provide the principal with information about the student's academic skills in his or her first language.
- Some parts of the process for getting Special Education support can feel confusing and it may have many unfamiliar names. Always ask questions if there are things you don't understand.
- Parents play an important role in Special Education. It is alright to ask for support for your child and it is alright to be persistent.

What is Special Education?

Special Education is a term used to describe a wide range of supports and programs for students who need different teaching methods or special equipment to allow them to be successful in school.

Sometimes Special Education support involves a different way of teaching, sometimes it means a student will get extra time for writing tests or special equipment to help them with their school work. In a Special Education program, students may be placed in separate classes for all or part of the day, or stay in their regular class with support from an educational assistant.

The most important thing to remember is that Special Education is intended to help your child succeed in school.

What should you do if you think your child needs Special Education support?

Ask questions

- Ask your child if there are particular things that are consistently difficult at school.
- Ask the teacher if he or she thinks your son or daughter needs extra support and if the teacher can provide the extra help
- Some medical conditions may affect learning (e.g. hearing, vision etc.), so it might help to talk to your child's doctor.

Meet with the school staff

- If you think your son or daughter needs more help, ask the principal or vice-principal to hold meeting with other school staff (called a *School Team Meeting*) to talk about your child.
- Prepare for the meeting. Sometimes it helps to write down questions, such as:
    - What kinds of supports or programs would help my child succeed?
    - What is available in the school?
    - Would my son or daughter have to wait a long time to get into the right program?
- At the *School Team Meeting* the school staff may recommend one or more of the following options:
    - that the teacher continue to provide support in the classroom;
    - that the teacher develop an Individual Education Plan (IEP) for the student;
    - that a student be formally "assessed" to find out if he or she has special needs and what those needs are; **and/or**
    - that the school hold a more formal Special Education meeting, called an Identification Placement and Review Committee (IPRC).

THE ONTARIO TRILLIUM FOUNDATION
LA FONDATION TRILLIUM DE L'ONTARIO

What is a Special Education assessment?

A Special Education "assessment" is an evaluation of a student by a specialist to determine if a student has special needs and what those needs are.
Your principal or vice principal can explain what you need to do to have your child assessed, but you may have to wait for the assessment.

What is an IEP?

The Individual Education Plan, or IEP, describes what the school will do to help your child. ***A student does not have to be formally assessed in order to have an IEP***.

The IEP should include:

- A list of the student's strengths and needs;
- An outline of the special education services the student will receive, where and when the service will be provided, and who will provide it.
- A description of how the student's progress will be measured and reviewed;
- A set of goals for the student and teacher to work toward over the year; and
- A list of any special equipment to be provided.

An IEP must be completed within 30 school days after your child has been placed in a special program and the principal must ensure that you receive a copy of it.

What is an IPRC?

Sometimes the School Team will recommend the school hold an Identification Placement and Review Committee (IPRC) - which is a meeting to officially identify a student's special needs (often called "exceptionalities").

An IPRC may be requested by the parents *or* the school. Once parents have made a request in writing, an IPRC must be held. The school must inform the parents about an IPRC, and **it is very important for parents to attend**. The IPRC will officially decide:

- if a student has special learning needs,
- what kind of learning needs the student has, and
- the best program for the student.

What happens at an IPRC, and do parents have a role?

The IPRC meeting usually includes the student's teacher and/or guidance counsellor, the principal, a psychologist, a school board representative and the parents.

Using information from the staff ***and*** parents, the committee will recommend a program for the student, and the parents will be asked to sign a document agreeing to the committee's recommendations. You may take the document home and think it over before deciding whether to sign it.

Some tips for your IPRC:

- You can bring a family member or friend who knows the child to the meeting.
- Bring any doctor's notes or assessments about the student's medical condition or about his or her learning skills.
- Take a photograph of your child to help the committee remember who they're talking about.
- If a particular program is recommended, you may ask to visit it.
- If you disagree with the decision of the IPRC, you may appeal it. Your principal can explain how.
- The IPRC process may seem very formal, but it means that you and your child will have a right to request ongoing support, which will help him or her succeed in school.

Will my child's support change over time?

- Your child's program will be reviewed at least once in every school year – you can always ask for changes or for more information when the review comes up.

Where can parents go for help?

- Ask your teacher, principal or guidance counselor for information.
- People for Education has more information and links to special education organizations at http://www.peopleforeducation.com/links/special_needs .
- If you have a school settlement worker, they can help explain the Special Education process.
- Other parents can be a wonderful resource—talk to the parents in your school about how Special Education works.

This tip sheet was developed with the support of the Ontario Trillium Foundation.

It is an initiative of the People for Education Parent Inclusion Project. Advisory committee: Dilico Ojibway Child & Family Services, Thunder Bay; F.A.I.R., Family Service Association, Toronto; PERCS- Waterloo Region parent/trustee representatives and Settlement Workers in Schools (SWIS);

For more information you can call us toll free at 1-888-534-3944 or email p4e@peopleforeducation.com

Creating A Supportive Classroom Through Peer Education

> "*Never doubt that a small group of thoughtful, committed citizens can change the world. In fact, it is the only thing that ever has".* *Margaret Mead*

Peer education is a popular way of facilitating the process of peers (or equals) talking among themselves and determining behavioural change. There are several ways of facilitating this type of discussion. One way would be for the child or other children to do the training **(peer-to-peer)**. Another way would be for a teacher to facilitate the training **(peer education)** or a speaker from an organization or support group does the training **(in-service)**.

It is important for students to understand differences in people, in general, to create a supportive classroom environment for students with special needs or exceptionalities. Set the tone in your classroom for acceptance of differences. ***Remember, for a presentation about an exceptionality, the permission of the student and student's parents is essential before going ahead.***

Here are a few activities for a classroom setting. They may need to be modified based on your students' age group and the nature of the difference:

- Have a discussion with how your students are alike and how they are different (green eyes, wear glasses, boys or girls, doesn't like homework, allergic to bees, have 3 sisters, likes singing, plays chess, plays piano, etc). You could even brainstorm a list of attributes on the board. Then show them a brown egg and a white egg. Discuss the eggs' similarities and differences and list them on the board. Then break the eggs in a bowl and ask if they can tell which was from the brown or white egg. Conclude the discussion that people may look or act differently, but they are similar on the inside. (You could also use a green, brown, and yellow banana for this activity.)
- Have a discussion with your students about similarities and differences. Using brightly coloured paper cut into strips, have each student write one attribute that makes him or her similar to the other classmates and one attribute that makes him or her different. Once everyone has finished, you could go around the room and ask students to share their similarities and differences. Finish the discussion by talking about how similarities and differences make everyone unique and allow each student to bring a new and interesting perspective and personality to your class. Gather the strips of paper and create a chain with them. This chain can be hung in your classroom as a visual representation of how the students' similarities and differences "link" them together.
- For a presentation specifically on a child's exceptionality, ask the students to write down everything they know about that exceptionality and what they would like to learn. If they do not know what it is, have them write down what they think it is. Then gather the papers and ask the children what it means to be different. Write their responses on the board, then discuss how to treat people who have differences and write these responses on the board. There should then be a resource (story or a video or facts) about the exceptionality which specifically explains that exceptionality. Afterwards, you can ask the students to share what they now know about the exceptionality and what they had gotten wrong before they received the information. Do they have any new thoughts on what it means to be different? Any new ideas on how to treat people with differences?

Creating A Supportive Classroom Through Peer Education (continued)

- Give your students a taste of what it feels like to have the exceptionality. An example of someone with a tic disorder could look something like this: Ask the class to pull a book out of their desks. Explain that you will give them a signal to start reading, but that while they read, every time they hear you clap, they must look up and turn their heads to the right.

  Give them the signal to begin. Over a 2-minute period, clap randomly many times as the children read, then tell them to stop. Discuss how reading with a tic felt. Was it harder to read? Did anyone feel frustrated? How would they react if they were trying to take a test while experiencing frequent tics?

  Another example to demonstrate what it is like for someone with attention difficulties might be to turn on a television, and play a music CD and have someone flickering the lights. Ask the students to recall the message on the television. Was this difficult? Why?

- Ask yourself what is the goal or benefit to disclosing this information about the student. What is it that you want the students to feel, to act/behave, or to learn? Why is this important? How will it help the student with the exceptionality? When is it best to disclose all or a little information? Who is the best person to talk with the class (the Student, Teacher, Special Education Teacher, Social Worker, representative from an association, parent)?

- Remember to tell students that a neurological disorder like ADHD, Anxiety, Tourette Syndrome, or Obsessive-Compulsive Disorders is not a fatal disease and that they can't catch it from another classmate *(we know this, however students often don't and may get scared)*.

- Talk with the child for whom the peer education is being conducted before the presentation to find out what s/he wants the class to understand. Encourage the child to be present at the peer education, however, don't push it. If the child would like to help teach or run the peer education program, that's terrific, as it helps them learn to advocate for themselves. But again, never push a child to do that –even if they are in the room. Tell them privately beforehand that you won't call on them unless they want you to but if they want to add or explain something, you'd love to have their help. If they prefer to not be present, that's ok too.

- There are a number of DVDs, videos or books that are well suited to showing the class. Parents or the School Board are often a good resource for this.

- The message is simple: kids with a difference come in all shapes and sizes, just like every other kid, but they just have this difference that may seem weird if you don't know what it is. But now that they know what it is, they'll know that the best thing to do is to just ignore it or be supportive of their peer.

- Following a peer education, you will probably notice a "honeymoon" effect where peers are nicer to the child for awhile. But keep track over time and see if the peers' behaviour actually changes towards the child. Is the child now getting included in more activities on the playground? Are they getting invited to more birthday parties? You may need to conduct some "booster" awareness sessions at different points during the school year.

Article: What The Human Rights Code Guarantees Your Child At School

Rights commission says services must meet individual needs, promote inclusion, and protect dignity.

In November the Ontario Human Rights Commission released Guidelines on Accessible Education - its interpretation of Ontario Human Rights Code provisions relating to discrimination against students because of disability. Connections asked commission spokeswoman Afroze Edwards to discuss how Guidelines may benefit Ontario parents seeking appropriate school accommodations for their children.

Q. How does the Ontario Human Rights Code guarantee the accommodation of students?

A. Section 1 of the code guarantees the right to equal treatment in services, without discrimination on the ground of disability. Once a disability has been identified, education providers have a duty to accommodate the needs of students with disabilities in order to allow them to access education services equally, unless to do so would cause undue hardship.

Q. How does the code define appropriate accommodation?

A. It must involve three factors: dignity, individualization and inclusion. First, services need to be provided in a manner that is respectful of the student's dignity and doesn't marginalize or stigmatize the student. For example, if a student with a disability has to enter the school at the back of the building because the front entrance isn't accessible, that doesn't respect the dignity of the person. Second, the accommodations must meet the unique needs of each student. There's no set formula based on a category of disability and blanket approaches to accommodation aren't acceptable. Each student's individual needs must be assessed and met. Third, before providing separate or specialized services, educators must make efforts to build or adapt their services to accommodate students with disabilities in a way that promotes their full participation. No student should be excluded or singled out.

Q. How does the code assess undue hardship?

A. In terms of cost, the standard is very high. What the courts have said is that we've got to be careful that we do not put too low a value on accommodating students with disabilities. The onus is on the education provider to show that the cost would be so high as to alter the essential nature of the institution or substantially affect its viability. Detailed financial documentation and evidence, including whether they've looked at their overall budget to determine if the money could come from another area, must be shown. Before claiming undue hardship, organizations have to consider using accommodation funds that are available in the public sector, as well as government grants or loans. Health and safety factors also need to be considered.

Q. How can the code ensure accommodation of children whose disabilities cross over a number of designations for exceptionality under the funding process?

A. Regardless of what structure is used for funding programs, under the code the education ministry has a duty to accommodate the needs of students with disabilities. The code prevails over the Education Act. Again, each student's individual needs must be assessed and a 'one approach fits all' is not acceptable. One thing I should emphasize is that accommodation is a process. It's not "Here it is, hopefully this works and now we're done." It's part of a continuum. If the education provider can't provide the full accommodation at one point in time, it doesn't mean they don't provide any accommodation. They need to implement interim or "next best" solutions.

Article : What The Human Rights Code Guarantees Your Child At School
(continued)

Q. How can the code protect children whose disabilities are associated with behaviours that may lead to their suspension?

A. We heard in our consultation about two student groups that are being adversely affected by the application of the Safe Schools Act: those with disabilities and those from racialized communities. Parents of students with Tourette's syndrome talked about how their children had been disciplined or suspended because of behaviour that was a manifestation of their disability. Last year we made a submission to the Toronto District School Board and outlined our concern about the possible discriminatory effect the application of the Safe Schools Act was having on students with disabilities. Parents may wish to print the submission and point out to educators that the concerns we've raised apply to their children. (Go to www.ohrc.on.ca, click on news releases and refer to May 14).

Q. How does the code protect students who aren't receiving services they need because of funding delays?

A. Accommodations must be provided in a timely manner. Unreasonable delays have the potential to impede a student's ability to access the curriculum and may be found to constitute a breach of the code. Parents who believe that time delays have resulted in discrimination may call the commission about filing a complaint.

Q. Does the duty to accommodate apply to all school board programs, including alternative schools or French immersion programs, which don't typically offer special education support?

A. The Ontario Human Rights Code applies to all educational services that are offered to the public, including alternative schools and French immersion programs. The right to equal treatment also applies to public and private preschools, elementary and secondary schools, colleges and universities, hospital schools, care and treatment programs, provincial schools, separate schools and French language schools.

Q. Where can parents get practical advice on the code?

A. They can call the commission's information line at (416) 326-9511 or (800) 387-9080 and explain their concerns. To file a complaint, parents need to submit a written complaint on behalf of the student. There are no associated costs.

For more valuable information, visit www.ohrc.on.ca.

This article is reprinted with permission from the summer 2005 issue of ***"Bloom" (formerlyConnections, a practical guide to parenting children with disabilities)*** produced by Bloorview Kids Rehab, renamed in 2010 to Holland Bloorview Kids Rehab, at www.hollandbloorview.on.ca

To be put on the mailing list, call 416-425-6220, ext. 3310.

June 20, 2005

Website Resource Listing

The following is an alphabetical listing of resources that we are aware of. They are not necessarily in other areas of this binder. This is not an endorsement by Parents for Children's Mental Health

ADDICTIONS/SUBSTANCE ABUSE

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Centre of Substance Abuse	www.ccsa.ca
Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Drug and Alcohol Registry of Treatment (DART)	www.dart.on.ca
Here to Help	www.heretohelp.bc.ca
Mayo Clinic	www.mayoclinic.com
Narcotics Anonymous	www.glana.ca
National Institute on Drug Abuse	www.nida.nih.gov
Science and Management of Addictions	www.samafoundation.org

ANGER/AGRESSION

Alberta Children's Hospital – Article to help with Dealing with Anger	http://www.calgaryhealthregion.ca/clin/child/paed/parents/pdf/winter2001.pdf
Anger Management Tips.com	www.angermanagementtips.com/children.htm and www.angermanagementtips.com/teens.htm
Kids Help Phone	www.Kidshelpphone.ca
Offord Centre for Child Studies	www.knowledge.offordcentre.com/index.php?...id

ANXIETY DISORDER

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Anxiety BC	www.anxietybc.com
Anxiety Disorders Assoc. of Ontario	www.anxietyontario.com
Anxiety Disorders Association of America	www.adaa.org
Canadian Mental Health Association	www.cmha.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Here to Help	www.heretohelp.bc.ca
KidsAbility Centre for Child Development	www.kidsability.ca
kidsLink	www.kidslinkcares.com
Mayo Clinic	www.mayoclinic.com

McMaster University	www.mcmaster.ca
Mind your Mind	www.mindyourmind.ca
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
OCD Ontario	www.ocdontario.org
Offord Centre for Child Studies	www.knowledge.offordcentre.com
Hyness and Social Anxiety Treatment Australia	www.socialanxietyassist.com.au
Social Phobia/Social Anxiety Association	www.socialphobia.org
The Social Anxiety Network	www.social-anxiety-network.com
Tourette Syndrome Plus	www.tourettesyndrome.net

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention Deficit Disorder Association (ADDA)	www.add.org
ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
Dr. Daniel G. Amen's Clinic	www.amenclinics.com
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
CanChild Centre for Childhood Disability Research	www.canchild.ca
Centre for ADHD/ADD Advocacy, Canada	www.caddac.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children and Adolescents with A.D.D.	www.chaddcanada.org
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Here to Help	www.heretohelp.bc.ca
Lifes A Twitch, Dr. Duncan McKinlay	www.lifesatwitch.com
Mayo Clinic	www.mayoclinic.com
McMaster University's Canchild Centre for Childhood Disability Research	www.canchild.ca
Offord Centre for Child Studies	www.knowledge.offordcentre.com
The Canadian Attention-Deficit/Hyperactivity Disorder Resource Alliance	www.caddra.ca
The Learning Disabilities Association of Canada	www.ldac-taac.ca
Tourette Syndrome Foundation of Canada	www.tourette.ca
Tourette Syndrome Plus	www.tourettesyndrome.net

Website Resource Listing (continued)

AUTISM

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Autism Ontario	www.autismontario.com
Autism Society of America	www.autism-society.org
Autism Web	www.autismweb.com
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Developmental Services Access Centre (DSAC)	www.dsac-wr.com
Erinoak	www.erinoak.org
Geneva Centre for Autism	www.autism.net
KidsAbility Centre for Child Development	www.kidsability.ca
Mayo Clinic	www.mayoclinic.com

BIPOLAR DISORDER

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Child and Adolescent Bipolar Foundation	www.bpkids.org
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Fyreniyce – Australian Bipolar Website	http://members.iinet.net.au
Juvenile Bipolar Research Foundation	www.bpchildresearch.org
Mayo Clinic	www.mayoclinic.com
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Pendulum Resources	www.pendulum.org
The Organization for Bipolar Disorders	www.obad.ca
Tourette Syndrome Plus	www.tourettesyndrome.net

BORDERLINE PERSONALITY DISORDER

About.com	http://bpd.about.com/od/forfamilyandfriends/a/bpdchild.htm
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
BPD Demystified	www.bpddemystified.com
Canadian Psychiatric Research Foundation	www.cprf.ca
Keeping Kids Healthy	www.keepingkidshealthy.org

Website Resource Listing (continued)

BULLYING

Schools Strategy	www.ontario.ca/safeschools
Kids Help Phone Line	www.kidshelpphone.ca
Notice of Harassment Kit for School Bullying	www.documatica_forms.com/bullying

COMPLEMENTARY/ALTERNATIVE HEALTH CARE

Canadian Association of Naturopathic Doctors (CAND)	www.cand.ca
Brain Gym	www.braingym.org
Government of Canada	www.canadabusiness.ca
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Integrated Centre for Optimal Learning	www.ICOLsolutions.com
Information about Indigo Children	www.indigochild.com
Right Brained Learners	www.visualspatial.org

CONDUCT DISORDER

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
ConductDisorders	www.conductdisorders.com
Mental Health America	www.nmha.org

CUTTING/SELF HARM

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
A Complete Guide to Self Injury –	http://www.mentaline.com/articles/self injury-information.aspx
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
Kids Help Phone	www.kidshelpphone.ca
Mayo Clinic	www.mayoclinic.com
The Helpline USA	www.helpguide.org/mental/self-injury.htm

DEPRESSION

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
A Guide to Depression Treatments (incl. Myths/Facts about Depression)	www.cmha.bc.ca/resources/bc_resources/deptreat
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca

Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Depression Guide	www.depression-guide.com
Dr. Ivan's Depression Central	www.psycom.net/depression.central.html
Families for Depression Awareness	www.familyaware.org
Here to Help	www.heretohelp.bc.ca
Mayo Clinic	www.mayoclinic.com
Mental Health Assoc. of Greater St. Louis	www.mhagstl.org
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Offord Centre for Child Studies	www.knowledge.offordcentre.com
Shyness and Social Anxiety Treatment Australia	www.socialanxietyassist.com.au
University of Michigan Depression Centre	www.depressioncenter.org

DUAL/CONCURRENT/CO-MORBID DIAGNOSES

Canadian Mental Health Association	www.cmha.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Access Centre	www.lutherwood.ca - click "access centre"
Developmental Services Access Centre (DSAC)	www.dsac-wr.com
KidsAbility Centre for Child Development	www.kidsability.ca
kidsLink	www.kidslinkcares.com
Mayo Clinic	www.mayoclinic.com
Tourette Syndrome Plus	www.tourettesyndrome.net

DEVELOPMENTAL DISABILITY

Ministry of Community and Social Services	www.mcss.gov.on.ca/mcss/english/pillars/developmental/questions/general/faqs-general
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Access Centre	www.lutherwood.ca and click on access centre
Developmental Services Access Centre (DSAC)	www.dsac-wr.com
KidsAbility Centre for Child Development	www.kidsability.ca
kidsLink	www.kidslinkcares.com
Mayo Clinic	www.mayoclinic.com

Website Resource Listing (continued)

DIALECTIC BEHAVIOUR THERAPY

About.com	http://depression.about.com/od/psychotherapy/a/dialectical.htm
American Academy of Child and Adolescent Psychiatry	www.aacap.org
Centre for Addiction and Mental Health	www.camh.net
DBT Self Help	www.dbtselfhelp.com
Portland Dialectic Behaviour Therapy	www.portlanddbt.com

EATING DISORDERS

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Bulimia Anorexia Nervosa Association	www.bana.ca
Canadian Mental Health Association	www.cmha.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Eating Disorders Awareness and Prevention Inc.	www.edap.org
Eating Disorders Awareness Coalition	www.edacwr.com
Mayo Clinic	www.mayoclinic.com
National Eating Disorders Information Centre	www.nedic.ca
Overeaters Anonymous	www.oa.org
Trellis Mental Health & Developmental Services Regional Eating Disorder Services	www.trellis.on.ca

FETAL ALCOHOL SYNDROME DISORDER

Canadian Centre on Substance Abuse	www.ccsa.ca
KidsAbility Centre for Child Development	www.kidsability.ca
Mayo Clinic	www.mayoclinic.com
St. Michael's Hospital – Toronto	www.stmichaelshospital.com
The Hospital for Sick Children, Mother Risk Program – Toronto	www.motherisk.org

FINANCIAL

Government of Ontario – Attorney General information on Power of Attorney	www.attorneygeneral.jus.gov.on.ca/english/family/phy/poa.pdf
Canada Revenue Agency	www.cra.qc.ca

INDIGO & CRYSTAL CHILDREN

Integrated Centre for Optimal Learning	www.ICOLsolutions.com
Information about Indigo & Crystal children	www.Indigochild.com

Website Resource Listing (continued)

(IEP) INDIVIDUAL EDUCATION PLAN ****SAMPLES!!****

Council of Ontario Directors of Education (CODE)	www.ontariodirectors.ca/IEP-PEI/en.html

LEARNING DISABILITIES

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Coordinated Campaign for Learning Disabilities	www.ldonline.org
Learning Disabilities Assoc. of Canada	www.ldac-taac.ca
Learning Disabilities Assoc. of Ontario	www.ldao.ca

MENTAL HEALTH – GENERAL

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
All Psych Online	www.allpsych.com
American Academy of Child & Adolescent Psychiatry	www.aacap.org
American Psychiatric Association	www.psych.org
Canadian Mental Health Association	www.cmha.ca
Canadian Psychiatric Research Foundation	www.cprf.ca
Caring for Kids	www.caringforkids.cps.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Finding a Therapist	www.new-directions.ca/finding the right therapist brochure.html
Front Door	www.kidslinkcares.com
Here to Help	www.heretohelp.bc.ca
kidsLink	www. kidslinkcares.com
Mayo Clinic	www.mayoclinic.com
Mental Health Service Information Ontario	www.mhsio.on.ca
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Offord Centre for Child Studies	www.knowledge.offordcentre.com
Parents for Childrens Mental Health	www.pcmh.ca
Psychiatry Online	www.psychiatryonline.com
Teen Mental Health	www.teenmentalhealth.org
The Jack Project	www.thejackproject.org
Trellis Mental Health & Developmental Services Regional Eating Disorder Services	www.trellis.on.ca

Website Resource Listing (continued)

MOOD DISORDERS (see also Depression, Bipolar, etc.)

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Access Centre	www.lutherwood.ca - click on access centre
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Family Association for Mental Health Everywhere (FAME)	www.familyaware.org
Mayo Clinic	www.mayoclinic.com
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Offord Centre for Child Studies	www.knowledge.offordcentre.com
Tourette Syndrome Plus	www.tourettesyndrome.net

OBSESSIVE COMPULSIVE DISORDER

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Hamilton Health Sciences	www.macanxiety.com
Mayo Clinic	www.mayoclinic.com
Tourette Syndrome Plus	www.tourettesyndrome.net

OPPOSITIONAL DEFIANT DISORDER

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Mayo Clinic	www.mayoclinic.com
Tourette Syndrome Plus	www.tourettesyndrome.net

Website Resource Listing (continued)

PSYCHOSIS

Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Child and Parent Resource Institute (CPRI)	wwwcpri.ca
Children's Mental Health Access Centre	www.lutherwood.ca , click on access centre
Psychosis Sucks	www.psychosissucks.ca
Trellis Mental Health & Developmental Services Regional Eating Disorder Services	www.trellis.on.ca

RE-ACTIVE ATTACHMENT DISORDER (RAD)

Attachment Disorder Site	www.attachmentdisorder.net
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Institute for Attachment	www.instituteforattachment.org
Mayo Clinic	www.mayoclinic.com

SCHIZOPHRENIA

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Mayo Clinic	www.mayoclinic.com
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
See also Mood Disorders	

SCHIZOAFFECTIVE DISORDER

Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
See also Schizophrenia and Mood Disorders	

SELF-ADMINISTERED TESTS

Canadian Mental Health Association	www.cmha.ca
Centre for Addiction and Mental Health (CAMH)	www.camh.ca
Dr. Daniel G. Amen's Clinic (for ADD/ADHD)	www.amenclinics.com
Juvenile Bipolar Research Foundation	www.bpchildresearch.org
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca

Website Resource Listing (continued)

SENSORY INTEGRATION/DYSFUNCTION

Apraxia Kids	www.apraxia-kids.org
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Kidpower	www.kid-power.org
KidsAbility Centre for Child Development	www.kidsability.ca
Tourette Syndrome Plus	www.tourettesyndrome.net

STRESS

B.C. Partners for Mental Health & Addiction Information	www.heretohelp.bc.on
Families for Depression Awareness	www.familyaware.org

SUICIDE

Befrienders International	www.suicideinfo.org
Canadian Health Network	www.canadian-health-network.ca
Canadian Mental Health Association	www.cmha.ca
Centre for Suicide Prevention	www.suicideinfo.ca
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Ontario Assoc. for Suicide Prevention (OASP)	www.ospn.ca

TEACHING and or STUDENT and or PARENT TIPS/STRATEGIES

ABCs of Mental Health	www.brocku.ca/teacherresource/ABC/
Access To Learning Canada (ATLC)	www.accesstolearning.ca
Brain Gym	www.braingym.org
Integrated Centre for Optimal Learners	www.ICOLsolutions.com
Mood Disorders Association of Ontario (MDAO)	www.mooddisorders.on.ca
Parents for Children's Mental Health (PCMH)	www.pcmh.ca
Raising Small Souls, Ellen C, Braun	www.Raisingsmallsouls.com
Right Brained Learners	www.visualspatial.org
Ten Suggestions for Positive Parenting	www.energyconnectiontherapies.com
Iris the Dragon Series – books and units of study	Email – info@iristhedragon.com

Website Resource Listing (continued)

TOURETTE SYNDROME

American Academy of Child and Adolescent Psychiatry (AACAP)	www.aacap.org
Child and Parent Resource Institute (CPRI)	www.cpri.ca
Children's Mental Health Ontario	www.kidsmentalhealth.ca
Life's A Twitch, Dr. Duncan McKinlay	www.lifesatwitch.com
Tourette Syndrome Foundation of Canada	www.tourette.ca
Tourette Syndrome Plus	www.tourettesyndrome.net
Understanding Tourette Syndrome: A Handbook for Families	www.tourette.ca

TRANSLATION/MULTICULTURAL SERVICES

American Academy of Child and Adolescent Psychiatry (AACAP)	aacap.org
Canadian Mental Health Association	wwwcmha.ca
Cultural Profiles Project	www.cp-pc.ca
National Institute of Drug Abuse	www.nida.nih.gov
Tourette Syndrome Plus	www.tourettesyndrome.net

TRAUMA

Australian Child and Adolescent Trauma, Loss and Grief Network (ACARLGN)	www.earlytraumagrief.anu.edu.au
Child Trauma Academy	www.childtrauma.org
kidsLINK	www.kidslinkcares.com
Klinic Community Health Centre	www.clinic.mb.ca
The National Child Traumatic Stress Network	www.nctsnet.org
The Association of Chief Psychologists with Ontario School Boards	www.acposb.on.ca
Trauma Center at Justice Resource Institute	www.traumacenter.org

NOTES

Glossary of Terms

Advocate – ad·vo·cate
- To speak or write in favour of; support or urge by argument; recommend publicly.
- A person who speaks or writes in support or defense of a person, cause, etc.

Accommodation - ac·com·mo·da·tion
- as used in psychology this is the process of changing or modifying existing behaviours and routines to new ones.
- as used in education are changes made in the classroom to assist a child with a disability – learning or physical.

Apprehension – ap·pre·hen·sion
- a fearful emotion.

Behaviour modification - be·hav·iour + mod·i·fi·ca·tion
- A method of therapy that is concerned with the treatment of behaviours that are unacceptable or undesirable and teaches substitution of appropriate responses.

Binge – binge
- is any behavior indulged to excess. As used in an eating disorder; binge eating is a pattern of eating which consists of uncontrollable overeating.

Bio-chemical -bio·chem·i·cal
- This involves chemical reactions or a defect in the brain.

Biofeedback – bio·feed·back
- is a technique that uses monitoring instruments to measure and feed-back information about muscle tension, heart rate, sweat responses, skin temperature, or brain activity.

Blasphemy - blas·phe·my
- is the disrespectful use of the name of one or more gods. It may include using the names of these gods when swearing.

Cognitive Behavioral Therapy (**CBT**) - cog·ni·tive + be·ha·viou·r·al + ther·a·py
- is a term for a therapy system that deals with cognition, interpretation, beliefs and the person's responses, with the aim of changing undesirable emotions and behaviours.

Complex - com·plex
- complicated.

Communication – com·mun·i·ca·tion
- an attempt to express and understand one's own ideas as well as others.

Comorbid – co·mor·bid
- This refers to two conditions that are usually found together in the same person.

Compensation - com·pen·sa·tion
- is a strategy whereby one covers up, consciously or unconsciously, weaknesses, frustrations, desires, feelings of inadequacy or incompetence in one life area through striving for excellence in another areas.

Compulsions – com·pul·sions
- is a repetitive, excessive, meaningless activity or mental exercise that a person performs in an attempt to avoid distress or worry.

Concurrent – con·cur·rent
- Simultaneous; occurring at the same time or together.

Conduct Disorder - con·duct + dis·or·der
- describes a pattern of repeated behaviours where the rights of others or the current social norms are violated. Symptoms include verbal and physical aggression, cruel behaviour toward people and pets, destructive behaviour, lying, truancy, vandalism, and stealing.

Confrontational – con·fron·ta·tion·al
- Strongly expressing ideas that are in opposition of another person's (which may result in conflict).

Congenital - con·gen·i·tal
- A congenital disorder involves damage to the fetus while it was being developed. As a result certain conditions are then present at birth.

Co-occurrence – co·oc·cur·rence
- Happening at the same time.
- two conditions that the same person may have.

Counsellor – coun·sel·lor
- is a person who is involved in counselling. It refers to a person who is concerned with the profession of giving advice on various things such as academic matters, vocational issues and personal relationships. He is generally a professional and an expert in his field of functioning. There are different types of counsellors such as rehabilitation counsellor, Marriage and Family counsellor, School counsellor, Mental Health counsellor, online counsellor and Legal counsellor.

Curricula – cur-ric-u-la
- Course(s) offered by an educational institution

Debilitating - de·bil·i·tat·ing
- to weaken or to impair the strength of.

Delusion - de·lu·sion
- A false belief based on an incorrect assumption about external reality that is firmly sustained despite what almost everybody else believes and even with proof to the contrary.

Dependency – de·pen·den·cy
- as used in Addiction/Substance Abuse, the need for a substance is so strong that it becomes necessary to have this substance to function properly.

Developmental disability – de·vel·op·men·tal + dis·a·bil·i·ty
- is a term used to describe life-long disabilities attributable to mental and/or physical or a combination of mental and physical impairments,

Diagnosis - di·ag·no·sis, has two distinct dictionary definitions:
- 1. The recognition of a disease or condition by its outward signs and symptoms.
- 2. The analysis of the underlying physiological/biochemical cause(s) of a disease or condition.

Disinhibition - dis·in·hi·bi·tion
- a term in psychology used to describe conditions of a person being unable (rather than disinclined) to control their immediate impulsive response to a situation.

Dopamine - do·pa·mine
- is a hormone and neurotransmitter in the brain that activates certain actions.

Dysfunction – dys·func·tion
- relates to abnormal behaviour.

Dyslexia - dys·lex·ia
- a learning disability that manifests primarily as a difficulty with written language, particularly with reading and spelling with reversals of characters.

Dysthymia – dys·thy·mia
- is a mood disorder that falls within the depression spectrum. It is considered chronic depression, but with less severity than major depression.

Empathy - em·pa·thy
- is the ability to recognize or understand someone else's state of mind or emotion.

Eccentric – ec·cen·tric
- unusual or odd behaviour on the part of a person

Extraneous stimuli – ex·tra·ne·ous + stim·u·li
- outside influences

Global – glob·al
- applying to a whole person or all parts of

Glorification – glor·i·fi·ca·tion
- The act of raising to a high position or status or the condition of being so raised
- The honoring of a deity, as in worship

Hallucination - hal·lu·ci·na·tion
- defined as perceptions while you are awake which have the qualities of reality but are not.

Heart palpitations – heart + pal·pi·ta·tions
- are an abnormal awareness of the beating of the heart, whether it is too slow, too fast, irregular, or at its normal frequency.

Holistic – ho·lis·tic
- holistic medicine attempts to treat both the mind and the body.

Hyper-vigilant – hy·per + vig·i·lant
- above or beyond the normal watchfulness or alertness.

Impulsive, Impulsivity (or **impulsiveness**) - im·pul·siv·i·ty
- is acting on an idea without thinking it through.

Inattentive – in·at·ten·tive
- not attentive; not paying attention.

Inclusion – in·clu·sion
- children with disabilities in natural environments with peers who do not have disabilities.
- a sense of belonging – being part of a community, valued as a contributing member.
- accepting differences and making accommodations for individual needs and differences.

Inhalants - in·hal·ant
- are a broad range of drugs in the forms of gases, aerosols, or solvents which are breathed in and absorbed through the lungs.

In-service – in·ser·vice
- Training conducted on-site and in-house during school/work time either by staff or contracted trainer.

Isolation - iso·la·tion
- as used in Cutting/Self Harm means no longer seeking to be with friends and family and to prefer being alone.

Lethargy - leth·ar·gy
- also called **exhaustion**, is a weariness caused by exertion. It can describe a range of illnesses and can be both physical and mental.

Manipulative – ma·nip·u·la·tive
- the ability to handle and/or alter some object or information or to convince someone of something else.

Metabolism - me·tab·o·lism
- is the set of chemical reactions that occur in a living body in order to maintain life.

Mis-interpreting – mis-int-er-pret-ing
- to understand wrongly

Multiaxial – mul·ti·ax·ial
- looks at multiple domains/areas of a person's functioning.

Multidimensional – mul·ti·di·men·sion·al
- The understanding of a person through examination of their various domains/areas of functioning.

Multidisciplinary – mul·ti·dis·cip·lin·ary
- is a non-integrative mixture of disciplines in that each discipline retains its methodologies and assumptions without change or development from other disciplines within the multidisciplinary relationship.

Manipulation - ma·nip·u·la·tion
- a means of gaining control or social influence over others by methods which might be considered unfair.

Neurobehavioural – neu·ro·be·hav·ior·al
- of or relating to the relationship between the action of the nervous system and behaviors such as learning disabilities.

Neurobiology - neu·ro·bi·ol·o·gy
- the branch of biology that is concerned with the anatomy and physiology of the nervous system.

Neurology - neu·rol·o·gy
- is a medical specialty dealing with disorders of the nervous system. Specifically, it deals with the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems, including their coverings, blood vessels, and all effector tissue, such as muscle.

Neuorological disorder - neu·rol·o·gic·al + dis·or·der
- Disturbance in structure or function of the nervous system resulting from developmental abnormality, disease, injury, or toxin

Obsession – ob-ses-sion
- A persistent pre-occupation with an idea of feeling.

Occupational therapy – oc·cup·a·tion·al + ther·a·py
- Skilled treatment that helps people return to ordinary tasks around school, home and at work by maximizing physical potential through lifestyle.

Oppositional - op·po·si·tion·al
- is described as an ongoing pattern of disobedient, hostile, and defiant behavior toward authority figures which goes beyond the bounds of normal childhood behavior.

Palpitation - pal·pi·ta·tion
- is an abnormal awareness of the beating of the heart, whether it is too slow, too fast, irregular, or at its normal frequency.

Palpebral fissures – pal·pe·bral + fis·sures
- separation between the upper and lower eyelids

Perception - per·cep·tion
- is the process of attaining an awareness or understanding of sensory information

Pervasive developmental disorders (PDD) – per·va·sive + de·vel·op·men·tal + dis·or·der
- as opposed to specific developmental disorders (SDD), refers to a group of five disorders characterized by delays in the development of multiple basic functions including socialization and communication.

Pervasive impairment - per·va·sive + im·pair ment
- (everywhere), intractable (not easily relieved or cured) loss of normal function of part of the body due to disease or injury

Philtrum - phil·trum
- is the vertical groove in the upper lip.

Phonological – pho·no·log·i·cal
- is the science of speech sounds including the phonetics and phonemics of a language at a particular time
- the ability to use sound to determine the meaning of spoken language.

Physiological – phys·i·o·log·i·cal
- characteristic of, or appropriate to, our healthy or normal functioning , based in the mechanical, physical, and biochemical functions of the person.

Preoccupation – pre·oc·cu·pa·tion
- worrying about or thinking about something more than what is considered normal.

Prognosis - prog·no·sis
- is a medical term for the doctor's prediction of how a patient's disease will progress, and whether there is a chance of recovery. This word is often used in medical reports to call attention to the doctor's view on a case.

Proprioception – pro·pri·o·cep·tion
- is the reaction to bodily sensations.

Psychiatrist - psy·chi·a·trist
- is a physician who specializes in psychiatry and is certified in treating mental disorders.

Psycho-educational - psy·cho·edu·ca·tion·al
- assessment and intervention target a student's function within his or her educational setting.

Psychological assessment - psy·chol·o·gic·al + as·sess·ment
- is a process that involves the integration of information from multiple sources, such as psychological tests, and other information such as personal and medical history, description of current symptoms and problems by either self or others, and collateral information (interviews with other persons about the person being assessed).

Psychologist - psy·chol·o·gist
- is a practitioner of psychology, the scientific investigation of the mind, including behaviour, cognition, and affect.

Psychotherapy – psy·cho·ther·a py
- treatment of mental or emotional disorder or of related bodily ills by psychological means.

Psychometry - psy·chom·e·try
- measuring psychological attributes through a variety of tools and techniques which includes standardized testing.

Psychosis - psy·cho·sis
- People experiencing psychosis may report hallucinations or delusional beliefs, and may exhibit personality changes and disorganized thinking. This may be accompanied by unusual or bizarre behavior, as well as difficulty with social interaction and impairment in carrying out the activities of daily living.

Psycho-social - psy·cho·so·cial
- refers to ones psychological development in and interaction with a social environment. The individual is not necessarily fully aware of this relationship with his or her environment.

Recreation therapy – re·cre·a·tion + ther·a·py
- the broad spectrum of health care through treatment, education, and the provision of adapted recreational opportunities – all of which aid in improving and maintaining physical, cognitive, emotional, and social functioning.

Recurrent – re·cur·rent
- the same issue returning after a period of absence.

Remorse - re·morse
- is an emotional expression of personal regret felt by a person after he or she has committed an act which they deem to be shameful, hurtful, or violent.

Repetitive – re·pet·i·tive
- repeating something over and over again.

Sensory – sen·sory
- of or relating to the senses or sensation. Transmitting impulses from sense organs to nerve centers.

Serotonin - se·ro·to·nin
- is a neurotransmitter in the central nervous system.

Spectrum – spec·trum
- means that it is not limited to a specific set of values but can vary infinitely within a disability.

Socio-economic - so·cio·eco·nom·ic
- one's standing in society based on a variety of factors including income, education, etc.

Social skills – so·cial + skills
- are a group of skills which people need to interact and communicate with others in a positive way. This is done using verbal and nonverbal ways.

Spatial – spa·tial
- relating to the ability to perceive relations of objects in space

Specific - spe·cif·ic
- particular.

Stigma – stig·ma
- the feeling of shame or disgrace because of a disease/diagnosis/appearing different from others around you or others reaction to your diagnosis

Stimulants - stim·u·lants
- are substances that are eaten or swallowed (coffee, medication) that temporarily increase alertness and awareness. They usually have increased side-effects with increased effectiveness and can be misused.

Substitute Decision Maker – sub·sti·tu·tion + de·ci·sion + ma·ker
- anyone who makes care decisions for another person when that person is unable.

Transposes – trans·po·ses
- to change the position of

Traumatic – trau·mat·ic
- as used in Conduct Disorder means an emotional or psychological injury, usually resulting from an extremely stressful or life-threatening situation.

Truant - tru·ant
- is an intentional unauthorized absence from compulsory schooling. The term typically describes absences caused by students of their own free will.

Vestibular - ves·tib·u·lar
- affecting how the body perceives position and movement.

How Can You Help?

Parents for Children's Mental Health is a non-profit, parent run organization that provides a voice for children and their families who face the challenges of mental health. We work with families, the general public, mental health professionals and agencies, schools and government to provide education, support and advocacy. We are all volunteers, and we do not receive any financial compensation for our work. We do not receive any government funding for our operations.

Our Goals

- To advance the unique needs of children with emotional and behavioural disorders and their families
- To dissolve the stigma attached to children's mental illness
- To advocate for research, prevention, early intervention, family support, education and other services needed by these children and their families
- To work with mental health agencies and government to ensure that children with emotional and behavioural disorders have access to community-based services to help them reach their full potential
- To provide volunteer support to families *(for a listing of affiliated support groups, please see listing under Tab 4: Finding Support).*

You can help us to achieve these goals by providing your support in the following ways:

Financial Donations:

- Monetary donations are most welcome and very much needed for us to continue to operate.
- Some examples: Individual donations, donations received from a child's birthday party or event, fundraising activities, corporate donations, community grants

In-kind Donations:

- Donating a product or service is as meaningful as a monetary contribution
- Some examples are: office supplies, materials for workshops, gifts for speakers, educational materials such as books and DVDs, meeting rooms, gift cards

Volunteer Donations:

- Give the gift of time!
- Some examples are: help plan or attend events, organize workshops, join a committee, set up a display, fundraise, and there's more….

You will be helping children, youth and families within Ontario.
Together we can make a difference.

TO DONATE in any of these ways, PLEASE email admin@pcmh.ca