

# PREPPING Teen’s Responsible Decision Making

*October is National Anti-Bullying Month.*

Bullying is many different things.....

It can be any sort of threat in writing, expressed verbally or physically towards another individual.

Bullying has become an epidemic amongst our teens that torments their everyday existence, sometimes leading to suicide. As foster parents and care givers, it is important to be aware of the warning signs of bullying so that our teens will better cope with their circumstance.

“Bullying: Information for Caregivers” and “Bullying goes High-Tech” provides methods and tips for parents to determine if their teen is either being bullied or *IS* the bully.

### Why foster children are at particular risk

All bullies need victims. These will almost always be someone who is weaker and/or less confident than the bully. Bullies will target victims by focusing on something about the victim that is different in order to try and justify their behavior.



By definition, children in foster care are different – they do not live at home with their parent(s). Therefore they immediately fit the profile of potential victims for the bully.

There are a number of additional common characteristics of foster children that increase their potential for being targeted:

- Many are be developmentally immature
  - Many are be lacking in self-confidence
  - Some have experienced prior abuse or victimization as the only time they have received attention
  - Foster children are frequently isolated from their family, peers and other support systems when they are placed in care.
  - Frequent moves may have led to a sense of insecurity and a fear or inability in developing positive relationships with peers
- A prior lack of positive attachment.

Understanding the circumstance that foster children have can help start dialogue with the youth. By empowering the youth, care givers have the ability to prevent their youth to be victimized by bullies or prevent them becoming bullies.

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# Bullying: Information for Care Givers

Bullying is unwanted aggressive behavior by a person or groups that target another person or group. It involves an imbalance of power and is usually repeated over time. Bullying is not teasing. Bullying can start at age 3 or 4 and can continue into the teen age years. It happens to both boys and girls and may be done one on one or by groups of children against and individual. Bullying can happen anywhere.

Bullying may be physical, verbal, sexual or psychological.

There is often a power imbalance that is either real or perceived. Bullies use this power imbalance to intimidate their victims. Some bullies are stronger or bigger than those they bully, but they are not always.

Some bullies have lots of friends and like to be in charge of others. Other bullies do not have many friends. The effects of bullying can be felt for a long time and can be very harmful and hurtful.

## Signs that a Youth is Being Bullied

- Damage belongings or clothing
- Unexplained cuts, bruised and scratches
- Few, if any, friends
- Fear of going to school or being around friends or classmates
- Loss of interest in doing school work, or suddenly beginning to do poorly in school
- Not wanting to be with friends and family
- Changes in mood or constant crying
- Headaches, stomachaches, or other physical problems without medical reason or cause
- Bad dreams and trouble sleeping
- Loss of appetite
- Thoughts of suicide

## What to do if a Youth is being bullied

### *Tips for Talking with youth:*

It is important to talk to your child about bullying. Many children with learning or physical disabilities might not know that they are a victim of bullying. They might be afraid to tell an adult or have a hard time telling an adult because they have language delays. Explain to youth what bullying is and tell him or her that bullying is never OK. Youth should always tell an adult when bullying happens. Tell your child that reporting bullying to an adult is NOT

tattling. Tattling is done to get someone in trouble – reporting is done to get help.

Talking to youth about his or her day is a good way to find out if there is bullying going on. When asking your child questions about the day, ask “open-ended questions.” These are questions that have to be answered with more information than just yes or no. Some examples are “What or Whom did you play with at school?” or “With whom did you eat lunch with?”

## What to do if Youth is the bully:

Youth might be bullying others if he or she:

- Gets into physical or verbal fights
- Has friends who bully others
- Gets sent to the principal’s office or to detention often
- Has unexplained extra money or new belongings
- Blames others for his problems
- Has difficulty following rules
- View violence in a positive way

## What you can do if Youth is bullying others:

- Let youth know that bullying is not okay. Tell them what the consequences will be if they bully others
- Help youth learn ways to deal with frustration and anger that do not harm others
- Look for times to “catch your child being good” and praise him or her
- Help youth to understand how the child being bullied feels.
- If the school contacts you about your child bullying, do your best to stay calm and avoid becoming angry and defensive. Focus on what you can do to help.
- Counseling or therapy may help youth stop bullying

For additional Bullying Resource visit the Nationwide Children’s Hospital Health Library. (<http://healthlibrary.nationwidechildrens.org/Library/>)

Nelson, Gail A., MS, APRN, BC. *Nationwide Children’s Hospital Health Library.*

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# Bullies Go High-Tech

You can now add bullying to the list of things made easier by technology. Teens today live much of their lives on the Internet. Online bullying, also called cyber bullying, can involve using the Internet, cell phones, or other devices to send text or images that are intended to embarrass or hurt the other person.

Cyber bullying affects almost of all American teens, according to the National Crime Prevention Council. Online bullying has been used for the following purposes:

- Pretending to be someone else in order to trick someone
- Telling untrue stories or rumors about another person
- Sending mean, vulgar, or threatening messages or images
- Posting someone's picture without his or her consent
- Sharing private or sensitive information about a person

So the bullies bent on malice have new weapons. Their nameless nature can make the bullies bolder. The victim can be reached anytime, anywhere. A child can flee a school-yard bully just by leaving, but that won't work in cyberspace.

Care givers often do not know of the problem because children hesitate to report it. Awareness is the first step, and education about preventing and managing cyber bullying is key.

So what is a parent or care giver to do? It may not be possible to make a child bully-proof, but here are some ideas:

- Remind your child: Don't open e-mail or accept instant messages from unknown senders.
- Block communication with the cyber bully. Delete email messages without reading them. Share your concerns about the bullying with a trusted friend, or better, a parent.
- Do not share your phone number, password, or e-mail address.
- Do not reply to any bullying or disturbing message.
- Take a picture of the screen of the e-mail or message and save it as evidence, especially if the

message is threatening to you. It will help the authorities in their investigation.

- **Never meet anyone in person that you have only known online.**
- Tell an authority figure at once if a threatening message shows up.
- Report threatening contact right away to the service provider.
- Educate yourself about internet safety and how to deal with cyber bullying at Websites such as Stopcyberbullying.org and Wiresafety.org

A good rule of thumb to remember is that if you would not say it in person; you probably should not say it online. Parents need to watch for changes in a child's behavior that can signal problems like bullying and talk with their parents about their online activities. Keep the Internet a fun and safe environment for your child.

Fraser, Marianne MSN, RN. *Nationwide Children's Hospital Health Library*. Reviewed 4/13/2011

## Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care

This new guide —written specifically for youth in foster care with input from youth and professionals— looks at ways to handle powerful feelings and behaviours and make healthy choices. Understanding how psychotropic medication can help and what other options are available can be challenging. This guide can help you decide what's best. *Making Healthy Choices* includes useful information, questions to ask, worksheets, and tips on:

- Recognizing you need help
- Knowing your rights about your health and who can help you make decisions
- Considering your options, including helpful approaches other than medication
- Making decisions about how best to stay healthy
- Maintaining treatment (taking medication safely and continuing or stopping treatment after leaving foster care)

To access the free *Making Healthy Choices: A Guide to Psychotropic Medications for Youth in Foster Care*, please visit <http://www.nrcyd.ou.edu/learning-center/med-guide>.

## Medicaid Resources for Emancipated Foster Youth

Since 2007, foster care youth who "age out" of foster care in Ohio are eligible for Medicaid until their 21st birthday. Ohio Department of Job and Family Services (ODJFS) recently obtained data that shows very poor enrollment of these youth in Medicaid. ODJFS recently provided training to county children service agencies to inform them of the procedures required to transition a child to the adult Medicaid program. Below is an overview of the forms required.

**Enrolling in Medicaid:** The child's caseworker must complete three separate forms in order to enroll them into the adult Medicaid program.

1. Referral For Medicaid Continuing Eligibility Review: JFS 01958
2. Combined Program Application: JFS 07216
3. Consumer Rights and Responsibilities: JFS 07236

All three forms must be completed in order for the enrollment to be processed.

**Maintaining Coverage until Age 21:** If youth don't stay in touch with Medicaid, they will lose services at age 19 or 20. This is because Medicaid eligibility must be verified each year. Therefore, it is vitally important for emancipated youth to notify Ohio Medicaid whenever they change their residence, phone number, and/or email address.

For Additional Support, Please Contact:

- Medicaid Hotline: (800) 324-8680
- Medicaid email address: [medicaid@jfs.ohio.gov](mailto:medicaid@jfs.ohio.gov)

Contributed: Lisa Dickson, Communications Chair Foster Care Alumni of America Ohio chapter [www.fcaa-oh.org](http://www.fcaa-oh.org)

## Reproductive Health: Current statistics for U.S. Teens

**Percent of teens ages 15-19 who have ever had sexual intercourse: Females 42.6%, Males 41.8%** (Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth 2006-2010)

**Average age at first menstrual period for women 15-44 years old: 12.5** (Key Statistics from the National Survey of Family Growth (data are for 2006-2010))

**Percent of women 15-44 who have ever been treated for pelvic inflammatory disease (PID): 4.2%**

(Key Statistics from the National Survey of Family Growth (data are for 2006-2010))

## Safe Driving for Distracted Teens Steering in the Right Direction

Learning to drive is a milestone in a young person's life. Driving can bring freedom, especially in areas with little public transportation. But it also has its downside. Mile for mile, teenagers are involved in 3 times as many fatal crashes as more experienced drivers. Crashes are the leading cause of death for 16- to 20-year-olds nationwide. What makes young drivers more vulnerable to accidents and injuries than older drivers? And what can we do to reduce their risk? NIH-funded researchers are looking for some answers.

The highest risk for teens comes during the first 6 months that they have their licenses. Risk remains high until at least their early 20s. Studies show that teens can face a double challenge when getting behind the wheel. They are not only young, and so lack maturity; they are also inexperienced—a main cause of crashes. Decision-making and impulse control continue to develop well into their 20s as they gain experience and their brains mature fully.

Dialing or texting while driving is never safe. But when teens dial or text while driving, they are 5 to 6 times more likely to crash than adults. Adolescents are also less able

to recognize and respond to road hazards. For instance, research shows that experienced adult drivers typically prepare to brake on the chance that a pedestrian might enter a crosswalk. Teens may look, but they often fail to recognize a hazard and slow down.

“It can be a situation with a perfectly reasonable, normal kid who makes a mistake when in a vehicle, and that can be lethal,” says Dr. Bruce Simons-Morton and NIH expert in adolescent behavior and prevention research. “It only takes one instance of inattention at just the wrong time.”

Learning to drive safely takes years of practice, Simons-Morton adds. “The dilemma is that teens only learn by driving, but the more they drive the greater their risk.”

One solution is to limit the conditions under which teens are allowed to drive. All 50 states have laws that grant privileges to new drivers in phases—known as graduated licensing programs. Most require new drivers to hold a learner’s permit for 6 months before getting a license and have a minimum number of supervised practice driving hours.

Research has shown that these graduated programs can dramatically reduce the rate of fatal crashes. “We encourage parents to set limits that are stricter than the graduated driver licensing programs,” says Simons-Morton. It’s also important for parents to ride with teens as much as possible when they practice. The presence of an adult passenger can reduce teenage driver crashes and near-crashes by 75%.

Simons-Morton and other NIH-funded scientists have developed a program called Checkpoints, which helps parents to set safe limits for the first year after teens are licensed. The program restricts driving under risky conditions: at night, with other teens in the car, during bad weather and on high-speed roads. Learn more about the Checkpoints program at <http://www.saferdrivingforteens.org> External link, please review our [exit disclaimer](#). 

Help your teen be a responsible driver. By setting reasonable limits, you can help young drivers travel the roadways safely.

H. Fields, Y.Kloth, H. Wein, B. Woring. “Safe Driving for Distracted Teens: Steering in the Right Direction”. *NIH News in Health* Sep. 2012.

# Ohio PREP Region 9 News!

## Agency Highlight: The Village Network

The Village Network is a private, non-profit, non-denominational, child-serving agency and is headquartered on 120 acres of farmland located on the northeastern edge of Wooster, Ohio.

The mission of the Village Network is to promote responsible living and positive change in troubled children through partnerships with families and communities.

It began in 1946, with Reverend Clarence Kerr, minister of the Smithville Methodist Church. He was so moved in seeing a movie about the accomplishments of Father Flanagan's Boys Town that he and a group of civic leaders championed the founding of Boys' Village to help troubled boys. It was incorporated on May 7, 1946, and in September of 1946, the initial cottage was filled.

There continued to be growth and during the 1950s two more cottages were built and the Boys' Village continued to serve troubled boys from surrounding cities. Boys attended public schools in Orrville, Smithville or Wooster and then were expected to work three to four hours per day at assigned jobs in the community, on the farm, or at Boys' Village.

As the emotional challenges became more complex, it was clear the youth required more treatment-intensive education than the public school systems could provide. In 1960, construction of a fully accredited on-campus school began with the generous assistance of the Timken Foundation. Teachers from the Wooster City District have staffed the Boys' Village School ever since.



In the 1980s, the first Treatment Foster Care network was established and, by December 1987, the first girl was admitted. The mid-1980s also witnessed a growing problem among sexually dysfunctional adolescents. Boys' Village soon became recognized as an innovator with its

Responsible Living program.

The 1990s was a time of program and location growth. May of 1990 marked the first time Boys' Village exceeded 100 children in care. (Today, more than five times as many are served.) It reinforced its continuum of care to include 10 more Treatment Foster Care networks and a partnership with the Opportunity School and other community-based programs.

In September 2006 the agency's name change from Boys' Village to The Village Network to better describe the growing network for both boys and girls. Girls make up more than 40% of The Village Network's youth served.

Since the beginning, the Village Network has specialized in the treatment and care of troubled youth. Integrated programs include residential treatment, day treatment, and treatment foster care and alternative school programs at multiple locations throughout Ohio. This extensive continuum of care allows youth at The Village Network to move within programs and network locations to meet changing treatment needs.

Today, the Village Network has 14 Ohio locations to include Akron, Canton, Cleveland, Columbus, Delaware, Lorain, Mansfield, Mount Vernon, Newark, Salem, Sundusky, Uhrichsville, Wooster and Youngstown. Please visit the website for details on programs offered at each location, [www.thevillagenetwork.org](http://www.thevillagenetwork.org).

At The Village Network, the needs of each child are individually assessed and dynamic treatment plans are designed to transition youth to permanent environments. The Village Network is an experienced treatment provider for post-traumatic stress, oppositional defiant disorder, bipolar, reactive attachment, ADHD, sexually reactive behavior, juvenile sexual offenders, depression, and conduct disorder, among others.

Transforming the lives of youth in an environment that is safe for both the children and the community takes a partnership. Without the support of the family, referring agencies and partners within the community, it would not be possible to "create positive change for responsible living".

*Article provided by The Village Network. September 2012*

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## Meet Region 9's New PREP Trainer!



**Lawanda Stewart, MSW**  
***The Village Network***

Lawanda Stewart, MSW, LISW-S is a Program Manager at The Village Network of Columbus. She joined the Village Network in January 2011. Lawanda has worked in the social service field for nearly 15 years, providing a range of services from case management, outpatient counseling and day treatment clinician.

She was born and raised in Columbus, Ohio and after graduating with honors from Columbus Public High Schools, went on study at The Ohio State University and obtained a Bachelor of Science in Social Work degree in 1998. After completing undergraduate studies, Lawanda worked a year in the field before enrolling into a Master's program at the University of Cincinnati. In 2001, she graduated with a Masters in Social Work.

Lawanda is a mother of two, a 19-year old daughter who is currently in her sophomore year at The Ohio State University and a 6-year old son who is in the 1<sup>st</sup> grade. She enjoys spending time with her family and friends, attending church, going for walks, going to the movies and traveling.

*Lawanda attended the June 2012 Trainer to Trainer PREP training. She recounts how the PREP program has helped better serve the youth placed with The Village Network.*

The Village Network is excited to be able to participate in providing the PREP curriculum to the children placed in our foster care programs. We feel that the curriculum will provide youth with the information and the skills to make appropriate choices. With the youth being in out of home placement, research shows that they are at greater risk for unplanned pregnancy and STD's. Youth placed in foster care or other out of home placements are often exposed to complex trauma and we know that trauma interferes with a youths' ability to plan ahead and anticipate risks and consequences. This curriculum is a great fit with The Village Network current emphasis and training on trauma treatment. Through these interactive classes, youth are provided with needed information related to characteristics of a healthy relationship, pregnancy and HIV/STD risks as well as how to avoid high risk situation.

Because the classes are interactive, the youth are provided with opportunities to practice skills and openly discuss concerns. In general, sex is a difficult topic for youth to discuss and being in out of home placement makes it that much more difficult as youth already feel that they are different from their peers and may feel uncomfortable discussing this topic with foster parents or staff. This class allows the youth to have a safe environment to get some accurate information and practice skills to better handle real life situations and have a plan to avoid high risk situation.

PREP curriculum also incorporates life skills related to Financial Literacy and Career Building. Due to the impact of trauma on the youth's ability to plan ahead, these areas are often difficult for youth in foster care to focus on. Through the curriculum, they are able to begin looking at the process of becoming employed and maintaining financial skills to assist them with being a successful contributor to society.

- *Lawanda Stewart MSW, LISW-S*

## Upcoming Instructor Training Events

Our trainer the trainer workshop is one-day 8 hour workshop. Below you will find dates for our upcoming PREP trainings.

**November 16, 2012**

**January 18, 2013**

**March 15, 2013**

**April 26, 2013**

**June 21, 2013**

**July 19, 2013**

To register for training or have questions, please contact

**Rekha Voruganti (Education Coordinator)**

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# Region 9 Steadily Increases Number of PREP Youth Instructors

Region 9 conducted its fifth Youth Instructor trainer workshop September 21 2012 at Nationwide Children's Hospital Surgery Center located in Westerville Ohio. Agencies that participated in the PREP training were: Starr Foundation-Hannah Neil, Multi-County Juvenile Detention Center, NYAP, The Village Network, Buckeye Ranch, DYS, Bair Foundation and Pomegranate. In addition, five counties were represented. This is great news as we expect to expand PREP Youth workshops to all 9 counties.

Agencies and staff represented form the training includes:

**Franklin County Juvenile Detention Center:** Ashura Crosby

**Pomegranate Health Systems:** Whitney Callan, Cecilia Sargent, Philip Orton

**The Village Network:** Trisha Pound

**DYS:** Jacqueline Johnson

**Multi-County Juvenile Detention Center:** Mickey Reid and Tabitha Jayjohn

**NYAP:** Cory Raypole, Deborah Jones

**Bair Foundation:** Adrienne Gavert

**Buckeye Ranch:** Elizabeth Spiker

**Starr Foundation- Hannah Neil:** Ari Bandler



## Region 9 PREP Team

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If you have any questions or would like to contribute to our newsletter, please email Rekha Voruganti ([rekha.voruganti@nationwidechildrens.org](mailto:rekha.voruganti@nationwidechildrens.org)). We appreciate your continual support and welcome any feedback!

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