



Youth in Transition

A Toolkit for Supporting Youth with Developmental Disabilities



**SOUTHERN NETWORK
OF SPECIALIZED CARE**



Youth in Transition

A Toolkit for Supporting Youth with Developmental Disabilities

INTRODUCTION



In the fall of 2008, a Brant agency requested assistance from the SNSC in their quest to better support challenging persons that were transitioning from children's to adult services. These individuals were presenting significant issues to the agency as they had very different needs from the population that the agency had a history of supporting. Significant mental health issues, extreme behavioural issues, street-involved activities were just a few of the concerns that were identified. The agency was looking for training resources for their staff group to better prepare them for supporting this group.

Further discussions identified this was a growing issue for agencies across the Southern Region, not just for agencies in Developmental Services, but other sectors were experiencing similar concerns. The Southern Network of Specialized Care decided to create a resource toolkit that could be used by service providers to better support challenging youth who are transitioning into adult services.

In preparation for the Toolkit, discussions were held with specific clinicians, including Behaviour Clinicians, Dual Diagnosis Nurses and Case Managers, and all of the Local Service Delivery Network, Dual Diagnosis Committees in the Southern Region. During the spring of 2009 conversations and surveys identified the greatest issues/needs. A summary of issues and training needs was developed from these discussions. A working group of clinicians and persons with particular interest in the Transitional Age Youth population was formed to put together information about resources that would assist service providers as they work with these young people.

In January of 2010, a consultant, Leslie Auger, was hired to help put all of the information together that had been gathered by the working group. In addition, it was determined that the Toolkit should also have some practical information about how to deal with certain situations. Thus the TIP Sheets were developed to meet this need.

The first draft of the Toolkit was presented to three Focus Groups held across the Southern Region in May of 2010. The response from these groups was very encouraging as they were very positive about the Toolkit and made many suggestions for improvements and additions that have been incorporated to create the final copy.

This Toolkit is for service providers who are working with youth with a developmental disability between the ages of 16 and 25 yrs who are in transition between children's and adult services. While the Toolkit was developed to support persons with a developmental disability, many of the resources and TIP's will be applicable to any youth transitioning to adulthood.

Please note that this is not a recipe book to be followed but a list of resources and ideas that may be helpful for service providers. We have presented this information in a way that allows for updated and local information to be added.

We, at the Southern Network of Specialized Care hope that you will find this Toolkit useful as you work to support youth in transition.



Acknowledgements

The Southern Network of Specialized Care would like to acknowledge the following people who were instrumental in the development of this Toolkit.

Consultant:

Leslie Auger, Masters, Child and Youth Studies

Working Group:

Nathalie Brown	Bethesda Adult Treatment, Niagara
Terra Burke	Bethesda Children's Autism Program, Niagara
Tanja Colonerus	St. Joseph Healthcare Dual Diagnosis Program, Hamilton
Marcia Cramp	Contact Niagara
Cheri Emerson	Community Living Access Support Services, Haldimand-Norfolk
Lisa Fisher-Nooyen	St. Clair College, Chatham
Liz Graham	Bethesda Outreach Program, Niagara
Maxine Lean	Contact Brant
Pauline LeDrew-Bonvarlez	Regional Support Associates, Chatham
Lynda Legge	Southern Network of Specialized Care
Jodie Petkovich	Hamilton Brant Behaviour Services
Chad Quanz	Regional Support Associates, Walkerton
Linda Smith	Southern Network of Specialized Care
Diane Smith-Coomber	Southern Network of Specialized Care
Tracey Taylor	Contact Haldimand-Norfolk
Sara Wardell	Mainstream, Niagara
Sally Wilson	Mental Health Services, Chatham-Kent Health Alliance

Focus Groups:

Numerous service providers from various sector agencies who participated and gave input into the Toolkit at Focus Groups held in:

Hamilton – May 6

Chatham – May 11

Stratford – May 12

The Southern Network of Specialized Care www.community-networks.ca



TABLE OF CONTENTS



Youth in Transition Toolkit for Supporting Youth with Developmental Disabilities

Table of Contents:	Page:
❖ Developmental Disability	6
• Developmental Disability Definition	7-8
• Autism Spectrum Disorders	9-10
• Down Syndrome	11
• FASD	13-14
• Fragile X	15-16
• Resources – Developmental Disability	17
• Resources – FASD	18
❖ Transitioning Issues	19
▪ Building Relationships with Young Adults/Teens	20
○ Enhancing Communications Skills	20
▪ Promoting Independence	21
○ Building Independence	21
○ Developing Future Goals	22
○ How to Prepare for a Doctor's Visit	23
○ Filling Prescriptions	24
○ Safety at Home	25
○ Organizing a Schedule	26
○ Asking for Help	27
○ Using Canada's Food Guide	28-30
○ Applying for ODSP	31
○ How to Read a Bus Schedule	32
○ How to Teach Teens to Make Good Decisions	33-34
• Resources – Promoting Independence	35
• Resources – Transitioning Issues	36
❖ Rights and Responsibilities	37
▪ Promoting Human Rights	38
▪ Rights vs. Risks	39
▪ Consent and Capacity	40-41
▪ Resources – Rights and Responsibilities	42
❖ Mental Health/Dual Diagnosis	43
• Recognizing Early Signs of Mental Health Issues	44-45
• Identifying and Reducing Stress	46
• Borderline Personality Disorder	47-48
• Resources – Mental Health/Dual Diagnosis	49-50

❖ Behaviour Challenges/High Risk Behaviours	51
▪ When to Contact a Behaviour Consultant	52
▪ Reducing Interfering Behaviours	53
▪ Behavioural Interventions	54-55
▪ Using the 5 Point Scale	56
▪ Teaching Self-Calming	57
▪ Completing ABC Charts	58
▪ Using Visual Schedules	59
▪ Substance Abuse and Misuse	60
▪ Fire Setting Behaviours	61
▪ Teenage Pregnancy	62
▪ Gang Involvement	63
▪ How to Identify & Manage Self Harming Behaviours	64-65
▪ Resources – Behaviour Challenges	66
▪ Resources – High Risk Behaviours	67-68
❖ Vulnerabilities/Safety Issues	69
▪ Internet Safety	70
▪ Bullying	71
▪ Bullying – What Agencies Can Do	72
▪ Abuse Prevention	73
▪ Sexuality and Sexual Health	74-75
▪ How to be Safe in a Bar	76-77
▪ Resources – Internet Safety	78-79
▪ Resources – Bullying	80-81
▪ Resources – Abuse Prevention	82
▪ Resources – Sexuality and Sexual Health	83-84
❖ Social , Educational, Recreational and Work Issues	85
• Interacting in Groups	86
• Social Skills	87
• Education	88
○ How to Apply to College	88-90
• Developing Interest and Hobbies	91
• Work Related Skills/Work Ethics	92
○ Developing a Résumé	92-93
○ Work Ethics	94
• Resources – Social Skills	95
• Resources – Hobbies	96
• Resources – Work Skills	97-98
❖ Local Resources	99-134
❖ Appendix I-II-III	135-139
❖ NOTE: Resources in blue indicate a link to the internet	



LOCAL
RESOURCES



RESOURCES



TIPS

Developmental Disability



The Ministry of Community and Social Services in their new legislation, Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, defines Developmental Disability as a “person who has prescribed significant limitations in cognitive functioning and adaptive functioning and those limitations:

- a) originated before the person reached 18 yrs of age
- b) are likely to be life-long in nature and
- c) affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity”

The term “intellectual disability” refers specifically to a person who has limitations in cognitive functioning and has an IQ of 70 or below.

This section describes further what a developmental disability is and some of the causes. Further information is offered on some specific syndromes.



Developmental Disability Definition

Definition

Developmental disability is characterized by significant limitations both in intellectual functioning and in adaptive functioning, which covers many everyday social and practical skills. This disability originates before the age of 18 and are likely to be lifelong in nature.

One criterion to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

Standardized tests can also determine limitations in **adaptive functioning**, which comprises three skill types:

- Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Causes:

Several hundred causes of developmental disability have been discovered, but many are still unknown. The most common ones are:

- Biomedical causes, resulting from:
 - Abnormal genes inherited from parents
 - Errors when genes combine (eg, [Down syndrome](#), [Fragile X syndrome](#))
 - Nutritional deficiencies
 - Metabolic conditions (eg, [phenylketonuria](#) (PKU), and [congenital hypothyroidism](#))
- Behavioural issues during pregnancy:
 - [Smoking](#)
 - Use of [drugs](#) or [alcohol](#) that affect the developing fetus ([FASD](#))
 - Malnourishment
 - Contraction of certain illnesses/infections while pregnant
- Problems at birth:
 - Premature delivery or low birth weight
 - Baby doesn't get enough oxygen during birth
 - Baby is injured during birth
- Factors during childhood:
 - Illnesses (such as [chickenpox](#), [whooping cough](#), and [measles](#))
 - Exposure to [lead](#), mercury, and other toxins
 - [Head injury](#) or [near drowning](#)
 - Social factors such as child stimulation and adult responsiveness
 - Educational deficiencies

The following categories are often used to describe the level of intellectual disability:

Mild

- IQ 50-70
- Slower than normal in all areas
- No unusual physical signs
- Can acquire practical skills
- Reading and math skills up to grades 3-6
- Can conform socially
- Can acquire daily task skills
- Integrated in society

Moderate

- IQ 35-49
- Noticable delays, particularly speech
- May have unusual physical signs
- Can learn simple communication
- Can learn elementary health and safety skills
- Can participate in simple activities and self-care
- Can perform supervised tasks
- Can travel alone to familiar places

Severe

- IQ 20-34
- Significant delays in some areas; may walk late
- Little or no communication skills, but some understanding of speech with some response
- Can be taught daily routines and repetitive activities
- May be trained in simple self-care
- Need direction and supervision socially

Profound

- IQ <20
- Significant delays in all areas
- Congenital abnormalities present
- Need close supervision
- Requires attendant care
- May respond to regular physical and social activity
- Not capable of self care

Read more: <http://www.thirdage.com/encyclopedia/intellectual-disability-cognitive-disability-developmental-disability-mental-retarda#ixzz0vdpP0x6B>

TIP SHEET – Developmental Disability



Syndromes: Autism Spectrum Disorder

CHARACTERISTICS:

Autism Spectrum Disorder (ASD) is a complex condition that impacts normal brain development and affects a person's social relationships, communication, interests and behaviour. When most people talk about the autism spectrum disorders (ASDs), they are referring to the **three most common PDDs:**

- Autism
- Asperger's Syndrome
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)

Because ASD is a spectrum disorder, there is wide variation in how it affects each person. Individuals with ASD vary widely in their needs, skills and abilities but most have common types of characteristics including:

- difficulties with communication and social interaction
- repetitive interests and activities
- unusual attachments to objects or routines

Signs of ASD can include:

- seems disinterested in sharing enjoyment with others
- does not speak, or uses very few words
- appears to understand very little
- may seem deaf or does not respond when name is called
- has unusual sensitivity to light or sound
- may walk on his or her toes
- when excited, may flap hands
- may not make eye contact
- may resist cuddles and hugs
- has frequent tantrums when required to do anything new or when asked to change activities without advance warning
- does not point to show you interesting things
- does not engage in make-believe play
- may line up toys and obsess on strange objects
- does not show objects to others
- does not look where you are pointing
- like things to be done the same way all the time
- exhibits loss of social play or language skills or social skills

BEHAVIOURAL CHARACTERISTICS

While not part of autism's official diagnostic criteria, individuals on the autism spectrum often suffer from one or more of the following problems:

- **Sensory Problems** - Many individuals with ASDs either under react or overreact to sensory stimuli. At times they may ignore people speaking to them, even to the point of appearing deaf. However, at other times they may be disturbed by even the softest sounds. Sudden noises such as a ringing telephone can be upsetting, and they may respond by covering their ears and making repetitive noises to drown out the offending sound. Individuals on the autism spectrum also tend to be highly sensitive to touch and to texture. They may cringe at a pat on the back or the feel of certain fabric against their skin.
- **Emotional Difficulties** – Individuals with autism spectrum disorders may have difficulty regulating their emotions or expressing them appropriately. For instance, they may start to yell, cry, or laugh hysterically for no apparent reason. When stressed, he or she may exhibit disruptive or even aggressive behaviour (breaking things, hitting others, or harming him or herself). The National Dissemination Center for Children with Disabilities also notes that autistic kids may be unfazed by real dangers like moving vehicles or heights, yet be terrified of harmless objects such as a stuffed animal.
- **Uneven Cognitive Abilities** - The autism spectrum disorders occur at all intelligence levels. However, even individuals with normal to high intelligence often have unevenly developed cognitive skills. Not surprisingly, verbal skills tend to be weaker than nonverbal skills. In addition, individuals with ASDs typically do well on tasks involving immediate memory or visual skills, while tasks involving symbolic or abstract thinking are more difficult.
- Any of the above can present in the form of self-injury, aggression, destruction, non-compliance, etc.

STRATEGIES:

1. Complete ABC to determine the function of the interfering behaviour.
2. Use consistent expectations and routine
3. Use the TEACCH system.
4. Use of visuals and visual schedules, choice boards, first/then boards, etc
5. Use of social stories
6. Address sensory needs
7. Teach coping and social skills

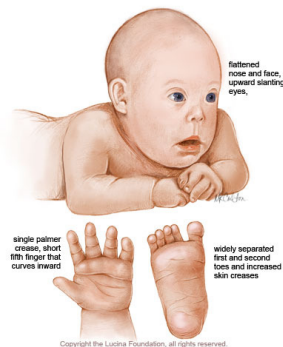


Syndromes: Down Syndrome

PHYSICAL CHARACTERISTICS:

Individuals with Down syndrome may have some or all of the following physical characteristics:

- abnormally small chin,
- oblique eye fissures with epicanthic skin folds on the inner corner of the eyes,
- muscle hypotonia (poor muscle tone),
- a flat nasal bridge,
- a protruding tongue
- a short neck,
- excessive joint laxity including atlanto-axial instability,
- congenital heart defects,
- excessive space between [large toe](#) and second toe,
- [mental retardation](#) in the mild (IQ 50–70) to moderate (IQ 35–50) range
- they also may have a broad head and a very round face.



BEHAVIOURAL CHARACTERISTICS:

The first step in the evaluation of an individual with Down syndrome who presents with a behaviour concern, is to determine if there are any acute or chronic medical problems related to the identified behaviour. The following is a list of the more common medical problems that may be associated with behaviour changes.

1. Vision or hearing deficits.
2. Thyroid function
3. Celiac disease
4. Sleep apnea
5. Anemia
6. Gastro esophageal reflux
7. Constipation
8. Depression
9. Anxiety

The following are some of the common behaviour concerns reported by parents/teachers.

- **Wandering/running off** — the most important thing is safety. Consider use of door alarms. Visual supports such as a STOP sign on the door and/or asking permission to go out the door can be a reminder to the individual to ask permission before leaving the house/school/setting.
- **Stubborn/oppositional behaviour** — a description of the individual's behaviour during a typical day at home or school can sometimes help to identify an event that may have triggered the non-compliant behaviour. At times the oppositional behaviour may be the individual's way of communicating frustration or lack of understanding due to their communication/language problems. Ensure that they can communicate effectively their wants, needs and frustrations. Also ensure that receptively, they can understand what is requested of them. Again visuals may assist in this area.
- **Attention problems** — individuals with Down syndrome can have ADHD but they should be evaluated for attention span and impulsivity based on developmental age and not strictly chronological age. The use of rating scales can be helpful in diagnosis. Anxiety disorders, language processing problems and hearing loss can also present as problems with attention.
- **Obsessive/compulsive behaviours** — these can be as simple as always wanting the same chair at the table to repetitive behaviours such as dangling beads or belts when not engaged directly in an activity. This type of behaviour is seen more commonly in younger children with Down syndrome and while the number of compulsive behaviours is no different than those in typical children at the same mental age the frequency and intensity of the behaviour is often more in individuals with Down syndrome.
- **Autism Spectrum Disorder** — autism is seen in approximately 5-7% of persons with Down syndrome. The diagnosis is usually made at a later age (6-8 years of age) than in the general population and regression of language skills if present also occurs later (3-4 years of age). The interventions strategies are the same as for any individual with autism.

STRATEGIES:

1. Rule out a medical problem that could be related to the behaviour.
2. Consider emotional stresses at home/school/work that may impact behaviour.
3. Consider communication challenges that could impact on behaviour.
4. Use visual communication systems and schedules as needed.
5. Build in movement breaks as needed.
6. Teaching coping skills and strategies.
7. Work with a professional (psychologist, behavioural consultant, counsellor) to develop a behaviour treatment plan using the ABC's of behaviour. (Antecedent, Behaviour, Consequence of the behaviour)
8. Medication may be indicated in particular cases such as ADHD, OCD and autism.



Syndromes: Fetal Alcohol Spectrum Disorder (FASD)

Fetal Alcohol Spectrum Disorder (FASD)

- Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a range of disabilities passed on to children due to pre-natal exposure to alcohol.
- Most commonly recognized, within this spectrum, are Fetal Alcohol Syndrome (FAS) and Partial Fetal Alcohol Syndrome (pFAS).
- They represent about 15% of those affected by pre-natal exposure to alcohol. These children are characterized by facial dysmorphism or features, central nervous system damage or brain damage and, in most cases, growth impairment.
- Many doctors are only familiar with these forms of FASD.
- Approximately, eight-five percent of those actually affected fall under the category of Alcohol Related Neurodevelopment Disorder (ARND). These children have brain damage but have no facial features or growth impairment. They often present to parents and professionals as more capable than they actually are. As a result, these children are largely misdiagnosed or go unrecognized altogether, receiving inappropriate, ineffective support and intervention.
- The prevalence of FASD is at least 1 in every 100 live births. (Previously we thought autism was the leading cause of disabilities at 1 in every 167 live births).
- This makes FASD the leading cause of disability.
- When we consider that 10% will have an IQ of 70 or below, it also makes FASD the leading cause of developmental delay (as historically defined).

While each person impacted by FASD is unique, the resulting brain damage typically results in various dysfunctional symptoms commonly found with this disability. They include:

- Sensory sensitivity
- Trouble learning or remembering
- Trouble making good decisions
- Makes the same mistake again and again
- Acts too young for his/her age
- Can't sit still/concentrate/hyperactive
- Disobedient at home
- No guilt after misbehaving
- Impulsive/acts without thinking
- Lying and/or stealing
- Learning Disabilities

Lack of identification creates even larger problems or secondary disabilities and a lifelong impact on all sectors of community service provision. These problems include:

- 90+% will have mental health problems- many will have multiple diagnosis
- 68% will have trouble with the law
- 55% will be confined in prison or treatment centres
- 52% will have sexually inappropriate behaviour
- 35% of females and 30% of the males will become drug and alcohol dependent
- 80% will be unable to live independently and account for much of the homeless population
- 70% will never be able to maintain employment

Once FASD is identified or even suspected, it is important to provide appropriate supports for successful intervention and a positive long-term prognosis. Due to the effects of brain damage, typical behavioural modification approaches such as the use of rewards and punishment, are often unsuccessful with this population.

Supports and intervention strategies need to focus on first gaining a good understanding of FASD and it's impact on the brain, and then by providing external supports in the areas of modified communication approaches, social skills, structure and routine. Using a positive strength based approach that includes planning for life-long interdependent supports, is the key to seeing success.

For more information visit www.fasdontario.ca for FASD Resources on effective practices, education and respite needs of the families impacted.





Syndromes: Fragile X

CHARACTERISTICS:

Fragile X syndrome is the most common inherited form of mental retardation. It results from a change, or mutation, in a single gene, which can be passed from one generation to the next.

In general, the signs and symptoms of Fragile X fall into five categories:

- **Intelligence and learning** - Many people with Fragile X have impaired intellectual functioning, which affects their ability to think, reason, and learn.
- **Physical** - Some individuals have very soft, velvety skin, a broad forehead, or a slightly larger head. When these individuals enter puberty, they may begin to develop certain features that are typical of teens and adults with Fragile X, such as a longer face or jaw and larger, more noticeable ears. Most do not grow as tall as their peers, or as tall as one might expect them to grow, based on the height of their family members. Many males develop enlarged testicles, a condition called macro-orchidism. Many people with Fragile X have loose, flexible joints. They may have flat feet and be able to extend joints like the thumb, knee, and elbow further than normal. Weak connective tissue can predispose a person to certain medical conditions, such as hernia and frequent middle ear infections. Weak connective tissue can also affect the valves and vessels of the heart, so that blood in the heart may not flow smoothly, which creates a heart murmur .
- **Social and emotional** - Most individuals with Fragile X-especially boys-feel a great deal of social anxiety; that is, they aren't completely comfortable in new situations, meeting new people, or doing new things. Their level of anxiety can be so high that they may avoid social situations. Their anxiety may show up as a lack of eye contact and/or fast, choppy speech. Some individuals may get easily upset. They are easily overwhelmed with sights and sounds and can become very distressed. Unexpected changes in routine, like entering a new class or classroom, can also upset them. Some individuals respond by becoming extremely rigid or tense, while others whine or cry. At times, their reactions can spill over into tantrums or repetitive actions, such as rocking back and forth and biting themselves. In adolescence, changes, such as rising hormone levels, may make these outbursts more extreme.
- **Speech and language** - Language difficulties in children who have Fragile X range from mild stuttering to more severe problems with basic language skills. Basic language skills include the ability to pronounce words clearly, to speak and write using words and grammar correctly, and to communicate in meaningful ways.
- **Sensory** - They may become frantic at the sound of a loud noise or may be easily distracted by slight sounds in the room. They may be bothered by the texture of their clothes against their skin, or they may be unable to focus on the parts of their environment that are important.



BEHAVIOURAL CHARACTERISTICS:

- repeat words and phrases, or the last words in a sentence, over and over
- fail to respond to direct questions
- give answers not obviously related to the question
- speak in rapid bursts
- have poor fine and gross motor coordination
- dislike work based on writing
- find large, noisy, unstructured group times distressing
- become distressed by eye contact, touch, questioning in front of others
- react badly to pressures of time
- be oversensitive to relatively minor upsets and/or have disruptive outbursts

STRATEGIES:

1. Know the learning style of the individual.
2. Develop a consistent daily schedule or routine.
3. Use visual signs (pictures, [sign language](#), logos, words) and concrete examples or materials to present ideas, concepts, steps, etc.
4. Prepare the individual for any changes in routine by explaining them ahead of time, possibly using visual signs.
5. Include functional goals with academic goals; for instance, teaching the individual the names of different pieces of clothing as well as how to dress him/herself.
6. Provide opportunities for the child to be active and move around.
7. Use computers and interactive educational software.
8. Provide a quiet place where the individual can retreat and regroup.

RESOURCES – Developmental Disability



BOOKS:

1. [Demystifying Syndromes: Clinical and Educational Implications of Common Syndromes Associated with Intellectual Disabilities](#) by Dorothy Griffiths and Robert King - NADD Press, Kingston, NY USA 2004
2. [Genetics and Mental Retardation Syndromes: A New Look at Behavior and Interventions](#) by Elisabeth M. Dykens, Robert M. Hodapp and Brenda M. Finucane. Brooks Publishing Company 2000
3. [A Comprehensive Guide to Intellectual and Developmental Disabilities](#) edited by Ivan Brown, PhD and Marie Percy, PhD; Brooks Publishing Company 2007

WEBSITES:

1. www.aaid.org
AAIDD promotes progressive research and effective practices for people with intellectual disabilities.
2. [http://www.autism-resources.com/papers/TEACCHN.htm#Table Of Contents 0.1](http://www.autism-resources.com/papers/TEACCHN.htm#Table_of_Contents_0.1)
The TEACCH Model stands for Treatment and Education of Autistic and Communication Handicapped Children

SUPPORT GROUPS:

1. Spina Bifida and Hydrocephalus Association of Canada. Provides support for individuals with these challenges. www.sbhao.on.ca
2. Ontario Stakeholders on FASD (Fetal Alcohol Spectrum Disorder). www.fasdontario.ca
3. Down Syndrome Association of Ontario. www.dsao.ca

RESOURCES – Developmental Disability - FASD



BOOKS:

1. [Living with FASD – A guide for parents](#) – 3rd Edition by Sara Graefe, foreword by Dr. Julianne Conry, (2006) Vancouver: Groundwork Press - This book will help parents of FAS/pFAS children and professionals working with them to obtain what they need: information and support and understanding..." Elspeth Ross, Parent and Researcher
2. [The Out-Of-Sync Child. Recognizing and Coping with Sensory Processing Disorder](#) by Carol Kranowitz, revised edition, Perigree 2005
3. [Trying Differently Rather Than Harder](#) by Diane Malbin–Second Edition FASCETS, Portland, OR 2002
4. This is a sequel to the earlier publication, "Fetal Alcohol Syndrome and Fetal Alcohol Effects: Strategies for Professionals." It provides a readable, narrative discussion of the model for working effectively with children, adolescents and adults with FASD.
5. [Fetal Alcohol Syndrome. A Guide for Families and Communities](#) by Ann Streissguth Baltimore Brookes Publishing 1997 - Readable and easy to understand, this book conveys urgent information about medical and social issues surrounding fetal alcohol syndrome (FAS).
6. Streissguth, A., Barr, H., Kogan, J., & Bookstein, F. (1996). Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE): Final report to the centers for disease control and prevention on grant no. R04/CCRO08515. Technical Report No. 96-06. Seattle, WA: University of Washington, Fetal Alcohol and Drug Unit.
7. [The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities](#) by Ann Streissguth and Jonathan Kanter 1997 Seattle, WA: University of Washington Press.
8. [Trying differently. A guide for daily living and working with FAS and other brain differences.](#) Debbie Trudeau (Ed.) 3rd Edition 2005 Fetal Alcohol Syndrome Society Yukon - This small practical book is full of strategies to help people with FASD. It includes topics such as routines/daily structure, life skills and community. It has suggestions for early and later years.

TOOLS/CURRICULUM:

1. [FASD strategies not solutions.](#) by The Government of Alberta Children's Services Edmonton and Area Fetal Alcohol Network 2005 http://www.region6fasd.ca/pdfs/Booklet_Web.pdf
2. Saskatchewan FASD Tip Sheets www.skfasnetwork.ca
3. <http://www.skfasnetwork.ca/Network%20Resources%20&%20Materials.html>
4. [Take another look: a guide on FASD for school psychologists and counsellors](#) by the FASD Interagency Workgroup 2008
5. [Eight magic keys. Developing successful interventions for individuals with fetal alcohol spectrum disorders](#) (FASD) developed by Jan Lutke, Deb Evensen 1997
6. [General guidelines for supporting adults with fetal alcohol spectrum disorder](#) (in a mental health or forensic setting). Vancouver: Third National Biennial Conference on Adolescents and Adults with FASD Conference Syllabus (April 12, 2008) Identical 2004/6 version of this article is available on-line at <http://www.fasdconnections.ca/id22.htm>, Nathan Ory 2008

Transitioning Issues



Transition happens at many times in a person's life. Transition times are usually challenging but perhaps none more challenging than transitioning from childhood to adulthood. Transitions at this age for persons with developmental disabilities are often complicated by changes in care providers and professional service providers, reduced or lack of services, family dynamics and differing expectations. Some youth with developmental disabilities are transitioning from the child welfare system to developmental services. These youth often present with significant issues that the traditional developmental service system is ill-prepared to deal with.



Enhancing Communications Skills

To build and enhance communication skills with young adults/teens:

1. Look at the person, and suspend other things you are doing.
2. Listen not merely to the words, but the feeling content.
3. Be sincerely interested in what the other person is talking about.
4. Restate what the person said.
5. Ask clarification questions once in a while.
6. Be aware of your own feelings and strong opinions.
7. If you have to state your views, say them only after you have listened.

CONSIDERATIONS:

1. Use fictional stories or media as a means to bridge conversation and build rapport.
2. Young people may require a lot of time to process information. Always wait a few minutes for the person to respond.
3. Young people typically respond better to demonstration and or working together rather being “told” what to do. Especially when learning new or unfamiliar routines or tasks.
4. Young people respond well when they are asked their opinion.
5. Humour is a good tool for developing rapport and making light of tough situations.

Adapted from Wolf Par Brain Matters





Building Independence

When the individual is showing signs of independence and you want to further develop it:

1. Find the individual's preferences and build on his/her interests.
2. Keep choices simple and reduce distractions
3. Provide the individual with meaningful choices.
4. Work with the individual's communication system.
5. Provide the individual with household tasks such as watering the plants, putting away the dishes, cleaning their room, etc.
6. Encourage responsibility for personal possessions and routines.
7. Promote social interactions, co-operations and turn taking.
8. Promote problem solving skills.
9. Encourage the individual to “reflect” on choices and consequences.

CONSIDERATIONS:

1. Intellectual level of the person.
2. Individual's preferences.

Taken from: Baker, B.L. (2004).

[*Steps to Independence: Teaching everyday skills to children with special needs, 4th edition.*](#)



Developing Future Goals

Teaching youth how to develop future goals.

TIPS:

1. To ensure that youth are reaching their full potential and developing their strengths and needs, keep communication open.
2. Discuss what they like and dislike and they would like to achieve in the future.
3. Slowly build on their strengths, and needs in order to achieve their goals.
4. The following goals template can be helpful.

- **DREAMS/GOALS:**

Someday I would like to.....

Live (where, with whom) _____

Work (type of work, where, etc) _____

Do (vacation, sports, leisure activity, etc) _____

Learn (go to school, play guitar, cook, etc) _____

Other _____

5. Once this form has been completed, assist the youth with developing a plan to reach these goals.

Taken from The Planner Guide (2007)

TIP SHEET – Promoting Independence



How to Prepare for a Doctor's Visit

1. Ensure that you leave early for the appointment so that you will be on time.
2. The waiting time for many appointments may be long so bring a book, iPod, etc for the person that you are supporting to help the time pass and keep the person you are supporting from getting frustrated about long waits.
3. Record how the person has been feeling for the doctor so that you don't leave any information out. Write down the following:
 - Pay attention to their symptom(s). What is the location, duration, and character of the discomfort? What brings them on? What aggravates them? What relieves them?
 - List all the person's medications and dosing schedules. Include all prescription and nonprescription medications, supplements, vitamins, herbs, and minerals. You might bring them with you to show the doctor.
 - Also bring any medical information that may be helpful to the doctor such as surgeries, previous illnesses, etc.
4. Think about what questions you want to ask the doctor, write them down. Putting questions on paper in advance will ensure that you don't forget anything important. You can assist and encourage the person you support with this and have them ask the doctor these questions if they are able to.
5. Some Questions to ask the doctor could include:
 - What do you think is causing the problem?
 - Will tests have to be done to diagnose the problem?
 - What are the treatment options?
 - If the symptoms get worse, what should be done?
6. As the doctor is responding to the questions, take notes.
7. Ensure the doctor uses language that you understand and the person you are supporting understands also? Don't be afraid to ask him to explain it using simpler terms.
8. If the doctor prescribes a new medication, have him to explain the drug in detail, including its potential side effects. Make sure that the person you are supporting understands this information.
9. This process can be practiced and modeled for the person so that in the future they may be able to attend doctor's appointments independently. Staff support can be slowly faded away as they acquire skills for attending an appointment on their own.



Filling Prescriptions

What to remember when getting a prescription filled from the pharmacy.

TIPS:

When getting a prescription filled, go to the drug store or pharmacy and give the prescription to the pharmacist.

Ensure that you have the following:

The person's insurance form/ODSP drug card

The person's name, address, phone number and date of birth.

The person's medication history

The person's allergies

Ensure that the medication is explained to you, side effects, dose times, etc. Ask any questions about the medicine at this time.

After you get the prescription, store the medicine in a safe place.

Ensure the right amount of medicine is given at the right times.

Taken from The Planner Guide (2007)





Safety at Home

Teaching teens what to do if they hurt themselves or do not feel well.

TIPS:

It is important to teach teens how to take care of themselves if they are home alone.

Ensure that they know where the first aid kit is and know how to use it.

Emergency numbers should also be posted on the fridge or near the phone. These numbers can also be programmed into the phone.

The following can also be posted on the fridge, in the first aid kit, in a wallet/purse, etc.

If you have a nose bleed ----- Sit down and pinch your nose with a cloth or Kleenex.

If you cut yourself ----- Wash the cut with soap and water and put a band aid on it.

If you burn yourself ----- Put the burn under cold water until the pain stops.

If you have a bruise ----- Put an ice pack or cold cloth on the bruise.

If you feel sick/nauseous ----- Lay down. Drink clear fluids.

If at any time you have a question about your injury or you have hurt yourself very badly, call your support person.

If you have a very serious injury call 911.



Taken from The Planner Guide (2007)



Organizing a Schedule

Teaching youth how to use a date book or calendar to keep track of appointments.

TIPS:

1. Assist teen with purchasing a date book/calendar that they can use and that they like.
2. Help them put dates in a date book or on a calendar by writing it down on the calendar or use a sticker.
3. Show the teen how to put dates on the calendar/date book when they get an appointment card that tells them when their next appointment will be.
If someone tells me a date, I should write it down on my calendar /date book.
4. Also show the youth how to write down the days that they work on their calendar.
5. Remind the teen to check their calendar/date book each day so that they won't miss any important meetings, appointments, etc. until they can check the calendar each day on independently.

Taken from The Planner Guide (2007)





Asking for Help

Teaching youth how and who to ask for help when they are in the community.

TIPS:

1. If teens are independent in the community or anywhere, it is important to teach them how and who to ask for help.
2. To find a safe person, suggest that they ask a person who is behind a counter or a person in a uniform. This can include a sales clerk, mail carrier, etc. Once they know who a safe person is, have them go to this person and say, “Excuse me, could you please help me?”
3. Have them tell the person what they need help with or say, “I have a question for you” and then ask the question.
4. Again, they can ask/look for someone in a uniform who works where they are.
5. They can ask for someone wearing a name tag who works where they are.
6. They can look for a cashier or a person behind a desk for help.

Taken from The Planner Guide (2007)



Using Canada's Food Guide

How to Use Canada's Food Guide to Plan Meals

You can use Canada's Food Guide to plan meals for yourself, your family or friends.

Planning meals helps you:

- Eat well by varying your food choices throughout the day and week;
- Save time by planning and shopping ahead and reducing trips to the grocery store;
- Get meals on the table faster with less stress

Meal planning doesn't have to take a lot of time! Do it once or twice a week when you write out your shopping list. The more you plan the easier it gets. A little planning goes a long way in helping you have healthy eating habits.

Planning Tips

1. Menu plan

- Use a piece of paper, calendar, or a menu planner to jot down your meal ideas.

2. Grocery list

- Write down the foods you need for the next few days or week for your meal ideas.

3. Go shopping

- Buy the foods you need on your grocery list.

4. Start cooking

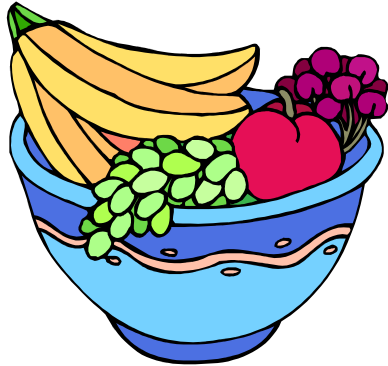
- Post your meal plan on the fridge so when you get home you can start the meal.



Meal Planning Checklist:

✓	
	Eat at least one dark green and one orange vegetable each day.
	Choose vegetables and fruit with little or no added fat, sugar or salt.
	Have vegetables and fruit more often than juice.
	Make at least half of your grain products whole grain each day.
	Choose grain products that are lower in fat, sugar or salt.
	Drink skim, 1% or 2% milk each day. Drink fortified soy beverage if you do not drink milk.
	Select lower fat milk alternatives.
	Have meat alternatives such as beans, lentils and tofu often.
	Choose at least two Food Guide Servings of fish each week.
	Select lean meat and alternatives prepared with little or no added fat or salt.
	Include a small amount of unsaturated fat each day.
	Satisfy your thirst with water.
	Limit foods and beverages high in calories, fat, sugar or salt.





Snacks to Grab and Go:

- Fresh fruit or individually packed containers of cut-up fruit.
- Raw vegetables including carrots, peppers, zucchini, cherry or grape tomatoes.
- Baby carrots and whole wheat pita triangles with hummus.
- Pumpernickel bagel with peanut butter and banana.
- Fresh, frozen or canned fruit with low fat yogurt or in a smoothie.
- Sweet red, yellow or green peppers and bread sticks with salad dressing or low fat dip.
- Whole wheat tortilla wrap made with salmon or tuna and salad dressing, onions, celery and green peppers.
- English muffin with melted cheese and apple slices.
- Dry mixed cereal and a container of milk.
- Dark green leafy salad with orange sections and almonds.
- Nuts, pumpkin or sunflower seeds.
- Plain popcorn.
- Popsicles made with 100% fruit juice or yogurt.
- Water, milk, fortified soy beverage or 100% fruit juice.

*For a free copy of Canada's Food guide go to
<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>*

TIP SHEET – Promoting Independence



Applying for ODSP – The Ontario Disability Support Program

About ODSP: The Ontario Disability Support Program (ODSP) provides income and employment support to people with disabilities.

How to qualify:

To qualify, you must:

- be 18 years or older
- live in Ontario
- be financially eligible
- have a substantial physical or mental health problem, expected to last one year or longer, that substantially limits your ability to work, look after yourself or carry out daily activities.

How to apply

Get the “Disability Determination Package (DDP)” from your case worker, or government office.

The ODSP application forms

The DDP includes:

- four forms: two to be filled out by your doctor and two to be filled out by you.
- instructions on how to fill out the forms
- a list of the type of doctor who can fill out the two medical forms.

The Health Status Report and the Activities of Daily Living forms should be completed by your doctor who knows your health situation best.

You do not have to pay the doctor to fill out the forms.

You fill out the Consent and Self Report forms. The Self Report is your chance to explain, in your own words, how your health impacts your ability to work, look after yourself or carry out daily activities at home and in the community. A family member, friend, trustee or someone from a community group who knows about your health problem(s) can help you fill it out.

Please talk to your caseworker if you need help with the Self Report. If you decide you do not want to fill out the Self Report, you still have to sign and return it. Your application cannot be processed without it.

Returning the Disability Determination Package (DDP)

Once you receive the medical application, you have 90 days to complete it and return it.

If you cannot get all the medical information you need within 90 days, you can ask for more time to return the application. Once the medical application has been completed, mail it to the DAU in the envelope provided.

Before you mail in your package:

- review the forms and make sure that your name and address are on all the forms
- keep a copy for your records make sure that there is enough postage on the envelope.

Taken from:

http://www.accesson.ca/en/mcss/programs/social/directives/directives/ODSPDirectives/income_support/1_1_ODSP_ISDirectives.aspx

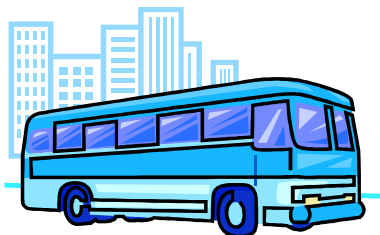


How to Read a Bus Schedule

- Read the route name on the bus map to get an idea of the bus's destinations. Most routes will have straightforward, descriptive names such as "Greenfield High School to Meadow Park" or "Valhalla Drive, Summit Square, IBM and Target" that gives some idea of the path of the bus.
- Look at the overall route of the bus map to understand the streets the bus will take. Bus maps are usually simplified road maps that have the names of the streets the route follows clearly marked. The names of the various stops and landmarks will also be clearly marked for easy reading.
- Understand how the bus map labels its stops. For example, some bus maps label their stops and routes with large letters. If a bus map labels its stops with letters, the names of the stops will be printed on the bus map's accompanying time schedule.
- Check to see if different routes use the same segments of road. Different routes on the same road are represented by different colors in order to make reading the different routes easier. This is an extremely important aspect of bus map reading if you need to transfer bus routes to get to your intended destination.
- Locate the time schedule that goes with the bus map. The time schedule is almost always located on the same page that contains the bus map. The time schedule is designed to be read in together with the bus map, providing the reader with a sense of how long the bus will take to get from stop to stop.
- Some bus stops/schedules have help line that you can call for assistance.
- You can also ask the bus driver for help if you need it.

Read more: *How to Read Bus Maps* | eHow.com

http://www.ehow.com/how_2248123_read-bus-maps.html#ixzz0sWwPGQbR





How to Teach Teens to Make Good Decisions

A guide to assist parents and support staff to teach youths how to make good decisions.

Steps:

1. Break problems down. Deal with one decision at a time. When you are presented with several choices, and you try to weigh them in your mind, your brain can switch into "overload". The easiest approach to decision-making is to break things down to one choice at a time.

Example: My problem is: "I want to pick a fashionable prom dress without a price tag to match." "I have to choose a college by spring break." "I need a way to say 'Absolutely No!' to Gary before he pushes me into saying 'Yes.'"

Use simple words and write your problem down. Anything you can name and put in a sentence, you can begin to solve!

2. Gather information. You should talk to parents, teachers, employers and friends to get necessary information. Asking questions shows that you are a person with plans and goals of your own.

Examples: You want to buy a stereo but you're short on money. Your parents want the house painted. You might say: "Could I earn the money I need by scraping, sanding, priming and painting the house?" To your teacher you might say: "I can come early for practice on Tuesdays and Thursdays and still get my studies done. That's as much time as I can sacrifice. Is there any problem with that?" To an employer: "I'd like the job, but how many Saturdays would I need to work? I'm also going out for football." To friends: "Who's going to be at the party? I'm going somewhere else if Bill and his booze are coming."

When you're close to knowing what you want to do, you may want to ask the opinion of your parents or friends whom you respect. Because everyone likes his or her own ideas, be aware that some advisers get their feelings hurt when their suggestions aren't followed. You can show appreciation for the opinions of others without obligating yourself to follow their advice. In the end, opinions are like noses. Everyone has one, but you'll probably like some better than others.

3. Believe in Yourself. Believing firmly in yourself and what you want to do on a given matter. Think how you react when someone tells you something that you must do! Right away you can think of reasons why you don't want to do it.

4. Support People. When a decision must be made, it often comes in confusion. Talking to another person about some things may seem impossible or embarrassing. When it feels like no one could understand, there is still one who will – to go that person. Some people will also turn to religion for help.

5. Let go and learn. When you have asked your support people to be a part of your decision and you've looked at your problem in these ways, it's time to proceed with the plan that feels right and to be ready to learn from its outcome. Allow yourself the luxury of feeling good about having made the best decision you know how to make. Begin, even with small doubts, to go forward, putting your plans into action, standing behind what you've set into motion and claiming responsibility for it.

6. Don't dwell in the past. Every living person leaves a trail of little and big mistakes. You will make mistakes too. When you have made a bad decision, and it is positively too late to do anything about it, you must live with the mistake and accept it but do not dwell on it, learn from your mistakes. Look at your plan again and make a new plan!!!!

Taken from: <http://www.americancatholic.org/Newsletters/YU/ay0789.asp>

RESOURCES - Promoting Independence/Interdependence



WEBSITES:

1. <http://www.ccrw.org/en/prog.html> Canadian Council on Rehabilitation and Work.
2. <http://www.enablelink.org> A valuable site linking people with disabilities to a world of resources.
3. <http://www.neads.ca> The National Educational Association of Disabled Students with a mandate to encourage students with a disability in post-secondary education.
4. <http://www.mcsc.gov.on.ca/CFCS/programs/OES/OntarioDisabilitySupportProgram>
Ontario Disability Support Program
5. http://www.fpsc.ca/document/Focus_On_Your_Finances.pdf A Financial Planning Toolkit for Canadians aged 15 to 25

TOOLS/CURRICULUM:

1. QLWG Skills for Life Series, 2008. <http://www.nald.ca/qlwg/skills.htm>
Work books to teach essential life skills.
2. Cleaning my place: activities for real life learning by Marian B. Latzko
A series of booklets that describes how to go about completing specific daily routines.
<http://www.caseylifefskills.org/pages/res/microlife/cleaningmyplace.pdf>
3. Home of Your Own - <http://www.stanfield.com/home-of-your-own.html> - A Video



RESOURCES - Transitioning Issues



BOOKS:

1. Preparing for Life: The Complete Guide for Transitioning to Adulthood for Those with Autism & Asperger's Syndrome – Baker, Dr. Jed, Future Horizons, Inc. Arlington, TX USA 2005
2. What Do You Really Want? How to Set a Goal and Go For It! a guide for teens - Bachel, Beverly K., Free Spirit Publishing, Inc. Minneapolis, MN USA 2001
3. The Planner Guide – an Organizational and Reference System for People with Social and Cognitive Challenges – Burke, Jane; Charron, Chantal; Steinkamp, Bob – Planner, The LLC, Williamston, MI USA 2006 ; www.theplannerguide.com
4. How to Talk so Kids will Listen and Listen so Kids will Talk by Adele Fabour and Elaine Mazlish – Avon Books, Inc. New York, NY USA 1999 Discusses active listening skills.
5. The Teen Brain Book by Dale Carlson – Bick Publishing House, Madison, CT USA 2004 This book provides information about how young people are affected by the developmental stages that they are at.
6. Brain-Compatible Strategies by Eric P. Jensen – The Brain Store, San Diego, CA USA 2004 Provides information regarding how to connect with young people.
7. Motivational Interviewing: Preparing People For Change by William R. Miller and Stephen Rollnick - The Guildford Press USA 2002

WEBSITES:

1. <http://www.covenanthouse.ca>
Toronto programs for homeless youth. Offers resources and suggestions for parents as to how to support this population.
2. http://www.cdrcp.com/index.php?option=com_content&view=article&id=55&Itemid=124
Connections. A guide to transition planning for parents of children with a developmental disability.
3. <http://ufeo.ca/?p=557>
“The Best Journey to Adult Life” for Youth with disabilities. An evidence-based model and best practice guidelines for the transition to adulthood for youth with disabilities.
4. <http://www.cecw-cepb.ca/publications/568>
Building a Future Together: Issues and Outcomes for Transition-Aged Youth by Carrie Reid and Peter Dudding – Report 2006
5. <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18> - a list of identified building blocks of healthy development that help young people grow up healthy, caring and responsible.

TOOLS/CURRICULUM:

1. Keeping It Real – Robert Johnson Medical School
http://rwjms.umdnj.edu/boggscenter/projects/keep_real_more.html
2. Transition from School to Community Living Book - Thames Valley Children's Centre
A step by step planning guide from school into the community.

Rights and Responsibilities



A proactive approach to rights begins with the belief that people with disabilities have the same rights as all people and that, with assistance, people can – and will – exercise those rights. Simply because some people may need assistance and support from others in order to know and use their rights, that does not mean that they have fewer, lesser or different rights.

Taken from "Advocating for the Rights of All People with a Developmental Disability". A Rights Training Seminar developed by Community Living Haldimand, with reference to materials developed by the Council on Quality and Leadership



TIP SHEET – Rights and Responsibilities

Promoting Human Rights

To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity

CONSIDERATIONS:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
2. Non-discrimination;
3. Full and effective participation and inclusion in society;
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. Equality of opportunity;
6. Accessibility;
7. Equality between men and women;
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identity.

Taken from <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> Article 3





TIP SHEET – Rights and Responsibilities

Rights vs. Risks

To assist youth in making choices and standing up for their rights even if some of their choices may involve risks. It is about balance between rights, risk factors and supports.

People with intellectual disabilities have as much interest in choice and control in decision making as any other person.

What is Choice Making?

- Choice making is a process of understanding risks and consequences in order to make an informed choice
- Instead, choice making is a process of shared control
- It is a balance between safety, risks and supports
- It means letting people stand by themselves sometimes

When the people you support make their own choices, it is important to understand that:

- Outcomes may not be secure and predictable
- Challenges and uncertainty are part of the process
- Appropriate supports to make sure the person is not in danger must be provided
- It helps define who they are and impacts positively on their quality of life
- It helps them to express their priorities and uniqueness as people
- It helps them become naturally more enthusiastic about completing actions they have chosen

Making Informed Choices involves:

- Knowing what the choices are
- Knowing the consequences of the choices they make
- Making choices a “reasonable person” would make. This means making choices that are legal as well as reasonable
- Taking responsibility for the consequences of the choices made

Dignity of Risk

- People who are free take risks. Trying to “protect” people can smother them emotionally, negate their dreams and take from them their dignity.
- Taking risks exposes us to potential heartbreak, failure and even ridicule. It also exposes us to the possibility of success, which can lead to an increase in confidence and self-esteem.
- The risks we take help to define us as human beings and help us to find our spot in our communities and families.
- People with disabilities have a right to expect unbiased support to assist them to understand the consequences, good and bad, of the risks they are taking. They also have a right to expect non-judgemental support if things do not go as planned
- Most importantly, if a person has been given and understands all of the possible consequences of their actions and still decides to make a choice that may be harmful to them, they have the right to make that choice. For example, a person who smokes may decide to continue smoking regardless of their doctor’s advice or cigarette package warning

Taken from <http://dds.dc.gov/dds/lib/dds/CDignity1.pdf>



Consent and Capacity

To differentiate between consent and capacity

It is the determination of the healthcare practitioner as to whether or not the person is capable of making treatment decisions.

General points on consent

For a person's consent to be valid, the person must be:

- capable of making that particular decision ('competent') acting voluntarily (not under pressure or duress from anyone)
- provided with enough information to enable them to make the decision

Seeking consent is part of a respectful relationship with people with disabilities, and should usually be seen as a process, not a one-off event. When you are seeking a person's consent to treatment or care, you should make sure they have the time and support they need to make their decision, unless the urgency of their condition prevents this.

People who have given consent to a particular intervention are entitled to change their minds and withdraw their consent at any point, if they have the capacity (are 'competent') to do so. Similarly, they can change their minds and consent to an intervention which they have earlier refused. It is important to let the person know this, so that they feel able to tell you if they change their mind.

Where a patient objects and appears to withdraw consent during treatment, it is good practice to stop the procedure, if possible, and to establish the patient's concerns. Sometimes, an apparent objection may reflect pain or distress, rather than withdrawal of consent, and appropriate reassurance may enable you to continue with the procedure. If stopping the procedure at that point would genuinely put the patient's life at risk, you may be entitled to continue until the risk no longer applies.

Does the person have capacity?

Adults are always presumed to be capable of making healthcare decisions, unless the opposite has been demonstrated. This applies just as much to people with learning disabilities as to any other adult. Where any doubt exists, the practitioner should assess the capacity of the person to take the decision in question, drawing on the assistance of specialist colleagues such as learning disability teams and speech and language therapists as necessary. This assessment and the conclusions drawn from it should be recorded in the person's notes or, where appropriate, in a form for adults who are unable to consent.

For people to have the capacity to make a particular decision, they must be able to:

- comprehend and retain information material to the decision, especially as to the consequences of having or not having the intervention in question, and
- use and weigh this information in the decision-making process

Methods of assessing comprehension and ability to use information to make a choice include:

- exploring the patient's ability to paraphrase what has been said (repeating and rewording explanations as necessary);
- exploring whether the patient is able to compare alternatives, or to express any thoughts on possible consequences other than those which you have disclosed;
- exploring whether the patient applies the information to his or her own case.

People with disabilities will often have support from people close to them (family members, or friends) or from independent "supporters" or advocates, who can help them understand the issues and come to their own decisions. Where appropriate, colleagues from local disability community teams will also be able to act as 'health facilitators' on behalf of the patient.

What information do people need?

People clearly need enough information before they can decide whether to consent to, or refuse, treatment. In particular, they need information about:

- the benefits and the risks of the proposed treatment
- what the treatment will involve
- what the implications of not having the treatment are
- what alternatives may be available
- what the practical effects on their lives of having, or not having, the treatment will be

It is essential that this information is provided in a form that the particular person can understand. This may involve using pictures, or explaining what is involved in simple terms and short sentences and being willing to repeat or reword explanations. Communication aids such as boards where people can indicate 'yes' or 'no' may also be helpful. You should also always check to make sure that the person has understood. Where a person's first language is not English, you may need to use an interpreter. If they use a sign language, an interpreter will be needed.

Even where information is presented as simply and clearly as possible, some people will not be capable of taking some decisions. This will obviously apply when a person is unconscious, for example. It may also apply to some people with severe disabilities. However, you must never make this judgement until all practicable steps have been taken to help the person make their own decision.

If a person is not capable of giving or refusing consent, it is still possible for you lawfully to provide treatment and care. However, this treatment or care must be in the person's "best interests".

Taken from [http://www.positive-options.com/news/downloads/DoH -
Seeking Consent. Working with People with Learning Disabilities - 2001.pdf](http://www.positive-options.com/news/downloads/DoH_-_Seeking_Consent_Working_with_People_with_Learning_Disabilities_-_2001.pdf)

RESOURCES - Rights and Responsibilities



BOOKS:

1. [Unequal Partners: Teaching About Power and Consent in Adult-Teen and other Relationships](#) by Sue Montfort and Peggy Brick – Planned Parenthood.
Teaching about power and consent in adult-teen and other relationships.

RESOURCE:

1. [Kenneth Pope: Ontario Lawyer](#) – provides information and advice to families about wills and trusts for children with developmental disabilities, including Henson Trusts;
www.kpopelaw.ca

WEBSITES:

1. <http://www.communitylivingontario.ca/self-advocates/your-rights>
“It’s A Matter of Rights” Booklet and CD developed by Community Living Ontario. Discusses your rights and how to stand up for them.
2. <http://www.3rshumanrights.com/aboutus.php>
[3R’s Alliance](#). A group that is developing and assessing the effectiveness of behavioural, adult education and interactive technology approaches to human rights education for people with intellectual disabilities, their care providers and family member.
3. <http://www.cleo.on.ca>
Information about legal responsibilities upon turning 18 years old
4. <http://www.peoplefirstontario.com>
A self-advocacy group
5. <http://tcds.edb.utexas.edu/TSDPT/T%20Nerney%20Handouts.htm>
“The True Meaning of the Dignity of Risk, Health, Safety and Liability.

Mental Health/Dual Diagnosis



People with a developmental disability are highly susceptible to having mental health issues. It is estimated that at least 30% of persons with a developmental disability will experience mental health issues. The term Dual Diagnosis is used to refer to persons who have a developmental disability and a co-existing mental health issue.



Recognizing Signs of Mental Health Issues:

Mental Health issues interfere with a person's thinking/perception, feelings/mood, and/or behaviours. Mental Health issues are more common in people with developmental disabilities and are a result of biological, psychological, social, and developmental factors. A complete medical assessment should be completed to rule out all physical/health related issues that can mimic a mental health issue. All persons suffering from *any* mental health issue have the right to access public mental health services.

Providers need to be aware of signs of mental illness. Changes can be gradual or sudden and are markedly different from usual functioning or mood levels. Sometimes when communication is impaired, observation is necessary to identify problems. Find help for your teen when any of the follow symptoms are noticed:

Thoughts/perceptions:

- Think they are bad or worthless.
- Thinking about killing themselves or constantly thinking about death
- Thinking they are a celebrity or someone in power. May think that person of power or celebrity is going to marry them.
- Thinking may be paranoid in nature. I.e: someone out to get them, they will feel/seem frightened.
- May look like they are listening to someone or seeing things that are not present or real. May be trying to pick things off skin that are not there. Smelling things that no-one else can smell.

Feelings:

- Sad or down.
- Finding no pleasure in once pleasurable activities/people.
- Elevated mood that turns into irritability.
- Frightened, defensive, angry.

Behaviours:

- Crying, withdrawn, quiet or irritable.
- Loss of patience.
- Inappropriate laughing, yelling, speaking.
- Over active.
- Aggression towards others and objects.
- Uncharacteristic sexual behaviour.
- Hiding, reacting to perceived danger.
- Changes in school or work performance.
- Drug and alcohol use

Physical:

- Changes in sleep patterns (more or less sleep is required; unusual times).
- Changes in appetite (increased or decreased).
- Loss or increased energy levels.
- Loss or increased motivation.
- Unexplained aches and pains.

Considerations:

1. Speak with the person. Tell them that you are worried and ask if they have noticed the changes in themselves.
2. Speak to school staff or others involved with the person about what they have noticed.
3. Talk to the teens' friends and see if they have noticed changes in their friends' behaviour.
4. Approach the family doctor about your concerns
5. If person is still in school, talk with school support staff such as the school nurse, the youth counselor and develop a support plan.
6. Get a psychiatric assessment completed.





Identifying and Reducing Stress



TIPS:

Recognizing sources of stress which can include:

- School/work demands
- Changes in their bodies
- Pressure from peers
- Family and peer conflict
- Concerns about the future
- Being involved in too many activities

Signs of stress:

- Chest pains
- Headaches
- Stomach aches
- Trouble sleeping or sleeping too much
- Angry outbursts
- Concentration problems
- Withdrawal

Considerations:

1. Being available to talk
2. Encouraging healthy escapes from the daily grind of school/work such as a physical or social activity
3. Laughter helps get rid of stress so having fun together is important
4. Catch your teen being good
5. Teach your teenager to keep things in perspective and let go of little stressors
6. Show your teen how to focus on the positive aspect of a situation



Borderline Personality Disorder (BPD)

Mental Health Disorder:

Borderline personality disorder (BPD) is a serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity.

Common symptoms displayed by a person with BPD include:

- intense but short-lived bouts of anger, depression or anxiety
- emptiness associated with loneliness and neediness
- paranoid thoughts and dissociative states in which the mind or psyche “shuts off” painful thoughts or feelings
- self-image that can change depending on whom the person is with; this can make it difficult for the affected person to pursue his or her own long-term goals
- impulsive and harmful behaviours such as substance abuse, overeating, gambling or high-risk sexual behaviours
- non-suicidal self-injury such as cutting, burning with a cigarette or overdose that can bring relief from intense emotional pain (onset usually in early adolescence); up to 75 per cent of people with BPD self-injure one or more times
- suicide (about 10 per cent of people with BPD take their own lives)
- intense fear of being alone or of being abandoned, agitation with even brief separation from family, friends or therapist (because of difficulty to feel emotionally connected to someone who is not there)
- impulsive and emotionally volatile behaviours that may lead to the very abandonment and alienation that the person fears
- volatile and stormy interpersonal relationships with attitudes to others that can shift from idealization to anger and dislike (a result of black and white thinking that perceives people as all good or all bad).

Other Disorders that may co-occur with BPD:

- major or moderate to mild depression
- substance use disorders
- eating disorders
- problem gambling
- posttraumatic stress disorder (PTSD)
- social phobia
- Bipolar (manic-depressive) disorder.

Treatment may involve:

- education about BPD (psycho-education) with discussions on what is known about BPD and its causes, what kinds of treatments are available, how to self-manage BPD and how to prevent relapse
- psychotherapy or counseling on an individual or group basis
- prescribed medication for specific symptoms of BPD such as mood swings or anxiety
- **cognitive behavioural therapy (CBT)**
Probably the most widely used treatment for all types of mental health problems. The focus of this approach is on helping individuals change unhelpful thoughts, feelings and behaviours. The focus is on the present and helping people see how negative thoughts can lead to bad feelings and problem behaviours and supporting them to make changes by replacing unhelpful thoughts with positive thoughts and healthy behaviours.
- **dialectical behaviour therapy (DBT)**
Based on the biosocial theory of borderline personality disorder that views BPD as the consequence of an emotionally vulnerable individual growing up in an environment that is invalidating or dysfunctional with the affected individual experiencing difficulties in the areas of emotions, relationships, cognition and sense of self. DBT was initially developed by Marsha Linehan, and uses approaches that focus on the here and now and are designed to overcome the lack of self-validation experienced by the person living with BPD and to help her or him acquire the skills to deal more adaptively with these difficulties.

Taken From:

http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/BPD/about%20BPD.html



RESOURCES - Mental Health/Dual Diagnosis



BOOKS:

1. [Dual Diagnosis: An Introduction to the mental health needs of persons with developmental disabilities](#) by Dorothy M. Griffiths, Chrissoula Stavrakaki and Jane Summers - Habilitative Mental Health Network, Sudbury, ON 2002
2. [Substance-Related Disorders in Persons with Mental Retardation](#) by Peter Sturmey, Howie Reyer, Ron Lee & Adrienne Robek – NADD Press, Kingston NY USA 2003
3. [Aggression and Other Disruptive Behavioural Challenges' Biomedical and Psychosocial Assessment and Treatment](#) by William I. Gardner, Ph.D. NADD Press, Kingston, NY USA 2002
4. [Compendium of Pharmaceuticals and Specialties](#) - the most widely used source of drug information in Canada.
5. [Treating Mental Illness and Behavior Disorder in Children and Adults with Mental Retardation](#) edited by Anton Došen, M.D, Ph.D., and Kenneth Day, M.B., Ch.B., F.R.C.Psych., D.P.M. American Psychiatric Press, Washington, DC USA 2001
6. [Quandaries: Understanding Mental Illnesses in Persons with Developmental Disabilities](#) by Sue Gabriel, NADD 2004 – Understanding the differences between mental health and mental illness for persons with intellectual disabilities.
7. [Mood Disorders in People with Mental Retardation](#) Edited by Peter Sturmey, NADD 2005 – Mood disorders are the most common mental health problems, people with mental retardation may experience mood disorders if unrecognized or treated ineffectively; these disorders result in additional, preventable disability and handicap; this book provides a current summary of the research literature including diagnosis, epidemiology, assessment and treatment.
8. [Dual Diagnosis Primer, The: A Training Manual for Family Members, Case Managers, Advocates, Guardians, and Direct Support Professionals](#) by Edward E Hughes, NADD 2006 – Provides a comprehensive yet precise review of the complex issues associated with the occurrence of mental health disorders in individuals with mental retardation

WEBSITES

1. www.aaid.org AAIDD promotes progressive policies, research, effective practices and universal human rights for people with intellectual disabilities.
2. <http://www.nlm.nih.gov/medlineplus/druginformation.html> Provides information on natural and prescription medications.
3. www.connexontario.ca Website for information about alcohol and drug, gambling and mental health services for people in Ontario.
4. www.thenadd.org NADD is the leading North American expert providing professional, educators, policy makers and families with education, training and information on mental health issues relating to people with intellectual disabilities.
5. www.borderlinepersonality.ca Website with articles, resources and blogs about Borderline Personality Disorder

6. www.camh.net/education/Resources_teachers_schools/TAMI/index.html Centre for Addiction and Mental Health provides child, youth and family resources; (TAMI) Talking About Mental Illness-a guide for developing an awareness program for youth.
7. www.teenshealth.org This website provides information for parents and teens about mental health concern, relationships and healthy living.
8. www.mindyourmind.ca Geared and produced by youth. Information, resources and tools to help manage stress, crises, and mental health problems.
9. www.livingworks.net A suicide prevention site.
10. www.mhsio.on.ca comprehensive information and directory of mental health services & supports in Ontario; 1-866-581-2600.

TOOLS/CURRICULUM:

1. International Certification Programs in Dual Diagnosis - Brock University/NADD/Niagara University. www.brocku.ca/dualdiagnosis.

OTHER:

- Mental Health Service Information (MHSIO) provides comprehensive information about mental health services and supports across Ontario 1-866-531-2600. <http://www.mhsio.on.ca>
- Kids Help Phone; 1-800-668-6868 - from abuse to neglect to self-esteem...kids talk to us about every issue imaginable.



Behaviour Challenges/ High Risk Behaviours



Many youth of today are presenting with significant behavioural issues that require specific attention of caregivers. In particular, a great many youth are presenting with high risk behaviours associated with drug and alcohol use, criminal behaviour, gang involvement, promiscuity, and self harm. New and varied strategies are required to work successfully with this population.



When to Contact a Behaviour Consultant

Here are some general guidelines to follow as to when you should request services from a behaviour consultant.

Plan:

1. When the teen requests services from a behaviour consultant.
2. When the teen's behaviour interferes with their quality of life. This can include interventions to teach new skills and/or to address maladaptive behavioural challenges.
3. Whenever you are unsure about how to teach the teen a new skill or to address a maladaptive behaviour and you would like assistance/guidance. This may include access to resources.
4. The teen is placing themselves at risk through promiscuity, drug use, and criminal behaviour, self-harm or other unsafe behaviours.

Behavioural Challenges

- When the behaviour is of such frequency, intensity or duration that the physical safety of the teen, or others around them is of serious concern and which is likely to seriously limit or deny the teen access to ordinary community activities.
(Emmerson – cddh@med.monash.edu.au)

High Risk Behaviour

- When the behaviour of the teen places themselves in dangerous and possibly even life threatening situations such as promiscuity, fire setting, self-harm, cutting, drug use, criminal behaviour, etc.



Reducing Interfering Behaviours

To assist an individual to reduce maladaptive behaviours and learn new skills.

WHEN TO USE:

1. To reduce interfering behaviours.
2. Teach new skills.

HOW TO USE:

1. Understand the behaviours
2. Choose a behavior to focus on.
3. Explore the environment to see what can be adjusted or changes to assist in promoting behaviour change. For example, establish rules or routines, use visuals, reduce stimulation.
4. Record behaviour requiring change. An ABC chart can be used.
5. Identify the appropriate skill that should be taught. For example, coping skills, shopping skills, problem solving skills, etc.
6. Prompt, promote and model/teach new skill.
7. Troubleshoot and difficulties.
8. Document behaviour change.



Behavioural Interventions

Applied Behaviour Analysis (ABA)

An applied science that develops methods of changing behaviour. It is based on the scientific study of the principles of operant and respondent conditioning. ABA is applied (the outcome has practical significance), behavioural (behaviour itself is of interest), analytical (functional relationships can be established). (<http://elearning.autism.net/en/mod/glossary/view.php?id=184>)

Bio-psycho-social Approach

Model that stresses an integrated systems approach to challenging behaviour and recognizes that these behaviours are a result of conditions and/or influences. The bio – refers to biomedical such as physical, psychiatric and neuropsychiatric conditions. The psycho – refers to psychological characteristics of the person. The social – refers to features of the physical, social/interpersonal and program environments in which the person resides and experiences. This model emphasizes that each of these conditions affects and is affected by each other. This multi-modal approach allows us to understand what is “causing” the behaviour so that appropriate interventions can take place (Behavioural Supports: Individual Centered Interventions. A Multi-modal Functional Approach, 1999).

Positive Systems Approach

Model that through assessment establishes factors that influences the way an individual interacts within his or her environment and factors within the environment that influence the individual. This model encourages adaptive behaviour through antecedent and consequence management, careful planning and respect for the individual always to support their quality of life. This model is adapted originally from Dr. Bob Carey.



Using the 5-Point Scale

To develop a visual tool that can assist teens in changing their behaviour, including developing self-calming techniques. Whenever possible, have the teen assist you when developing this visual.

The 5-point scale is a visual tool that is used to teach social understanding. It reduces abstract ideas and terms (i.e. socially and emotionally laden words), to simple and concrete numbers.

Steps:

1. *Identify the behaviour of concern:*

Concentrate on behaviours that are the most important to change first and one that the teen would like to change. Address one behaviour at a time.

2. *Collect information*

Determine the when, why, where, and with whom these behaviours are occurring. Have the teen identify situations that he finds stressful.

3. *Identify early warning signs/antecedents:*

Teach the teen to identify his/her early warning signs, or antecedents, i.e., tight stomach, sweaty, fast heart beat.

Encourage the teen to take space for themselves, or to engage in some activities that they find calming.

4. *Teaching replacement behaviours:*

Discuss with the teen, which behaviours are socially acceptable, and which are not.

Determine with the teen which replacement behaviours (behaviours both of you would like to see them exhibit) are realistic.

5. *Select and practice the strategies:*

Together decide what strategies will be implemented.

It may be helpful to write a script to help the teen understand what strategies they will use to help them.

6. *Pre-determined 'safe place' and 'safe people':*

Have a prearranged and agreed upon 'safe' space that the teen knows he/she is allowed to retreat to when they begin to feel anxious/frustrated.

Together, construct a list of 'safe people'. These are people they know will understand their needs and the strategies that need to be used.

7. Prepare strategies for different situations:

Prepare the teen for a variety of situations that they may encounter using problem solving and role playing.

Discuss where the 'safe place' will be in different environments.

8. Relaxation Techniques:

Low stress levels: This will require less time to complete, and often can be done right where they are. Techniques include deep breathing, closing your eyes for a few seconds, counting to 10, squeezing a ball, etc.



Moderate levels: The teen may need to take a break, and/or go to a 'safe' quiet place. Encourage the teen to engage in distracting activities, such as listening to headphones, flipping through a book/magazine, going for a short walk, etc.

High levels: Cue the teen to go to a quiet 'safe' place by gesturing, or using a visual. Avoid talking to the teen as talking to the teen at this time may increase the anxiety and aggression. If necessary, use a very calm, clear and concise directive. Allow the teen time to calm. If they become physically aggressive, it is important for the support person to stay as calm as possible, and maintain a safe yet supportive physical distance. The teen may be helped by physically active relaxation techniques, such as running, jumping, tearing paper, etc.

These levels can be discussed with the teen and documented on the 5 point visual chart. Each level will identify the early warning signs, as well as what to do at each level. These visuals can be portable and can assist the teen in cueing themselves what to do when they become stressed or upset.

See Appendix I for 5 –point scale chart.

Name: David My Scared/Afraid/Trembling Scale

Rating	Looks/Sounds like	Feels like	Safe people can help/ I can try to
5	 Wide-eyed, maybe screaming, and running, hitting.	I am going to explode if I don't do something.	I will need an adult to help me leave, help!
4	 Threaten others or bump them.	People are talking about me. I feel irritated, mad.	Close my mouth and hum. Squeeze my hands. Leave the room for a walk.
3	You can't tell I'm scared. Jaw clenched.	I shiver inside.	Write or draw about it. Close my eyes.
2	I still look normal.	My stomach gets a little queasy.	slow my breathing. Tell somebody safe how I feel.
1	Normal - You can't tell by looking at me.	I don't know, really.	Enjoy it!

Reprinted with permission from Buron, K., & Curtis, M. (2003). *The Incredible 5-Point Scale: Assisting students with Autism Spectrum Disorders in understanding social interactions and controlling their emotional responses* (pp. 1-3, 42-43). Shawnee Mission, KS: Autism Asperger Publishing Company. www.asperger.net



Teaching Self-Calming

To teach the individual to identify early warning signs of agitation and then engage in self-calming techniques.

WHEN TO USE:

1. Whenever an individual is having difficulty identifying triggers to their agitation/anger.
2. To teach an individual how to manage stress/anxiety.
3. To assist the individual with becoming independent in self-calming.

HOW TO USE:

1. Assist the individual with identifying triggers/stressors.
2. Encourage the individual to take space for himself/herself and engage in calming activities.
3. Assist the person in deciding what activities they find calming such as listening to music, reading, talking to someone, going for a walk, deep breathing, etc.
4. Develop a script with the person for each level of frustration.
5. Review this strategy daily with the person until they can use it independently.
6. These strategies can be placed on cue cards, flash cards, in a note book, in a journal, etc.



TIP SHEET – Behaviour Challenges/High Risk Behaviours

Completing ABC Charts

An ABC (antecedent-behaviour-consequence) data sheet provides an evidence based method to understanding behaviours that occur as the individual attempts to cope and solve difficult situations.

WHEN TO USE:

1. To identify patterns of behavior in order to determine triggers/causes and assist with behaviour change.
2. Whenever you are having difficulty identifying a pattern of behaviour.

Antecedent – What happens before a behaviour? For example, prompts, cues, rules, sounds, behaviour of others, transitions, etc.

Behaviour – Any action that is seen or heard.

Consequence – What happens after a behaviour? This can include praise, punishment, attention, etc.

1. Specify and define the behaviour.
2. Observe the individual with various people, in various settings, doing various activities, at various times, etc.
3. Observe the individuals behaviour and note it on the ABC chart.
4. Once several ABC charts have been completed, look for patterns such as the behavior occurs in certain settings or with certain people, to get something, etc.

CONSIDERATIONS:

For serious and difficult to manage behaviour, a behaviour therapist should be consulted.

See Appendix II for ABC chart

Behavior Example: Yelling/screaming (be as specific as possible)		
BEFORE	BEHAVIOR	AFTER
Date/Time/Location Who was there? What was happening?	What did my loved one do?	What did I do/say? What did my loved one do/say? What did others do/say?



Using Visual Schedules

Visual schedules help to create concrete expectations for individuals and give parents/caregivers a way to increase structure, daily expectations and routine while reducing frustration and anxiety. They also increase independence and can teach social skills.

WHEN TO USE:

1. To manage target areas such as assisting with transitions, changes in routine, promote choices, etc.
2. To enhance independence in daily living skills.
3. To enhance receptive language skills.
4. To increase organizational skills.
5. To establish expectations and routines.
6. To reduce frustration and anxiety.

HOW TO USE:

1. Identify the target area of need such as teaching the individual how to make lunch or developing an afterschool routine.
2. Write down the steps required for each task and ensure they are in the correct order.
3. Print neatly or type out each step on a wipe off board or sheet of paper (this can be laminated).
4. If the individual cannot read pair the words with picture and ensure the individual knows what each step says.
5. Have a method available so that the individual can cross off, erase or check mark that they have completed each step.

CONSIDERATIONS:

1. Intellectual level of individual.
2. Interest of the individual can be incorporated into the schedule.
3. Involve the individual in the process.



Substance Abuse and Misuse

Substance abuse and misuse. Some teens will experiment with tobacco, alcohol or other drugs. Using alcohol or other drugs in the early teen years can increase a young person's chances of having a problem with substances later on in life.

TIPS:

Warning signs that your teen may be using drugs-

Behavioural changes:

- Hanging out with new friends
- Lying
- Discipline problems
- Skipping classes
- Lower grades
- Need for money

Mood changes:

- Less involvement at home
- Loss of interest in previous activities
- Moodiness
- Withdrawal
- Depression
- Secretiveness

Physical changes:

- Sudden increase or decrease in weight loss
- Difficulty falling asleep
- Red eyes
- Trouble talking or walking
- General deterioration

What to do if you suspect a problem:

- Remain calm, collected and concerned
- Share your concern with family or friends
- Educate yourself
- Treat your teen with respect
- Decide on a time and place to talk with your teen
- Discuss specific concerns and focus on the behaviour
- Ask your teen directly for an explanation and wait for an answer
- State the rules and consequences



TIP SHEET – Behaviour Challenges/High Risk Behaviours

Fire Setting Behaviours

Characteristics:

Youth who set fires may have one or more of these characteristics:

- Curiosity with fire
- Lack of understanding fire's danger
- Recent change in family life (death, separation, divorce, move, abandonment)
- Parental alcoholism or drug abuse
- Attachment problems
- History of behavioural problems (such as lying, stealing, truancy, bullying, cruelty to animals, and substance use)
- Poor peer relationships and/or social isolation; being bullied
- History of physical, emotional or sexual abuse and/or neglect
- Bedwetting
- Blaming others and/or unwilling to accept responsibility for one's own actions
- Lack of empathy

Fire Starter vs. Fire Setter

Factor	Fire Starter	Fire Setter
History	Single Episode	Repeated
Method	Unplanned	Planned
Motive	Curious	Conscious
Intent	Accidental	Purposeful
Ignition source	Available	Collected
Materials	At hand	Flammable
Target	Non-specific	Specific
Behaviour	Extinguished Fire	Ran away

Treatment Team:

Family, school, community agencies and fire services.

Types of Treatment:

Cognitive-emotive therapy – assists with the recognition and interruption of the urge to fire start.

Behaviour Therapy – uses various behaviour techniques such as reinforcement, consequences and environment alterations.

Family Therapy – focuses on improving and restructuring patterns of family communication and interactions.

Group Therapy – involves fire safety education and consequences of fire setting, stress management, etc.

Juvenile Fire Setters Intervention Book <http://www.usfa.dhs.gov/downloads/pdf/publications/fa-210.pdf>

Fire setting Facts <http://www.focusas.com/Firesetting.html>



Teenage Pregnancy

Preventing Teen Pregnancy:

- Keep communication between the teen open so that talking about sex is easier to broach.
- Be approachable so that if the teenager has questions about sex or relationships, you can be ready with answers.
- Teach good family values and help the teen see how much they are worth. Explain that no one should be able to make him or her feel like they have to be sexually active.
- Encourage safe and fun activities and sports. Show them their strengths and keep education a top priority.
- Watch for warning signs of heavy relationships with the opposite sex. Also watch for signs of depression or a drop off in previously enjoyed activities. You may need to take further steps to help them avoid becoming sexually promiscuous.
- Teach the teenager the problems associated with unsafe sex. Show him or her the diseases that can result as well as the threat of unplanned pregnancy.
- Know what the youth is doing and where they like to hang out. Make home an open place for teen's friends and encourage fun activities at responsible and respected places.
- Finally abstinence is the only sure way of preventing teen pregnancy.

Teen Pregnancy Options:

- Unplanned teen pregnancies bring mixed feelings. There are a number of teen pregnancy options that they can choose from when they find out they are pregnant. They can raise the baby, place the baby for adoption, or have an abortion.
- Once they know they are indeed pregnant you will need to assist them with thinking about many factors to make so that they can make an informed decision. Be sure that the teen discusses their options with their doctor, family and with others that they trust.
- If they decide to have the baby ensure they obtain prenatal care - this is vital, even if they place the baby for adoption. If they choose to raise the child be prepared for a long-term commitment and build a good support system for them including educational, housing, financing, etc. If they cannot raise a child but do not want to have an abortion, adoption may be a good option. You may have to support the teen through this very emotional process.
- A decision to have an abortion should be made as early as possible. The type of procedure used and some of the risks involved depend on how long they have been pregnant. The earlier a woman has an abortion, the safer it is.
- With both adoption and abortion the teen may experience a mixture of feelings that may last for a long time. Counselling can help them come to terms with this decision. The effects of teen pregnancy can be difficult to cope with. The decision to raise the child, place the child for adoption, or have an abortion may be very hard decision to make. The sooner they seek advice and help, the better.

Taken From <http://www.pregnantteenhelp.org/articles56.htm>



How to Identify Gang Involvement

To identify when a teen may be getting involved with a gang.

Warning Signs of Gang Involvement:

- change in types of friends
- changes in dress habits, such as wearing the same color combination all the time
- displaying gang symbols on books, clothing, or locker
- wearing tattoos carrying extra cash from unknown sources
- carrying a weapon
- losing interest in school, family and former friends
- getting arrested or detained by police
- becoming truant
- using alcohol and other drugs
- talking in gang-style language
- using hand signals to communicate with others

What to Do to Prevent Gang Involvement:

- learn the signs of gang activity—such as graffiti, hand signs, clothing styles, or colors
- learn why youth join gangs and how to counter those influences
- communicate effectively with teens
- get involved in programs that create healthy outlets—sports, hobbies, youth clubs, etc
- know the teen's friends and if possible their family
- discuss the consequences of being in a gang
- contact the local law enforcement agency or juvenile probation department to find out up-to-date information on gangs
- start a program to report and immediately remove any graffiti in the neighbourhood

Taken from <http://parentingteens.about.com/cs/gangviolence/a/gang3.htm>



How to Identify and Manage Self Harming Behaviours

General Information:

Self-harm, self-injury and self-mutilation generally occur *without* the intent of suicide. Cutting is done with sharp objects such as razors, knives, pins/needles, sharp stones and broken glass. However, when these types of items aren't available, those who cut themselves will use other objects to break skin, e.g., pencil erasers (through hard rubbing). Common body sites cut include arms, wrists, ankles and lower legs. Other, more hidden sites, may include the abdomen, inner thighs, feet, genitals and under the arms or breasts. Cutting and the marks it leaves are usually kept well hidden.

Teens may also burn themselves with hot objects such as lighters, cigarettes, objects that they have heated up, etc. Similarly to cutting, the burns end up to be on parts of the body that are hidden.

Sexual promiscuity can also be seen as a self-harming behaviour. The teen, generally girls, will have unprotected sex with multiple partners with no regard to the risk that they are placing themselves in.

Warning Signs of Self-harming Behaviour:

- Cut or burn marks (including scars) on arms, legs, abdomen, feet, etc.
- Cutting or burning instruments, e.g., razors, knives, pins/needles, lighters, burnt objects found among teen's belongings
- Friends or peers are cutting/burning themselves
- Friends or peers are engaging in promiscuous behaviour
- Wearing long pants and long-sleeve shirts consistently (even in warmer weather)
- Blood stains on clothing
- Regularly seeking isolation and privacy when emotionally distraught or depressed
- Staying out with friends longer or not going where they say they are going
- Wearing revealing clothing

Treatment for Self-harming Behaviour:

A person who is engaging in self-harming behaviours needs a competent, mental health professional to help them. Therefore, seek professional help immediately.

Ideally, a therapist who has experience with these behaviours should be sought .

Various modes of treatment might include:

- Individual therapy
- Group therapy
- Family therapy
- Medication (e.g., anti-depressants)
- In-patient hospitalization
- Stress reduction and management skills



RESOURCES – Behaviour Challenges



BOOKS:

1. [Aggression and other Disruptive Behavioral Challenges: Biomedical and Psychosocial Assessment and Treatment](#) edited by William I. Gardner, PhD – NADD Press, Kingston, NY USA 2002
2. [Behaviour Supports: Individual centered behavioural interventions: a multimodal functional approach](#) by Dorothy M. Griffiths, William I. Gardner, PhD and Jo Anne Nugent – NADD Press, Kingston, NY USA 1999
3. [Exploring Feelings: Cognitive Behaviour Therapy to Manage ANXIETY](#) by Dr. Tony Attwood – Future Horizons Incorporated, Arlington TX USA 2004
4. [Exploring Feelings: Cognitive Behaviour Therapy to Manage ANGER](#) by Dr. Tony Attwood – Future Horizons Incorporated, Arlington TX USA 2004
5. [The Incredible 5 Point Scale - Assisting Students with Autism Spectrum Disorders in Understanding Social Interactions and Controlling their Emotional Responses](#) by Kari Dunn Buron and Mitzi Curtis Autism Asperger Publishing Company 2003
6. [Treating Mental Illness and Behavior Disorder in Children and Adults with Mental Retardation](#) edited by Anton Došen, M.D, Ph.D., and Kenneth Day, M.B., Ch.B., F.R.C.Psych., D.P.M. American Psychiatric Press, Washington, DC USA 2001

TOOLS/CURRICULUM:

1. [Positive Systems Approach](#) by Regional Support Associates-
http://www.execulink.com/~rsa/services/ps_what.htm
2. [Safe Management](#)
<http://www.safemanagement.org>
3. [Crisis Prevention Training](#)
<http://www.crisisprevention.com>
4. [Prevention and Management of Aggressive Behaviour \(PMAB\)](#)
<http://www.craigwood.on.ca/training/pmab.htm>

WEBSITES:

1. www.regionalsupportassociates.on.ca
Offer various resources and workshops to teach necessary skills to provide positive and intensive behavioural supports.
2. www.dimagine.com David Pitonyak; Finding new stories for persons who experience disabilities – supporting people who experience disabilities and exhibit what some have called “difficult behaviours”.

RESOURCES - High Risk Behaviours



BOOKS:

1. [Asperger`s Syndrome and Sexuality: From Adolescence Through Adulthood](#) by Isabelle Hénault, forward by Tony Attwood– Jessica Kingsley Publishers, Philadelphia, PA USA 2006 Supporting those with autism spectrum disorder to have healthy relationships.
2. [Autism, Advocates and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders](#) by Dennis Debbaudt – Jessica Kingsley Publishers, Philadelphia, PA USA 2002
3. [Motivational Interviewing: Preparing People for Change](#) by William R. Miller and Stephen Rollnick – The Guildford Press, USA 2002

TOOLS/CURRICULUM:

1. [Sexuality across the Lifespan for Children and Adolescents with Developmental Disabilities: An instructional guide for Parents/Caregivers of individuals with developmental disabilities](#) by Florida Developmental Disabilities Council, Inc. Tallahassee, FI USA
2. [Streetwise to Sexwise: Sexuality Education for High Risk Youth](#) by Steve Brown and Bill Taverner – Planned Parenthood of Greater Northern New Jersey, Center for Family Life Education, 2nd Edition 2001- A workbook and tools for working with high risk youth.
3. [Puberty and Sexuality for Children and Young People with Learning Disabilities](#) by The Children’s Learning Disability Nursing Team, Leeds - article June 10, 2009); training tool for schools, residential or home environments.
4. SNAP for School Logic Model. A crime prevention mental health based model.
<http://www.stopnowandplan.com>

WEBSITES:

1. http://www.health.gov.on.ca/english/public/program/addict/addict_mn.html Alcohol and Drug Assessment and Treatment Services: Assessment for individuals as well as family members dealing with alcohol, drug and gambling concerns.
2. <http://www.lifesitenews.com/gethelp/pregnancysupport/canada.html>. Provides a list of pregnancy and family support centre across Canada that offer free pregnancy test, post abortion counselling, maternity and baby clothing, diapers and formula.
3. <http://www.autismriskmanagement.com> Website/videos: Autism training and resources for law enforcement, emergency first responders, parents, educators, care providers and the autism community.
4. <http://www.faslink.org/rr03yj-6.html> Fetal Alcohol Spectrum Disorder and the Youth Criminal Justice System: A Discussion Paper.
5. <http://www.assembly.ab.ca/lao/library/egovdocs/2006/alpdd/167368.pdf> Legislation, existing protocol and best practices training for service providers and caregivers of people with developmental disabilities in the criminal justice system.
6. www.attorneygeneral.jus.gov.on.ca. The Ontario Public Guardian and Trustee will conduct an investigation when it receives information that an individual may be capable and at risk of suffering serious financial or personal harm
7. <http://www.sexualityandu.ca/teens/index.aspx> Sexuality and You; website for teens: Answers questions and gives information re: sexuality issues.
8. http://www.beststart.org/resources/rep_health/pdf/teen_pregnancy.pdf Teen Pregnancy Prevention.
9. http://www.cmha.ca/bins/content_page.asp?cid=3-1036 Youth and Self Injury
10. http://kidshealth.org/teen/your_mind/mental_health/cutting.html What is cutting?

OTHER:

1. www.drkaryn.com Who is Generation Y? What makes them “tick”? How can you motivate Generation Y (ages 8-27) at school and in the workplace?
2. Sexual Assault/Domestic Violence Treatment 905-684-7271 ext. 45300
<http://www.satcontario.com/en/home.php>

SUPPORT GROUPS:

1. <http://www.faslink.org/> Support Group for FAS.

Vulnerabilities/ Safety Issues



This section presents easily accessible information and resources for frontline staff aimed to reduce risk, provide prevention and protection for youth with developmental disabilities, as this population historically has increased vulnerabilities and safety issues than the general population.



Internet Safety

GENERAL INFORMATION:

There are pros and cons on the use of the internet, video games and movies. Studies show the following about exposure to violence, sexuality and offensive language:

- Canadian children watch excessive amounts of TV, videos, DVDs and video games
- There is a relationship between watching violence in the media and acting out violence
- Watching too much TV contributes to obesity
- Watching too much TV can have a negative effect on learning and grades
- Watching some TV shows may lead to irresponsible sexual activities

Teens rely on the internet to explore their interests, learn about the world, do research and interact with each other. Caregivers should be aware that:

- Those with their own computer spend twice as much time online than those who only have access to a shared computer
- 50% of teens visit private and adult chat rooms
- 86% of teens use instant messaging by grade 11 for an average of 69 minutes each day
- 43% of 15-17 year olds have been asked by someone they met online to meet in person and 1 in 5 accepted
- 34% of teens are bullied on line

TIPS:

- Look at your own media habits and change them if necessary. Be a good role model.
- Balance teen's media use with sports, hobbies, and play
- Get involved with the teen – watch, play and listen to them
- Limit the amount of violence the teen is exposed to
- Keep TVs, internet connected computers and gaming equipment out of the teen's bedroom

Taken from parenting Resource Guide – Niagara Region Public Health www.niagararegion.ca





TIP SHEET – Vulnerabilities/Safety Issues

Bullying

To prevent teens from being bullied:

1. **Encourage teen to tell:** They should come and tell you as soon as he/she gets bullied. Develop a strong bond with your teen. This will encourage them to confide in you and tell you the problem they are facing in school, on the internet and in the community.
2. **Encourage teen to trust their teacher/job supervisor, etc.** The teen must trust his/her teacher, principal, supervisor, etc. He/she should inform them of anything bad that happens to him/her. This will help the authorities to keep an eye on certain bad activities happening inside the school or work place.
3. **Demonstrate confidence:** It is important to demonstrate confidence. Ask the teen to be confident enough to take bullying in stride. A confident person is not an easy target.
4. **Make friends:** Encourage the teen to develop a strong bond of friendship with classmates and peers of their age group. This also means that the friends should stand up for each other.
5. **How to respond:** Let the teen know how to respond when being bullied. He/she should say nothing and walk away. Another way to respond is in a firm way. Develop a script with them and practice it.
6. **Avoid unsupervised areas:** Teens should avoid walking through unsupervised areas and dark areas. They should never be alone, if possible. Encourage him/her to walk through a crowded place or walk together with friends.
7. **Praise:** Praising them will raise their self esteem and improve their self-confidence. Remember, a confident teen is less likely to be bullied.

Taken from <http://www.articleclick.com/Article/How-to-Prevent-and-Stop-Bullying-Before-it-is-Too-Late/988913>





Bullying – What Agencies Can Do

1. Focus on the social environment – change the social climate and social norms with regards to bullying. This requires the efforts of everyone in the environment (i.e.: all support staff, caregivers, supervisory staff, clinicians, peers etc.)
2. Assess the bullying – this can be done by data collection and direct observation by support staff in the natural environment.
3. Obtain staff, caregiver “buy-in” and support for bullying prevention - To be most effective, bullying prevention efforts require buy-in from the majority of the staff and from parents. However, bullying prevention efforts should still begin even if immediate buy-in from all isn't achievable. Usually, more and more supporters will join the effort once they see what it's accomplishing.
4. Designate the coordination of bullying prevention activities – an agency may wish to elect one representative to train, educate, counsel and share resources. All support staff involved should meet regularly to review findings and plan bullying prevention activities.
5. Provide training for staffing bullying prevention - All frontline staff should be trained in bullying prevention and intervention. Training can help staff to better understand the nature of bullying and its effects, how to respond if they observe bullying, and how to work with others to help prevent bullying.
6. Establish and enforce area rules and policies related to bullying - Developing simple, clear rules about bullying can help to ensure that clients are aware of staff expectations that they not bully others and that they help peers who are bullied. Area rules and policies should be posted and discussed with clients.
7. Increase staff supervision in "hot spots" for bullying - Bullying tends to thrive in locations where staff are not present or are not watchful. Staff should look for creative ways to increase their presence in locations that are identified as "hot spots."
8. Intervene consistently and appropriately when you see bullying - Observed or suspected bullying should never be ignored. All staff should learn effective strategies to intervene on-the-spot to stop bullying. Staff also should be designated to hold sensitive follow-up meetings with clients who are bullied and (separately) with clients who bully.
9. Devote some time to bullying prevention - Clients can benefit if staff set aside a regular period of time (e.g., 20–30 minutes each week or every other week) to discuss bullying and improving peer relations. These meetings can help staff to keep their fingers on the pulse of concerns, allow time for discussions about bullying and the harms that it can cause, and provide tools for clients to address bullying problems. Anti-bullying messages also can be incorporated throughout the area.
10. Continue these efforts - There should be no "end date" for bullying prevention activities. Bullying prevention should be continued over time and woven into the fabric of the agency environment.

*This list was adapted from stopbullyingnow.hrsa.gov and is based partly on Limber, S. P. (2004, Winter), What works and doesn't work in bullying prevention and intervention. *Student Assistance Journal*. 16-19*



Abuse Prevention

TIPS:

The best way to protect your teen from abuse is to have a good, open relationship with them. That means spending time with them, letting them know you care and, above all, listening to what they have to say.

SENSIBLE PRECAUTIONS:

1. Never leave a vulnerable teen alone in a public place. Encourage them not to be alone after dark and if they have to walk home alone, ensure they walk in a well lit area that they are familiar with.
2. Don't put their name on their clothing that is visible to others. A stranger can use it to gain their trust.
3. Never assume there's someone else watching out for them. Always know where they are and when they will be home. Have them call if they are going to be late coming home.
4. Ensure teen has a cell phone and knows how to use it or keeps change in their wallet/purse to call for support if needed.
5. In case the worst happens, keep an up-to-date photo (no more than six months old) with teen's height, weight, eye and hair colour on the back, along with a description of any birth marks.

There are also a number of things you can teach to help teens deal safely with strangers on their own:

1. Ensure they know their full name, address, phone number, caregiver's names and cell numbers. This can also be written down and placed in their wallet/purse.
2. Ensure they know how to use a pay phone and/or a cell phone.
3. Teach them to shout, "You're not my parent!" if someone tries to take them away.
4. Teach them who they can go to if they are lost such as a sales clerk, police officer, security guard, etc. You can also get them a cell phone that has phone numbers pre-programmed into it.
5. Teach teen to say "no" firmly. Practice shouting it with them. Give them permission to scream it if they're in trouble.

Taken from http://www.mcf.gov.bc.ca/child_protection/keeping_kids_safe.htm#prevention



Sexuality and Sexual Health

To promote sexual health and well being for teens with an intellectual disability:

Talking About Sex with Teens:

1. Seize the moment. When a TV program or music video raises issues about responsible sexual behaviour, use it as a teachable moment. Remember that everyday moments — such as riding in the car or putting away groceries — sometimes offer the best opportunities to talk.
2. Be honest. If you're uncomfortable, say so — but explain that it's important to keep talking. If you don't know how to answer the teen's questions, offer to find the answers or look them up together.
3. Be direct. Clearly state your feelings about specific issues, such as oral sex and intercourse. Present the risks objectively, including emotional pain, sexually transmitted infections and unplanned pregnancy. Explain that oral sex isn't a risk-free alternative to intercourse.
4. Consider the teen's point of view. Don't lecture your teen or rely on scare tactics to discourage sexual activity. Instead, listen carefully. Understand the teen's pressures, challenges and concerns.
5. Move beyond the facts. Teenagers need accurate information about sex — but it's just as important to talk about feelings, attitudes and values.
6. Invite more discussion. Let teen know that it's OK to talk with you about sex whenever he or she has questions or concerns. Reward questions by saying, "I'm glad you came to me."

How to Discuss Sensitive Topics:

Sex education for teens includes abstinence, date rape, homosexuality and other tough topics. Be prepared for questions such as:

1. How will I know I'm ready for sex? Various factors — peer pressure, curiosity and loneliness, to name a few — steer some teenagers into early sexual activity. Remind teens that it's OK to wait. Sex is an adult behaviour. In the meantime, there are many other ways to express affection — intimate talks, long walks, holding hands, listening to music, dancing, kissing, touching and hugging.
2. What if my boyfriend or girlfriend wants to have sex, but I don't? Explain that no one should have sex out of a sense of obligation or fear. Any form of forced sex is rape, whether the perpetrator is a stranger or someone your teen has been dating. Impress upon teen that no always means no. Emphasize that alcohol and drugs impair judgment and reduce inhibitions, leading to situations in which date rape is more likely to occur.
3. What if I think I'm gay? Many teens wonder at some point whether they're gay or bisexual. Help the teen understand that he or she is just beginning to explore sexual attraction. These feelings may change as time goes on. Above all, however, let teen know that you will support them unconditionally.

What to Do if You Think the Teen is Having Sex:

1. If teen becomes sexually active — whether you think he or she is ready or not — it may be more important than ever to keep the conversation going. State your feelings openly and honestly. Remind teen that you expect him or her to take sex and the associated responsibilities seriously.
2. Stress the importance of safe sex, and make sure teen understands how to get and use contraception. You might talk about keeping a sexual relationship exclusive, not only as a matter of trust and respect but also to reduce the risk of sexually transmitted infections. Also set and enforce reasonable boundaries, such as curfews and rules about visits from friends of the opposite sex.
3. The teen's doctor can help, too. A routine check-up can give the teen the opportunity to address sexual activity and other behaviours in a supportive, confidential atmosphere — as well as learn about contraception and safe sex.

Taken from <http://www.mayoclinic.com/health/sex-education/CC00032>



How to be Safe in a Bar

HOW TO:

STAY SOBER. Have fun but don't drink so much that you're out of control, can't make intelligent decisions, and can't defend yourself. Alcohol can cloud your judgement you may not be able to tell a friend from a foe.

STAY WITH YOUR FRIENDS. Go home with the people you came with --- and only go out in the first place with people you can trust to go home with you. You do NOT want to be left alone at a bar or party. Why? You will be vulnerable. Always have money with you so you can call a cab or a friend to come and get you from wherever you are.

DRINK FROM BOTTLES/CANS that you open yourself, or watch as your drink is poured from a bottle. Don't drink anything someone just hands you. It could be laced with something. This is not paranoia -- happens all the time.

HOLD ON TO YOUR DRINK. This is the rule: If you put it down, you lose it. Don't pick it back up. It's easy to drop something in someone's glass when they turn their head. Don't be a victim.

ALWAYS BRING A CHARGED CELLPHONE with you. Make sure all your friends are entered into the phone so you can find someone to come and get you if you need them. Also enter the telephone number of a local taxicab company. Keep your cell phone with you at all times.

DON'T WANDER OFF ALONE. No matter what happens in a car or bar --- if you get mad at someone or have a fight --- you're safer inside than alone and drunk on the street. Call someone to come and get you or have the bartender call a cab. If you do wind up somewhere alone, call someone on your cell, but keep them on speaker phone. Don't wander around with the cell phone in your ear -- you won't be paying attention to your surroundings.



ALWAYS make sure someone knows where you are and who you are with...text or call someone when you know what the plans are. Return the favour for others. The buddy system was developed for a reason.

YOUR CLOTHES SEND A MESSAGE ABOUT YOU. Be careful not to be sending the wrong message --- someone is sure to try to take you up on it.

DON'T GIVE OUT YOUR PHONE NUMBER or BUSINESS CARD to strangers you meet in bars. Common sense, but it happens a lot. If you meet someone you like, and they ask for your number or card, tell them you'd rather have theirs. You know nothing about this person - do you want them to know where you live and/or work?

DON'T SHARE A LOT OF PERSONAL INFORMATION WITH STRANGERS...particularly those you meet in a bar. They don't need to know anything about you than your first name --- and if you don't want to give your first name, make one up. Don't give them any specifics. If you give them your entire name, they can easily find out anything about you on a computer.

SOME PEOPLE ARE BAD DRUNKS. You may think you know and trust someone, but they could turn into a totally different person when they are drunk.

TAKE A SELF-DEFENSE COURSE. Just basic moves that will help you fend off a would-be attacker.

YOU HAVE A SIXTH SENSE. Use it. If a person or situation feels odd, off, or threatening, get away immediately. Yet another reason to stay sober enough to recognize danger.

Taken from: How to be Safe in Bars and Parties

http://www.ehow.com/how_5147057_safe-safety-tips-women-ages.html



RESOURCES - Internet Safety



BOOKS:

1. [Staying Safe in a Wired World: A Parent's Guide to Internet Safety](#) by Rob Nickel – Nickel Publishing; Pap/Com edition 2006. Book and safe browsing software. This book explains applications used by youth and is a resource for caregivers which assist them in understanding the Internet and what teens are doing online. Included acronyms used online, monitoring advice. Also included is a CD with a video presentation, printable files for caregivers and downloadable safe browsing software.
2. [Personal Safety – Smart Choices for Life Community Safety Net](#) - Gateway Safety Net Publications. 2006 Books and DVDs. A safety resource for families with children. It's packed with practical information on safety topics that range from bullying to safety in the home. It teaches how to be safe in many situations where they could be at risk. http://www.communitysafetynet.com/shop_online/books_and_dvds/personal_safety/
3. [Autism and PDD: Safety](#) by Pam Britton Reese and Nena C. Challenner LinguSystems, Incorporated 2002 This book features: Addressing safety issues in the home, school, and community; Contains 118 lessons to keep the person with autism safe; Uses short sentences and pictures to teach each lesson; Can be used as part of a school safety program; Includes tracking forms for groups and individuals

WEBSITES:

1. <http://www.media-awareness.ca/english/games/index/cfm> Media Awareness Network for parents and teachers. Website checklists for parents. Educational games that include interactive narrated tutorial and lesson plans for caregivers to teach students about the benefits and drawbacks of sharing information online, privacy, online marketing techniques, surfing, chat rooms, media messages, misinformation and propaganda.
2. <http://www.netsmartz.org/index.aspx> Website for NetSmartz Kids. Designed to provide youth with a fun, easy way to remember rules for online safety. Asking a teen to think of every aspect of online safety can be very overwhelming. Instead of trying to get across a number of important lessons about Internet safety, NetSmartz developed interactive activities online in a safe site to help prompt youth to remember all they know about Internet safety and apply it to specific situations.
3. <http://www.livewwwires.com> Interactive Websites Games. The Missing kit, developed by LiveWires Design Ltd, teaches youth how to surf the Internet safely. It includes a CD-ROM game for youth, a caregiver guide, a video and a poster. This web site has information on internet safety issues for parents, teachers and librarians.
4. <http://www.autismsafetyproject.org/site/c.ku1VKgMZIx/b.5058283/k.BE40/Home.htm> Autism Basics, emergency information forms, etc. Includes training for First Responders: The Autism Safety Project provides First Responders with information and guidelines for communicating with individuals with Autism Spectrum Disorder (ASD) in emergency situations.

5. <http://www.autismriskmanagement.com/> Avoiding Unfortunate Situations by Dennis Beddault. Resources for law professional that come in contact with persons with autism. Autism training and resources for law enforcement, emergency first responders, parents, educators, care providers, and the autism community.
6. <http://www.publicsafety.gc.ca> PublicSafety.gc.ca is the lead Web site for public safety information in Canada and helps connect Canadians with trusted information and services relating to public safety from the Government of Canada and its partners. On PublicSafety.gc.ca you will find information on national security, emergency management, law enforcement, corrections, crime prevention and borders.
7. <http://www.cyberbullying.ca> Cyberbullies can and do use e-mail and other electronic ways of communication to send harassing and threatening messages to the targets of their hatred and loathing. This website offers information and examples as well as tips on recognizing and preventing cyberbullying.

TOOLS/CURRICULUM:

1. [Regional Police Children's Safety Village](#) – Fire, paramedics and Police Education. Regional Education Centres that are available for trips to focus on topics to train and teach topics such as prevention and protection. Provides hands on experience to put into practice all the youth have learned inside the classroom.
2. [Functional Curriculum \(CD\)](#) by PRPARD, British Columbia, Canada. Books with safety signs, street safety, etc. The Functional Curriculum was developed by teachers and teaching assistants of PRPARD to meet the needs of students requiring extensive interventions to acquire those life skills necessary for living adult lives as independently as possible. The techniques provided on this CD can assist classroom teachers at the elementary and secondary level in providing a functional curriculum for students with autism and pervasive developmental disorders.





Bullying

BOOKS:

1. [Perfect Targets – Asperger`s Syndrome and Bullying: Practical Solutions for Surviving the Social World](#) by Rebekah Heinrichs, forward by Brenda Smith Myles – Autism Asperger Publishing Company, Shawnee Mission, KA USA 2003 A 2002 study from Comprehensive Issues in Pediatric Nursing found that 94 percent of students with Asperger Syndrome face torment from their peers. Indeed, some of their behaviours and characteristics that others see as different make many of these children easy targets for frequent and severe bullying. This book takes a frank look at the different types of bullying and what adults must do to curb bullying, helping prevent the often lifelong effects of this behaviour on its victims. Practical strategies and solutions at the school, class and individual level are presented.
2. [I Didn't Know I was a Bully](#) by Melissa Crawford Richards and Jeffrey Zwartjes - Mar*Co Products 2006; Activities and lesson plans to deal with bullying. This innovative new program includes a clever, easy-to-read story, which can be reproduced and used with all levels of youth. The story is followed by six lessons, these lessons elaborate on the message presented in the story and focus on topics like choosing sides, exclusion, cyber-bullying, and friendship fears. Each lesson has step-by-step presentation directions, additional stories, and optional supplementary activities.
3. [Stop Bullying Now! A Counselling & Prevention Workbook](#) by Franklin Rubenstein and Andrea Chorney – Instant Help Publishing 2006 This workbook contains reproducible activities that can help you design a complete bully prevention program for students. The workbook is divided into four sections: getting along with others, understanding bullying, understanding the targets of bullying, and understanding the role of bystanders. Each section contains a dozen or more activities that challenge youth to think about their behaviour and develop better coping and social skills. The book is designed to be used both as a prevention curriculum as well as a tool for individual counselling. Includes CD-ROM.
4. [No Fishing Allowed – Reel in Bullying](#) by Carol Gray and Judy Williams – Future Horizons Incorporated, Arlington, TX USA 2006 "No Fishing Allowed" is a violence prevention program that addresses various elements of bullying behaviours. Through the use of the Teacher Manual, Student Workbook, and an instructional DVD for teachers, this program: emphasizes empowerment strategies for all students who are affected by bully/target relationships; provides teachers with information, ideas, and activities to address bullying attempts and other unfriendly social interactions; addresses topics such as peer conflict versus bullying attempts, tattling versus reporting, word bullying, friendship bullying, gender-specific bullying, anti-bullying strategies for witnesses, and many more; supplies an in-depth annotated bibliography consisting of numerous additional resources; and allows teachers to organize efforts toward establishing peaceful, friendly, and accepting learning environments for all students.

5. [The Bully, the Bullied and the Bystander: From Preschool to High School – How Parents & Teachers can help break the cycle of violence](#) by Barb Coloroso – Harper Collins Publishers
New York, NY USA 2009

WEBSITES:

1. <http://mentalhealth.samhsa.gov/publications/allpubs/SVP-0051> Make Time to Listen-Take Time to talk.....About Bullying.
2. <http://www.pacerteensagainstbullying.org> Kids Against Bullying Interactive Website and Educational Games
3. <http://www.bestbuddies.ca> Best Buddies Canada is a non-profit organization dedicated to enhancing our communities through one-to-one friendships between individuals with intellectual disabilities and students. This organization integrates individuals with intellectual disabilities into the community, and by providing leadership and learning opportunities for everyone involved in the program. There are chapters in every province in Canada. Call toll-free 1-888-779-0061 or email info@bestbuddies.ca
4. www.youthlight.com/ Bullying in the Girl's World• (2007). Diane Senn. Please contact our Canadian distributor, Monarch Books, at 800-404-7404 to access resources from Youthlight, Incorporated. This book provides a school-based approach to girl bullying that includes class lessons, small group activities and ideas for individual counselling. The class lessons include stories, activities, suggestions and reproducible student worksheets. These strategies are not just for girls and can include the entire class. The group approach includes surveys, stories, strategies, student assessments, and group activities. The individual counselling section includes situation cards, activities, student worksheets, and a simple problem solving model. *Resource can be found at Bethesda COS Library.*
5. <http://www.pathwaystopeaceinc.com> Self help programs on Anger Management and Violence Protocols - Pathways to Peace, Inc. Offers peer education, support, and structured workbook focus groups free of charge for people who have a problem with anger. Groups meet regularly to help each other understand the nature of anger and rage and to change abusive and violent behaviours. Groups are led by peer facilitators. Pathways to Peace self-help groups are open to anyone who has a problem with anger. Pathways to Peace self-help groups meet both in Canada and the U.S. For the location of a Pathways to Peace self-help group near you, please select a province or state from their website.
6. <http://www.cyberbullying.ca> Cyberbullies can and do use e-mail and other electronic ways of communication to send harassing and threatening messages to the targets of their hatred and loathing. This website offers information and examples as well as tips on recognizing and preventing cyberbullying.

RESOURCES - Abuse Prevention



BOOKS:

1. [Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?](#) by Richard Sobsey - Toronto ON, Paul H. Brookes Publishing Company 1994
2. [Self-protection for the Handicapped: A Curriculum Designed to Teach Handicapped Persons to Avoid Exploitation](#) Kent Public Schools (1985)
3. [Disability, Sexuality and Abuse: Annotated Bibliography](#) by Richard Sobsey - P.H. Brookes Publishing Company 1991
4. [The Whole Truth: An Abuse Prevention Programme for People with Intellectual Disabilities](#) with 2 DVD set by David Hingsburger and Joe Jobs – Diverse City Press
5. [Just Say Know](#) by David Hingsburger – Diverse City Press

WEBSITES:

1. <http://www.goodtouchbadtouch.com> Child help about good and bad touching.

OTHER:

1. [Sexual Abuse Prevention: Five Safety Rules for Persons who are Mentally Handicapped.](#) Planned Parenthood of Cincinnati, Inc. 1987. A 30 minute video (VHS)



RESOURCES - Vulnerabilities/Safety Issues



Sexuality and Sexual Health

BOOKS:

1. [Safe Relationships Safer Sex - For people with learning difficulties or disability](http://www.fpq.com.au/publications/fsBrochures/Br_Saf_Rel_Saf_Sex.php) - Family Planning Queensland (2006) Booklet designed to teach about safe sex. www.fpq.com.au/publications/fsBrochures/Br_Saf_Rel_Saf_Sex.php (website)
2. [HIV Infection and Developmental Disabilities: A Resource for Service Providers.](#) Crocker, A.C., Cohen, H.J. and Kastner, T.A. (1992). Baltimore, MD: Paul H. Brookes Publishing
3. [Sexuality & Sexuality Instruction with Learners with Autism Spectrum Disorders & Other Developmental Disabilities](#) by Peter Gerhardt – Autism Society; Article on sexual instruction
4. [Autism-Asperger's & Sexuality: Puberty & Beyond](#) by Jerry Newport and Mary Newport, foreword by Teresa Bolick – Future Horizons, Arlington, TX USA 2002; A husband's wife with Aspergers gives advice on sexuality.
5. [Able to Live, Able to Love! A Sexuality Education Resource Guide for Persons with Intellectual Disabilities and those who live and work with them](#) by Anne Escrader, with Elizabeth Moore. Produced by the Relationship Sexuality Education Network of Wellington & Dufferin Counties (\$60.00)
6. [The Facts of Life...and More: Sexuality and Intimacy for Individuals with Intellectual Disabilities](#) edited by Leslie Walker-Hirsch, M.Ed - Paul H. Brookes Publishing 2007; A book for parents, teachers, social workers, psychologists, college professors and others who need a background of understanding of social and developmental sexual issues for individuals with intellectual disabilities.

"Highly readable and thorough ... Will empower professionals to become better advocates for people with intellectual disabilities and help them attain the social and emotional benefits of healthy, responsible, and age-appropriate sexuality." —Apostrophe

TOOLS/CURRICULUM:

1. [AIDS: Training People with Disabilities to Better Protect Themselves.](#) By Philip Levy & others - Young Adult Institute New York, NY USA 1988; uses a videotape and detailed staff manual to teach clients how to better protect themselves from contracting AIDS.
2. [The Project Action Curriculum: Sexual Assault Awareness for People with Disabilities.](#) Seattle Rape Relief Development Disabilities Project, 1991; Focuses on decision-making and choice-making skills rather than traditional focus on prevention.
3. [Child Sexual Abuse Curriculum for the Developmentally Disabled.](#) Sol Rappaport, Sandra Burkhart, and Anthony Rotatori - The J.P. Das Developmental Disabilities Centre Springfield, IL USA 1997; A personal safety curriculum for youth with developmental disabilities (\$45.00)

WEBSITES:

1. www.taasa.org/member/materials2.php - A Guide for Sexual Abuse Survivors with developmental disabilities.
2. www.sexsupport.org/AbuseResources.html - A list of resources and academic links to information on abuse and developmental disabilities.

OTHER:

1. <http://www.stanfield.com/datesmart.html> The DateSmart program consists of two parts:
DateSmart-1: uses a realistic approach to teach students how to support the choice for abstinence.
DateSmart-2: teaches students how to control their emotions and avoid impulsive reactions to intimate situations.



Social, Educational, Recreational And Work Issues



To be successful in today's world, youth must be able to interact in a socially appropriate manner and to engage in meaningful activity. This section explores ways to encourage youth to interact in a socially appropriate manner and to engage in activities, whether it be hobbies and recreational activities or school or work activities to provide meaning to their lives.



Interacting in Groups

To assist teens with socializing in group settings.

Plan:

1. Have the teen look at the person in the group who is doing the talking.
2. Also have the teen listen to what the people in the group are saying and understand what the person is saying. Instruct the teen to ask questions if they do not understand.
3. Remind the teen about their body language and how it can send a message to others. Tell them to have relaxed body language; try not to fidget too much, etc. Have the teen think about what people in the group would expect from them.
4. Remind the teen to say things that have to do with the group discussion. Avoid talking about your interests only.
5. Ensure that the teen waits for breaks in the conversation before speaking. Avoid interrupting others.

Considerations:

1. Ensure that the teen avoids making comments that are negative about others.
2. Inform the teen that making people laugh is OK, but ensure that it's at an appropriate time. This may need to be a separate skill that will need to be taught.
3. Remind the teen not to “blurt” out random comments and things that come into their heads.

Practicing and modeling these skills with the teen will assist with skill development. Problem-solve any difficult situations that may have occurred with the teen.

Taken from Worksheets for Teaching Social Thinking and Related Skills by Michelle Garcia Winner.



Social Skills

To help people with Developmental Disabilities to act appropriately in a social setting.

TIPS:

Social stories are brief descriptive stories that provide accurate information to a person with developmental disabilities regarding a social situation:

1. The title of the social story can be part of the teaching and should correlate directly to the story objective.
2. A social story is written from the first person perspective as though the person is describing the event. If the person is older and/or advanced, the social story can be written from the third person perspective.
3. A social story uses positive language and omits descriptions of challenging behaviours. Instead, it should highlight the positive responses for future interactions. It is never used as a punishment or consequence for negative behaviours.
4. A social story may contain pictures that support the content and add value to aid in the person's comprehension

Before writing a social story:

1. Identify the difficult situation
2. Collect only relevant data:
 - a. Who? The immediate individuals involved in the situation
 - b. Where? The specific location (i.e. work, school, outside, friend's house)
 - c. When? Time it happened (i.e. morning, supper, bedtime)



Education – How to Apply to College

STEPS:

1. **Find a Program** - Finding the right program for you is very important. You can search for different programs at ontariocolleges.ca . Look at program type, length, instruction style, credibility, availability, etc.
2. Once a preferred program has been selected, you should go to the school and meet with the college support staff. A list of questions based on concerns prepared prior to the visit. Questions might include the following:
 - What type of support is available for student?
 - Is the program monitored by a full-time professional staff?
 - Who counsels students with learning difficulties during registration, orientation, and course selection?
 - How does the school propose to help with the specific disability?
 - Which courses provide tutoring?
 - What kind of tutoring is available, and who does it--peers or staff?
 - Is tutoring automatic, or must the student request assistance?
 - How well do faculty members accept students with learning difficulties?
 - Can students with learning difficulties take a lighter load?
 - Are courses in study skills or writing skills offered?
 - Have counsellors who work with students with learning difficulties received special training?
 - Can students with learning difficulties take more time to graduate?
 - Whom can parents contact if they have concerns during the academic year?
 - Can students with learning difficulties have supports such as the use of a lap top or tape recorder in class, prepared notes from the teacher, etc. and how is this arranged?

Checklist for applying to college

<http://www.ontariocolleges.ca/portal/page/portal/ONTCOL/Apply/ApplicantChecklist>



6 Tips for College Students with Learning Difficulties

1. **Do any needed testing as soon as possible.** Check with your campus academic support office (or something similar) to find out what you need to do to be eligible for support services for your learning difficulty. You may need to show proof of your disability from your time in high school or even be retested at your school. Get yourself eligible for campus services as soon as possible.
2. **Get to know the academic support center staff.** Once you're eligible for services, get to know the staff who will be working with you. Spend some time in the center (or other resource office), too, so that you're fully aware of how things work.
3. **Talk to your professors.** Talking with your professors about your situation is one of the best things you can do. Your professor may already be aware of your situation, so take a few moments to introduce yourself, explain your situation, and discuss what support you'll need.
4. **Keep utilizing the assistance you're eligible for.** You met with the academic support staff and your professors during the first week of school, and things seem to be moving along well. Don't forget, however, that you'll need to *continue* to check in with your support network as the semester goes on. As midterms, exams, and final papers approach, your utilization of what they have to offer should increase. Remember, they're there to help.
5. **Ask for help when you need it!** It doesn't have to be a high-pressure time of the semester for you to ask for more help. In fact, getting help *before* the high-pressure time starts might be your best bet.
6. **Know where to go if things get difficult.** If you find yourself in a situation where you are getting frustrated and overwhelmed, it is very important that you get help and fast. Check with the academic support staff, your academic adviser, or your professors if you need to.

Taken from:

<http://collegelife.about.com/od/academiclife/a/6TipsForStudentsWithLearningDisabilities.htm>

Supports Offered by Some Colleges:

Accommodations are unique to each individual. The disability support office in your college makes these recommendations based on confidential documentation that the student provides to the college.

Some of the most commonly provided academic accommodations to students with learning disabilities include:

- a reduced course load
- provision of a note taker for lectures
- tape recording of lectures
- access to alternative format materials such as books on tape
- access to a word processor with spell check, thesaurus, grammar check for completion of final copy of written work
- clarification of information on overheads, charts and lecture material
- alternative methods of evaluation, such as point form responses rather than full sentences, in content courses
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office but is usually time and a half
- use of memory aids or formula cards
- supplementary oral exams
- exams may need to be on a computer with editing functions and/or adaptive software
- use of writing tools (e.g. spelling dictionary) so marks are not taken off for spelling
- exams/tests may need to be scribed and written in a quiet writing room
- clarification of questions on tests/exams
- use of a calculator on tests/exams

Taken from http://www.niagaracollege.ca/cswd/ld_ovr.htm

Where to Access Funding for Students with a Disability:

Here are some sources of funding for students who have a permanent disability:

- Canada Access Grant for Students with Permanent Disabilities – this is given to high need students and covers the cost of educational and living expenses. The CAGSPD exceeds the amount covered by the Canadian Student Loans Program.
- Canadian Study Grant for the Accommodation at Students with Permanent Disabilities – this is awarded to full and part time students to help cover extra expenses acquired by their disability, like tutors, interpreters, attendant care or special supervisors.
- Canadian Pension Plan Disability Vocational Rehabilitation Program – this is designed to help those already receiving a disability benefit to acquire new skills and return to work.
- Canadian Student Loans Program – the permanent disability benefit forgives student loans for those experiencing repayment difficulties due to disability.
- Literature for the Blind – the Canada Post Corporation offers postage free delivery for visually impaired university students.
- Opportunities Fund for Persons with Disabilities – helps individuals with permanent disabilities gain meaningful employment. The program helps individuals start their own business and increase their job skills.

Taken from <http://www.disabled-world.com/disability/education/student-textbook-savings.php>



Developing Interests and Hobbies

A hobby is an activity or area of interest that a person does for pleasure, or relaxation. It can be anything such as cooking, gardening, music, computers, collecting items, sports, reading, crafts, etc.

Plan:

1. Have the teen list interests and hobbies that they currently have.
2. Have teen list interests and hobbies of their peers.
3. Have teen state some interests that they have and would like to try.
4. Prioritize what interests and/or hobbies they would like to try first.
5. Assist teen with searching out where they can access their interest/hobby.
6. You can also look through various magazines, recreational places, the public library, etc to learn about different interests and hobbies.
7. You may have the teen associate with others who have a similar interest and can teach them about their new hobby.
8. Have the teen try out their new hobby. Make sure that it's something they enjoy doing.

Considerations:

1. Lack of financial resources can be a barrier to recreational activities for teens. Some programs may have subsidies available (i.e. YMCA, Parks and Recreation departments, Boys and Girls clubs, library, sports clubs, music clubs, drama clubs, etc.)
2. High schools also have a variety of interests and hobbies that the teen may be interested in and at a low cost.
3. Some programs reduce the cost if you volunteer to help at the program.
4. Be sure to give the program you enrol in 4-6 weeks before deciding if you like the program or not.



TIP SHEET – Social, Educational, Recreational and Work Issues

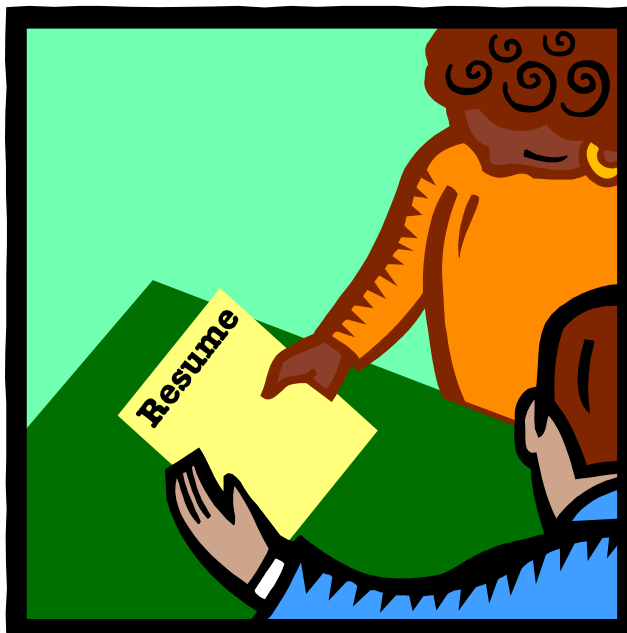
Work Related Skills/Work Ethics – Developing a Résumé

TIPS:

- Assemble Résumé

Develop résumé

- Name and Contact Information
- Summary and/or Objective
- Education and Training
- Honours and Distinctions/Awards
- Experience/Work History
- Skills
- Activities/Volunteering/Community Service



Résumé Development Worksheet (See APPENDIX III for full form)

1. What's the purpose of this résumé?
2. What are some of your unique talents, strengths, and abilities?
3. What are your educational experiences?
4. List each work experience, including two to four key attributes of what you accomplished in each job. Include all work experiences.

Job #1 _____

Job #2 _____

Job #3 _____

5. List each volunteer experience, including two to four key attributes of what you accomplished in each place.

Volunteer #1 _____

Volunteer #2 _____

6. Once you have written a draft of the resume, check off each of these:

- used action verbs
- used specific examples
- used bullets, phrases
- used reverse chronological order
- used clean design
- used research
- used feedback
- used spell check, proofread

Taken from http://www.quintcareers.com/teen_resume-writing_worksheet.html

See APPENDIX III for full form



Work Related Skills/Work Ethics – Work Ethics

Teaching teens about work ethics.

TIPS:

Chores at home, volunteering and summer jobs are great ways to teach teens about work ethics. Some important areas that teens should learn about include:

1. **Punctuality and dependability.** The responsibility of a job means being there when you're scheduled to be there, and being on time. Start times are not flexible, even for those who may have stayed out too late the night before and would prefer to sleep. This is the perfect opportunity to help teens learn to manage their time wisely.
2. **Working as a team.** Most jobs require some level of cooperation. For many teens, this will be one of their first times in a situation where they will be working side by side not only with other teens their age, but with adults as well. They will also be working with people of different backgrounds and abilities, and will need to use their interpersonal skills to get along with their co-workers.
3. **Working with the public.** Most teens who work are involved in jobs that require some level of customer service. teens will need to learn how to interact with and be helpful to all kinds of people. Especially challenging: being patient and respectful to customers who do not treat employees the same way. Teens may need to bite their tongues and smile pleasantly despite less than polite treatment.
4. **Professional dress.** Most workplaces have some sort of dress code, especially those that revolve around food service. In most cases, teens will probably need to dress in a way that reflects positively on the business. They may need to remove jewelry from body piercings or cover up conspicuous tattoos. This also includes looking and smelling good. Personal hygiene is very important on the job.

Taken from http://youthdevelopment.suite101.com/article.cfm/summer_job_skills_for_teens



RESOURCES – Social, Educational, Recreational and Work Issues



Work Related Skills/Work Ethics – Work Ethics

BOOKS:

1. [Developing Talents: Careers for Individuals with Asperger's Syndrome and High Functioning Autism](#) Updated and Expanded Edition. Temple Grandin and Kate Duffy, foreword by Tony Attwood – Autism Asperger Publishing Company 2004 Resource manual with potential employment descriptions.
2. [Asperger's Syndrome Employment Workbook](#) by Roger Meyer - Jessica Kingsley Publisher 2000 Step by step self-assessment exercises to identify work best suited.
3. [Worksheets! For Teaching Social Thinking and Related Skills: Breaking Down Concepts for Teaching Students with High Functioning Autism, Asperger's Syndrome, PDD – NOS, Non-verbal Learning Disability, Attention Deficit Hyperactivity Disorder](#) by Michelle Garcia Winner – Think Social Publishing 2005
4. [Employment Skills Plan: A Vision for the employability for students with special needs; Niagara Catholic District School Board](#) www.niagaracatholic.ca

TOOLS/CURRICULUM:

1. www.coultervideo.com/transitionvideo.htm Transition to Work video for persons with Asperger's Syndrome.

WEBSITES:

1. <http://www.links2work.on.ca/JobSeekers/tabid/180/Default.aspx>-Employment resources in London Information for job seekers; self-evaluation, career choice, employee perspective, resumés, interviewing.
2. http://www.autismsocietycanada.ca/pdf_word/ARI_choosing_jobs.pdf - Choosing jobs for adults with ASD.
3. <http://jobs.abilities.ca/>- Helps people with disabilities find jobs.
4. www.jobsetc.gc.ca/eng - General government job website.
5. www.autismandcomputing.org.uk/marc2.en.html - Making transitions from school to work successful.
6. www.stanfield.com - Video resources to teach work skills.
7. www.teacch.com - Using the TEACCH system to teach work skills.
8. <http://www.ccrw.org>- Canadian Council on Rehabilitation and work
9. www.connectability.ca - Community Living Toronto Website – search “Work Skills”.
10. www.diversityworld.com/Disability/index.htm

11. http://sdglegal.com/ODSP_Employment.html - If a person is receiving ODSP they can work with Employment Supports through ODSP who will give a list of Service Providers in the area where you live. The Service Providers goal is to help people find competitive employment but some short term subsidies and job training (unpaid) may be part of the process. To get started a person needs to call there local ODSP office and speak to an Employment Supports specialist. Ontario Works (O.W.) or Ontario Disability Support Program (O.D.S.P.) Transportation funding may be available from the Mandatory Special Necessities Program.
12. <http://www.edu.gov.on.ca/eng/tcu> Ministry of Colleges and Universities; SNOW (Special Needs Ontario Window) <http://snow.utoronto.ca/> "Special Education Resources" link provides a link to the special needs office for universities in Ontario.
13. Ontario Works (OW) Employment Supports: Can assist an individual with the preparation for work, job placement and job retention. If you are preparing to leave OW for a job, ask about the Employment Transition Benefit. 519-337-3735 1-800-663-7633

OTHER:

1. Denise Bissonnette: Seminars & Workshops; Beyond traditional job development; Cultivating true livelihood! Work in the 21st Century; 30 ways to shine as a new employee; Retention & Beyond
2. Enhanced Employment Services for Vulnerable Persons (EES) – Ministry of Community and Social Services, June 2009;
www.msdsb.net/ADMIN/Correspondence/OW-Enhanced-Employment-Services--Detailed-Guidelines.pdf



RESOURCES – Social, Educational, Recreational and Work Issues



Hobbies and Interests

BOOKS:

1. Abilities Magazine <http://www.abilities.ca>

WEBSITES:

1. www.specialolympics.com Ontario Special Olympics

OTHER:

1. YMCA www.ymca.ca to find programs in your community
2. Autism Ontario – social skills groups, recreational activities and camps for teens with ASD
www.autismontario.ca



RESOURCES – Social, Educational, Recreational and Work Issues



Social Skills

BOOKS:

1. The Dealing with It Series. Helps adolescents cope with conflict in everyday life and aims to promote peaceful homes, school and communities.
Titles include: Arguing: Deal with It Word by Word by Elaine Slavens and Brooke Kerrigan, Fighting: Deal with it Without Coming to Blows by Elaine Slavens and Brooke Kerrigan, Gossip: Deal with it Before Word Gets out by Catherine Rondina and Dan Workman, etc – Available through Amazon.com
2. The Social Skills Picture Book for High School and Beyond by Jed Baker – Future Horizons 2006
Visually illustrates positive and negative consequences of both ways of interacting
3. SOS – Social Skills in Our Schools. A Social Skills Program for Children with Pervasive Developmental Disorder Including High Functioning Autism and Asperger's Syndrome and their Typical Peers by Michelle Dunn – Autism Asperger Publishing Company 2006

TOOLS/CURRICULUM:

1. Social Skills Training for Children and Adolescents with Asperger Syndrome and Social Communication Problems by Jed E. Baker, Ph.D. – Autism Asperger Publishing Company, Shawnee Mission, KS USA 2003
2. The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations by Brenda Smith Myles, Melissa Trautman and Ronda Schelvan – Autism Asperger Publishing Company, Shawnee Mission, KS USA 2004
3. The Social Success Workbook for Teens: Skill-building Activities for Teens with non-verbal learning disorders, Asperger's disorder & other social skills problems by Barbara Cooper and Nancy Widdows – New Harbinger Publications Inc., Oakland CA USA 2008

WEBSITES:

1. www.autismontario.com Has social skills groups
2. <http://www.modelmekids.com/> Social skills videos for ages 9 – 17
3. <http://www.thegraycenter.org> - How to write social stories.
4. www.neads.ca The National Educational Association of Disabled Students – mandate to encourage students with a disability in post-secondary education
5. www.ontariocolleges.ca

OTHER:

1. Social Thinking Across the Home and School Day A DVD by Michelle Garcia Winner - The Gray Center 2003
2. Navigating the Social World A DVD by Jeanette McAfee – <http://jeaniemcafee.com>

Local Resources



Niagara
Hamilton
Haldimand-Norfolk
Brant
London/Middlesex
Oxford/Elgin
Chatham-Kent
Windsor/Essex
Sarnia/Lambton
Huron/Perth
Grey/Bruce

Developmental Disability:

Bereavement Support Group

Bethesda Services http://www.bethesdaservices.com/adult_services/bereavement_support/

Regional Support Associates <http://www.regionalsupport.on.ca/services/overview.htm>

HBBS <http://www.familycounsellingcentrebrant.com/hamiltonbrantbehaviourservicess151.php>

Provides information on how those with intellectual disabilities can cope with the loss of a loved one.

Niagara:

Contact Niagara: www.contactniagara.org

General information about how to access adult developmental services in Niagara, types of services available in Niagara for adults with developmental disabilities and their families and links to where people can go for more information

Hamilton:

Contact Hamilton: www.contacthamilton.ca

General information about how to access adult developmental services in Hamilton, types of services available in Hamilton for adults with developmental disabilities and their families and links to where people can go for more information.

A link to the Community Information Service/Contact Hamilton resource database for information about community programs and services

Hamilton FASD Task Force: www.hamiltonfasdtaskforce.com

Haldimand/Norfolk:

Contact Haldimand Norfolk: www.hnreach.on.ca

General information about how to access adult developmental services in Haldimand/Norfolk, types of services available in Haldimand/Norfolk for adults with developmental disabilities and their families and links to where people can go for more information.

Norfolk Association for Community Living – www.nacl.ca

Community Living Haldimand – centraladmin@clhaldimand.com

Community Living Access Support Services – access@kwic.com

Haldimand Norfolk REACH – www.hnreach.on.ca

Brant:

Contact Brant: www.contactbrant.net

General information about how to access adult developmental services in Brant, types of services available in Brant for adults with developmental disabilities and their families and links to where people can go for more information

London/Middlesex:

FASD E.L.M.O. NETWORK: Fetal Alcohol Spectrum Disorder - Elgin, London, Middlesex, Oxford Network - Resources, presentations, agency contacts fasd.elmo@gto.net

Family Service Thames Valley – Community Integration Program: Offers Advocacy, Planning, Support coordination in London, Middlesex and Elgin to adults that have developmental disabilities, live on their own and are without supports. www.familyservicethamesvalley.com

Contact: Laurie Reid B.A.; D.S.W, A.P.S.W. Community Integration Program
Family Service Thames Valley, 125 Woodward Ave., London, ON N6H 2H1 519-433-7714
lreid@familyservicethamesvalley.com

Community Services Coordination Network: coordinate access to various services and supports for persons who have a developmental disability, and for children and adolescents with complex needs, that may require a response from more than one service provider.
171 Queens Avenue, London, ON N6A 5J7
Phone: (519) 438-4783 www.cscn.on.ca

Child and Parent Resource Institute (CPRI) provide voluntary services to children and youth with complex mental health and/or developmental challenges. Catchment area: London, Middlesex, Elgin, Oxford, Huron and Perth; 600 Sanatorium Road, London, ON N6H 3W7
Phone Number: 519-858-2774; 1-877-494-2774 Fax: 519-858-3913 www.cpri.ca

VON Family Home Program and Special Services at Home: Special Services at Home is a respite program that helps primary caregivers by providing temporary relief support, thus enhancing the caregiver's capacity to provide quality care to individuals with disabilities. The Familyhome Program provides an opportunity for people over the age of 18 who have a developmental disability to live in a family environment. VON provides SSAH and services through the Family Home Program to people in [London](#), [Middlesex](#) and [Elgin](#) Counties.
London: Suite 100 - 1151 Florence Street, London, Ontario, N5W 2M7 Phone: 519-659-2273
Strathroy: 274 Head St N., Strathroy Ontario, N7G 4L7 Toll-Free: 1-800-265-7058
Phone: 519-245-3170 www.vonmiddlesexelgin.com

Oxford/Elgin:

Oxford County FASD Parent Support Group: 1st Wednesday of every month – 7pm – 9pm
Children's Aid Society of Oxford County, 989 Dundas St., Woodstock

JFriesen@casoxford.on.ca

DLamoure@casoxford.on.ca

FASD Elgin Parent Support Group; Diane White 519-633-9244 diane.white@rogers.com

Community Services Coordination Network: coordinate access to various services and supports for persons who have a developmental disability, and for children and adolescents with complex needs, that may require a response from more than one service provider.

171 Queens Avenue, London, ON N6A 5J7 Phone: (519) 438-4783 www.cscn.on.ca

Family Service Thames Valley – Community Integration Program: Offers Advocacy, Planning, Support coordination in London, Middlesex, Oxford and Elgin to adults that have developmental disabilities, live on their own and are without supports.

www.familyservicethamesvalley.com

Child and Parent Resource Institute(CPRI) provide voluntary services to children and youth with complex mental health and/or developmental challenges. Catchment area: London, Middlesex, Elgin, Oxford, Huron and Perth. 600 Sanatorium Road, London, ON N6H 3W7

Phone Number: 519-858-2774; 1-877-494-2774 Fax: 519-858-3913 www.cpri.ca

VON Family Home Program and Special Services at Home: Special Services at Home is a respite program that helps primary caregivers by providing temporary relief support, thus enhancing the caregiver's capacity to provide quality care to individuals with disabilities. The Familyhome Program provides an opportunity for people over the age of 18 who have a developmental disability to live in a family environment. VON provides SSAH and services through the Family Home Program to people in [London](#), [Middlesex](#) and [Elgin](#) Counties.

Elgin County: 175 South Edgeware Road, St Thomas Ontario, N5P 4C4

Toll-Free: 1-800-201-0909 Phone: 519-637-6408

www.vonmiddlesexelgin.com

Chatham-Kent:

Chatham-Kent Consumer and Family Network: 235 St. Clair St., Chatham, ON N7L 3J8

Phone: 519-351-3100 www.ckcfn.com

Young minds: a peer support group for young people living with mental illness.

Community Living Wallaceburg, 1100 Dufferin Avenue, Wallaceburg ON N8A 2W1

Phone: 519-627-0777

Windsor/Essex:

Windsor Essex Family Network 7025 Enterprise Way, Windsor ON N8T 3N6 Contact Michelle Friesen or Lise Weston 519-974-1008 email: infor@windsorsexfamnet.ca
Windsor-Essex FASD Support Group; Susan Smith 519-776-6891 or 519-817-6687

Ensemble: 372 Talbot Street North Essex ON, N8M 2W4 Contact Lisa Raffoul or Jackie Barraco
Phone: 519-776-6486 ext. 225 email: ensemble@communitylivingsex.org
[Ensemble](#) was established by parents who have shared this experience.
Our mission is to promote the knowledge of families in supporting other families.

Sarnia/Lambton:

Life Long Caregivers Support Group. All parents, guardians and home share providers of developmentally and/or physically challenged children and adults are welcome. The last Monday of every month at Lambton County Developmental Services, 339 Centre Street, Petrolia Conference Room Downstairs, 7PM. For more information contact Ruth Syer
Phone: 519-844-2484 or email: arsyer@brktel.on.ca or John Shepley 519-695-2129 or
Email: j.shepley@sympatico.ca.

Sarnia Lambton Family Network 519-336-0917 ext. 401

Fetal Alcohol Parents Support Group Sarnia/Lambton, 3403 Shiloh Line, Petrolia, ON NON 1R0
519-882-1953 or 519-542-1180 www.slcas.on.ca/default.asp?q=f

St. Francis Advocates, 7346 Arkona Road, P.O Box 218, Arkona, ON NOM 1B0
Phone: 519-828-3923 fax: 519-828-3927 info@stfrancisadvocates.net
www.stfrancisadvocates.net

St. Francis Advocates Stepping Stones, 1-59 King St. W, Forest, ON NON 1J0
Phone: 519-786-3834 fax: 519-786-6378 www.stfrancisadvocates.net
Email: steppingstones@stfrancisadvocates.net info@stfrancisadvocates.net

Related Support Groups www.informationarnialambton.org

Huron/Perth:**Grey/Bruce:**

Transitioning Issues:

Niagara:

Curriculum for Education Groups for Females Adults who have Developmental Disabilities –
Niagara: Jane Bryan (APSW Family Counseling Centre 905-937-7731 X 3382)
-Focuses on self-esteem, assertiveness and violence prevention.

Hamilton:

Community Transition Network: www.contacthamilton.ca The Community Transition Network is a collaborative initiative between local Hamilton organizations, service providers, school boards and community representatives. The aim of the organization is promote healthy living and quality of life for youth and young adults with disabilities who are in transition to adult services and adult living.

Hamilton Family Network: www.hamiltonfamilynetwork.com The Hamilton Family Network offers transition and future planning workshops called “Future Directions”.

Contact Hamilton, the Hamilton Wentworth District School Board (HWDSB) and Hamilton Wentworth Catholic District School Board (HWCDSB) have a protocol in place to facilitate the transition of youth leaving high school to community life. For more information call Contact Hamilton at 905-570-8888 or the youth’s school about specifics.

Haldimand/Norfolk:

Salvation Army Community and Family Services Housing Connect – housingconnect@gmail.com or www.housingconnect.ca

Communities In Motion – a program of Community Living Haldimand and Community Living Access Support Services. Contact: Tina Gifford Tel: 905-772-3344 X 233

Getting Connected Foundations – a program of the Norfolk Association for Community Living. Contact Deanna Davidson – deanna@nacl.ca or 519-426-5000 X 204

Haldimand Norfolk REACH Family Services Division.

Contact: Susan Wells swells@hnreach.on.ca or 519-587-2441 X 238

Union House – a program of Haldimand Norfolk REACH – unionhouse@hnreach.on.ca or www.hnreach.on.ca or Tel: 519-426-7604

Brant:

London/Middlesex:

The Transitional Planning Group walks transitional youth through a variety of services they may require. www.gotaplan.ca

Family Service Thames Valley: Community Integration Program: Offers Advocacy, Planning, Support coordination in London, Middlesex, Oxford and Elgin to adults that have developmental disabilities, live on their own and are without supports.

www.familyservicethamesvalley.com

City of London: Community Services Department: Neighbourhood & Children's Services, Social & Community Support Services

300 Dufferin Ave, London, ON N6A 4L9 519-661-5432

Employment Solutions: privately operated employment placement organization that specializes in providing people with barriers to employment, support in securing and or maintaining competitive employment. Offices located in Woodstock, London, Strathroy and Tillsonburg (519) 539-5730 Toll Free 1 866 225-0105

40 Metcalf St., Woodstock, ON, N4S 6S8 www.empsol.ca

Western Area Youth Services (Ways) is an accredited mental health service for children, youth and their families throughout Southwestern Ontario www.ways.on.ca

Oxford/Elgin:

Employment Solutions: privately operated employment placement organization that specializes in providing people with barriers to employment, support in securing and or maintaining competitive employment. Offices located in Woodstock, London, Strathroy and Tillsonburg (519) 539-5730 Toll Free 1 866 225-0105

40 Metcalf St., Woodstock, ON, N4S 6S8 www.empsol.ca

Family Service Thames Valley – Community Integration Program: Offers Advocacy, Planning, Support coordination in London, Middlesex, Oxford and Elgin to adults that have developmental disabilities, live on their own and are without supports.

www.familyservicethamesvalley.com

Western Area Youth Services (Ways) is an accredited mental health service for children, youth and their families throughout Southwestern Ontario www.ways.on.ca

Chatham/Kent:

Community Living Chatham-Kent; Making it Happen: for adults aged 18-28, an intensive exploration to prepare for life after graduation from school.

Contact: Joyce Carr 519-351-0460 X 224 <http://www.clc-k.ca/supports/Making-It-Happen.htm>

Western Area Youth Services: Community Support Services in Chatham-Kent for youth up to 18 years of age. Tel: 519-354-2065 X 2207 www.ways.on.ca

Family Service Kent, 770 Richmond Street, Chatham, ON N7M 5J5 Tel: 519-354-6221

www.famskent.ca e-mail info@famskent.ca

APSW Program, Advocacy, Passports funding, Trusteeship, Supportive Counselling,

Jobmatch offers employment planning, job development and job coaching to youth and adults living in Chatham-Kent. As a successful “meet and match” employment support program, our goal is to assist with long-term employment and strengthen the working relationship between employer and employee.

Contact: Supervisor, Community & Employment Services, 939 Dufferin Ave., Wallaceburg, ON N8A 2V7 Tel: 519-627-7882 X 2577

Windsor/Essex:

Windsor Essex Brokerage for Personal Supports Tel: 519-966-8094; email webps@mnsi.net

Sarnia/Lambton:

Salvation Army; Sarnia Family Services, 228 Davis Street, Box 1073, Sarnia, ON N7T 7K2
Tel: 519-344-1142

Food Bank/Thrift Store operates year round

Drop-In Centre 232 Davis Street, Sarnia, ON N7T 7K2 Tel: 519-344-7758

The Drop-In Centre is free and is an opportunity for lonely adults to meet together for a time of sharing, games, puzzles, reading and companionship

(Monday, Tuesday, Thursday 7:00 – 9:00 pm, Wednesday and Friday 1:00 – 3:30 pm)

Budgeting Program is a new seven-week program which aims to teach those on low or fixed income adequate budgeting and money management skills. This will teach them to develop the skills necessary to manage expensed each month. It is held in the Drop-In Centre on Tuesdays 10:30 am to Noon, contact Rita Price Tel: 519-344-1142

Community Voice Mail: Lambton Action Committee offers community voice mail, a free service for people without telephones who would like their own personalized voice mailbox message. CVM provide people with a 10-digit phone number to receive messages from potential employers, health care providers, landlords, case managers, etc. Users of CVM can retrieve messages from their voice mail box 24 hrs/day, 7 days/week Tel: 519-332-4004 www.jobstartsarnia.com

St. Francis Advocates Stepping Stones is an innovative opportunity to help you and your family make the transition from high school to the community focusing on the strengths and capacities of the person. www.stfrancisadvocates.net/support-services.php

Connecting Point/Intake Tel: 519-336-0120, ext 260 Toll free: 1-800-831-3031
Stepping Stones Transition Planner Tel: 519-786-3834

Community Living, Sarnia Lambton District: MAPs, PATH Tel: 519-332-0560

APSW, Family Counseling Center Tel: 519-336-0120

Huron/Perth:

Adult Protective Service Worker

Support adults and their families to coordinate and advocate for necessary services and supports call Family Services Perth Huron Tel: 519-273-1020 Stratford or 519-482-5833 Clinton or 1-800-268-0903

Ontario Disability Support Program www.mcass.gov.on.ca

Provides income and employment supports for adults with a disability.

581 Huron ST., Stratford, On N5A 5T8

Tel: 519-271-1530 or 1-800-565-5762 TTY: 519-271-0124

Ontario Works: www.mcass.gov.on.ca Provides income and employment assistance for people who are in temporary financial need. You must be a resident of Ontario, in immediate financial need and willing to participate in employment assistance activities.

82 Erie St., Stratford, On N5A 2M4 Tel: 519-271-3773 X 254 or 1-800-669-2948

The Health Line: www.thehealthline.ca for a listing of mental health services and developmental services in Huron and Perth. It has program descriptions and contact information.

ConnexOntario www.connexontario.ca For Health Services information for help with substance abuse, problem gambling or mental health issues

Grey/Bruce:

Rights and Responsibilities:

Niagara:

Community Living Welland/Pelham, 535 Sutherland Avenue, Welland, ON L3B 5A4
Tel: 905-735-0081 Fax: 905-735-9431

Hamilton:

Rygiel Supports for Community Living, 930 Upper Paradise Road Hamilton, Ontario L9B 2N1
Tel: 905-525-4311 Fax: 905- 525-5933 Supported Decision Making training
Catholic Family Services Hamilton-Wentworth; Adult Protective Services Worker (APSW)
Program: <http://www.cfshw.com/developmental-services/>
Provides coordination and case management of community resources, advocacy, emotional support and guidance to adult individuals with a developmental disability living in the community with little or no significant support.

Community Living Hamilton, Speak Up Self Advocates

<http://www.communitylivinghamilton.com/SelfAdvocates/tabid/656/Default.aspx>

Or contact Tanya Sweers, at Community Living Hamilton Tel: 905-528-0281 X 245
for more information

Haldimand/Norfolk:

Voices Unlimited – Haldimand-Norfolk Self Advocacy Group Tel: 905-774-7323 X 67 or
519-426-0007 X 113

Brant:

London/Middlesex:

New Vision Advocates: New Vision Advocates is a group of people with intellectual disabilities who advocate on behalf of all people with disabilities about issues affecting their lives.
Phone: 519-686-3000 ext. 379 OR e-mail to: selfad@ccl.on.ca

People's First of Ontario: Self help, advocacy group that encourages and promotes equality for people with intellectual disabilities * assists members to speak up for themselves * educates the community. For information on local events and meetings: 519-433-0183

Oxford/Elgin:

People's First of Ontario: Self help, advocacy group that encourages and promotes equality for people with intellectual disabilities * assists members to speak up for themselves * educates the community
For information on local events and meetings: 519-433-0183

Chatham/Kent:

Windsor/Essex:

People First of Windsor 18 years and up self-advocacy group for adults who have a developmental disability Tel: 519-973-0142

Sarnia/Lambton:**Huron/Perth:****Grey/Bruce:****Mental Health:****Niagara:**

Twin Lakes Clinical Services: http://www.bethesdaservices.com/adult_services/twin_lakes/

A variety of treatment services includes psychiatric and mental health care, treatment of a variety of traumas, swallowing/feeding interventions, communication supports, and other interventions.

St. Joseph's Healthcare Dual Diagnosis Program:

<http://www.stjoes.ca/default.asp?action=article&ID=611> This program is a partner in a regional system of community-based and inpatient services organized into a coordinated network to meet the needs of developmentally handicapped adults with mental health problems.

Family Counseling Centre, St. Catharines Tel: 1-888-937-7731. This agency provides counselling for family and youth.

Niagara Health System provides services to teens and families who are struggling with mental health concerns Tel: 905-378-4647 X 53803 or 53804

Niagara Centre for Youth Services: <http://www.ncys.ca>. The Niagara Centre for Youth Services provides a variety of services and resources to teens in the Niagara region that have mental health concerns

Canadian Mental Health Association: <http://www.cmhaniagara.ca>

Psycho-Educational Depression Groups run once a week (two hours) for 8 weeks. Groups offer a supportive and structured environment to acquire new skills and effective ways of coping with depression. For more information, please call or email:

Niagara Falls: 905-354-4576 X 522 / wpatterson@cmhaniagara.ca

Fort Erie: 905-994-1905 X 722 / cphillips@cmhaniagara.ca

St.Catharines: 905-688-2543 X 629 / gclement@cmhaniagara.ca

Peer Support Niagara: <http://www.peersupportniagara.org/> Website lists various mental health and other support groups in the Niagara region.

Consumer Survivor Initiative of Niagara: <http://www.initiativeniagara.ca> Self help groups, anger management, supportive employment and social groups. Mainly based in Welland however some groups run in St.Catharines and Niagara Falls

Family Mental Health Support Network of Niagara: <http://familysupportniagara.com>
Offers coping skills and other workshops for families affected by mental health on a regular basis.

Niagara Life Center: <http://niagaralifecentre.ca/> Centres located in St.Catharines and Fort Erie. Various types of counselling offered including marital, family, individual, pregnancy, anger management, budgeting, grief, parenting and child and youth. Services are free.

Hamilton:

Twin Lakes Clinical Services: http://www.bethesdaservices.com/adult_services/twin_lakes/
A variety of treatment services includes psychiatric and mental health care, treatment of a variety of traumas, swallowing/feeding interventions, communication supports, and other interventions.

St. Joseph's Healthcare Dual Diagnosis Program:

<http://www.stjoes.ca/default.asp?action=article&ID=611> This program is a partner in a regional system of community-based and inpatient services organized into a coordinated network to meet the needs of developmentally handicapped adults with mental health problems.

Haldimand/Norfolk:

Twin Lakes Clinical Services: http://www.bethesdaservices.com/adult_services/twin_lakes/
A variety of treatment services includes psychiatric and mental health care, treatment of a variety of traumas, swallowing/feeding interventions, communication supports, and other interventions.

St. Joseph's Healthcare Dual Diagnosis Program:

<http://www.stjoes.ca/default.asp?action=article&ID=611> This program is a partner in a regional system of community-based and inpatient services organized into a coordinated network to meet the needs of developmentally handicapped adults with mental health problems.

Community Addiction and Mental Health Services of Haldimand and Norfolk assist those having gambling, alcohol, and/or other drug-related problems as well as mental health. Referrals accepted from a wide variety of sources. Self-referrals welcomed. Assessment and counselling by appointment. Counsellors available in each secondary school in Haldimand and Norfolk. Public education offered as it relates to substance abuse prevention and gambling problems. Available support groups include Relapse Prevention, Seniors and Concurrent Disorder. Contact: Lisa Bishop – addictions@amhs.ca

Crisis Assessment and Support Team (CAST), a program of Community Addiction and Mental Health Services of Haldimand and Norfolk. A 24-Hour Mental Health Crisis Line providing mental health crisis services and support to individuals 16 years of age and older.

Contact: Terry McGurk, 519-587-4658. 24-hour Crisis Line: 1-866-487-2278.

Community Addiction and Mental Health Services of Haldimand and Norfolk Resource Centres: 50 Orchard Ave., Simcoe, ON N3Y 3H1 and 229 Chestnut Street, Dunnville, ON N1A 2H2. The Resource Centres are member driven, community programs run by and for people living with a mental illness, supporting personal recovery. The Centres provide opportunities for social recreation and education as well as peer support and advocacy. The Centres operate on a drop-in model so no appointment or referral is required. The Centres do not directly provide any clinical supports but can assist individuals to identify other required services and to complete referrals to other programs. Information pamphlets and resources are available on a variety of mental health topics. The Dunnville program operates Mondays, Wednesdays and Fridays.

Canadian Mental Health Association – The purpose of this organization is to promote community-based services responsible to the needs of those with mental health concerns, their family members, and the general community. This program offers a caseworker to individuals with a dual diagnosis. Contact: Michael Benin, Tel: 519-428-2380, X 209. info@cmha-hn.ca or www.cmha-hn.ca.

Brant:

Twin Lakes Clinical Services: http://www.bethesdaservices.com/adult_services/twin_lakes/ A variety of treatment services includes psychiatric and mental health care, treatment of a variety of traumas, swallowing/feeding interventions, communication supports, and other interventions.

St. Joseph's Healthcare Dual Diagnosis Program:

<http://www.stjoes.ca/default.asp?action=article&ID=611> This program is a partner in a regional system of community-based and inpatient services organized into a coordinated network to meet the needs of developmentally handicapped adults with mental health problems.

London/Middlesex:

Vanier Children's Services Vanier serves children age 0 to 14 who have serious emotional, mental illness and behavioural problems, and their families. www.vanier.com askvanier@vanier.com
871 Trafalgar St., London, ON N5Z 1E6 Tel. 519-433-3101 Fax. 519-433-1302
Crisis Line: 519-433-0334

Craigwood Youth Services: Craigwood Youth Services provides a continuum of care and service to adolescents and their families in the communities of South Western Ontario through various day treatment and residential programs. Our clients are referrals from other social service organizations, self-referrals or court ordered to our care. In particular, our focus is on the complex needs and hard-to-serve youth. www.craigwood.on.ca
520 Hamilton Road, London, ON N5Z 1S4 Phone: 519-432-2623 Fax: 519-432-8964
Crisis Intake Direct Line 519-433-0334

CHMO (Children's Mental Health of Ontario) goal is to provide current and accurate information to help you navigate Ontario's children's mental health system, and to help you access resources and supports that best meet your needs.

Phone: (416) 921-2109 www.kidsmentalhealth.ca

Oxford/Elgin:

Craigwood Youth Services: Craigwood Youth Services provides a continuum of care and service to adolescents and their families in the communities of South Western Ontario through various day treatment and residential programs. Our clients are referrals from other social service organizations, self-referrals or court ordered to our care. In particular, our focus is on the complex needs and hard-to-serve youth. www.craigwood.on.ca
520 Hamilton Road, London, ON N5Z 1S4 Phone: 519-432-2623 Fax: 519-432-8964
Crisis Intake Direct Line 519-433-0334

Vanier Children's Services Vanier serves children age 0 to 14 who have serious emotional, mental illness and behavioural problems, and their families. www.vanier.com
871 Trafalgar St., London, ON N5Z 1E6
Tel. 519-433-3101 Fax. 519-433-1302 askvanier@vanier.com
Crisis Line: 519-433-0334

CHMO (Children's Mental Health of Ontario) goal is to provide current and accurate information to help you navigate Ontario's children's mental health system, and to help you access resources and supports that best meet your needs.

Phone: (416) 921-2109 www.kidsmentalhealth.ca

Chatham/Kent:

Dual Diagnosis Program Chatham-Kent Health Alliance: 16 years and older
80 Grand Avenue West, Chatham, ON N7M 5L9 Tel: 519-352-6401, X 6693
Crisis Program: 24 hrs/day 7 days/week Tel: 519-351-6144, X 2022 (speak to a crisis nurse)

Dual Diagnosis Program with the Canadian Mental Health Chatham-Kent www.cmh Kent.com
240 Grand Avenue West, Suite 100, Chatham, ON N7L 1C1 Tel: 519-436-6100

Chatham-Kent Consumer and Family Network: www.ckcfn.com

235 St. Clair Street, Chatham, ON N7L 3J8 Tel: 519-351-3100

Young Minds: a peer support group for young people living with a mental illness.

Windsor/Essex:

Windsor Regional Hospital-Dual Diagnosis Stabilization program: www.wrh.on.ca
Contact: Linda Moroun Tel: 519-257-5111

Distress Centre of Windsor Essex County: www.dcwindsor.com Tel: 519-256-5000
Anyone in distress or in need of someone to talk to. Telephone access only.

Canadian Mental Health Association www.cmha-wecb.on.ca Tel: 519-255-7440
Mental Health Connections provides psychosocial rehabilitation services to adults with a serious mental illness during their recovery process; clients with dual diagnosis and concurrent disorders are also eligible for services. Tel: 519-256-4854.
Alive Canada: www.alivecanada.org Ages 16 years and up individuals seeking suicide prevention information. Tel: 519-973-4411, X 3265

Community Crisis Centre of Windsor Essex County: www.hdgh.org Professional crisis workers provide immediate risk assessment, stabilization, safety planning, crisis follow-up and referral services. Tel: 519-973-4435

Sarnia/Lambton:

Canadian Mental Health Association: www.cmhalambton.org Offers services to individuals, ages 16 to 65 years, living in Lambton County. Provides support for people with mental health disorders or dual diagnosis. Tel: 519-337-5411 Email: general@cmha.sarnia.net

Huron/Perth:

Dual Diagnosis Program, UWO - St. Joseph's Regional Mental Health Care-London

The DDP Unit is an 18-bed inpatient unit serving dually diagnosed people ages 18-64. They provide a short-term, specialized psychiatric assessment and treatment program. Priority is given to people currently hospitalized (for example, in Stratford General Hospital or Alexander General and Marine Hospital in Goderich). They will not accept crisis admissions or people with no residential options. There must be evidence that local resources have been considered and/or accessed first. They serve adults, 18-64 years, with both a developmental disability and mental health issue(s) (a psychiatric disorder or severe behavioural problem). Admission typically is from a hospital.

The Southern Network of Specialized Care: The SNSC works to enhance services to adults with a developmental disability who need specialized care for co-existing mental health and/or behavioural issues. They provide opportunities to access additional training and resources, grants for research, education and training; promoting evidence based best practices, creates awareness of employment opportunities in the field. They work with cross sectoral service providers to discuss ways to improve service delivery by identifying service gaps, assisting to find ways to meet these gaps and by providing a unified community voice at the provincial and senior government levels. Contact Lynda Legge, Facilitator, Huron, Perth, Grey, Bruce at 519-881-0922 X 2405 www.community-networks.ca

Specialized Services

Regional Support Associates: Services provided are: assessments; psychiatric, psychology, behavioural, cognitive, sexuality, vocational, geriatric, speech and language, swallowing and offers clinical support in the areas of social work, nursing, speech/language pathology, and behavioural intervention and Justice Dual Diagnosis Case Management. Contact Jane Joyes at 519-433-7238 or 1-800-640-4108 www.regionalsupport.on.ca

Enhanced Specialized Services: Has been developed to provide intensive clinical support, assessment and short term treatment, for individuals who are experiencing significant challenging behaviors and/or mental health concerns. Specially trained support staff will work with the individual's support group and under the clinical supervision of Regional Support Associates, will assist in implementing behavioural strategies, gather data, model intervention techniques for caregivers and reinforce a holistic team approach to support. This is not a crisis service, but part of a continuum of preventative community service that can provide support on an urgent basis. "Urgent service" is when the situation is stable but the person and their supports need clinical assistance as soon as possible to prevent the person and situation from a crisis state. Contact Regional Support Associates; Jayne Joyes at 1-800-640-4108

Hospital Based Services

To find a psychiatrist: Family physicians may fax referrals to the Psychiatry department, for non-emergency referrals. If you do not have a family physician consult with a local Family Health Team or ask a Nurse Practitioner.

In Huron your initial appointment with the Psychiatrist will be at the Hospital.

Other appointments will be at the closest Community Psychiatric Clinic. The Clinics are located in Clinton, Exeter, Goderich, Seaforth, Wingham. Tel: 519-524-8323 Fax: 519-524-2745

In Perth your initial appointment will be at the Special Services Building of the Stratford General Hospital or at Mental Health Outpatient Services building at the Listowel Hospital. The referring Doctor or Nurse Practitioner must note on the referral form that the person has or is suspected of having a Dual Diagnosis. This will streamline the referral to the Dual Diagnosis Clinic. The person will be seen at the Dual Diagnosis Clinic by Dr. Dino Santoro. Other appointments will be at the same locations. The psychiatrist will make referrals to other community services as necessary. Tel: 519-272-8210 Fax: 519-272-8226

Canadian Mental Health Association (CMHA) www.cmha-hp.on.ca

Huron Perth Branch Locations:

540 Huron St., Stratford, On N5A 5T9

92 Goderich St. W, Box 1139, Seaforth, On N0K 1W0

Tel: 519-273-1391 or 1-888-875-2944 Fax: 519-273-0505

CMHA serves individuals with a serious mental illness by providing programs and they will provide information to the general public.

WOTCH Mental Health Services www.wotch.org Provides psychosocial rehabilitation programs to adults who have disabling or chronic psychiatric conditions.

Exeter Office: 149B Thames Rd W, Exeter, ON NOM 1S3

Goderich Office: 274 Huron Rd, Goderich

Tel: 519-668-0624 e-mail: info@wotch.on.ca

Phoenix Survivors of Perth County: Peer support network for people coping with mental illness. They are an employer of people who have/had a mental illness.

95 Frederick St., Stratford, On N5A 3V6

Tel: 519-273-7780 Fax: 519-273-0807

Clubhouse - drop-in centre offers leisure activities, workshops and outings. To find out about evening activities and workshops contact the office at 519-273-7780 or 1-877-425-9498

Grey/Bruce:

The Mental Health Crisis Line of Grey & Bruce 1-877-470-5200. Call for a confidential, listening volunteer. This service is available to all adult residents of Grey and Bruce Counties, 2:00 p.m.-6:00 a.m. daily.

Crisis Intervention Team 1-888-525-0552 A telephone consultation service for mental health emergencies. Provide information, connections to local hospital, coordinate an admission to GBHS-OS if needed.

Psychiatric Holding Beds This service provides a brief (max. 24 hours) outpatient assessment and treatment period. People may be placed in a holding bed following a Quick Response Team assessment, or overnight to await one the following day.

Again, these are accessed through Emergency and/or the Crisis team.

Psychiatric Consultations Fax: 372-3945

Family physicians may fax referrals to the Psychiatry department, for non-emergency referrals.

Community Mental Health Service Coordinator 376-2121 X 2480

Available to the community to discuss issues related to the Mental Health Act (e.g. involuntary hospital admissions, patient rights), the Health Care and Consent Act (e.g. who decides whether this person can consent for a procedure?), and the Substitute Decisions Act (e.g. what are Powers of Attorney and who needs one?).

Dual Diagnosis Program 376-2121 X 2857/2436/2487 jhealey@gbhs.on.ca

Jennifer Healey and Dianna Cutting are available to provide assistance with understanding and accessing local and regional mental health resources for developmentally disabled people. We provide a communication and advocacy link between mental health services and developmental services.

Dual Diagnosis Outpatient Clinic (Dr. G. Andy Wilson), GBHS-Meaford

This is through the Mental Health Grey-Bruce Partnership. Dr. Wilson is a psychiatrist specializing in the assessment and treatment of psychiatric and behavioural problems in developmentally disabled adults. He holds clinics in Meaford 2 days per month. A referral from the person's family doctor or psychiatrist is required. Any questions can be directed to Jennifer or Dianna (as above).

Community Mental Health Resources; Community Network Support Team 371-4551

Best collection of mental health information available to general public. Can also access support on mental health issues from Judy Kroes, their Family Support Initiative worker at 371-4802.

Canadian Mental Health Association 371-3642

Information about mental health, mental illness and where to get help.

HNHB (HAMILTON/NIAGARA/HALDIMAND/BRANT)

Dual Diagnosis: Meeting the Mental Health Needs of Persons with a Developmental Disability. Overview of dual diagnosis, psychiatric and mental health disorders, role of assessments, bio/psycho/social approach to challenging behaviours, pharmacology, genetics syndromes. Offered by Twin Lakes Clinical Services/Bethesda.

http://www.bethesdaservices.com/adult_services/twin_lakes/

Mental Health – Resources –Hamilton/Brant/Niagara/Haldimand-Norfolk

Behaviour Challenges/High Risk Behaviours:

Niagara:

Niagara Region Public Health: – information about teen pregnancy.

http://www.niagararegion.ca/living/health_wellness/parenting/teens.aspx

Birthright of Niagara: <http://niagara.cioc.ca/record/NIA0192> Free and confidential emergency pregnancy services, offering positive alternative to abortion. Similar supports are available in each community.

Distress Centre Niagara – <http://www.distresscentreniagara.com>

St.Catharines/Niagara Falls & Area: 905-688-3711

PortColborne/Wainfleet &Area: 905-734-1212

Fort Erie & Area: 905-382-0689

Grimsby/West Lincoln: 905-563-6674

Community Addiction Services of Niagara

http://www.casn.ca/e107_plugins/content/content.php?content.4 Tel: 905-684-1183

Child and Adolescent Crisis Services (NCYS): <http://www.ncys.ca> Agency that can provide crisis services as well as counselling, support groups, social groups, family support , etc.

Salvation Army Community and Family Services: offer anger management courses, individual counselling and affordable moving services.

Niagara Falls 905-254-2834 <http://niagara.cioc.ca/record/NIA0452>

St.Catharines 905-935-4311 <http://niagara.cioc.ca/record/NIA0451>

Sexual Health Centres (Niagara Region Public Health): Offers Sexually Transmitted Infection testing and treatment, contraception counselling, pregnancy testing, choice counselling, emergency contraception and sexual health assessment and follow-up by a physician or nurse practitioner. Free condoms are available, and birth control pills are sold at a reduced price.

There are centres throughout Niagara:

Fort Erie: 43 Hagey Avenue, Tel: 905-871-5320 Fax: 905-871-3333 Mon to Fri: 9 a.m. - 12 p.m.

Niagara Falls: 5710 Kitchener St. Tel: 905-358-3636 Fax: 905-358-2717

Monday - Friday: 1:00 p.m. - 4:30 p.m. Thursday: 8:30 a.m. - 12 p.m.

St.Catharines: 277 Welland Ave. Tel: 905-688-3817 or 1-800-263-5757 Fax: 905-688-6063

Monday - Friday: 8:30 a.m. - 12 p.m., 1:00 p.m. - 4:30 p.m.

Note: From September - June, hours are extended to 7 p.m. on Monday only.

Welland: 200 Division Street / Phone: 905-734-1014 / Fax: 905-734-1770

Monday to Friday 1:00 p.m. - 4:30 p.m. Tuesday: 8:30 a.m. - 12 p.m.

CARSA / Niagara Regional Sexual Assault Centre: <http://www.sexualassaultniagara.org/>

Offers various services: 24-hour Crisis Line, counselling services, out-reach counselling, workshops, accompaniment / advocacy services, and public education.

Tel: 905-682-7258 Crisis Line: 905-682-4584

Design for a New Tomorrow: MCSS funded community service available to support individuals who have experienced abuse in intimate adult relationships. Support classes for both women and men are available; please call for more information: Tel: 905-684-1223
60 James Street, St. Catharines

Women's Resource Centre: <http://www.womensresourcecentre.net> Offers a variety of resources, individual and group counselling, educational-based workshops (assertiveness, self-esteem, etc), and monthly movie nights. The centre, located at 5032 King Street in Beamsville, is a safe, confidential place for women to obtain resources and referrals. Tel: 905-563-5910

Bethesda Behaviour Support Services:

http://www.bethesdaservices.com/adult_services/behaviour_support/ Bethesda's Behaviour Support Services are for adults with special needs, over the age of 18, who reside in the Niagara Region and require assistance through the implementation of individualized behaviour intervention strategies.

Bethesda's Dual Diagnosis Justice Case Management:

http://www.bethesdaservices.com/adult_services/dual_diagnosis_justice/ Bethesda's Dual Diagnosis Justice Case Management is for individuals who have a developmental disability and a psychiatric disorder and have been or are currently involved in the justice system. This program is available to those individuals over the age 18 and who reside in the region of Niagara, Brant, Hamilton or Haldimand/Norfolk.

Hamilton:

Hamilton Brant Behaviour Service:

<http://www.familycounsellingcentrebrant.com/hamiltonbrantbehaviourservices151.php>

Hamilton Brant Behaviour Services is a community-based service for children, adolescent and adults with developmental disabilities with significant behavioural/emotional problems. Under the supervision of a registered psychologist, our Behaviour Consultants work with individuals and their primary care and/or service providers, teaching practical ways to promote healthy behaviours.

Bethesda's Dual Diagnosis Justice Case Management:

http://www.bethesdaservices.com/adult_services/dual_diagnosis_justice/ Bethesda's Dual Diagnosis Justice Case Management is for individuals who have a developmental disability and a psychiatric disorder and have been or are currently involved in the justice system. This program is available to those individuals over the age 18 and who reside in the region of Niagara, Brant, Hamilton or Haldimand/Norfolk.

Haldimand/Norfolk:

Haldimand-Norfolk Health Unit: <http://www.hnhu.org/> Simcoe Office: 519-426-6170

Caledonia Office: 905-318-5367-Dunnville Office: 905-774-3333-Langton Office: 519-875-4485

Various books, videos, etc. on pregnancy and sexuality.

The Haldimand and Norfolk Community Action Program for Children (CAPC) – a program of Haldimand Norfolk REACH. CAPC - Teen Resource Program

* Support services to pregnant and parenting teens through individual visits and teen groups
* Services available include - prenatal classes, anger/stress management classes, parenting information, as well as free prenatal vitamins (with doctor's note), food gift certificates and gently used infant clothing Contact: Wendy Carron, wcarron@hnreach.on.ca

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>
We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Bethesda's Dual Diagnosis Justice Case Management:
http://www.bethesdaservices.com/adult_services/dual_diagnosis_justice/ Bethesda's Dual Diagnosis Justice Case Management is for individuals who have a developmental disability and a psychiatric disorder and have been or are currently involved in the justice system. This program is available to those individuals over the age 18 and who reside in the region of Niagara, Brant, Hamilton or Haldimand/Norfolk.

Brant:

Hamilton Brant Behaviour Service:
<http://www.familycounsellingcentrebrant.com/hamiltonbrantbehaviourservices151.php>
Hamilton Brant Behaviour Services is a community-based service for children, adolescent and adults with developmental disabilities with significant behavioural/emotional problems. Under the supervision of a registered psychologist, our Behaviour Consultants work with individuals and their primary care and/or service providers, teaching practical ways to promote healthy behaviours.

Bethesda's Dual Diagnosis Justice Case Management:
http://www.bethesdaservices.com/adult_services/dual_diagnosis_justice/ Bethesda's Dual Diagnosis Justice Case Management is for individuals who have a developmental disability and a psychiatric disorder and have been or are currently involved in the justice system. This program is available to those individuals over the age 18 and who reside in the region of Niagara, Brant, Hamilton or Haldimand/Norfolk.

London/Middlesex:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm> We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>
The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Oxford/Elgin:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>

We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>

The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Chatham/Kent:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>

We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Chatham-Kent Police Service: www.ckpolice.com/smarts_youth.asp

Youth Office: Constable Bryon Martin; 24 Third Street, Chatham, ON N7M 5K5

Tel: 519-436-6600

Probation and Parole: http://www.attorneygeneral.jus.gov.on.ca/english/justice-ont/french_language_services/services/probation_and_parole_offices.asp

Chatham-Kent (Ministry of the Attorney General),

234 Grand Avenue West, Chatham, ON N7L 1C1 Tel: 519-352-1243

Restorative Justice Chatham-Kent (RJCK): www.rjck.org An incorporated non-profit organization that offers an alternative to the traditional criminal justice system for youth aged 12 - 17.

25 Creek Road, Room 212, Chatham, ON N7M 5J3 Tel: 519-380-0931

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>

The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Windsor/Essex:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>

We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>

The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Maryvale Adolescent and Family Services: Tel:519-258-0484 email cmyers@maryvale.ca

Sarnia/Lambton:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>

We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

The Inn of the Good Shepherd operates The Haven (a youth emergency shelter) located at 115 John Street, Sarnia, ON N7T 2Z1 e-mail: theinn@theinn.sarnia.net

The Inn Services Phone number: 519-344-1746

The Haven Services Phone number: 519-336-5941

High Risk Community Case Management Team : The purpose of the high risk community case management team is to provide a forum to review difficult to serve high risk young persons on a case specific basis in order to develop a treatment plan that addresses the identified problems. The committee will also review those young persons who are identified as requiring transitional services from a children's focused/mandated model into the adult service systems.

To make a referral contact the Co-ordinator of Services: Sarnia Lambton CAS, Point Edward, ON, N7V 4G6 Tel: 519-336-0623

The Family Counselling Centre is a non-profit, community-based agency providing a variety of professional counselling and support services to Sarnia-Lambton residents. The agency seeks to assist clients in resolving psychosocial problems, in learning strategies to deal with life's stresses and disabilities, and in developing more satisfying personal relationships.

Community Support Services program provides a range of services to support individuals with developmental disabilities.

Family Counselling Centre: 1086 Modeland Road, Building 1030, Sarnia, ON N7T 7V9

Tel: 519-336-0120

Distress Line Sarnia is a confidential telephone contact service that provides emotional support, short-term crisis intervention, information and referral to community resources to persons of all ages. Sarnia-Lambton Tel: 519-336-3000 Toll free: 1-888-347-8737 (noon to midnight 7 days/week, noon to 2:00 am on Friday and Saturday)

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>

The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Huron/Perth:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>

We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>

The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Grey/Bruce:

Regional Support Associates: <http://www.regionalsupport.on.ca/services/overview.htm>

We conduct a wide range of assessments, group, individual and family counselling, individual or group therapy, and mediator training. We offer to our community partners a broad range of seminars for groups of three to three hundred.

Justice Dual Diagnosis: <http://www.regionalsupport.on.ca/services/overview.htm>

The Justice Dual Diagnosis Case Managers provide services to adults that are 18 years of age and older. Individuals must be dually diagnosed (Developmental disability and Mental Health issue) involved with the judicial system. We provide services to those at all juncture points in the justice.

Vulnerabilities/Safety Issues:

Niagara:

Regional Police Children's Safety Village <http://www.niagarasafetyvillage.com>

Your Life Counts: 800 Niagara Street, Suite J11, Seaway Mall, Welland, ON L3C 5Z4

Tel: 905-321-2771 e-mail: info@yourlifecounts.org www.yourlifecounts.org

A program and website for youth who are struggling with thoughts of suicide.

Hamilton:

Haldimand/Norfolk:

Haldimand Norfolk Women's Services – Women's Services provides shelter, counselling, support, and advocacy for women and children whose lives have been affected by abuse. Office located in Simcoe with satellite locations in Caledonia and Dunnville. Contact: Shirley Ramsey, Tel: 519-426-8048 or e-mail shirley@hnws.on.ca

Brant:

London/Middlesex:

Oxford/Elgin:

Chatham/Kent:

Chatham-Kent Community Safety Village: www.cksafetyvillage.org

P.O. Box 68, Chatham, ON N7M 5K1 Tel: 519-360-1270

Chatham-Kent Police Service: www.ckpolice.com/smarts_youth.asp,

Youth Office: Constable Bryon Martin

Windsor/Essex:

The Inn of Windsor Tel: 519-252-7768; Girl's Line Tel: 519-252-7740: For female youth and young adults aged 13-21 years with identified social, emotional and/or behavioural needs.

Teen Health Centre: www.teenhealthcentre.com Tel: 519-253-8481

Sexual Assault Crisis Centre: Male or female victims of sexual violence 24hr crisis phone 519-253-9667, 1407 Ottawa St, Unit G, Windsor ON N8X 2G1

Citizen Advocacy: www.citizen-advocacy.ca Tel: 519-966-5010

Sarnia/Lambton:

Parents-FLAG (Parents, Families and Friends of Lesbians and Gays):

<http://www.slcas.on.ca/default.asp?q=p>

A non-profit volunteer organization, which provides education and support to gays, lesbians and bisexuals and their families. In a warm, caring atmosphere, parents, families and friends can hear about other experiences, share their own and receive help and support in understanding and accepting their gay relatives and friends.

Parents-Flags Sarnia-Bluewater, P.O. Box 2635, Sarnia, ON N7T 7V8 Tel: 519-542-8343

Meetings are held the second Friday of each month at 7:30pm

The Sexual Assault Survivor's Centre: www.sexualassaultsarnia.on.ca/

A non-profit charitable organization providing a comprehensive range of crisis support, counselling, information and advocacy services to those who have been sexually assaulted and sexually abused.

Sexual Assault Survivor's Centre Sarnia Lambton, 189 Wellington Street, Unit 3, Sarnia, ON N7T 1G6 Tel: 519-337-3154 (collect calls accepted from county residents) Toll Free: 1-888-231-0536

Huron/Perth:

Choices for Change: Alcohol, Drug & Gambling Counselling Centre

Provides assessment, referral and out-patient counselling to individuals affected by their own or someone else's substance use or gambling behaviour for Huron and Perth

Shelterlink provides homeless and at risk of becoming homeless youth with the basic needs of food and shelter so they will have more opportunities to make good life style choices, stay in school, find employment or attend counseling.

130 Youngs St., Stratford, On N5A 1A2 Tel: 519-272-2294

Grey/Bruce:

Social, Educational, Recreational and work issues:

Niagara:

Niagara Opportunities Fund: Tel: 905-684-7111 Assists people with disabilities in preparing, obtaining and keeping employment

NTEC <http://www.ntec-nss.com> - A non-profit organization that empowers people with disabilities to fully participate in work life

[R.E.A.L. Work Employment in Niagara. www.cmhaniagara.ca](http://www.cmhaniagara.ca) Provides employment support to persons with mental health issues.

Jobs Niagara: <http://www.jobsniagara.org/> An ODSP approved service provider for individuals who have completed a funding agreement with Employment Supports. Experienced Job Developers assist Job Seekers with identifying and working toward their employment goal through: identifying steps and supports to overcome disability related employment barriers, including the procurement of adaptive equipment as needed; individualized employment planning which may include job training, job searches, placement and job maintenance supports; also complete reference checks and review results with Job Seekers. Job Seekers involved in the program qualify for the following training, free of charge: Passport to Safety Certificate - Basic WHMIS and Health and Safety training; Ontario SuperHost - customer Service training; Basic first Aid; and if needed, SmartServe and Police checks will also be provided. (From information Niagara)

Goodwill Industries Niagara: <http://www.goodwillniagara.org/> Provides programs for persons experiencing employment barriers. Participants are given the opportunity to update or develop new employment skills and can try out a number of worksites in order to clarify and determine vocational strengths and interests. Job Trials provide hands on experience and are available in all Goodwill Niagara retail stores and with community employers. Job Placement Services are available for individuals needing assistance in obtaining and maintaining employment. All on-site job coaching is provided by qualified Job Coaches. Workforce Development provides skills training in: Office Reception, Sales Associate, Custodial Service, and Basic & Advanced Computer. Additional workshops are available in Life Skills, Job Readiness and Employability Skills. (From Information Niagara)

Niagara Center for Independent Living (NCIL): <http://www.abilityforlife.ca/> Offers innovative, individually tailored, consumer-driven assistance to persons with disabilities who are seeking employment (regardless of current income). Offers Employment Counselling to access the tools required to return to work including: assistance with career decision making; access funding for training or skills upgrading; job search assistance including a job developer; accessing wage subsidies and work experience; workplace accommodations; job resource centre (telephones, fax, photocopier and internet); diagnostic assessments; individual and group workshops; access to the full range of NCIL services; self employment assistance; referral to appropriate employment service or vocational training program including Employment Ontario-funded programs such as Job Creation Partnerships, Self-Employment Benefit, Second Career, and Targeted Wage Subsidy. Professional Work Link staffs have extensive knowledge and experience providing consumer-centered employment services for persons with disabilities.

The Transition to Employment Program (through the District School Board of Niagara) assists individuals with a disability gain access to employment opportunities. Participants are prepared and assessed for employment and then entered into unpaid work placements with employers where there is a potential to be hired. The program is approved by the Ontario Disability Support Program. Participants must be 18 years of age or older.
Susan Walker Tel: 905-682-0756

Niagara Ontario March of Dimes: www.marchofdimes.ca An approved ODSP employment support provider. Tel: 905-687-7467 Toll-free: 1-866-226-3532

Community Living Welland Pelham:

<http://www.cwellandpelham.ca/page/employment%20services.aspx>

Employment Services assists people in locating and maintaining competitive employment. Job Developers work with people to discuss career choices, find employment and provide on-the-job support as long as required. Job Developers work directly with the employers and their staff to ensure a comfortable working atmosphere. Approved ODSP employment support provider.

Community Living Grimsby Lincoln West Lincoln: <http://www.cl-grimsbylincoln.ca/>
Approved employment support provider.

Job Gym: <http://www.jobgym.com/> Offers various employment and job search services. Services offered throughout Niagara region.

District School Board of Niagara – Literacy and Basic Skills: www.dsbni.edu.on.ca
Provides various day and night school courses including: adult and continuing education secondary school credit courses; tuition-free computer training; general interest courses; workplace and certificate programs; literacy, ESL, and international languages programs; employment programs for persons with developmental disabilities. Sites are accessible throughout the Niagara Region. Shirley Henley, Coordinator, Tel: 905-641-2929 X 54172

Niagara Catholic District School Board: <http://alc.niagaracatholic.ca/literacy-basic-skills.asp>
The Literacy and Basic Skills (LBS) Program is designed to provide individualized assistance to adult learners who are seeking to improve their reading, writing, math, employability or computer skills. Each learner will develop a personal training plan and set personal goals. Learners will develop sufficient skills to pursue further education in a high school credit course, gain everyday skills for independence or acquire the essential skills necessary for employment.

Niagara College – Literacy and Basic Skills

<http://www.niagaracollege.ca/content/Programs/AcademicandGeneralStudies/LiteracyandBasicSkillsLBS.aspx>

Niagara Regional Literacy Counsel: Will provide one on one volunteer tutors.
<http://www.literacyniagara.org/index.htm>

Bethesda Services – social skills groups and summer camps for teens with ASD –
<http://bethesdaservices.com>

Darts – Adult Social Recreational Program organized by Niagara Support Services :
4037 Longhurst Ave. (Upstairs) Monday nights (7 p.m. – 8:00 p.m.) September until the end of April. Cost: \$20.00 per season, contact Shari Ball Tel: 905-357- 6272

Sports For Fun – Adult Social Recreational Program organized by Niagara Support Services
Westlane High School, 5960 Pitton Rd. Tuesday nights (7 p.m. – 8:30 p.m.) September until the end of May. Cost: \$20.00 per season, contact: Shari Ball Tel: 905- 357 – 6272

Night Out – Adult Social Program organized by Niagara Support Services
3428 Portage Road (St. John's Anglican Church) Thursday nights (6:30 p.m. - 8:00 p.m.) from September until June. Cost: \$1.00 per week, contact: Shari Ball Tel: 905-357-6272

Bowling – Program organized by parent volunteers, Cataract Bowling on Lundy's Lane
Saturdays (Sept - April) 11:30 - 2:30 p.m. Cost: \$5.00 to Register, \$10:00 to bowl 3 games per week Contact: Germaine McLean Tel: 905-354-5526

Kaleidoscope (ages 13 – 25) YMCA Community Program is designed for youth and adults with special needs or considerations out of the YMCA St. Catharines on YMCA Drive.
Alternate Saturdays 1:00 p.m. – 4:30 p.m. (Call for exact schedule) Cost: \$22 per Saturday
Contact: 905-934-9622 x 282. In order to ensure appropriate staffing, youth must be registered at least three days in advance.

http://ymcaofniagara.org/st_catharineskids_first_kaleidoscope.php

Brock Niagara Penguins provides a unique opportunity for youth with disabilities to participate in their choice of: Swimming program (involving a commitment on Thursday) and/or Gymnasium program (involving 1.5 / 2 hours on Saturdays / 3rd session Wednesday evening)
Contact: Karen Natho Tel: 905-359-6283 or email niagarapenguins@sympatico.ca
<http://niagarapenguins.org/>

The St. Catharines CYO Heat is a hockey program which supports those with Special Needs to learn and enjoy the game of hockey in its proper form. Jack Gatecliff Arena. Saturday Morning (see website for schedule) <http://www.cyohockey.on.ca/cyoheat/index.html>
Cost: \$225 plus equipment Contact: joe.fegan@sympatico.ca or jwatson23@cogeco.ca

Contact information for Special Olympics in the Niagara Region

-St. Catharines: Kim Scanlon Tel: 905-688-6818 kimmy56@cogeco.ca

-Grimsby-Lincoln: Richard Roberts richard.roberts@thermofisher.com

-Welland: Tim Dixon, 263 Aqueduct St. Welland, ON Tel: 905-735-4438 tc Dixon@sympatico.ca

-Port Colborne: Dori Schooley Tel: 905-834-4806 Email: osopc@becon.org

Red Roof Retreat: www.redroofretreat.com

Teen Nights for youth from 16 – 21 years at various locations in the Niagara Region every other Wednesday from 5:00 p.m. – 8:30 p.m. Cost: \$35 per night
Contact: Laurie Tel: 905-401-0789 for more details.

Applications must be filled out and payment made before each night that the youth is attending. You can access registration forms from their website.

Momentum Choir: Community choir run by Bethesda
Mike Gilmore at Bethesda Services Tel: 905 684-6918 x 331 or
Mendelt Hoekstra Tel: 905 684-6918 x 382

Regional Adult Dances: Casa Dante 34 Lincoln St. in Welland held first Friday every month from
7:30 p.m. – 10:00 p.m. Cost: Admission \$2 - Food and Drinks available for nominal charge
Contact: For further information Call Community Living Welland Pelham Tel: 905-735-0081
**Dates are tentative and could change due to hall availability. Phone to confirm.

Spiritual Outreach Uplifting Lives (SOUL)

Adult Activities for people with Intellectual Disabilities at Christ Lutheran Church
140 Russell Ave, St. Catharines, On 905-685-8294 or Email: christlutheran_stcath@hotmail.com
There is no fee for the activities. It is located between Geneva and Lake St.
It is recommended you call before attending any of the activities at the church. Support workers
are required to attend if needed. Volunteers from the church are available to assist with each of
the activities planned.

YAK – Young Adults Klub: <http://www.cchniagara.ca/Welcome.html>
Social group for young adults with disabilities.

Niagara Eagles: <http://www.orchardparkbiblechurch.org>
Social group for people with developmental disabilities meets every other Friday.

Cookability is a fun cooking class that provides instructional training to cook a gourmet meal.
Contact Chef Willis for more information: chefwillis@kitchenmade.ca.

Hamilton:

<http://www.pathemployment.com> Agency/Workshops: PATH Employment. Provides
employment support for individuals with disabilities in the Hamilton area

<http://www.communitylivinghamilton.com/AboutUs/LeisureSupportsCommunityResources/tabid/574/Default.aspx> Hamilton Leisure Supports and Resources Or contact Tanya Sweers, at
Community Living Hamilton 905-528-0281 X 245 for more information

Haldimand/Norfolk:

The Employment Centre – www.employment-centre.com. The purpose of The Employment
Centre is to provide a one-stop community resource centre and referral service for employment
and income support services.

The Centre consists of four organizational partners:

1. Service Canada
2. Fanshawe College- Community Career & Employment Services
3. Norfolk Association for Community Living - Job Links
4. MTCU - Ministry of Training Colleges and Universities

The Employment Centre also has its own Resource Centre to assist job seekers. All services of the Resource Centre are free to anyone seeking jobs or pursuing educational enrichment.

Haldimand Norfolk Health Unit – info@hnhu.org or www.hnhu.org. The purpose of the Haldimand Norfolk Public Health Unit is to promote health and well being; to protect the public against communicable, environmental, and lifestyle diseases; to develop awareness of health issues; to promote self-reliance and public responsibility; to provide direct service and preventative health care programs to the public, particularly to "high risk" groups; and to respond to emergency health hazards affecting the public as a whole or to individual citizens.

Community Living Haldimand - Day Programs

Support Employment helps individuals to find community employment and provides on the job staff support. Life skills, community involvement, personal care, and communication skills are provided in a non-vocational environment.

Community Participation Supports: helps individuals to participate through work, recreational and leisure activities within their community.

Life skills, community involvement, personal care, and communication skills are provided in a non-vocational environment.

Contact: Cheryl Conick, cconick@clhaldimand.com

Norfolk Association for Community Living (NACL)

NACL Business Ventures - Business Ventures provides career-support for self-employed individuals. The people involved have developed four businesses, specifically a cafe/catering service, a car-wash service, a janitorial service and Business Support Services which are available to the community at large.

NACL Job Links - Job Links provides a full range of assistance to people with developmental disabilities seeking employment.

Contact Deanna Davidson – deanna@nacl.ca or 519-426-5000, ext.204.

Fanshawe College – www.fanshawec.ca. Offers a wide variety of educational experiences on a full and part-time basis to meet the educational needs of adults at all levels of education. Post secondary, skilled trades, continuing education, diploma programs, preparatory studies, business, health, technical, and special interest courses.

Adult education; Computer training; credit and special interest courses available through Continuing Education. Post Secondary includes Early Childhood Education; Developmental Services Worker, Social Service Worker, Personal Support Worker and Welding Techniques. Skilled trades offered are Mechanical Technician/Millwright

Norfolk Community Help Centre - Programs offered:

1. Resource Centre and educational programs for new immigrants. Translation services available for medical appointments and health Care for Low German Mennonites. Referrals to other agencies and organizations and assistance with settlement and employment needs
2. Immunization and dental clinics offered monthly. Assist in basic form completion. Adult computer lab and Human Resources Canada Job Bank
3. Moms and Tots program with on-site children's program and infant care with ESL/Literacy, Health Nutrition and Parenting instruction.

Brant:

London/Middlesex:

Oxford/Elgin:

Chatham/Kent:

Community Living Chatham-Kent: Making it Happen 18-28 an intensive exploration to prepare for life after graduation from school. Questions contact Joyce Carr Manager 519-351-0460 X 224

Community Living Wallaceburg 1100 Dufferin Ave., Wallaceburg, ON N8A 2W1 1800-620-4425
www.getintocommunityliving.com

Jobmatch offers employment planning, job development and job coaching to youth and adults living in Chatham-Kent. As a successful "meet and match" employment support program, our goal is to assist with long-term employment and strengthen the working relationship between employer and employee. Contact: Supervisor, Community & Employment Services, 939 Dufferin Avenue, Wallaceburg, ON N8A 2V7 Tel: 519-627-7882 X 2577

The Chatham-Kent Special Populations program www.chatham-kent.ca develops and implements a wide variety of year round recreation and leisure programs, special events and services to meet the interest and needs of children, teens, adults and seniors with disabilities. Municipality of Chatham-Kent Special Populations: Contact Cindy McFadden 519-360-1998

Ontario Special Olympics in Chatham-Kent, P.O. Box 52, Chatham-Kent, ON
e-mail: fzantinghl@cogeco.ca <http://specialolympicsontario.ca/southwest/>

Chatham-Kent Tri County Literacy Network provides programs to help with reading, writing, spelling and math for adults. 48 Fifth Street, 3rd Floor, Chatham, ON N7M 4V8 1-877-333-4833

St. Clair Catholic District School Board offers a program that assists in employment preparation or maintenance and looks at the literacy needs that would contribute to greater independence. Classes are in small groups of 7-10, for 19 years and older with developmental challenges.

Daytime hours: 5-10 hrs per week

Chatham: Community Living Chatham-Kent 101 Stewart Street, Chatham, ON

Wallaceburg: 420 Creek Street, Wallaceburg, ON N8A 4C4 Tel: 1-866-336-6139 X 242

Windsor/Essex:

Mental Health Consumer-Survivors Employment Association of Essex County 519-254-3000 18 years and up adult mental health survivors, family members and friends

Italian Canadian Handicapable Association www.icha.ca 8 years and up sports recreation centre.

Special Equestrians Therapeutic Riding Association, Tel: 519-322-2463

Therapeutic horse riding for children and adults with special needs Windsor Farms Equine Centre 528 Mersea Rd 7, Leamington, ON N8H 3V8

Windsor Parks and Recreation www.citywindsor.ca Tel: 519-253-2300

Unemployed Help Centre of Windsor www.uhc.ca For persons 19 years and up who are out of school, and communicate in English; special emphasis on individuals receiving social assistance through Ontario Works; some youth exceptions may be considered. Tel: 519-944-4900

Windsor Public Library Adult Literacy Program www.windsorpubliclibrary.com For persons 16 years and older; must be out of school for a minimum of 1 year. Tel: 519-255-6770 X 4433

Community Living Essex County www.communitylivingessex.org Tel: 519-776-6483

Thames Valley Children's Centre www.tvcc.on.ca For persons 2 to 18 years; regional rehabilitation centre for persons with physical disabilities, communication disorders and developmental needs. Tel: 519-967-9214

People First of Windsor 18 years and up self-advocacy group for adults who have a developmental disability. Tel: 519-973-0142

Family Service Windsor Essex County www.familyservicewindsor.on.ca Tel: 519-256-1831

Christian Horizons South District Office sdo@christian-horizons.org Tel: 519-686-4800

Association for Persons with Physical Disabilities of Windsor and Essex County www.appdgroup.org For persons 16 years and up adults with physical disabilities; must be ODSP approved. Tel: 519-969-8188

Community Living Windsor www.communitylivingwindsor.ca Tel: 519-944-2464

St. Francis Advocates 7346 Arkona Road PO Box 218 Arkona, ON NOM 1B0 Office: 519-828-3923
Fax: 519-828-3927 info@stfrancisadvocates.net

Sarnia/Lambton:

The Friendship House is a neighbourhood resource centre serving the families living in the Roger Street area. It offers many services to area families as well as the wider community. It serves as a base for life skills learning, community outreach, and the local Tenants' Association activities. Adult Education program runs on Wednesdays from 2:00 – 3:00 pm for people 18 years and older.

Friendship House – Community Resource House: 681 Roger Street, Sarnia, ON N7S 2S8
Tel: 519-344-3418

Jobstart is a free workshop for people with disabilities who experience barriers to employment and who are Opportunities Fund eligible. www.jobstartsarnia.com

Salvation Army; Sarnia Family Services

228 Davis Street, Box 1073, Sarnia, ON N7T 7K2 Tel: 519-344-1142

Food Bank/Thrift Store operates year round

Drop-In Centre is free and is an opportunity for lonely adults to meet together for a time of sharing, games, puzzles, reading and companionship

232 Davis Street, Sarnia, ON N7T 7K2 Tel: 519-344-7758

(Monday, Tuesday, Thursday 7:00 – 9:00 pm, Wednesday and Friday 1:00 – 3:30 pm)

Budgeting Program is a new seven-week program which aims to teach those on low or fixed income adequate budgeting and money management skills. This will teach them to develop the skills necessary to manage expenses each month. It is held in the Drop-In Centre on Tuesdays 10:30 am to Noon, contact Rita Price Tel: 519-344-1142

Community Voice Mail: Lambton Action Committee: www.jobstartsarnia.com

offers community voice mail, a free service for people without telephones who would like their own personalized voice mailbox message. CVM provide people with a 10-digit phone number to receive messages from potential employers, health care providers, landlords, case managers, etc. Users of CVM can retrieve messages from their voice mail box 24 hrs/day, 7 days/week
Tel: 519-332-4004

Lambton College –Community Integration through Cooperative Education (CICE)

Two year modified college program designed for individuals with intellectual disabilities, brain injuries, learning disabilities, mental health issues and other learning challenges. Allows students to access most program areas (based on seat availability). Call well in advance for information on registration. Tel: 519-542-7751 X 3250

Organization for Literacy Lambton www.readsarnia.com

Provides access to resources to improve literacy Tel: 519-332-4876

Tri-County Literacy Network www.tcln.on.ca

Provides support to adult literacy programs Tel: 519-355-1771

Learning Disabilities Association of Lambton County
Provides leadership in learning disabilities advocacy, research, education
and services Tel: 519-344-4919

The Ministry of Education Special Education: <http://www.edu.gov.on.ca/parents/speced.html>

Community Living, Sarnia Lambton District Accessible Employment Resource Centre
Website: www.jobstartsarnia.com Tel: 519-332-4004

Employment Support Services: Tel: 519-332-6528

Goodwill Industries: Provides assessments, training, counseling, evaluations toward employment.
Provides employment in a sheltered workshop environment. Tel: 519-332-0440

Human Resources Development Canada www.jobsearchnetwork.ca
Lambton Shared Services (Job Connect or Job Search Network) Tel: 519-332-5583

The Employment Action Centre www.sarniaeac.ca Tel: 519-332-4333

The Workplace Sarnia www.workplacesarnia.com E-mail: info@theworkplacegroup.ca
Tel: 519-337-7377

The Workplace County Outreach, Petrolia <http://wpcountyoutreach.com> Tel: 519-882-3724

Lambton County Developmental Services www.lcds.on.ca Tel: 519-882-0933

City of Sarnia, Community Services: Special Needs Coordinator (Miriam Carmody)
Tel: 519-332-0330 X 200

Recreation Integration Sarnia Lambton Tel: 519-332-0656

Sport for Disabled, Lambton (SD Lambton) Tel: 519-336-7492

YMCA - Sarnia Lambton www.ymcasar.org Tel: 519-336-9622

Pathways Health Centre for Children Aquatics www.pathwayscentre.org
(Request the "Community Recreation and Leisure Resource Guide") Tel: 519-542-3471

Community Living, Sarnia-Lambton District Tel: 519-332-0560

Lambton County Developmental Services, Petrolia Tel: 519-882-0933

Sarnia Minor Athletic Association Tel: 519-332-1896

Volunteer Coordinators Association of Sarnia Lambton www.volunteersarnia.com
Email: sascsi@ebtech.net Website identifies volunteer opportunities in Sarnia Lambton

Care-A Van (pre registration is required) Tel: 519-336-3789

Sarnia Care-A-Van is a transportation service offered to eligible people in the Sarnia and Point Edward areas. Our main function is transporting eligible people to work, school, therapy, etc.

Neighbourlink: Tel: 519-336-5465 NeighbourLink mobilizes a network of local church volunteers to meet the practical needs of their neighbours. Some of the services offered are: shopping assistance, helping new mothers, tutoring, translation assistance, assistance with meals, plan menus, transportation to local medical appointments, visiting/reading to shut-ins (friendly visiting), assistance filling in forms, budgeting assistance, assist household repairs, yard work for disabled, and many services not already covered by other agencies.

Sarnia Transit Tel: 519-336-3271 (Note: keep bus pass receipts for income tax purposes)

VIA Rail Canada (Special Services) Toll free: 1-888-842-7245

Ministry of Transportation – Accessible Parking Permit Toll free: 1-800-387-34457

Huron/Perth:

Partners in Employment: Providing a coordinated, individualized support service to access employment opportunities in Huron and Perth Counties.

Central Administration: 170 Ontario Street, Stratford, On N5A 3K4

Tel: 519-272-1946 or 1-888-729-9675

St. Mary's, 26 Wellington St. S., St. Marys, On N4X 1A8 Tel: 519-284-0112

North Perth: 165 Argyle Avenue North, Llstowel, On N4W 1M7 Tel: 519-291-1893

Grey/Bruce:

Other:



City Parks and Recreation – available in your community

Delicious.com www.delicious.com/help/learn is a social book marking website. Users create an account to which to store their favourite websites. Although web browsers will allow you to store bookmarks, the advantage of Delicious is that because it is online, you can access your bookmarks from any computer.

APPENDIX I

5-Point Scale

Name: David My Scared/Afraid/Trembling Scale

Rating	Looks/Sounds like	Feels like	Safe people can help/ I can try to
5	 Wide-eyed, maybe screaming, and running, hitting.	I am going to explode if I don't do something.	I will need an adult to help me leave. Help!
4	 Threaten others or bump them.	People are talking about me. I feel irritated, mad.	Close my mouth and hum. Squeeze my hands. Leave the room for a walk.
3	You can't tell I'm scared. Jaw clenched.	I shiver inside.	Write or draw about it. Close my eyes.
2	I still look normal.	MY stomach gets a little queasy.	slow my breathing. Tell somebody safe how I feel.
1	Normal - You can't tell by looking at me.	I don't know, really.	Enjoy it!

Reprinted with permission from Buron, K., & Curtis, M. (2003). *The Incredible 5-Point Scale: Assisting students with Autism Spectrum Disorders in understanding social interactions and controlling their emotional responses* (pp. 1-3, 42-43). Shawnee Mission, KS: Autism Asperger Publishing Company. www.asperger.net

APPENDIX II

ABC CHART

Behavior	Example: Yelling/screaming (be as specific as possible)
----------	---

BEFORE Date/Time/Location Who was there? What was happening?	BEHAVIOR What did my loved one do?	AFTER What did I do/say? What did my loved one do/say? What did others do/say?

APPENDIX III

Résumé Development Worksheet

RÉSUMÉ WORKSHEET

1. What's the purpose of this résumé?

2. What are some of your unique talents, strengths, and abilities?

3. What are your educational experiences?

4. List each work experience, including two to four key attributes of what you accomplished in each job. Include all [work](#) experiences.

Job #1 _____

Job #2 _____

Job #3 _____

5. List each volunteer experience, including two to four key attributes of what you accomplished in each place.

Volunteer #1 _____

Volunteer #2 _____

6. Once you have written a draft of the resume, check off each of these:

- used action verbs
- used specific examples
- used bullets, phrases
- used reverse chronological order
- used clean design
- used research
- used feedback
- used spell check, proofread