West County Psychological Associates

The WCPA News

12125 Woodcrest Executive Drive, Suite 110 St. Louis, MO 63141
Website: WCPASTL.COM Phone (314) 275-8599 Email: wcpa@sbcglobal.net

Are We Crippling Our Children?

Mary Fitzgibbons, Ph.D.

What parent would knowingly harm his or her child? No one that any of us know. There are examples of parents who have intentionally harmed their children but, thankfully, they are few. However, daily we see parents who are parenting in such a way that their children are being harmed – even seriously harmed. These parents love their children. They would fight viciously to protect their children. In fact, often the children of these parents have become the center of the family's universe. Many of these parents spend a great amount of time, money, and energy to insure their children's happiness. And, yet, every day they make decisions that will actually cripple their child, though not knowingly or consciously. These decisions not only affect the children at a young age, but can have debilitating effect for the rest of their lives.

How do we harm our children unknowingly? By enabling our children. We can start this process in very early years and, unfortunately, we can continue it into early and even later adulthood. We define enabling as doing for someone what they are able to do and should be doing for themselves. Most enabling parents would tell you they are "helping" or "supporting" their children. But the difference is that when we are really helping it implies that the other is not capable of doing for himself. In the enabling process, the parent is assuming the responsibilities that the child/teen/young adult should be accomplishing on their own.

This process begins innocently enough because we, as good parents, want our child to succeed and be a happy and successful person. But it becomes problematic when we don't step away after the initial help and continue over-functioning for our child until the child becomes dependent upon our help. Through the act of enabling, we are actively preventing our children from achieving developmental tasks that are natural milestones to their age group. We do not allow our children to take responsibility for their mistakes and errors. Eventually, this leaves them as under-functioning adults. These children don't learn how to "step up to the plate." They don't learn how to get the job done.

Most importantly, when we enable our children we are robbing them of their chances for success. They become programmed to believe that they will always need another person's help in accomplishing a task or assignment. Unfortunately, just because they grow in chronological years, this doesn't mean

In this issue:

that they will have grown in maturity. Too many parents have come to regret the philosophy of believing that their children will eventually learn how to achieve on their own when they become older. That just doesn't happen automatically.

How does one recognize if he or she is the enabling parent? Here are some questions that you may want to honestly respond to in determining your parenting style:

- Do you find that your child's schoolwork is becoming more of your responsibility than his?
- Do you find yourself being defensive when your child's teacher is giving you constructive feedback about your child?
- Do you blame others for your child's misbehavior? Is the problem always the fault of some other child or teenager?
- Do you eventually give in to your child's demands rather than be consistent in saying "no?"
- Do you allow your child to set her own bedtime or curfew rather than engage in a nightly argument?
- Does your child have regular chores? Do you find it easier to do the chores yourself rather than argue with your child?
- Do you give her "one more chance" - and then another and another?
- Do you avoid talking about negative issues because you're afraid of his response?
- Does your child show a sense of appreciation for what she is given? Does she have as strong a sense of "giving" as of "receiving?"
- Do you ever call in sick at school for your child because he wants an "out of school" day?
- Do you feel guilty when you have to say "no" to your child?
- Do you find yourself assuming that he'll one day outgrow his bad behavior?
- Do you find yourself wondering whether she will ever assume adult responsibility?
- Do you notice a growing resentment in other family members regarding the way you handle this child?

If you have answered yes to several of these questions, there is reason to be concerned that your decisions and behaviors may not be in your child's best interests. When we don't allow our children the consequences of their behavior we literally rob them of the opportunity to grow into productive human beings.

However, think of the joy parents feel when we put our efforts into helping our children experience consequences; when we resist the urge to help them when they can and should do for themselves; when we allow them the struggle and then watch them succeed; when we let go and allow our grown children to be adults. What greater happiness can parents experience than when they see their young adult children assume adult responsibilities and know that this sense of independence will be a lifelong part of who they are? This is really our goal in parenting – strengthening our children to become self-reliant and autonomous human beings. This does not occur by happenstance. It happens because we have been able to set limits, even when we found it very difficult, because we know it is best for our children.

Written by Mary Fitzgibbons, Ph.D.

Mary Fitzgibbons is a licensed psychologist and has been the Director of West County Psychological Associates since 1986. Dr. Fitzgibbons created Comprehensive School Services, which provides consulting services and counseling to administrators, staff, students and parents. She has worked extensively with many public and private school systems in regard to dysfunctional families and at-risk children.

Before beginning her career as a psychologist, Dr. Fitzgibbons was in education for 20 years, in both elementary and secondary levels. She was formerly a counselor and guidance director at Lafayette High School and an adjunct professor at Webster University, St. Louis University, Fontbonne University, University of Colorado and the University of San Francisco. She lectures frequently to schools and organizations, in addition to providing numerous presentations to local, state and national professional groups on issues of children and families.

Senior Care:
The Driving Discussion

Amy Neu, MSW, LCSW

A very difficult discussion to have with an aging loved one is when to stop driving. It is common for families to begin this conversation only to be shut down by their loved one who insists there is nothing wrong with their driving and refuses to continue this conversation. Typically, emotions run high on both sides, arguments ensue, and family members abandon the topic until the whole process repeats itself within a few days, weeks, or months. In many cases, the older adult continues to drive past when they probably should, endangering themselves and others on the road and worrying their families. So, why is this conversation so difficult for families to have?

To answer this question, we need to look at our beliefs about driving. Driving is often synonymous with independence. It is a privilege that allows us to go "wherever we want, whenever we want." Our view of this privilege changes as we age. As teenagers we think about driving as our license to freedom from our parents – we can drive ourselves to school or work, we can go out with our friends, etc. As we enter adulthood we tend to view driving merely as transportation, a way to get ourselves and our families where we need to go. As we age, and especially when we begin to experience physical or cognitive losses, driving again turns into a hallmark of independence. A driver's license becomes a badge of competence that confirms we are still able to take care of ourselves. When our ability to drive comes into question, it feels like our abilities in general are also under scrutiny.

When we are in this mindset, emotions such as anger, fear, and sadness are quick to surface when a family member shares doubts about our driving abilities. When our spouse or adult child says "I don't think you should drive anymore" it can sound like "I don't think you can take care of things on your own anymore." We become defensive and try to run as far from the conversation as possible. Thus, the challenge for families becomes how to have this conversation without our loved one shutting us out. How can we have the "Driving Discussion" effectively?

One of the first things we can do as a concerned family member is gather information about our loved one's driving ability before approaching the conversation. We need to be able to answer why we believe our loved one should no longer drive. Age should not be one of our arguments! Rather, it is a person's abilities that matter. The more specific we are able to be with our loved one about our concerns, the more difficult it is for them to ignore what we are saying. It is also valuable to talk with other family members or a friend to get their feedback about your loved one's driving ability. For a thorough list of warning signs

Written by
Amy Neu, MSW, LCSW

Amy Neu *provides private therapy for adults, families and seniors. She has significant experience counseling seniors, caregivers and families within medical systems and during transitional periods.*

and driving observations, the National Highway Traffic Safety Administration has a comprehensive online resource called "How to Understand and Influence Older Drivers" that can be helpful tool for families.

After we have gathered information and have a clear picture about their driving ability, we need to think about how to best approach the conversation. Is there one person that our loved one may be more willing to listen to about the subject who can lead the discussion (i.e. spouse, oldest child, best friend)? Would it be more effective for just one person or several to be involved in the initial conversation? Additionally, we need to keep in mind that we should not be discouraged if our first driving conversation feels inconclusive. It often takes multiple discussions with our loved one over a period of time before we feel any resolution.

It is essential to come from a position of caring and concern when having the driving conversation. No matter how resistant our loved one may be, they need to feel valued and heard. It is helpful to facilitate the conversation using "I" rather than "You" statements. For example, a statement such as "I'm beginning to worry about your safety when driving" will lessen the resistance more than saying "You need to stop driving." When possible, practice active listening – paraphrase back what your loved one said to you using the facts and feelings they are conveying. This can help your loved one feel heard and help settle a flaring temper. If you find yourself becoming angry or overwhelmed, give yourself permission for a brief time-out to take some deep breaths and re-center yourself before resuming the conversation.

When both sides have expressed their opinions, take some time to plan together how to move forward. These plans will vary depending on how far we feel the conversation progressed. For example, if we learn our loved one is also having some reservations about their driving abilities, we could plan to research transportation options. On the other hand, if our loved one was not open to the conversation and quickly declared they are completely able to drive, we can ask them to take some time and evaluate their own driving abilities so that we can talk about them later. If our loved one continues to be resistant to the driving conversation despite numerous attempts, it may be time for help and support outside of the family. Involving a professional such as the primary doctor, a counselor, or clinical social worker may be what is needed for your loved one to stay safe.

Regardless of how the initial driving conversation goes, it is important for us to emphasize we are moving forward *together*, since we are concerned about our loved one's safety and the safety of others. We must reassure our loved one that we will plan together so they can maintain freedom, independence, and quality of life.

This piece is one in a series of articles written for seniors, their caretakers and loved ones. If you would like to receive our monthly articles, simply notify us at (314) 275-8599 or wcpa@sbcglobal.net. *More information about our services for seniors and caregivers is available at our website,* www.wcpastl.com.

West County Psychological Associates

For Parents Only

A Parent's Call to Action:

10 Reasons Not to Avoid Intervention for Your Child's Academic, Behavioral or Emotional Difficulty

When starting a family, few parents anticipate that their children may one day experience significant problems in school or with their behavior or mental health. When those challenges do arise, it can seem easier to delay or avoid altogether seeking diagnosis and treatment. However, many problems that affect children's and adolescents' learning, behavior, and social interactions do not go away on their own, without intervention. If you, or a parent that you care about, are considering allowing a child to receive professional evaluation or intervention, here are ten points to keep in mind.

1. Evaluation might show something you didn't expect. Many times, parents avoid evaluation out of fear of or dislike for a certain diagnosis. Of course, lack of a formal diagnosis does not make the problem itself go away, but it's easy for all of us to procrastinate when we want to avoid "bad news." Evaluation, however, can sometimes show that the source of your child's difficulties is something you never expected. A sleep disorder or anxiety problem instead of ADHD, for example. A language disorder instead of Autism. A visual processing disorder rather than a reading disability. Until your child is evaluated, the true source of the difficulty remains unknown.

2. The longer you wait, the worse it may get. It's a clear rule of thumb: mental health, learning, and substance abuse problems tend to worsen over time, unless treated. The "wait and see" approach, while tempting, can result in a problem that is more serious, longer-lasting, and difficult to treat. With problems that are impacting classroom learning, for example, waiting another year for evaluation and intervention often results in a child who is further behind his or her peers at the end of the year than at the beginning. Another year's instruction has been missed, and peers are quickly moving ahead.

3. Your child's friendships could be at risk. Many behavioral and emotional conditions are known to impact a child's social interaction skills and ability to make and keep friends. For example, young people who use alcohol and drugs normally begin to associate only with others who also use substances. Children with untreated ADHD are often avoided by peers, who view them as troublemakers, difficult to play and converse with, and likely to overstep social norms and boundaries. Children and youth with anxiety problems often suffer very significant social consequences, as their peers prefer to interact with students who are relaxed and self-confident. Friendship difficulties create further disappointments for an already struggling child.

4. Many medication myths have been disproven. Effective help comes in a variety of forms, such as special education services, tutoring, social skills groups, counseling, medication, family therapy, and parenting support. Different problems require different remedies. Of course, many families are understandably reluctant for medication in particular. This reluctance can seriously hamper a student's recovery, when the problem experienced is one that benefits from medical intervention. Some of these concerns are based on inaccurate understandings of medication's risks. New research is bringing into serious question the traditional belief that stimulant medication, often prescribed for ADHD, affects growth or adult height. Other medication myths include that students are more likely to abuse drugs or alcohol if they have taken a medication for behavioral or emotional problems (the opposite, in fact, may be true) or that drinking caffeinated drinks can effectively mimic a prescription stimulant (research shows they can't.) It is important for parents to obtain accurate, up-to-date information before arbitrarily ruling out the use of medications, when medications are warranted.

5. Suicide and physical injury are real concerns. Mental health and substance abuse problems often carry an increased risk for physical harm to the child or adolescent involved. Suicide is currently the third leading cause of death among young people ages 10-14 and 15-21, and is most often preceded by unrecognized and/or untreated levels of depression. Individuals suffering from eating disorders are at particular risk for early, sudden death due to the bodily

stress from such disorders. Individuals with untreated ADHD have significantly impaired driving abilities, similar to that of an individual under the influence of drugs or alcohol. They are involved in considerably more accidents, including fatal accidents, than non-disabled peers and peers with ADHD who are taking stimulant medication. For these and many other emotional and behavioral concerns, diagnosis and treatment are important steps toward physical safety for the child or adolescent.

6. No one avoids being labeled. "I don't want my child to be labeled," is commonly heard by teachers and school counselors. This makes a lot of sense, as no one wishes for their child to carry negative stigma due to a diagnosis. The problem, however, is that no one is able to avoid being labeled by others. Children – all children – will be labeled by their peers, teachers, coaches and others. When they are not provided remediation or treatment for their difficulties, sometimes childhood peers may label them as bad, dumb, or weird. Teachers and coaches apply their own judgments, often wondering why a family is refusing to get their child help. An official "label," in the form of a diagnosis that comes with treatment, is usually less stigmatizing in the long run.

7. Early intervention can make all the difference. All types of emotional, behavioral and learning problems respond best when intervention is provided early. Early intervention is often key to inhibiting a problem's progression, building skills that provide resilience and confidence, and preventing co-occurring difficulties like social problems, underperformance in school, and low self-esteem. Children with learning challenges, for example, report more significant gains in academic skills when their problems are recognized early and targeted interventions are provided. Many speech difficulties and fine motor difficulties, such as pencil grasp, become almost intractable past the primary grades age.

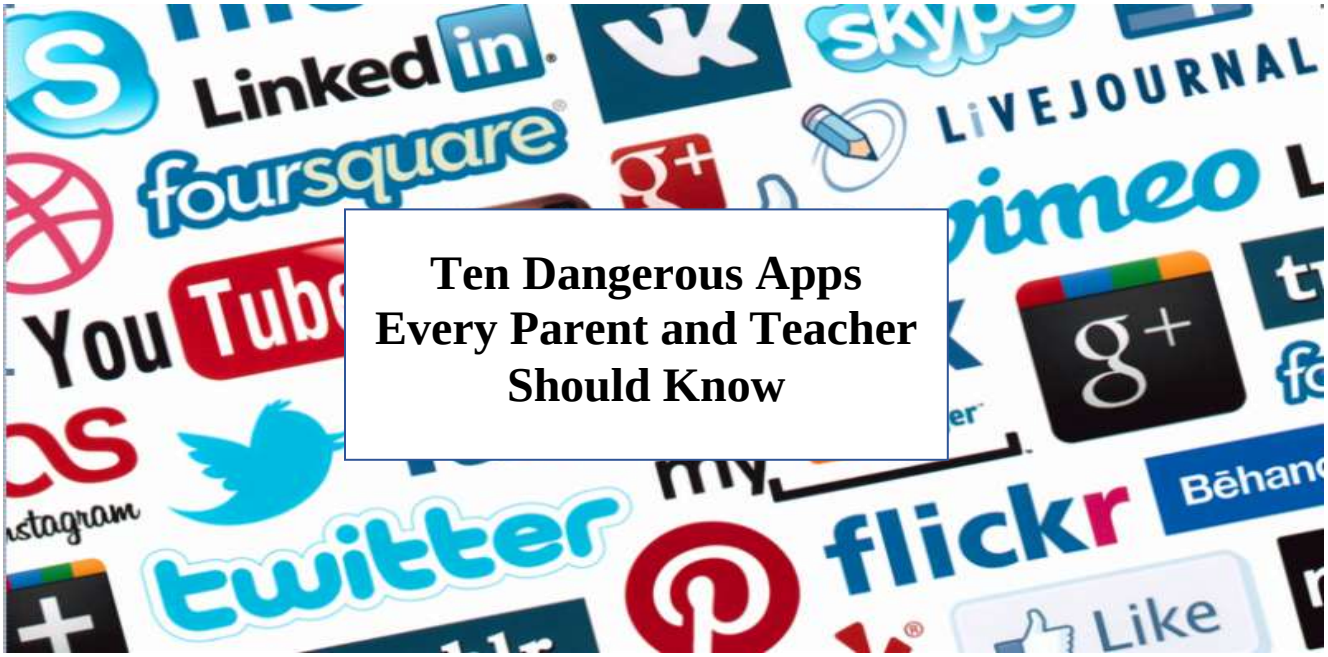
8. Substance abuse and ADHD are "inextricably" linked. A significant body of recent research is showing what many clinicians have believed for some time, that substance abuse and ADHD seem to go hand in hand. A clinical report from the American Academy of Pediatrics (AAP), published online last June in *Pediatrics*, stated that Attention-Deficit/Hyperactivity Disorder (ADHD) and substance use disorders (SUDs) are "inextricably intertwined," and parents and patients should be made aware of this. A meta-analytic review of relevant research found that children with ADHD were nearly 3 times more likely to report nicotine dependence in adolescence or early adulthood, almost 2 times more likely to meet diagnostic criteria for alcohol abuse or dependence, and more than 2.5 times more likely to develop a substance use disorder overall. Stimulant medication may reduce the risk for trying drugs and developing an SUD, the report notes, and there is no evidence that stimulants increase the likelihood of developing an SUD.

9. Special education services "ain't what they used to be." No doubt, some parents have memories of unhelpful, embarrassing, or even abusive school experiences in their own youth. It's easy for any loving parent to assume that their child may have a similar, negative experience if allowed to receive special services at school. Parents who share this concern can ask for a meeting with one of the special education providers at their child's school. Services today are normally provided within a general education curriculum, and separate classrooms for students with disabilities are far less common. Most students have many classroom friends who receive help ranging from reading support or speech therapy to counseling sessions or testing accommodations.

Written by
Amy Maus, MSW, LCSW

Amy specializes in services to schools, including work within public and private schools in urban, suburban and rural settings. She provides training to administrators, teachers and parents, consultation within Care Teams and on individual cases, and/or direct intervention with at-risk students. In addition, Amy enjoys providing presentations and workshops to groups of all sizes. She is trained to provide psychoeducational testing and she evaluates students for mental health and learning concerns that impact the classroom.
www.wcpastl.com

10. Your child deserves help. Ask any teacher, and he or she will be able to share stories of students about whom they were seriously concerned, but who were not allowed to receive evaluation or interventions. It is always troubling when a student is having academic, emotional, behavioral or social difficulties, but it is particularly disheartening to see a child going through unnecessary problems that could be successfully treated with the right support. Every child and adolescent deserves to have his or her needs and challenges taken seriously and deserves help where help is needed.



Social media has become one of the main methods of socialization among young people. Parents may feel at a loss about how to manage and supervise this very significant world in which their children spend so much time. Parents may even be unaware of what apps their children are using.

Last year, West County Psychological Associates created a list of apps that we believed parents and school professionals needed to be aware of. In the ever-changing landscape of social media, some of these apps have lost their popularity, while new ones have been created and become widely popular. Facebook, for example, is no longer popular among children and teens (largely because their parents are using it). For that reason, we have updated our list and included three new apps that have recently become very trendy. We have also included a new parental control app that can be used with Apple products. Not all of the apps on this list are inherently dangerous, but they do all have the potential to be used in inappropriate ways. We encourage parents to talk to their children about these apps, to find out if they are being used, and if so how they are being used. Parents can then decide whether or not they are appropriate for their children and adolescents.

#1. Whisper: Whisper is an anonymous social network. Users are able to post comments and pictures without sharing any identifying information. It has been called an "online confessional." Much of the content on Whisper tends to be dark; topics include depression, insecurity, substance abuse, and gossip. There is also a great deal of sexual content on Whisper.

#2. Hot or Not: "Hot or Not. Get In. Get Seen. Get Fans!" This is an app that allows its users to rate pictures of other people. When a user rates another as "hot" they become connected and are able to chat with that person. Users also receive a "hotness rating" between 1 and 10 based on the number of people who rate them as hot vs. those that do not.

#3. Oovoo: Oovoo is a free messaging, voice, and video chat app that has become very popular among teens. The most popular feature of this app is the free group video chats. Users can video chat with up to twelve people at a time. Because the service is free and many parents are unaware, sexting and other inappropriate behavior have become very popular on it.

#4. Vine: Vine is a mobile app that one can think of as an online video diary. The video clips can be viewed by anyone with a Vine account, and can also be shared via Twitter, Facebook, and other social media apps. Shortly after the Vine app debuted, pornographic videos started appearing on the service. Pornography, as well as other inappropriate and dangerous content, is now common on Vine. Because the service allows video postings to remain anonymous, there have been allegations of underage pornographic videos being shared.

#5. ask.fm: This is a question-and-answer site that thrives on anonymity. Participants create profiles (real or not) so that anyone, not just site members, can ask them questions. These questions are frequently sexual and/or aimed at humiliation.

The questions and their answers can be screen shot and sent to friends for embarrassment. Today, ask.fm has ballooned into a parent-free digital space where kids go to escape the built-in accountability of Facebook.

#6. Secret Phone: Secret phone is a phone within a phone, completely hidden in every way. There will be no icon in the application list, and no trace of the app ever being opened. Secret phone provides users with a private phone book and allows users to make and receive phone calls and texts as if they never took place. It provides an internet browser, which allows the user to search the internet without any trace of what they have viewed. The app has a feature called "The Vault," which is a security password protected safe in which the user can store notes, pictures, videos, etc. Secret Phone allows users to delete all data on the app by sending a text code from any cell phone.

#7. ihookup: A "casual" hookup site for "hot guys and girls." This app is being used by teens to find "singles" who are geographically close. The app uses global positioning software and allows users to find other members on the app who are looking for a "quick hookup." The site's capabilities appear to encourage casual sex with strangers.

#8. KiK Messenger: A relatively new text messaging app similar to iChat or Google Chat. KiK uses a smartphone's data plan or a Wi-Fi connection to transmit and receive messages, which allows the user to avoid text messaging rates. Although this app may appear to be a great way for people to keep in touch without the cost of text messaging, it has become very popular among teenagers for the purposes of flirting and sexting. The app allows users to talk to multiple people and also allows the user to upload pictures and files. Because it is impossible to verify someone's identity on KiK, it has the potential to attract online predators.

#9. snapchat: Often called "the sexting app," snapchat allows users to send a photo or short video that is viewed by the recipient for a maximum 10 seconds, after which it self-destructs. No evidence remains that the photo or video was ever sent. This app is often used for self-portraits ("selfies,") or pictures of others. Teens and tweens use this app with a false sense of security for pictures they believe cannot be saved. However, the recipient can capture the images using a screenshot or by taking a picture using another device, making copying and sharing easy.

#10. Omegle: The website's tagline is "Talk to Strangers." The website and app allow users to communicate with total strangers without any sort of registration. The service randomly pairs users with one-on-one chat sessions where they can chat anonymously. There is an option for video chat sessions as well. Omegle has been widely criticized as a service that has the potential to harbor sexual predators. In 2013, the transmission of nude photos and videos via Omegle from a teenage girl to a school teacher resulted in child pornography charges.

And a couple more… With the widespread availability of such potentially dangerous and sophisticated apps, it has become more and more challenging for adults to monitor what young people do on their devices. There are a number of apps available to assist adults in this seemingly insurmountable task. MMGuardian and TeenSafe are two very good parental control apps; MMGuardian is only for Android users, and TeenSafe works on the iPhone and Androids. Both apps provide a wide range of services to help ensure that minors are using their devices safely and responsibly.

MMGaurdian allows parents to pre-configure the times when their child's phone will be locked down, except for emergency calls and texts to the parent's phone. The app allows parents to block selected apps or allow only selected apps to be used. MMGuardian also allows parents to prevent children from using their phone while driving; if the phone is moving above 10mph, it is disabled except for emergency 911 calls. In addition, the app allows parents to instantly see where their child is and to monitor their child's calls and texts, as well as block certain individuals from contacting their child.

TeenSafe is not as sophisticated as MMGaurdian, and that is because Apple products have always been more difficult to monitor. Although not as sophisticated, TeenSafe does offer a number of good features. TeenSafe allows parents to monitor their children's location, view text messages (even deleted ones), review browsing history, and monitor contacts and call logs. One very nice feature of TeenSafe is their Instagram service. TeenSafe for Instagram allows parents to access their children's Instagram page, monitor photos, and keep track of who they are following and who is following them.

Tony Tramelli, M.A. *provides therapy to children and adolescents from Kindergarten through high school on a number of issues including depression, anxiety, bullying, grief, behavioral issues, academic problems and issues surrounding divorce. Tony takes a systems approach to the counseling of children and adolescents and works closely with parents and educators to effectively treat his clients. Tony also regularly provides presentations to parents, teachers, and students on safe and responsible social media and technology use.*

Winter and Spring Seminars
Available Through West County Psychological Associates

OCD in the Classroom: A Seminar for School Professionals

Wednesday, January 21st, 2015 1:00 p.m. to 3:00 p.m. $45
Presented by Diane M. Prost, M.Ed., NCC, LPC

Obsessive Compulsive Disorder is a neurobiological disorder characterized by recurrent, unwanted and unpleasant thoughts or images (obsessions) and repetitive, ritualistic behaviors that a person feels driven to perform (compulsions). Knowing the facts about OCD builds empathy, explains unusual behaviors in class and home, and helps school educators identify symptoms. This workshop is geared towards teachers, school counselors and social workers, and school administrators who wish to gain more information about OCD.
To Register, visit http://conta.cc/1Ab1sSU and follow the steps provided. Payment is required at registration.

The Neuroscience Connection to the Arts:
Using rhythm and music to activate memory and retention of science concepts and process skills

Wednesday, February 18th, 2015 1:00 to 4:00 p.m. $70
Presented by Dr. Carol Hall-Whittier and Mildred Z. Wigfall, Ph.D. candidate
A Seminar for Elementary and Middle School Teachers

It's all in the rhythm, the rhyme, and the repetition. Music and movement enhance the effect, as the brain is prepared for tasks that are more difficult. Explore a process which activates and intensifies the brain's memory skills, facilitating and enhancing better recall – bringing processing skills (predicting, inferring, classifying, identifying patterns) with writing activities to the realm of daily science instruction.
To Register, visit http://conta.cc/1rzNacB and follow the steps provided. Payment is required at registration.

Offline Communication in an Online World: Developing Interpersonal Skills in the Classroom

Monday, February 23rd, 2015 1:00 p.m. to 3:00 p.m. $50
Presented by Tony Tramelli, MA, PLPC

Not too long ago, children and teenagers had time to be online and time to be offline. This is no longer the case. Young people are constantly connected and are living their lives increasingly online. Now, more than ever, it is important for young people to experience what it is like to be offline; to interact with one another on a human level, to develop interpersonal skills, and to communicate with one another in person. The classroom is an opportune place to develop these skills. This seminar will focus on the many issues that young people face surrounding technology, as well as interpersonal relationship building and communication skills.
To Register, visit http://conta.cc/1xehFHJ and follow the steps provided. Payment is required at registration.

Depression in Students: Critical Information for School Professionals

Monday, March 30th, 2015 9:00 a.m. to 3:00 p.m. $85
Presented by Amy V. Maus, MSW, LCSW

Education professionals are on the front lines, noticing students' depression and needing to respond effectively, to prevent academic decline, social withdrawal, and suicide risk in depressed students. This workshop shares significant and in-depth clinical information relevant to the school professional. Topics covered include: depression symptoms, red flags in the school setting, the biological relationship between stress and depression, treatments for depression – what schools need to know, suicide prevention strategies, appropriate school responses to depressed students, and working with families to support appropriate action.
To Register, visit http://conta.cc/13Bz9Aj and follow the steps provided. Payment is required at registration.