



Raising Special Kids

# Connecting

*Spring 2019*

## Sexuality Education

*Building a Foundation for Healthy Attitudes*

# From the Director

## 40 Years of Service to Arizona Families



In 1979, a group of Arizona parents who shared the common bond of raising children who have disabilities organized to pilot a peer support model in partnership with the Arizona Department of Economic Security. In the first year of service to Arizona families, the organization served about 100 parents. In 2018, Raising Special Kids touched the lives of over 9,000 parents, family members, and young adults who have disabilities. Additionally, we served nearly 3,000 professionals who work in the disability field. This year, we celebrate 40 years of service to Arizona’s families. As we look back, we see how far we’ve come, but there is still work ahead.

It has been hard to miss the events that unfolded in January of this year at an Arizona Intermediate Care Facility, the community’s understandable outrage, and reaction by Governor Ducey and the Arizona Legislature. Executive Order 2019-03, Relating to Enhanced Protections of People with Disabilities, not only directs State Agencies to work together to develop protocols, “ensuring our most vulnerable are safe and protected,” the order also acknowledges the important role that individuals with disabilities, parents and family members, disability advocates, and disability advocacy organizations have in the conversation.

In this issue of *Connecting* our lead article tackles the important topic of sexuality education. One point of particular note the author makes in the article is that families of children who have intellectual and/or developmental disabilities often seek information on sexuality education in a crisis, rather than proactively, and find that few community resources exist. We hope this article serves as a resource for Arizona families and we encourage families to be on the look-out for new sexuality education training curriculum from Raising Special Kids in the summer of 2019.

Here’s to another 40 years of service to Arizona’s parents and families!

Christopher Tiffany, MEd

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Parent to Parent support is the heart of Raising Special Kids. Information about local services, educational programs, advocacy, or special health care needs is available in English, Spanish and other languages. Services are provided at no charge to families in Arizona. Raising Special Kids is a 501(c)(3) non-profit organization.

# Sexuality Education

Building a Foundation for Healthy Attitudes by Terri Couwenhoven (read full article at <http://bit.ly/sexualityed>)

## Sexual Learning: How it Happens & Why it Needs to Happen

From birth, we model and teach our children messages about love, affection, touch, and relationships. Some believe loving touch early in life sets the stage for healthy adult intimacy. Who we are as a sexual adult is largely a result of how we received information as children. For most of us, learning about sexuality occurred in a variety of ways. Our parents were likely our primary sexuality educators. Later, our peers, the media, religion, and life experiences influenced our sexual learning.

For people with disabilities, opportunities for learning about sexuality are more limited. The reading level of materials may be out of reach. Socialization opportunities for children with disabilities are limited. As a result, they have fewer chances to observe, develop and practice social skills which are particularly important in early and late adolescence. The subtle messages, looks, and innuendos bantered between pre-adolescents and

**Studies tell us what parents already know. The risk of exploitation among people with developmental disabilities is greater than for those without.**

teens are often lost for our children. They may have trouble making decisions and thinking realistically about situations. All of these factors underscore the need for more sexuality education than the general population.

Studies tell us what parents



already know: the risk of exploitation among people with developmental disabilities is greater than for those without. Some reasons include:

- Children with disabilities are more likely to be dependent on others for meeting their basic needs
- They may have learned to be compliant or passive, especially with authority figures
- They may not have social skills needed for the situation
- They may have trouble with reasoning and judgment
- They are exposed to a larger numbers of caregivers than their nondisabled peers.

Each of these factors increases their vulnerability to some type of exploitation or abuse. For many reasons, even though the need is greater, many parents avoid or postpone addressing sexuality issues until it is too late.

- Some parents had poor role models for learning

about sexuality.

- Parental attitudes about sexuality education usually mirror the attitudes of society during their childhood.
- Parents are easily overwhelmed. Sexuality issues are easy to place on the back burner. Once they are ready, there are few community resources making teaching sexuality and related issues difficult.
- The more severe the child's disability, the less likely parents are to address sexuality issues.

### Proactive Sexuality Education

Too often for families with children with developmental disabilities, teaching sexuality revolves around crisis situations. I receive calls from frantic parents or school staff focused on solving a problem rather than addressing the broader sexuality issues of the individual before a problem occurs.

Teaching about sexuality should occur throughout life. Providing

information and addressing issues at younger ages allows you to reinforce concepts in a variety of real-life situations. When we are aware of the normal sexuality issues likely to emerge at various stages of our child's life we can more easily identify expectations and be proactive about requesting assistance before problems arise.

### Teaching About the Body

All young children are naturally curious about their bodies and how they work. Teaching them about their bodies should begin early. Early and open discussions are more likely to eliminate guilt, shame, and negativity often associated with the body and genitals and set the stage for future discussions. Helping your child use the correct words for genitals should be done the same time your child is learning about other body parts and their functions. Teaching about private parts should be done in the context of private places.

...when children have accurate language for private body parts they are more likely to report abuse if it occurs...[and] are more believable in the reporting process because of the vocabulary they use...

Professional literature suggests that when children have accurate language for private body parts they are more likely to report abuse if it occurs. When they do, they are more believable in the reporting process because of the vocabulary they use in their description.

When you teach your child about body parts, include information about societal rules associated with them. Children with

developmental disabilities often have to be taught to be modest. You can encourage modesty early by wrapping your child in a towel and moving to a private place to dress or change. Identify private places within your home. This also means respecting your child's desire to be in private when appropriate.

Once your child begins to appropriately use terminology and apply societal rules related to body parts, it is time to include phrases that prevent exploitation. Teach your child that private body parts are off limits to others. Discuss circumstances or exceptions such as physicians, parents or grandparents during bath time, or other circumstances specific to your child. Emphasize the importance of reporting when respect for boundaries is being violated. Make sure your child understands who to tell when their privacy or body is not respected. Some other ways to teach and support these concepts include:

- Share illustrated books with empowering messages about the body, body parts, and relevant societal rules.
- Use teachable moments to reinforce foundational concepts.

### Privacy

For most people, privacy is a personal right that's taken for granted. For people with developmental disabilities the rules of privacy are frequently violated by the people who support them. By adulthood, people with developmental disabilities are so accustomed to having their privacy violated they are desensitized to the word "privacy" and its meaning. This often results in difficulties in

discrimination between public and private behavior and leads to inappropriate behavior. For these reasons, the concept of privacy must be taught early. Privacy can be introduced as early as three or four years old. The best way to teach privacy is to model it. To help my children understand the importance of privacy, I began modeling the behaviors I expected from them. I knocked on doors and waited for a response before entering anyone's room. When they barged into my room, I asked them to knock. When they took a shower, I spoke through the door rather than entering the bathroom. If they needed help, I would help and then let them know I was leaving so they could be in private. We stopped talking about private things such as bodily functions in public places like the dinner table. Most children naturally develop some sense of modesty as their bodies begin to mature and, as they get older, their need for privacy becomes more important. Respecting their changing needs is an important part of their developing independence.

### Touch, Affection, & Boundaries

Helping people with developmental disabilities understand the rules related to touch, affection, and boundaries is difficult. Children with special needs are used to having their boundaries violated at very early ages. Early intervention programs typically require the child participate in invasive therapies; physical therapists may manipulate your child's trunk and limbs or the speech therapist may perform types of oral stimulation in and around their mouth. When children have their boundaries repeatedly violated in ways like



this, even though well meaning, they lose their sense of what is appropriate. Inevitably, they begin to violate the space of others.

Our society’s attitudes about people with developmental disabilities as sexual human beings is still distorted and problematic. If parents or professionals perceive the person with a developmental disability as asexual, they may believe that the person with a disability does not need information and training on appropriate touch and boundaries. When people with disabilities are believed to be “oversexed” or “uncontrollable” the consequence is constant supervision, careful scrutiny and over-analysis of every sexual behavior. When an adult with disabilities is seen as a perpetual child, it prevents others from seeing the child as a maturing individual who needs skills to move to more age-appropriate behavior.

The rules for touch and affection are often fuzzy and change based on culture and context, making teaching hard and fast “rules” a difficult task. Here are some, tips:

- Set rules related to touch and authority figures as early as possible. Too often patterns of inappropriate affection

and touch are ignored in early childhood leading to problems later on.

- Respect your child’s right to be discriminatory regarding who they display affection with regardless of who the other person is (relatives or professionals).
- Communicate your goals and expectations with key support people.
- Consistency in teaching and reinforcing rules across environments will increase success.
- Adopt a set of rules that are easy to learn. Provide one or two alternatives for the inappropriate touch you are attempting to eliminate. We don’t want to eliminate touch and affection, simply make them more socially acceptable.

These are some of the key components to building a foundation of positive, proactive sexuality education. These concepts are not separate issues specific to sexuality but are important for developing healthy self-esteem and improving communication. The activities are easy to include with other areas your child will learn. As your child

grows, you can continue to build on this foundation and nurture your child’s understanding of who they are as an adult.

*Terri Couwenhoven, MS, is an ASSECT-certified sexuality educator who specializes in developing programs and resources for people who have cognitive disabilities, their families and the professionals who support them. She is Clinic Coordinator for the Down Syndrome Clinic at Children’s Hospital of Wisconsin and the mother of two. Her oldest daughter has Down syndrome.*

Learn more at:

<http://terrificouwenhoven.com/>

**Raising Special Kids will be offering a new training for parents on the topic of sexuality and developmental disabilities. Keep an eye on our website for more information.**

#### RESOURCES:

**Sexual Health Education for Young People with Disabilities**

<https://www.parentcenterhub.org/sexual-health-education-for-young-people-with-disabilities/>

**Sexuality Education for Students with Disabilities**

<https://www.parentcenterhub.org/sexed/>

**Sexual Education Resources from RespectAbility**

<https://www.respectability.org/resources/sexual-education-resources/>

**Healthy Boundaries from TASC Alberta**

<http://tasccalberta.com/healthy-boundaries-disability/>

# We Were Really Shell-Shocked and Didn't Know What to Do

We've come a long way as a family

The night their lives changed course, Brittany Miller and her husband Ryan were settling into life with three daughters, having welcomed tiny Brooke just five weeks earlier. During one of their first family outings with their baby, Brooke began having seizures. Once at the hospital, Brittany and Ryan quickly found themselves in an emergency consultation with the neurologist on-call. That neurologist diagnosed Brooke with Aicardi syndrome, an extremely rare genetic disorder.

Recalling the two weeks they spent in the hospital with Brooke following her diagnosis Brittany shared, "I had 5 year old, a 2½ year old and a baby with all these needs. We were really shell-shocked and didn't know what to do." Among the information Brittany was provided by her hospital social worker was a flier for Raising Special Kids, but for her, it was just not the right time to connect. "Her first year was very scary. We weren't sure she was going to make it. She was having



*Juliette, Audrey, Ryan, Brooke & Brittany Miller*

hundreds of seizures a day. It was just very stressful!"

A couple years later, Brittany attended a Raising Special Kids presentation on transitioning from AzEIP to preschool. She was impressed with the quality of the information she received. "Even though it's only preschool, Brooke has a lot going on! Raising Special Kids gave me the right language I needed to advocate for her. It made me feel empowered when I went to the IEP meeting."

Once Brooke was in preschool, Brittany began connecting with other moms of children with special needs on Facebook and joined the family advisory

group at the hospital where Brooke receives care. Brittany attended an IEP training at Raising Special Kids with some of the moms from her Facebook group and once again, she was impressed. Soon, Brittany became a Parent Leader at Raising Special Kids, helping other families whose children have diagnoses similar to Aicardi syndrome. "I still connect with lot of the parents I've spoken with as a Parent Leader. It's so interesting how my life has turned out because I have a child with a disability. I've met so many people I never would have met. It's pretty cool."

Often, people tell Brittany, "I don't know how you do it." Brittany just replies, "You would do it too, because you love your kids." Brittany adds, "I definitely have my own anxiety and stresses dealing with life but we still try to do the busy happy family life. We just have these medical things that come up. We've come a long way as a family. My girls Juliette and Audrey are wonderful with Brooke. They've learned a lot being special needs siblings. It has changed us in ways that are good. We know we won't have Brooke forever so we cherish the time we do have with her."



*Juliette, Brooke & Audrey Miller*

# Raising Special Kids Workshops & Training

Register online at [www.raisingpecialkids.org](http://www.raisingpecialkids.org) or call 602-242-4366 | 800-237-3006



## Early Childhood Education (Birth - Kindergarten)

Learn the basics of the Individualized Family Service Plan (IFSP) and how to make a smooth transition from early intervention services to preschool at age 3. Participants will learn about the process of evaluation, eligibility and of services provided through an Individualized Education Program (IEP) by your local public school district. The discussion will include the transition process from preschool to Kindergarten and skills parents can help with at home.



## Positive Behavior Support

Learn how to reduce unwanted behavior and increase good behavior by using Positive Behavior Supports in your home and in the community. Understand the role you play in your child's behavior, and how to work with the school when behaviors get in the way of learning.



## IEP Training

Have a better understanding of Special Education and the Individualized Education Program (IEP). The following topics will be discussed: the IEP document, the parent's role in the special education process, and how to prepare for, and be an effective participant at the meeting. You will learn who is a member of your child's IEP team, how to track your child's progress, and what to do if the team does not agree.



## High School Transition

This workshop explains the IEP transition planning process which should begin for students no later than 16 years of age. Discover how to identify classes, activities and services that help prepare students with disabilities for higher education, vocational training, employment, and additional resources that help with planning for adult life.



## Turning 18 - Legal Options

Learn about the different legal options families should consider when their child becomes an adult at the age of 18. Become familiar with the steps of the guardianship process. Participants will learn how they can stay involved in decision-making with schools, doctors and other professionals.

*These trainings and more are available statewide and at no cost for families.*

*Please visit our website at [www.raisingpecialkids.org](http://www.raisingpecialkids.org) for the most current schedule and locations or call 602-242-4366 or 800-237-3007.*

*To request a Raising Special Kids presentation for your school or organization, see <http://raisingpecialkids.org/trainingworkshop-request/> or call our office at 602-242-4366 or 800-237-3007 for more information.*



# Educación sexual

## Construyendo una base para actitudes saludables

### Aprendizaje sexual: cómo sucede y por qué necesita suceder

Desde el nacimiento, formamos y les enseñamos a nuestros hijos mensajes sobre el amor, el afecto, el contacto físico y las relaciones. Algunas personas creen que el contacto físico afectuoso desde una etapa temprana en la vida prepara el camino para una intimidad saludable en la edad adulta. Quiénes somos como adultos sexuales se debe en gran medida a cómo recibimos información como niños. Para la mayoría de nosotros, el aprendizaje sobre la sexualidad se dio en varias maneras; es muy probable que nuestros padres hayan sido nuestra fuente principal de información sobre sexualidad y, más adelante, nuestros compañeros, los medios, la religión y las experiencias de vida influyeron en nuestro aprendizaje sexual.

En el caso de las personas con alguna discapacidad, las oportunidades de aprender sobre sexualidad son más limitadas y puede que el nivel de lectura de los materiales esté fuera de su alcance. Las oportunidades de socialización de los niños con discapacidades son limitadas y, como resultado de ello, tienen menos posibilidades de observar, desarrollar y poner en práctica habilidades sociales que son de particular importancia a principios y finales de la adolescencia. Con frecuencia, los mensajes, las miradas y las indirectas sutiles que aparecen en las charlas informales entre preadolescentes y adolescentes, se pierden en el caso de nuestros niños. Puede



que les cueste tomar decisiones y pensar de modo realista en algunas situaciones. Todos estos factores enfatizan la necesidad de contar con más educación sexual que la población en general.

Hay estudios que nos dicen lo que los padres ya saben: el riesgo de abuso entre las personas que tienen alguna discapacidad es mayor que entre las que no las tienen. Algunas de las razones son las siguientes:

- Es más probable que los niños con discapacidad dependan de otras personas para satisfacer sus necesidades básicas
- Es posible que hayan aprendido a ser obedientes o pasivos, sobre todo con figuras de autoridad
- Es posible que no cuenten con las habilidades sociales necesarias en esa situación
- Es posible que tengan dificultades de razonamiento y juicio
- Están expuestos a un mayor

número de cuidadores que sus compañeros sin discapacidad.

Cada uno de estos factores incrementa su vulnerabilidad a algún tipo de explotación o abuso. Por muchas razones, a pesar de que la necesidad es mayor, muchos padres evitan o posponen abordar temas de sexualidad hasta que es demasiado tarde.

- Algunos padres tuvieron ejemplos a seguir no muy buenos en lo que se refiere al aprendizaje sobre sexualidad.
- Las actitudes de los padres sobre la educación sexual reflejan las de la sociedad durante su infancia.
- Los padres se sienten abrumados con facilidad: es fácil que las cuestiones de sexualidad se releguen a un segundo plano. Una vez que están listos, hay pocos recursos comunitarios, lo que dificulta la enseñanza sobre sexualidad y temas relacionados.

- Entre más severa sea la discapacidad del niño, es menos probable que los padres aborden cuestiones de sexualidad.

### Educación sexual proactiva

Con demasiada frecuencia, en las familias con niños con discapacidades del desarrollo, las enseñanzas sobre sexualidad responden a situaciones de crisis. Recibo llamadas de personal escolar o padres frenéticos enfocados en resolver un problema más que en atender las cuestiones de sexualidad más amplias del individuo antes de que ocurra el problema.

La enseñanza de la sexualidad debe darse durante toda la vida. Brindar información y abordar estos asuntos desde una edad temprana le permite reforzar algunos conceptos en varias situaciones de la vida real. Cuando somos conscientes de los temas de sexualidad normales que probablemente surjan en diversas etapas de la vida de nuestro hijo, podemos identificar con mayor facilidad las expectativas y ser proactivos al solicitar ayuda antes de que ocurran problemas.

### Enseñar sobre el cuerpo

Todos los niños pequeños, por naturaleza, son curiosos respecto de sus cuerpos y cómo funcionan. Se les debería enseñar sobre sus cuerpos desde temprano. Es más probable que, con discusiones oportunas y abiertas, se elimine la culpa, la vergüenza y la negatividad que con frecuencia se asocian al cuerpo y a los genitales, y que se sienten las bases para futuras discusiones. Debería ayudarle a su hijo a usar las palabras correctas para referirse a los genitales al mismo tiempo que esté aprendiendo sobre otras partes del cuerpo y sus funciones.

Debería enseñarle sobre las partes íntimas en el contexto de lugares privados.

Las publicaciones profesionales sugieren que, cuando los niños cuentan con el léxico preciso de las partes del cuerpo, es más probable que informen de un abuso si éste ocurriera. Cuando lo hacen, son más creíbles en el proceso de denuncia debido al vocabulario que usan en su descripción.

Cuando le enseñe a su hijo sobre las partes del cuerpo, incluya información sobre las reglas sociales relacionadas con éstas. Con frecuencia, se les debe enseñar a los niños con discapacidades del desarrollo a ser pudorosos. Puede alentar el pudor desde una edad temprana si envuelve a su hijo con una toalla y se van a un lugar privado para vestirse o cambiarse de ropa. Identifique lugares privados en su hogar, lo que también implica respetar el deseo de su hijo de estar en privado cuando sea apropiado.

Una vez que su hijo empiece a utilizar la terminología de manera adecuada, así como a aplicar las reglas sociales relacionadas con las partes del cuerpo, es momento de integrar frases que eviten el abuso. Enséñele a su hijo que los demás no deben tener acceso a las partes privadas; hable de circunstancias o excepciones, como en el caso de médicos, padres o abuelos a la hora del baño, así como de otras situaciones específicas de su hijo; enfatice la importancia de informar cuando se viole el respeto de los límites; asegúrese de que su hijo entienda a quién decirle cuando no se respete su privacidad o su cuerpo. Entre algunas otras formas de enseñar y apoyar estos conceptos se encuentran:

Compartir libros ilustrados con

mensajes fortalecedores sobre el cuerpo, sus partes y las normas sociales pertinentes.

Utilice los momentos de enseñanza para reforzar los conceptos fundamentales.

### Privacidad

Para la mayoría de las personas, la privacidad es un derecho personal que se da por sentado. Para las personas con discapacidades del desarrollo, las reglas de privacidad se ven violadas con frecuencia por quienes las ayudan. Cuando llegan a la edad adulta, las personas con discapacidades del desarrollo están tan acostumbradas a que se viole su privacidad que están desensibilizadas a esta palabra y su significado, lo que frecuentemente da como resultado dificultades a la hora de discernir entre el comportamiento público



y el privado y lleva a conductas inapropiadas. Por lo anterior, se debe enseñar desde temprano el concepto de privacidad; se puede introducir incluso desde los tres o cuatro años de edad. La mejor forma de enseñar la privacidad es

modelarla. Para ayudarles a mis hijos a entender la importancia de la privacidad, empecé a modelar los comportamientos que esperaba de ellos: tocaba la puerta y esperaba una respuesta antes de entrar a la habitación de cualquier persona y, cuando ellos irrumpían en mi cuarto, les pedía que tocaran la puerta. Mientras se estaban duchando, hablaba desde el otro lado de la puerta en lugar de entrar al baño; si necesitaban ayuda, se la brindaba y después les hacía saber que me iba a ir para que pudieran tener privacidad. Dejábamos de hablar de asuntos íntimos, como las funciones corporales, en lugares públicos, como la mesa del comedor. La mayoría de los niños desarrollan, de manera natural, cierto sentido del pudor conforme sus cuerpos empiezan a madurar y, a medida que van creciendo, su necesidad de privacidad se vuelve más importante. Respetar sus necesidades cambiantes es una parte importante de su independencia en desarrollo.

### Contacto físico, afecto y límites

Es difícil ayudarles a las personas con discapacidades del desarrollo a entender las reglas relacionadas con el contacto físico, el afecto y los límites. Los niños con necesidades especiales están acostumbrados a que se invadan sus límites desde una edad muy temprana. Por lo general, los programas de intervención temprana requieren que el niño participe en terapias invasivas; los fisioterapeutas pueden manipular el tronco y las extremidades de su niño, o su logopeda (terapeuta del habla) puede llevar a cabo algunos tipos de estimulación oral en y alrededor de su boca. Cuando se cruzan los límites de los niños repetidamente como en

los ejemplos anteriores, a pesar de ser bien intencionados, pierden su sentido de lo que es apropiado. Es inevitable que empiecen a violar el espacio de los demás.

Las actitudes de nuestra sociedad en relación con las personas con discapacidades del desarrollo como seres humanos sexuales siguen siendo distorsionadas y problemáticas. Si los padres o los profesionales perciben a la persona con una discapacidad del desarrollo como asexual, puede que creen que ésta no necesite información y capacitación sobre lo que es apropiado en el contacto físico y los límites. Cuando se cree que las personas con discapacidades tienen un "deseo sexual excesivo" o son "incontrolables", la consecuencia es una supervisión constante, un escrutinio cuidadoso y un análisis excesivo de todo comportamiento sexual. Cuando se ve a un adulto con discapacidad como un niño eterno, evita que los demás vean al niño como un individuo que madura y necesita habilidades para pasar a un comportamiento más adecuado a su edad.

Con frecuencia, las reglas del contacto físico y el afecto son vagas y cambian en función de la cultura y el contexto, lo que dificulta la enseñanza y las "reglas" rápidas. Aquí hay algunos consejos:

- Establezca reglas en relación con el contacto físico y las figuras de autoridad lo más pronto posible. Algunos patrones de afecto y contacto físico inapropiados se ignoran con demasiada frecuencia en la infancia temprana, lo que genera problemas más adelante.
- Respete el derecho que tiene su hijo de discriminar con quién

demuestra afecto, sin importar quién sea la otra persona (familiares o profesionales).

- Comunique sus metas y expectativas a las personas de apoyo claves.
- La constancia al enseñar y reforzar las reglas en todos los entornos incrementará el éxito.
- Adopte un conjunto de reglas fáciles de aprender y brinde una o dos alternativas para el contacto físico inapropiado que esté tratando de eliminar. No queremos eliminar el contacto físico y el afecto, tan sólo volverlos más socialmente aceptables.

Éstos son algunos de los componentes claves para sentar las bases de una educación en sexualidad positiva y proactiva. Estos conceptos no son temas separados específicos de la sexualidad, pero son importantes para desarrollar una autoestima saludable y mejorar la comunicación. Es fácil integrar las actividades con otras áreas que su hijo aprenderá. Conforme crezca, puede seguir construyendo sobre esta base y nutrir el entendimiento de su hijo de quién es como adulto.

*Terri Couwenhoven, MS, es educadora certificada por la ASSECT en el área de la sexualidad y se especializa en el desarrollo de programas y recursos para personas que tengan discapacidades cognitivas, sus familias y los profesionales que las apoyan. Es coordinadora clínica de la Clínica de síndrome de Down del Children's Hospital de Wisconsin y madre de dos hijos. Su hija mayor tiene Síndrome de Down.*

<http://terrificouwenhoven.com/>

# Talleres y entrenamientos

Por favor vea nuestra página de web para el horario y los lugares más actuales, [www.raisingsspecialkids.org](http://www.raisingsspecialkids.org), o llame al 800-237-3007

## El Comportamiento Positivo

Aprenda como reducir el mal comportamiento y aumentar el bueno. Comprenda el papel que usted tiene con respecto al comportamiento de su hijo, y como trabajar en conjunto con la escuela para que el mal comportamiento no interrumpa el aprendizaje.

## Cumpliendo los 18 años - Opciones Legales

Aprenda sobre las diferentes opciones legales que las familias deben considerar cuando sus hijos se convierten en adultos a la edad de 18 años. Familiarícese con los pasos del proceso de la Tutela

## Entrenamiento del IEP

Aprender acerca del propósito del IEP a través de una visión general del documento y reunión.

## Thank You to our Donors

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Virna Valenzuela  
Esmeralda Vasquez  
Jill West

## Parent Leaders

Thank you! Parent Leaders are the heart of our mission.

### Avondale

Jennifer Priddy  
Buckeye  
Angie Jeffreys  
Brittany Retsinas  
Casa Grande  
Savannah Gill  
Cave Creek  
Cheryl Gilroy  
Chandler  
Susan Alonzo  
Marti Baio  
Lisa Myers  
Flagstaff  
Kenneth Dodson  
Cindy May

### Gilbert

Sonya Kanidis  
Kim Updegraff  
Melissa Van Hook  
Glendale  
Tina Wildoner  
Lake Havasu City  
Vijette Saari  
Laveen  
Michelle Dumay  
Elizabeth Duncan  
Mesa  
Cynthia Elliott  
Jenny Gibbons  
Christy Holstad  
Melissa Martinez

### Kristine Vargas

Nogales  
Michelle Jacquez  
Peoria  
Heidie Gentes  
Brittany Johnson  
Phoenix  
Ana Arjona  
Eulalia Caldwell  
Veronica Castillo  
Susan Coates  
Michelle Faudskar  
Laura Foster  
Heather Joy Magdelano  
Sharon Moyer  
Michael Sanderfer

### Eadie Smith

Susie Turrey  
Kayla Mae Wilkerson  
Prescott Valley  
Judy Rieck  
Queen Creek  
Whitney Cooley  
Kin Counts  
Sharee Patten  
LaTasha Whitaker  
Redrock  
Kimberly Poeling  
San Tan Valley  
Elizabeth Bird  
Courtney Burnett  
Scottsdale

### Maura Knoell

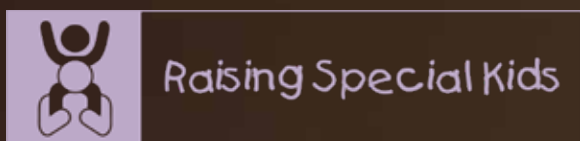
Sharon Landay  
Katie Petersen  
Heidi VanderMolen  
Sedona  
Julie Perreault  
Surprise  
Jessica Moreno  
Tempe  
Crystal Leon  
Janet Romo  
Tucson  
Brianna Carreras  
Wendy Swartz  
Yuma  
Claudia Gamez

The Parent Leaders listed above participated in leadership activities from November 1, 2018 through January 31, 2019. We appreciate each of our 300 Parent Leaders, but we do not have room to list all of their names.

Raising Special Kids  
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# 40th Anniversary Celebration

Join Raising Special Kids for an evening of food and drink with entertainment by comedian **Andrew Norelli**



*When* Thursday, April 11, 2019  
5:30-8:30 PM

*Where* Warehouse 215  
215 E Grant Street, Phoenix, AZ 85004

*Tickets* \$100 available at [raisingspecialkids.org/40th](http://raisingspecialkids.org/40th)

