



December 2013

Prima Facie

WWW.WJCIA.ORG

Dear WJCIA Members:

I want to start by thanking everyone associated with WJCIA for allowing me to be President of such a fine organization. I hope everyone that attended the conference this Fall left the conference with the same feeling and impression that I had which was that the conference seemed to me to be very successful. Along with that, there was a sense of pride in being associated with WJCIA. Before I go any further, I would like to acknowledge Barb Rahm who is a member of the WJCIA and is the Chairperson for the Conference Committee and overall responsible for each annual conference. Barb and her committee worked tirelessly to plan another interesting and informative conference. I will add that the evaluations that I reviewed from the conference are evidence that the conference was well received and a great success. Although I came away from the conference refreshed, I could not help but think about the many serious issues we have ahead of us as juvenile and children and family workers in the State of Wisconsin. It seems that in the last year or two, limited budgets have had very adverse effects, especially on local agencies. County agencies are struggling to provide the services they have always provided; and many administrators and workers alike are trying new, innovative ways for service provision that are unique. Ahead of us in 2014, we may look at returning 17 year olds, in some capacity, back to Juvenile Court which I'm sure will have a dramatic effect on caseloads and funding that is available to the counties.

Lastly, I would just like to mention to all members of the WJCIA that we should all step back and pat ourselves on the back a little bit because it seems that we have been winning the war against juvenile delinquency. In observing all of the statistics regarding juvenile delinquency, such as incarceration rates and referrals received by county agencies, it is clear that the number of juveniles involved in the juvenile system and the amount of time that they are spending incarcerated is decreasing. There are obviously different theories as to why the delinquency rate has been decreasing in Wisconsin; however, I would like to share my theory in that highly trained, motivated professional staff such as the juvenile social workers who are also involved in the WJCIA have had a significant and positive impact on juvenile delinquency. Please do not let anybody tell you anything differently, because we have all made a difference.

So please hang in there and get ready for another action-packed year working in the juvenile justice system. Don't forget to start planning for next year's conference. Thank you.

Kurt Schumacher
President – WJCIA

The WJCIA Board would like to thank Jean Nuernberger and Kim Bolden for their many years of dedicated service to our organization.

Table of Contents	
Letter from the President	1
Lead and Kids / Important Dates	2
Regional Information / Is This Your Kid	3
Lead Poisoning & Juvenile Delinquency	4&5
Important Audit Information	6

- 2013 – 2014
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LEAD AND KIDS

Lead hurts kids! Lead interferes with the normal development of a child's brain and can result in significant learning, behavior and health problems.

Did you know that two recent UW Madison studies of Milwaukee 4th grade students found that those who were lead poisoned before the age of 3 were almost 3 times more likely to be suspended from school and more likely to fail 4th grade when age 9 and 10? School suspensions are associated with lower reading achievement, tobacco use, dropping out of school and violent behavior later in life.

Lead interferes with the normal development of the brain, resulting in a reduction in volume of in the frontal lobe. This is the region of the brain that reasons, judges, solves problems and controls impulses and emotional responses.

That's why preventing childhood lead poisoning is of utmost importance, to prevent early brain damage and protect a child's ability to succeed in school and life.

For more information check out the Lead-Safe Wisconsin website, <http://dhs.wi.gov/lead>, and watch the trailer for a documentary being filmed: MisLEAD: America's Silent Epidemic, <http://www.LeadSafeAmerica.org>.

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Check out our Lead-Safe Wisconsin website OR call 1 800 LEAD FYI to learn how to protect children from lead poisoning.

See additional article on pages 4 & 5

BASIC JUVENILE COURT INTAKE WORKER TRAINING

The next available training is
scheduled for
March 5-7, 2014 at
Kalahari
Wisconsin Dells, WI

Register at WWW.WJCIA.ORG

2013 – 2014 Board Meeting Calendar

November 7 – 8, 2013
January 16-17, 2014
March 13-14, 2014
April 24-25, 2014
June 5-6, 2014
August Date to be determined

The board gathers together for two days approximately 6 times per year to plan for the annual conference, juvenile intake trainings, update curriculum, discuss upcoming legislative news, discuss topics/ideas for newsletter, and to update the website. Board minutes will be available for review on the website at www.wjcia.org. Feel free to contact any board member if you have any additional questions.

Region 1

01/22/2014 – 9:00am - Speaker: Lindsay Draper (Screening Tool) Oasis Group Home, Hayward, WI
Contact: Leigh Wahlen, leighw@co.polk.wi.us

Region 2

Contact: Jim Schroeter jmschroeter@mail.co.marathon.wi.us

Region 3

02/14/2014, 05/09/2014, 08/22/2014, 11/14/2014 - 9:00am - Eau Claire Courthouse, Eau Claire, WI
Contact: Michael Weber, mweber@co.chippewa.wi.us

Region 4

Contact: Heather Werner, werner.heather@co.la-crosse.wi.us

Region 5

Contact: Jodi Petersen PetersenJ@co.portage.wi.us

Region 6

01/16/2014

Contact Amy Cook, acook@co.dodge.wi.us

Region 7

03/12/2014

Contact Mary Ann Hand, MaryAnn.Hand@milwcnty.com

NOTE: These meeting dates and times are subject to change. It is strongly encouraged that you check with your regional contact worker prior to attending a scheduled meeting. If you would like to attend a meeting in another region, contact the identified contact person for that region. Please send region updates/meeting times to: michelle.leccia@co.saint-croix.wi.us

Is this your kid?

Is this your kid? Part II
(See May's newsletter for Part I)

So what's the answer? Here are a few ideas to help keep the fire in the belly, but not to a point that it gives you an ulcer.

It's great whenever a kid's behavior improves, but it's awful when it deteriorates, despite your best efforts. As a wise social worker once said, don't take too much credit when they are doing well or beat yourself up too much when they fall apart. Take pride in your approach, plan and handling of the case. If a kid doesn't respond positively, it doesn't necessarily mean that you messed up.

When working with our clients, focus on what's in our control. We can only control how we approach each case. How they respond is their choice. Just like with parenting: easy to wrap your head around but a little more difficult in practice. The best and worst part of our jobs is the independence. It's almost scary how much control we have over these kids' lives. You decide if a kid gets locked up or gets put on electronic monitor. You decide how much you are going to work with the parents. You decide what services are important. Most importantly, you decide on what kind of relationship you are going to have with each kid. How a kid reacts to your intervention is up to him. It's up to us to always keep looking at our approach and to keep learning from each kid and learning from each other. We need to continue to develop that 'bag of tricks' which might just be the ticket in any particular situation. Never underestimate the power of your person, particularly when you have known a kid for a long time. Keep working to get under the veneer so you can see glimpses of the real kid. We can also learn from our AODA treatment friends, keep presenting the choice to change, it might take five or ten times.

Here's a couple other thoughts on keeping your sanity. You have a gold mine if you have a relationship with a supervisor who will allow you to share the good, bad and ugly. Unfortunately that's often not the case, so it's important to have one or two coworkers who will do the same. It's important to share, not only the frustrations, but also the successes. We often are reluctant to share our small successes for fear of jinxing the case or fear that we might be perceived as bragging. Nobody understands our jobs like a coworker. It's also important for the more seasoned workers to be open to the struggles of the rookies. If we allow them to vent, maybe they will help us when we have computer troubles.

There is no greater joy in our field than to see a young person with tremendous baggage and significant behavior problems begin to change. For him or her to see a future for themselves that does not involve drugs but does involve a good education and positive healthy relationships. Good Luck. –Mike Weber, Chippewa Co. Juvenile Court

Lead Poisoning and Juvenile Delinquency

Lead Poisoning

Lead poisoning results from an excessive presence of lead in the body. Lead is highly toxic; even mild lead poisoning can permanently damage a child's attention span and IQ. It is **more dangerous to children** than to adults because it affects the development of the brain and nerves. Lead poisoning harms the nervous system and several organs, including the kidneys. But it is entirely preventable (<http://dhs.wisconsin.gov/lead/LegacyofLead/criticalissues.pdf>).

Sources of Lead Poisoning

The most common source of lead poisoning is paint manufactured before 1978. When this paint decays, it creates dust that contains traces of lead. Children can inhale this dust, ingest it when they touch peeling paint and put their fingers in their mouths. Other items also contain lead, including painted toys or decoration made outside the U.S. and paint sets or art supplies (<http://www.nlm.nih.gov/medlineplus/ency/article/002473.htm>).

Symptoms of Lead Poisoning

Usually, lead poisoning builds up over time from repeated exposure to small amounts of lead. The symptoms are not always very obvious, but even low levels of exposure can cause damage. The symptoms of lead poisoning are similar to those of other

childhood problems. As a result, it often goes untreated. Abdominal pain, headaches, irritability, and aggressive behavior are a few of these symptoms (<http://www.nlm.nih.gov/medlineplus/ency/article/002473.htm>).

Childhood Development

Lead exposure can influence health and behavior in young children. Some of these effects include reduced IQ and attention span, reading and learning disabilities, hearing problems, slowed body growth, and aggressive behavior. These effects can lead to problems in the classroom and an increased chance of juvenile delinquency.

Even mild lead poisoning can have a permanent impact on attention span and IQ in children.

(<http://www.nlm.nih.gov/medlineplus/ency/article/002473.htm>)

Problems in the Classroom

Lead poisoning is related to an increased likelihood that a child will face difficulties in school. It interferes with the normal development of a young child's brain, and this may lead to reduced intellectual functioning and a decreased capacity to learn. Learning difficulties and school failure can lead to higher high school dropout rates (<http://www.psr.org/chapters/boston/resources/in-harms-way.html>).

Juvenile Delinquency

Children affected by lead poisoning are more likely to exhibit antisocial behavior, aggression, and hyperactivity. These issues can lead to delinquent behavior. Recent research suggests that childhood lead poisoning may be correlated with 88% of the variation in violent crime rates in the U.S. over several decades. This research points to lead poisoning as contributing to disciplinary problems in school, delinquency, and adult criminality (<http://dhs.wisconsin.gov/lead/LegacyofLead/criticalissues.pdf>).

Current Prevention Efforts

Lead poisoning is very preventable, and efforts are currently being made in Wisconsin and throughout the U.S. to protect children from this danger. Simply fixing housing and eliminating lead-based paint before children are exposed would greatly reduce the amount of lead poisoning seen in the country today. The Environmental Protection Agency issued a Renovation, Repair, and Painting rule on April 22, 2008 requiring lead-safe practices during construction and renovation to prevent lead poisoning (<http://www.epa.gov/lead/pubs/renovation.htm>).

“Nearly one of every twenty children entering Wisconsin’s school system in the fall of 2006 was known to have been lead poisoned.”

(<http://dhs.wisconsin.gov/lead/LegacyofLead/criticalissues.pdf>)

Efforts in Wisconsin

Wisconsin’s Department of Health Services is currently following the example of the EPA and incorporating rules similar to the Renovation, Repair, and Painting rule. *Wisconsin’s goal is to eliminate lead poisoning by making housing lead-safe and implementing better detection and treatment of childhood lead poisoning.* (<http://dhs.wisconsin.gov/lead/index.htm>).

What Can You Do to Help?

There are several things juvenile justice professionals can do to help address lead poisoning, including:

- Be alert to situations you encounter in which old paint may be creating a health hazard for siblings of the youth you work with.
- Understand the implications of exposure to lead on children’s brain development as you work with children who may be suffering its consequences.
- Support efforts in your local community to reduce and prevent childhood lead exposure.
- Support increased state and federal resources directed toward reduction of lead exposure to children.

Sources

- **MedlinePlus:** A service of the National Library of Medicine and the National Institute of Health.
- **Wisconsin Department of Health Services:** Lead -Safe Wisconsin.
- **U.S. Environmental Protection Agency:** Lead Renovation, Repair and Painting.
- **Physicians for Social Responsibility:** In Harm’s Way: Toxic Threats to Child Development Project.

Prepared by Shauna Manion. For more information about the Council’s agenda for health care, juvenile justice, early childhood education, fair tax policies, and workforce development, go to www.wccf.org
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Audits and What They Mean for a Credential Holder

By: Kirsten Reader, Public Information Officer for the Wisconsin Department of Safety and Professional Services

The Department of Safety and Professional Services (DSPS) provides administrative services to the over 70 boards and councils housed at the DSPS, including the Joint Board of Marriage and Family Therapy, Professional Counseling and Social Work. As the Social Worker Section of the Joint Board requested and received permission for audits in the years 2011 and 2013, there has been some interest from credential holders as to what the process is for audits and what is required.

The authority for audits comes from Wisconsin Administrative Code ch. MPSW 8.04 which states that Sections may conduct audits or investigations to determine compliance by credential holders. In order to be in compliance, a credential holder must meet all of the following requirements, which, for the Social Worker Section, can be found in Wisconsin Administrative Code ch. MPSW 8.02:

- Complete at least 30 education hours in each 2-year credentialing period, which begins March 1 of each odd-numbered year, and verify compliance as part of application for credential renewal.
 - Of the 30 hours, at least four hours shall be in the subject area of social work ethics and boundaries.
- Retain original documents showing attendance at programs and completion of self-developed programs for at least four years from the time the credit is claimed.

The Social Worker section does not pre-approve continuing education (CE) programs, but accepts CE credit programs consisting of relevant subject matter taught by qualified presenters. A CE program can be used to satisfy the requirements of the chapter if the subject matter is one or more of the following:

- Social work practice, knowledge and skills.
- A field or subject area allied with and relevant to the practice of social work.
- Theories and concepts of human behavior and the social environment.
- Social work research, social policy and program evaluation, or social practice evaluation.
- Social policy and program administration or management.
- Social work ethics. A program in social work ethics should address one or more of the topics in ch. MPSW 20.
- Professional boundaries.
- A subject of current importance as designated by the section.

Typically, a random audit will be done on 10% of the license holders. For the 2013 audit, the Social Worker Section requested to also audit those individuals who had been disciplined in the last CE audit. It should be noted that the Joint Board of Marriage and Family Therapy, Professional Counseling and Social Work is in the process of rewriting its continuing education requirements, so please be on the look-out for future changes.

For more information on education requirements, please visit our website at <http://dsps.wi.gov>.