



# Family Connections

A Family Newsletter from OASIS  
Oklahoma Areawide Services Information System



## ON THE ROAD FAMILY PERSPECTIVE CONFERENCES

Next "On the Road" Conference will be Tuesday, February 27, 2007 in McAlester, OK

If your community would like to host a one day conference and want more information—

Call Sally Selvidge at OASIS at 1-800-426-2747 or email her at [Sally-Selvidge@ouhsc.edu](mailto:Sally-Selvidge@ouhsc.edu)

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## People with a Disability and the Criminal Justice System.

**Educating Law Enforcement**  
Taken from The ARC Fact Sheet, June 2005

The research states people with intellectual, cognitive, or developmental disabilities get involved as both victims and suspects/offenders more often than individuals without disabilities. They also have a 4 to 10 times higher risk of becoming victims of crime when compared to those without disabilities. (Sobsey, 1994). Children with any type of disability are 3.4 times more likely to be abused compared to children without disabilities. (Sullivan & Knutson, 2000)

Whether the person has an intellectual, cognitive or developmental disability educating your local law enforcement agencies to recognize and know contact approaches can minimize and maybe avoid unfortunate situations and encounters as our family members with the disability age and become part of the greater community.

In June of 2002, the US Supreme Court issued a landmark 6-3 ruling on *Atkins v. Virginia* prohibiting the execution of individuals with mental retardation or intellectual disabilities. They based this on the Eighth Amendment ban on cruel and unusual punishment to execute death row inmates with mental retardation. The court, however didn't specify what is meant by "mental retardation", so each state must determine how it will be defined. Most states require an IQ score of 70 or less and proof that the condition existed before age 18. (Davis, 2005)

Education and training is vital if individuals with intellectual disabilities are going to receive equal justice. Cross training needs to occur among all professionals in schools, police departments, victim assistance agencies, and in the courtroom as a way to start opening the lines of communication between these systems. Parents can contact special education departments at schools, local police departments, the court liaison to request a meeting with the judge and see what training is currently provided by each of these systems. (Davis,2005)

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# CALENDAR OF EVENTS



## On Going Events:

**Arthritis Community Education and Self Help Courses:** Contact Marisa New, Oklahoma Arthritis Network for schedule - (405) 271-9444, ext. 56410 or by e-mail: [marisan@health.state.ok.us](mailto:marisan@health.state.ok.us)

**Oklahoma Respite Resource Network** meets the first Tuesday of each month from 1:00 – 3:00 pm, usually in the Green Room at the Lincoln Plaza Office Complex, 4545 N. Lincoln in Oklahoma City. The ORRN is a collaboration of agencies, organizations and individuals working to increase the availability of respite care for families in Oklahoma. Anyone interested is welcome to attend. Meeting times and dates are subject to change, so check with OASIS at (800) 426-2747 to confirm.

**Statewide Training and Regional Supports (STARS)** The mission of STARS is to support the provision of individualized, comprehensive, multidisciplinary, family-centered, community-based programs and services for people with disabilities through a coordinated training system. Staff and contractors of the SoonerStart program, local public schools, and DDS, as well as families accessing services from these agencies may attend STARS trainings at no charge. Others are welcome to register and attend STARS trainings on a “space available” basis for a charge of \$50.00 per person per workshop. A list of workshops and more information can be found at: [http://www.ah.ouhsc.edu/tolbert/courses\\_workshops/](http://www.ah.ouhsc.edu/tolbert/courses_workshops/)



## Upcoming Events, Conferences and Workshops:

**Oklahoma Federation of the Council for Exceptional Children Conference.** February 6-7, 2007. Norman Marriott Conference Center. Registration Forms and information available at [www.oklahomacec.com](http://www.oklahomacec.com). Or call Deborah Newport at (405) 350-1341.

**On The Road Family Perspective Conference.** Tuesday, February 27, 2007. McAlester, OK. For more information please call Sally Selvidge at (800) 426-2747.

**Governors Conference for Developmental Disabilities.** April 9-10, 2007. Renaissance Hotel and Convention Center. Tulsa, OK. For more information call Sheree Powell at (405) 521-4972.

**8th Annual UCO Endeavor Games.** June 7-10, 2007. Edmond North High School. Registration guides will be mailed out in March 2007. To be added to the mailing list contact Shelly Ramsey, Event Coordinator for Disabled Sports and Events at (405) 974-3151. Email— [sramsey2@ucok.edu](mailto:sramsey2@ucok.edu).

## Educating Law Enforcement

Continued from page 1



Building these alliances between school, local police, and the court system can prepare the community for situations involving people with intellectual disabilities who come in contact with the criminal justice system either as victims or suspects. It gives parents the chance to explain the difference between mental illness and mental retardation or intellectual disability to the entire community. It also provides a stage to educate and protect more effectively the rights of their family member who has the disability.

For more information contact:

The ARC

[www.thearc.org](http://www.thearc.org) or Email — [info@thearc.org](mailto:info@thearc.org).

The ARC

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## Definition of Autism



Autism is a complex developmental disability that typically appears during the first three years of life. The result of a neurological disorder that affects the functioning of the brain, autism and its associated behaviors have been estimated to occur in as many as 2-6 of every 1,000 individuals (Centers for Disease Control and Prevention, 2001). Autism is four times more prevalent in boys than girls and knows no racial, ethnic, or social boundaries. Family income, life-style, and educational levels do not affect the chance of autism's occurrence.

Autism interferes with the normal development of the brain in the areas of social interaction and communication skills. Children and adults with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities. The disorder makes it hard for them to communicate with others and relate to the outside world.

For more information contact the  
Autism Society of American at :  
[www.autism-society.org](http://www.autism-society.org) or (800) 3-AUTISM or (800) 328-8476



### CHILDREN ORALHEALTH COALITION

**Meets Second Wednesday of each Month  
at the Oklahoma Dental Association  
317 NE 13th St.  
Oklahoma City, OK  
(405) 848-8873**

Everyone is Welcome who has an interest in  
Improving the Quality and Access to Oral  
Health for Children with and without a  
disability in  
Oklahoma.

For more information or questions , call  
Sally Selvidge at (800) 426-2747 or email  
her at [Sally-Selvidge@ouhsc.edu](mailto:Sally-Selvidge@ouhsc.edu)

## BOOK Suggestions

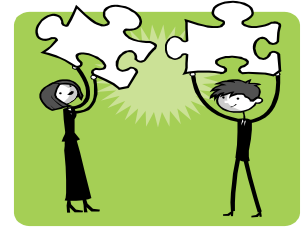
### CHILDREN'S BOOKS

The Bartimaeus Trilogy  
Boxed Set. By Jonathan Stroud

The Children of the Red  
King Series. By Jenny Nimmo

- Midnight for Charlie Bone-1
- Charlie Bone and the Time Twister- 2
- Charlie Bone and the Invisible Boy- 3
- Charlie Bone and the Castle of Mirrors- 4
- Charlie Bone and the Hidden King- 5

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## Law Enforcement Tips for Dealing with People with Autism and other Behavior Disorders.

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With the Wayne County, Michigan Workshop Series For Trainers & Officers of Law Enforcement

### Recognizing persons with Autism:

- May be non-verbal or may only repeat what is said to them; may communicate with sign language, picture cards or use of gestures and pointing.
- May perseverate on favorite topic when uncomfortable in the form of repeated questions-f or example, What if? What is your name? Arguments, or apparent ramblings about favorite sports team, train, bus, or plane schedules, city names, etc.
- May have difficulty in seeing things from a different point of view; may have difficulty predicting other person's reaction to them.
- Are usually very honest, sometimes too honest; have behaviors limiting credibility with others but do not or ably tell lies; often very blunt, not tactful

### Suggested Responses by Law Enforcement should be considered:

- Talk in direct, short phrases, such as 'Stand up now. Go to the Car.'
- Allow for delayed responses to questions or directions/commands.
- Avoid literal expressions and random comments, such as 'give my eye teeth to know', 'what's up your sleeve?', or 'Spread Eagle'.
- Talk calmly and/or repeat. Talking louder will not help understanding. Model calming body language, slow breathing, hands low.
- Person may not understand your defensive posture/body language; may continue to invade your space. Use low gestures for attention; avoid rapid pointing or waving; tell person you are not going to hurt them.
- Avoid behaviors and language that may appear threatening.
- Look and wait for response and/or eye contact; when comfortable, ask to 'look at me'; don't interpret limited eye contact as deceit or disrespect.
- If possible, avoid touching person, especially near shoulders or face; avoid standing too near or behind; avoid stopping repetitive behaviors unless self-injurious or risk of injury to yourself or others.
- Evaluate for injury; person may not ask for help to show any indications of pain, even though injury seems apparent.
- Examine for presence of medical alert jewelry or tags; person may have seizure disorder.
- Be aware of person's self-protective responses to even usual lights, sounds, touch, odors, and animals.
- If possible, turn off sirens, flashing lights and remove canine partners or other sensory stimulation from scene.
- If person's behavior escalates maintain a safe distance until any inappropriate behaviors lessen, but remain alert to the possibility of outbursts or impulsive acts.
- Consider use of sign language, or picture or phrase books.
- If you take an individual into custody and even remotely suspect the person may have an autism spectrum disorder, to reduce the risk of abuse, and/or injury, ask jail authorities to segregate the individual and not to place them in the general incarcerated population before a mental health professional has evaluated them.

Keep in mind these are suggestions. For more information go to <http://policeandautism.cjb.net/handout.html>

# WORDS WORDS WORDS



By Sally Selvidge

Society has been obsessed with WORDS from day one. Everyone is judged by WORDS. What WORDS they use and say. There is an old saying: “Sticks and stones may break my bones, but WORDS will never hurt me.” We all know this isn’t always true. WORDS are usually much more painful, especially when said maliciously to make fun of someone.

I know very well what it was like growing up and having people make fun of you. I was a shy skinny little girl with big hazel eyes, wild dark brown curly hair, mismatched clothes, corrective shoes, and afraid to open my mouth. WORDS petrified me. I went all through school in a shell. I always wished I could be more like my older sister. She was everything I wasn’t. Outgoing, straight hair, wore nice outfits and no corrective shoes. WORDS were her friend.

It wasn’t until I went to college that I finally blossomed and flew out of the shell I had worn for so long. I could be me at last. I had more friends than I had ever had in my life. WORDS had become my friend. I realized other people were just as afraid to start up a conversation as I was. I no longer had to hide in that shell.

WORDS were not my friend the day our son, who is now 26 years old, was diagnosed with autism and mental retardation. I didn’t think I would ever get over those WORDS I didn’t want to hear. The WORD autism was much worse somehow than the WORD mental retardation. Many people don’t like the WORD “retardation,” but it brought me some peace at a time of chaos. Retardation according to Merriam Webster means abnormal slowness of thought or action. The day I was finally able to say the “R” WORD was the day I accepted my son for who he is today with all of his peccadilloes. Much of his ornery personality comes from me, so maybe when I look at him I see myself. I suppose people thought of me as being “slow” with my wild curly hair, skinny little body, big eyes and the WORDS that petrified me.

When faced with having a child or family member with a disability WORDS can either become your friend or your enemy. So choose your WORDS carefully and wisely. Don’t let WORDS you never wanted to hear, keep you in that shell. Learn to use WORDS to break free and advocate to make the world a more accepting place for your child where WORDS can never hurt them.

Maybe each of our lives are like the WORDS of a whole novel, not just the end. Our WORDS will be judged based on the completed work. Some of them will be written by us, and some of them will be written by chance or fate.

# DEFINITIONS

**The following are definitions explaining the difference between Mental Retardation/Intellectual Disabilities and Mental Illness. Learn the difference and go out and educate your community. Help make it a safer place for your child/family who has a disability or mental illness.**

## **The AAMR Definition of Mental Retardation/Intellectual Disabilities**

©2002 American Association on Mental Retardation. 444 N. Capitol St., NW, Ste. 46, Washington, DC, 20001. Phone: (202-387-1968. Fax: (202) 387-2193 [www.aamr.org](http://www.aamr.org). Last updated March 2005.

Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

## **Five Assumptions Essential to the Application of the Definition**

- Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
- Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
- Within an individual, limitations often coexist with strengths.
- An important purpose of describing limitations is to develop a profile of needed supports.
- With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

## **What is Mental Illness: Mental Illness Facts.**

Information taken from: <http://www.nami.org>/National Alliance on Mental Illness. 800-950-NAMI; [info@nami.org](mailto:info@nami.org) ©2006

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. The good news about mental illness is that recovery is possible.

Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and other community services can also be components of a treatment plan and assist with recovery. The availability of transportation, diet, exercise, sleep, friends, and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery.

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## DEFINITIONS

**Here are some important facts about mental illness and recovery:**

- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental disorders fall along a continuum of severity. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 Americans — who suffer from a serious mental illness. It is estimated that mental illness affects 1 in 5 families in America.
- The World Health Organization has reported that four of the 10 leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.
- Mental illnesses usually strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment, the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
- Early identification and treatment is of vital importance; By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.
- Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.



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