

family ties

Wisconsin's family voice for children's mental health

Spring 2009

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Family Stories: The Effects of Restraint and Seclusion

Donovan's Story

By Paula Buege

In the first 3 years of my son's public education, from ages 5 to 7, he was regularly subjected to a physical restraint method known as a "control hold." I found out in the 3rd year, by sheer accident, that the people I entrusted with my child 180 days every year were utilizing a method guised as behavior management that did not promote de-escalation or calming and had the potential to cause significant bodily injury to a 60-pound child in crisis.



Upon learning of this, I immediately wrote a 'cease and desist' letter authorizing ONLY the use of a less dangerous hold when he was in crisis. School staff pleaded with me to allow them to continue their current methods. I did not consent.

Having attended "Managing Threatening Confrontations" training myself in 1998, I had learned the techniques and tools that worked to de-escalate my son when he experienced crisis. Yet no one at school ever asked what worked with my son. Even worse, no information about the methods the school staff chose to use was discussed with me until I discovered it by accident.

In response to my "cease & desist" letter, restraint was replaced with use of a 'time out' room the school built for Donovan in the summer of 2001. Unbeknownst to me, my son was regularly confined to that room. It was a sensory nightmare; a small confined space, about 4 x 4 feet, absent of everything except the white walls, fluorescent lights and a "thumb lock" on the door.

On November 19, 2001, at the age of 7, my son was suspended from school for one week. It was one of the many suspensions he suffered in his 3 years of public education that had done nothing to alter or change his behavior in school. Out of school suspensions didn't "teach my son a lesson."

He returned to school on Monday November 26, 2001. After school that afternoon, I could tell something had gone profoundly wrong. He was withdrawn, he didn't eat. Donovan said to me, "Mom, you can't keep me safe." He didn't sleep that night.

By Tuesday he was delusional, experiencing auditory and visual hallucinations. I kept him home from school and requested admission to an inpatient psychiatric hospital. The unit was full, so we had to wait.

Continued on page 2

Zachary's Story

By Hasmig Tempesta

Every parent has a dream for their child. From the moment they find out they are going to be parents, to the moment one of them leaves this earth, they dream. Autism altered that dream for me when my son, Zachary, was diagnosed at the age of two. However, I never faltered in my belief in him and quickly began arranging his intervention services. I knew appropriate and immediate intervention was the only way to help him.



One of these intervention services was an early childhood program at our local public school. I never thought that the people that were supposed to be helping him would end up hurting him instead. Zachary's behavior changed immensely just a couple of weeks into the 2007-08 school year. He withdrew from me, started having tantrums and aggressive episodes. I just assumed he was developing some new autistic traits, but soon found out that these behaviors were the result of being restrained in a Rifton chair at school. The reason I was given for this restraint was that he got up from his seat and needed to be taught to sit.

I will never forget how happy he was on his first day of school, proudly carrying his backpack to the door. It is unconscionable that someone could take that joy away from him in just a couple weeks.

After a Department of Public Instruction investigation discovered that these chairs were being used district-wide to restrain children with cognitive disabilities instead of being used appropriately for children who needed physical supports to sit, the district was ordered to make changes including training on seclusion and restraint guidelines and behavior plans.

While this training is important, it does not change the underlying attitude in some Wisconsin institutions that it is appropriate to restrain or seclude a special needs child for reasons other than emergency intervention. If I restrained the teachers that restrained my child, I would have been arrested, but there was nothing in place to protect Zachary's rights. There still isn't. We drive Zachary 30 minutes to school outside of our district now and he is thriving there, which I believe is due in large part to this school's understanding of positive behavioral interventions and supports.

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Editorial:

Our Culture of Control and Punishment

By Joan Maynard

I remember cutting out an article from the New York Times in October of 2004. The headline read: “‘Get Tough’ Youth Programs Are Ineffective, Panel Says.”

While communities were pumping lots of dollars into “boot camp” programs, the 13-member National Institutes of Health (NIH) panel reviewed the evidence and found that scare tactics and lecturing simply didn’t prevent youth violence.

Many parents who call WFT are frustrated with the control-reward-consequences-punishment models and have found these to be unsuccessful, even when used consistently.

Recently the quarterly journal *Reclaiming Children & Youth* arrived in our office with the stated focus: “Controls From Within.” The Journal says, with the support of evidence-

based research, “Programs that overemphasize rules and control have often had negative consequences for the youth they exist to serve.”

The *Reclaiming Children & Youth* publication came at the time we were pulling together this issue of *family ties*. Our focus here is on Seclusion & Restraint. “Controls from Within” seem to be exactly what we need to teach our kids with mental health disorders. We parents know that “controls from without” tend to make our children more agitated and angry. We know this, but do the systems serving our children understand this? Do our schools and treatment centers understand this when they continue to use seclusion and restraint as a matter of course? Why do so many “therapeutic programs” still buy into level systems as a means of social control? Of what use are external controlling tactics anyway, be they in the home, at school, or in our treatment and correctional centers?

Perhaps we need to see behavior, and the way we deal with behavior, in different ways. Perhaps we need to see how our child’s behavior is related to stress, anxiety, fear, trauma or dysregulation. When we view behavior through the eyes of curiosity and

with the question, “Why?,” when we’re willing to grant that our children are not necessarily willful and manipulative, when we’re willing to change ourselves, then a different picture emerges and we begin to understand and appreciate our kids in ways that begin to teach, encourage and inspire them, not suppress, punish, and control them.

Many parents know that relationships are crucial to help children navigate the rough seas of mental, emotional, behavioral and substance use disorders. Acknowledging that “No significant learning can take place without a significant relationship” puts one on the road to embracing another behavioral paradigm. We realize, as do those who understand the importance of “controls from within” that “Responsible behavior is generated through expectation and support, not through directives, orders, or demands.” (both quotes from *Reclaiming Children & Youth*, Volume 17, Issue 4)

How we parent and treat our children today has ramifications long into the future. It’s about time that we start to embrace another way of working with our kids – a way that treats them with respect and dignity and not punishment, behavioral levels and seclusion and restraint. —wft

Donovan *Continued from page 1*

We waited 5 sleepless days and nights filled with delusional ramblings, pacing, mania and destruction. His siblings had to stay with grandparents that week.

About midweek, in one short lucid moment, Donovan’s madness quelled and he said to me, “Mom, I’m not really crazy,” before returning to a child I didn’t recognize. He was only 7 years old.

On Tuesday afternoon my daughter told me she’d seen her brother confined to the “time out room” the previous day. She reported that an educational assistant was stationed outside the room, that she saw Donovan try to leave, that he was ushered back inside, the door closed on him. She reported her brother didn’t show up for recess or for lunch.

I called school and requested Donovan’s communication notebook be sent home with my daughter on Wednesday. The typed document stapled inside the notebook made my

blood run cold. The document was a week long “plan” of seclusion. It stated that Donovan would remain in the time out room at a desk alone until he demonstrated he “wouldn’t get angry anymore.” He would be allowed out only for scheduled bathroom breaks. If he stayed calm in seclusion through day 2, he could rejoin his class on day 3 for “specials.” However if he got angry, the plan would start over. Donovan never made it to day 2.

The psychotic episode Donovan experienced was caused by that day long seclusion. After a two week inpatient stay and months of therapy, thankfully he recovered from that psychotic episode.

Secluding Donovan did teach him a lesson. He learned that he couldn’t trust adults, that we can’t keep him safe. Eight years after the event, he has yet to recover from the inability to trust. —wft



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family ties newsletter, Editor
Wisconsin Family Ties
16 N. Carroll St., Suite 640
Madison, WI 53703
info@wifamilyties.org



Angie: Gone from Our Home, But Never from Our Hearts

Speaking Out Against Restraint & Seclusion

By Donna Pavlik

In May, 2006, Angie Arndt, age 7, died after being restrained at a day treatment center in northwest Wisconsin. Her mother, Donna Pavlik, delivered these remarks earlier this year at the National Disability Rights Network's annual conference in Washington, D.C.

Our daughter, Angie Arndt, came to us at 5 years old. She was a very engaging girl right from the start. She called us Mom and Dad from the moment we met. She had our hearts from that first day. We knew she would be with us forever. Our family quickly accepted Angie as a birth child and considered her their niece, granddaughter, cousin and sister.

Angie was a fun girl. She loved doing just about anything. She enjoyed all the outings with our family such as basketball and football games, shopping or just a simple trip to the gas station. Her favorite family event was to go camping. We would go to a local campground on the lake or to Jellystone Campground with a huge water park. Either one was exciting to Angie. Angie also spent a lot of time with her cousins, especially Vanessa who was close to her age. She would spend the night often at Vanessa's or Vanessa would stay at our house. She loved it when they would get to watch a movie and eat popcorn in her room. They would giggle nonstop when they were together. Angie also looked up to her sister, Sasha. She loved it when Sasha would give her a makeover or let her spend the night in her room.

Although Angie had been through a lot in her early years, she had a special quality of caring for everyone else and loving unconditionally. She had some difficult behaviors. She would throw big tantrums, screaming and throwing her shoes around. She would get sent to her room for time out and she would scream and kick her wall or bed, but when she was done she would come out with a big smile and no hard feelings. Generally the rest of the day would be just fine. She never held a grudge and was very forgiving.

Our fondest memories include sitting on the couch with Angie on our laps. She loved our attention and wanted to be by our side every chance she had. We loved seeing her flourish with the structure and love we were able to give her.

The reason that Angie attended the day treatment center was to help her prepare for first grade. We were told that this facility was a good place that would help her educationally, along with therapy to help with her emotional issues. We trusted that they would do that. Angie never complained about having to go to day treatment and never came home with any signs that things were not going well. We had no indication that dangerous restraints were being used. All we were told is that they would do a control hold if she was going to hurt herself or others. Only after Angie's death did we find out that prone restraints were being used and not to keep her or others safe, they were being used as discipline. She had gargled milk and was put in a prone restraint.

I was at work the day Angie was injured. I received a phone call from the day treatment staff saying that Angie was taken to the hospital by ambulance because she had choked on something while in a control hold. Later we learned that was not true. I immediately ran out of my work and called my husband at his job and told him we needed to get to the Rice Lake hospital. I was shaking and so scared. Being 40 minutes away from the hospital was horrifying that I couldn't be by her side immediately.

Before we got to the hospital, we received a call saying that they were airlifting her to Minneapolis Children's Hospital. We arrived at the hospital as they were preparing her for transfer. We were able to go in and see her briefly. We could tell things did not look good for her. They told us that her heart was beating because of the medicine they had given her and she was not breathing on her own. They took her to the helicopter and we immediately

left for Minneapolis. Once we got there, they had her in a room in the pediatric intensive care unit. She was on a ventilator and had so many IV tubes coming out of her.

We stayed by her side and held on to her as we prayed something good would happen. They kept checking her for responses but there weren't any. We spent the long night waiting and hoping there would be a change. The next morning tests showed there was no brain activity and no hope of any to come. They let me crawl into bed with her and hold her one last time.

Our family called and talked to her over the phone, knowing it would be the last time to tell her how they felt. We had to make the hardest decision no parent should ever have to make: We knew there was absolutely no chance of recovery, so we decided to have the ventilator shut off. We had to watch as our little girl slipped away and her heartbeat faded then stopped. It was the most painful and devastating thing to go through and it lives in our memory forever.

The following Wednesday we had to bury our little girl. Words cannot say how painful of a thing this is to do. This has affected so many people and so many hearts are still broken. The words we put on her headstone tell how we feel: "Gone from our home, but never from our hearts."

This is why we need to advocate for clear regulations, better enforcement and increased awareness of restraint and seclusion of children. Our hope is that by speaking out, we can prevent this from happening to any other child. No family should have to go through what we have gone through and more importantly, no child should have to endure what Angie did. —wft

WFT Faces Budget Shortfall

Nonprofit organizations rely on many sources for the funding to do their good work, including governmental agencies, private and public foundations and private citizens. With an unprecedented state budget crisis, and investments and jobs under siege from the economic meltdown, all of these sources of funding are struggling. Times are clearly challenging for all nonprofits as a result.

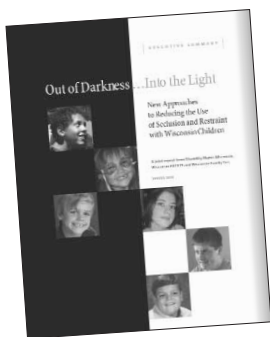
Wisconsin Family Ties, despite several years of solid financial performance, is not immune. We currently need to raise about \$30,000 by the end of September to meet our 2009 budget. If you are able, and if you believe in the work of Wisconsin Family Ties, please consider a donation at this time so we can continue to serve families throughout the state and fight for changes that will help improve outcomes for children with mental, emotional or behavioral disorders.

Thank you for considering this request. —wft

Advocacy Groups Release Report on Restraint & Seclusion

Wisconsin Family Ties, Disability Rights Wisconsin and Wisconsin FACETS have jointly released a new report entitled, *Out of Darkness...Into the Light: New Approaches to Reducing the Use of Seclusion and Restraint with Wisconsin Children*. This report issues a call for change to Wisconsin laws and policies to substantially improve the care and treatment of children.

Out of Darkness...Into the Light exposes the tragedy of secluding and restraining Wisconsin children in schools and treatment settings throughout the state. It describes the ways in which Wisconsin children have been both emotionally and physically injured by such practices, including one child who died as the result of being restrained. It further describes measures taken by many other states to reduce the use of



seclusion and restraint of children, and calls for action to protect Wisconsin children from these dangerous practices.

Specifically, the report urges lawmakers and other policymakers to adopt the following recommendations before more children die or are permanently scarred by the use of seclusion and restraint:

- Develop programs and policies that emphasize Positive Behavioral Interventions and Support programs for children in schools and residential and community treatment programs;
- Require evidence-based training for staff in schools and treatment programs that teaches them about Positive Behavioral Interventions and Supports, crisis de-escalation, trauma-informed care, and ways to reduce the use of seclusion and restraints;
- Develop a policy on crisis management and regulation of the use of seclusion and restraint by each school/facility that uses these measures;
- Limit the use of seclusion and restraint to situations where a child's behavior presents

an imminent danger of serious physical harm to self or others;

- Provide prompt notification to parents whenever these measures are used;
- Require documentation and reporting of each episode to school/agency administrative and supervisory personnel, parents and the appropriate state agency with oversight;
- Specify who is authorized to allow the use of seclusion or restraint, dictate the length of time these measures are used, the required monitoring and documentation, and implementation of other safety procedures;
- Require mandatory debriefing after each use of seclusion or restraint, including discussion of strategies to prevent future use; and
- Institute data reporting to state oversight agencies and meaningful enforcement mechanisms for use by these agencies when violations of the law occur.

Copies of the report, as well as an executive summary, are available in electronic format at www.wifamilyties.org. —wft

Seclusion & Restraint Getting Attention

Recently, several additional reports about seclusion and restraint have been released.

In December, 2008, Disability Rights Wisconsin released a report entitled, *"A Tragic Result of a Failure to Act: The Death of Angellika Arndt,"* detailing the events surrounding the asphyxiation death of seven year-old Angie Arndt. Angie died in 2006 as the result of inappropriate use of physical restraint in a state-licensed children's day treatment program in Rice Lake, Wisconsin. Available at www.disabilityrightswi.org/wp-content/uploads/2008/12/seclusion-and-restraint-paper.pdf.

In January, 2009, the National Disability Rights Network unveiled a disturbing national report on seclusion and restraint in schools, called, *"School is Not Supposed to Hurt."* The report shows an unsettling use of seclusion and restraint tactics in schools affecting students from grades K-12. The report documents cases that range from students being locked in rooms or even boxes for hours to prone restraint cases that

resulted in injuries and death. Available at www.napas.org/sr/SR-Report.pdf.

In May, 2009, the Government Accountability Office (GAO) issued a report on seclusion and restraint. The GAO found that thousands of children are secluded or restrained in America's public and private schools each year. They also discovered hundreds of cases where the techniques were allegedly abusive or caused death; almost all of these cases involved children with disabilities. Further, the GAO noted that they "could not locate a single website, federal agency, or other entity that collects comprehensive information on this issue." The GAO also found that there are currently no federal laws governing the use of seclusion and restraint, and that state laws, where they exist, vary wildly. Available at www.gao.gov/new.items/d09719t.pdf.

Also in May, the Council of Parent Attorneys and Advocates, Inc. (COPAA) released a report asking Congress to stop the use of restraints, seclusion, and aversives

upon children with disabilities in school. The report entitled, *"Unsafe In The Schoolhouse: Abuse Of Children With Disabilities,"* details over 150 incidents of the use of abusive interventions against children with disabilities in school. The report also includes suggested legislative remedies. Available at www.copaa.net/pdf/UnsafeCOPAAMay_10_09.pdf. —wft

Zachary *Continued from page 1*

It took us six valuable months to get Zach back to his old, happy and trusting self. Anyone who knows anything about autism will tell you that it is a crime to waste six months of the formative years of a child with autism. I never want to see what happened to Zach – and to so many other Wisconsin children – happen again. I still have dreams for Zachary. One of those dreams is that one day he will not only be able to speak, but speak about how proud he is of his home state for stepping up to protect its special needs children. —wft

Department of Health Services Working to Reduce Seclusion & Restraint

By Marie Danforth,

DHS Bureau of Prevention, Treatment & Recovery

Over the last ten years, the use of seclusion and restraint has received national attention, has come under increased scrutiny and many states and programs have implemented measures to reduce its use and provide training to staff to develop positive behavior reinforcement skills in deescalating situations that might end up being physical. It has been clearly recognized that physical restraint is an inherently dangerous practice, not only for the child being restrained, but for the staff who are employing it. In addition, it has been reported that the practice of seclusion and restraint is detrimental for it often traumatizes the child, can damage therapeutic relationships, and can impede recovery. Lastly, its use can result in serious liability concerns for the programs in which it occurs. Many national organizations and governmental entities have raised concerns about deaths and injuries that have resulted from its use and question its effectiveness as a treatment modality particularly when it is imposed as a means of coercion, discipline, convenience, or retaliation by staff.

The Wisconsin Department of Health Services (DHS) has gone on record regarding the detrimental effects of these coercive activities, convened workgroups to reduce their use, and over the past 15 months has sponsored three training programs for approximately 22

providers and 460 participants that have focused on the goal of reducing seclusion and restraint in community-based programs regulated by DHS and the Department of Children and Families (DCF).

In December, 2008, Disability Rights Wisconsin (DRW) issued the report "A Tragic Result of a Failure to Act: The Death of Angellika Arndt." The report addressed the May 26, 2006 death of Angellika Arndt that was directly related to restraint at a day treatment facility. While this report recognized DHS/DCF efforts, it also challenged the Departments to do more and move faster.

Karen Timberlake, the Secretary of the Department of Health Services agreed with many recommendations of the report and renewed the DHS commitment to this important issue. On March 13, Timberlake responded by agreeing to act on most of the 16 recommendations in the report.

The first action was to issue a memo entitled, "The Prohibited Practices in the Application of Emergency Safety Interventions with Children and Adolescents in Community Based Programs and Facilities" on March 13, 2009 in collaboration with Reggie Bicha, Secretary of DCF. The purpose of the memo is to delineate practices that should not at any time be used during the course of an emergency safety intervention. The practices identified in the memo are seen

as inherently high risk for causing serious injury and possibly death. (For a copy of the memo, go to http://dhs.wisconsin.gov/fl_dsl/MentalHealth/bhcmemo.pdf.)

In the near future, DHS will provide additional guidance to day treatment centers, develop a review process for day treatment centers related to situations where the use of restrictive measures might be appropriate, and continue its training and technical assistance activities.

The review process for Day Treatment Centers will be fashioned after the DHS Division of Long Term Care's (DLTC) guidelines and policies regarding the use of restrictive measures (restraint, isolation, and seclusion). The DLTC process and procedures apply to children funded by any of the Children's Long Term Support Medicaid Waivers as well as adults with developmental disabilities served by county waiver agencies or managed care organizations. To learn more about the process and procedures for persons meeting this criteria, please go to the following link http://dhs.wisconsin.gov/bdds/waiver-manual/app_r.htm.

DHS will be glad to receive input regarding its seclusion and restraint reduction activities. If you would like to discuss these issues, please contact Marie Danforth at (608) 266-2861 or by e-mail at marie.danforth@wisconsin.gov. —*wft*

National Children's Study begins recruiting Waukesha County participants

In May, 2009, the National Children's Study will be launched in selected neighborhoods in Waukesha County. The Study, authorized by the Congress as part of the Children's Health Act of 2000, will track 100,000 children (1,250 of them from Waukesha County) from before birth to age 21. The NCS is one of the largest and most comprehensive studies ever of environmental and genetic influences on children's health. Hypotheses cover a wide range of perinatal and pediatric conditions, including pre-term birth, asthma, autism, diabetes, and obesity, and less common conditions such as congenital heart defects. Many of the core hypotheses developed by the NCS relate to how environmental influences affect child neurodevelopment and behavior.

Waukesha County was selected as a study location; there are 104 other study locations in the US, representing diverse ethnic, racial, economic, religious and social groups. At the national level, a consortium of federal agencies, including the National Institutes of Health, is leading the NCS. In Waukesha County, the study is being conducted by the NCS Wisconsin Study Center, a collaboration of the University of Wisconsin-Madison, the Medical College of Wisconsin, and other research and community partners.

In May, the NCS staff began recruitment for the National Children's Study in 17 selected neighborhoods in Waukesha County. Families in eligible neighborhoods will receive a letter in the mail describing the study and be visited by a study staff person.

Women who are in the first trimester of pregnancy, or planning to become pregnant, will be eligible to enroll. The NCS begins collecting information about the baby and the mother several months before a baby's birth, and after birth, NCS-enrolled children will be followed periodically by research staff until they reach the age of 21. All information gathered will be kept confidential and entered into large national databases for analyses. Participants will receive financial compensation for the time spent on study activities as well as small gifts of appreciation.

To obtain further information about the National Children's Study, contact Katie Miller, NCS-Waukesha Community Liaison, at (414) 955-2229 or (262) 798-0008, or visit the National Children's Study Web site at <http://www.nationalchildrensstudy.gov/> —*wft*

Children Come First Conference Set For November

By Deenah Givens,

WFT Conference Coordinator

Plan to join us November 16 – 17, 2009, for the 20th annual Children Come First Conference at the Kalahari Resort and Convention Center in Wisconsin Dells.

Our theme this year is **Ready, Set, Relationship!** We all know relationships are a basic human need, but did you know that the building of trusting relationships is one of the most important elements essential for classroom learning or therapeutic progress? Join us as we explore how to nurture and grow relationships that can help produce better academic, social and behavioral outcomes for children and youth with mental, emotional or behavioral disorders.

We have two outstanding keynote speakers this year whom you won't want to miss.



Barry Duncan, Psy.D., is co-founder of the Institute for the Study of Therapeutic Change and practices in Boca Raton, Florida. Dr. Duncan has received numerous awards for his

contributions to mental health and is the author or co-author of over one hundred publications, including thirteen books. His book, *Heroic Clients, Heroic Agencies: Partners for Change*, (2002, revised 2007) details how to involve clients as valued partners and provides down-to-earth suggestions for transforming mental health and substance abuse services into client-directed practices. *Brief Interventions for School Problems*, (2007) translates client-directed, outcome-informed ideas for application in schools.

Barry conducts seminars internationally in hopes of inciting insurrection against practices that diminish clients. He has appeared on "Oprah," "The View," and other national TV programs.



Lucille Eber, Ed.D. is one of the nation's leading experts on Positive Behavioral Interventions and Supports (PBIS). Dr. Eber is the state director of the Illinois Positive Behavioral Interventions and Supports Network, which coordinates technical assis-

tance on school-wide PBIS to over 900 Illinois schools, including those with implementations of wraparound and interagency initiatives for students with complex emotional and behavioral challenges. As a collaborative partner with the U.S. Department of Education's National PBIS Center, Dr. Eber also facilitates PBIS implementation and training plans for states and school districts across the country.

Dr. Eber is a former board member of both the Illinois Federation of Families (IFF), and the National Federation of Families for Children's Mental Health (FFCMH). She regularly publishes articles and book chapters on wraparound, interagency systems of care and school-wide positive behavioral supports.

In addition to our exciting keynote speakers, there will be breakout sessions on a variety of interesting topics, plus the very popular youth track will be back again with creative and fun activities for youth of all ages.

Mark your calendars now – this year is shaping up to be even more information-packed and fun-filled than last year! We hope you'll join us. Until then, if you have any questions, comments or input, please contact me at info@wifamilyties.org. *-wft*

One Family's CCF Experience

WFT received a letter from a mother and her three children describing what they learned at the 2008 CCF Conference. Following are excerpts from that letter.

Our family would like to sincerely thank Wisconsin Family Ties for the opportunity to attend this excellent conference. My children gained far more than I ever expected they would from this experience. We had an absolutely wonderful conversation on the one and a half hour drive home. They each really came away with good experiences.

My daughter, Alexandra, 13, wrote, "I liked the conference because I learned a lot about people with the same mental illness as me and they were actually cool. I thought they would be way different than me, but they weren't. The other reason I liked it is because I got out of school to learn about my illness. I learned that people can help me and I can do something about it. I also learned that I can be somebody and when I got back I made new friends at school. I learned to be more open and that makes people want to be your friend and I learned

to be a good friend. I have three good friends now; before I only had one. Another way I changed from the conference is that I don't have to be the little weak and skinny mental kid, I can be the laughable weak and skinny confident teenager with things going for her. The thing that really helped me was watching the Tilting at Windmills Theatre Group and learning about all of the famous people, past and present, with mental illnesses. That made me have more confidence in what I'm hoping to be famous for in the future and that will be a writer. So thank you Wisconsin Family Ties for changing my life."

My son Anton, 17, wrote, "I liked the conference because it put faces and personalities with the people society puts down and condemns as freaks. In reality none of us are freaks, we are just different in our own ways. With our [challenges] things may be more difficult to achieve, but with understanding of what we're going through and with people to help us along the way, we can achieve whatever we want just like everyone else. We might do things in different ways than

everyone else, but I like that. Being like everyone else is no fun. Since we have been challenged with these struggles it just makes things that much sweeter when we achieve something great. This conference was great to help me learn this. On that note, I'm Anton and I'm blessed with ADHD."

My son, Arie, 14, wrote, "The things I liked about the conference: 1) The water park, 2) Learning a variety of things that you don't get the opportunity to learn in school, 3) Communicating with people with different mental illnesses, and 4) That one guy's story (keynote speaker Pete Feigl)."

Arie likes to keep things short and to the point!

The Children Come First Conference truly was a fulfilling, enjoyable and great learning experience for my children and me. I was very impressed by this conference as it made available more natural coping skills and treatments in one's journey in the process of recovery and acceptance of mental illnesses. The food, accommodations and overall operation of the conference were all top notch. Everyone at WFT did a great job! *-wft*

Family Fun Day - July 7, 2009

Join the Fun - Come Rain or Shine

Wisconsin Family Ties' fourteenth annual Family Fun Day will be held on Tuesday, July 7, at Mount Olympus Water & Theme Park in Wisconsin Dells. This event is offered specifically to families that include children and youth with mental, emotional or behavioral disorders.

The \$11 per person ticket price includes access to the entire water and theme park, plus a hotdog lunch. Gates open at 10 a.m. and you can stay until close.

Please note that carry-in coolers will not be allowed this year except for special food or medication that your child / family needs. All coolers will be subject to inspection by Mount Olympus staff. However, water and soda will be available all day at no extra charge at the WFT group pavilion and throughout the park at designated soda stands.

New this year: If you reserve and pay for your tickets by the deadline of July 2nd, we will send you wristbands for admission to the park, separate red wristbands for unlimited soda, meal tickets for the hotdog lunch, a free parking pass and a park map. This will enable you to enter at any of the park entrances.

If you have not paid for your tickets by the deadline and have to pick up your wristbands on the day of the event, you will have to meet us at the Wisconsin Family Ties table at the new group sales entrance located at the park.

Please reserve your spots today by filling out the form below and mailing it along with your check or money order to our Madison office.

Hope to see you at Mount Olympus! *-wft*



Family Fun Day Ticket Request

Please complete (print clearly), detach and mail with payment to: WFT, 16 N. Carroll, Ste. 640, Madison WI 53703

MUST BE RECEIVED IN OUR OFFICE NO LATER THAN THURSDAY, JULY 2.

First Name _____ Last Name: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: _____ E-Mail: _____

Number of Tickets Requested: _____ (ages 3 to adult \$11/ticket)

County: _____ (ages 2 and under free)

Total Enclosed: \$ _____

Payment by Personal Check, Money Order or Cashier's Check Only

family ties

Wisconsin Family Ties, Inc.
16 N. Carroll Street, Suite 640
Madison, WI 53703

608/267-6888
(Madison office)

800/422-7145
(Parents outside the Madison calling area)

Fax: 608/267-6801
E-mail: info@wifamilyties.org
www.wifamilyties.org

Wisconsin Family Ties (WFT) is a statewide organization run by families for families that include children and adolescents with mental, emotional, behavioral or substance abuse disorders. An Equal Opportunity Employer, WFT is funded by individuals, corporations, grants, and allocations from Community Shares of Wisconsin and Northwoods United Way. Contributions to WFT are tax deductible.



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For more information, contact: Wisconsin Family Ties • 800-422-7145 • info@wifamilyties.org

Support Wisconsin Family Ties in Going Green

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If you would prefer to receive our mailings via email instead of regular mail, OR if you do not wish to receive our information any more, please reply:

- By email us at info@wifamilyties.org
- By phone message (608) 267-6888
- By mail at WFT, 16 N. Carroll St., Suite 640, Madison, WI 53703. Mail us the back page of your newsletter (with your address on it).

You will continue to receive all information via regular mail unless you let us know otherwise.