New Hampshire

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Winter Issue 2008

WHOSE LIFE IS IT ANYWAY?

Guardianship: Balancing Liberty and Protection

Julia Freeman-Woolpert

Welcome to the Winter issue of the Rap Sheet. There is a delicate balance between ensuring that vulnerable individuals are safe and free from exploitation, while at the same time protecting their right to live as independently as possible. In this issue we consider the different facets of guardianship and the importance of self-determination for all citizens, including those with disabilities.

Susan Covert, Editor

> *"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness…"*
>
> ~ Declaration of Independence.

Liberty. We Americans value it right up there with life itself. Indeed, Patrick Henry's "Give me liberty or give me death," and our own state motto, "Live free or die" place liberty before life. Yet, in certain instances, our laws allow an individual's liberty to be restricted. This is the case for a person who is found to be unable to make competent decisions and for whom a guardian is appointed.

Due to a disability, a person may have problems with judgment, making decisions, getting things done, controlling emotions, or even taking care of basic personal needs. When a person has severe limitations, relatives and treating professionals may consider pursuing guardianship for the individual.

Guardianship is a significant infringement on a person's liberty and autonomy, and as such should not be entered into lightly. With guardianship, the person or ward (the legal term for a person who has a guardian) no longer has the freedom to make certain decisions and the court gives that authority to another person or entity. The guardian exercises substitute judgment and makes legally binding decisions on behalf of the ward in order to protect and advance his or her well-being and safeguard the person's property. Depending on the terms of the guardianship, the guardian can make decisions about treatment and services, decide on living arrangements, decide whether or not the ward can marry, dispose of the ward's assets, and determine other details of the ward's present and future life.

(Continued on next page)

A collaborative effort by the

Disabilities Rights Center, Institute on Disability, and NH Council on Developmental Disabilities

(Cover story continued)

The New Hampshire statute on guardians and conservators, RSA 464-A, puts into place strict processes and safeguards to protect the individual's civil and property rights, to ensure that unnecessary guardianships are not granted, and to preserve the person's liberty as much as possible. Guardianship can only be ordered after the court has determined it is necessary "beyond a reasonable doubt," the highest burden of proof under the law. Guardianship is a last resort, when there are no other alternatives to protect the person from substantial harm.

A few incidents of poor judgment, negligent behavior, or lack of resources are not enough to require a guardian. A judge must be convinced that: 1) the person is unable to manage his or her affairs; 2) a guardian is needed to ensure continuing care, supervision, and rehabilitation, or to manage money and property; 3) there are no available alternative resources which are suitable with respect to the person's welfare, safety, and rehabilitation or the prudent management of property and money; and 4) guardianship would be the least restrictive form of intervention consistent with the preservation of the person's civil rights and liberties. All evidence of incapacity presented to the court must have occurred within six months, with an incident demonstrating this incapacity having occurred within twenty days of the filing of the petition.

There are two main types of guardianship, a "guardian of the person," to manage the ward's personal affairs and "a guardian of the estate," to manage the ward's financial affairs. New Hampshire law allows any competent person to be appointed guardian, provided there is no conflict of interest. A bank or trust company can be appointed guardian of the estate. Agencies or institutions providing services to the person are presumed to have a conflict of interest, but may be appointed under certain circumstances if there are no other alternatives. Practically speaking, the two public guardianship programs in the state, the Office of Public Guardian and Granite State Guardianship Services, provide such an alternative. The proposed ward can tell the court if there are people he/she does or does not want as a guardian and the court should consider this.

Guardianship can be permanent or temporary. A temporary guardian may be more appropriate if the person is expected to get better, or if there is a need for a guardian for a specific, time-limited reason such as a medical procedure or the sale of property.

In guardianship proceedings, proposed wards have a right to a lawyer to represent their expressed interests, preferences, and decisions to the court. Proposed wards also have the right to notice of all the hearings and proceedings, and to attend the hearing and present evidence and testimony. At any time, wards can petition the probate court to have the guardianship limited or terminated.

The judge's order appointing a guardian details the nature, scope, and limitations of the guardianship. The guardianship should only limit those rights the ward is unable to exercise. Commonly limited rights include: arrangements for medical care and other services, decisions concerning living arrangements, and management of money and property. Other rights that may be limited include the right to marry or divorce; have a driver's license; make or change a will; testify in court; make contracts; buy, sell, or give away property; authorize the release of records; travel; and file a lawsuit. A guardian does not have the authority to admit the ward to an institution or authorize psychosurgery, sterilization, electroshock, or experimental treatments, without the court's specific permission.

Even if a person is legally incompetent, if there are other adequate safeguards of the person's safety and well being, a guardianship is not necessary. There are a number of less restrictive alternatives to guardianship including: revocable power of attorney or conservatorship; supportive services such as visiting nurses, homemakers, home health aides, and adult day care; friends or mentors who are willing to give the person advice and support in making good decisions; and representative payees for Social Security benefits. In practice, some judges are not aware of these alternatives and do not take them into account when considering guardianship for an individual.

Guardianship, like many human constructs, can be abused. On occasion, courts give guardians more power than is necessary to protect the person. Some judges issue blanket guardianships, checking off all the boxes on the form without giving adequate thought to what rights really need to be limited in order to protect the person. This includes restricting the right to vote, an item listed on the court form even though the State's guardianship statute does not include voting as a right to be limited. Guardians sometimes exercise more power than the court has given them. The Disabilities Rights Center has represented individuals whose rights were unnecessarily limited, who were not afforded their full rights to due process, or where a guardian was not acting in the best interest of their ward.

A guardian has a solemn legal and ethical responsibility towards the ward to "act with respect to the ward in a manner which safeguards to the greatest extent possible the civil rights of the ward, and shall restrict the personal freedom of the ward only to the extent necessary" [RSA 464-A:25(g)]. The National Guardianship Association's Model Code of Ethics, authored by New Hampshire lawyers Michael Casasanto, Mitchell Simon, and Judith Roman, requires guardians to try to determine the ward's preferences and make decisions in accordance with those preferences as much as possible without harming the ward. Guardians are advised to "exercise the highest degree of trust, loyalty, and fidelity in making decisions on behalf of the ward."

In thinking about guardianship, we would be wise to consider the words of Thomas Jefferson, "I would rather be exposed to the inconveniences attending too much liberty than to those attending too small a degree of it."

This article originally appeared in Headway, *the newsletter for the Brain Injury Association of New Hampshire .*

New Hampshire Probate Courts – A Time Of Change

Carol Stamatakis, Esq., New Hampshire Council on Developmental Disabilities

The past twenty years have been a time of enormous change within the New Hampshire Probate Court system. Beginning in the early 1990s, following the Judge Fairbanks embezzlement scandal and subsequent recommendations from New Hampshire's Supreme Court Long-range Planning Committee, a series of reforms were instituted in a judicial system that had not seen significant change in more than one hundred years. The result is a more streamlined and uniform judicial system that is more accountable and responsive to the needs of the public, and more protective of the rights and interests of vulnerable people.

To learn more about the role of the Probate Court, I interviewed Judge John R. Maher who served for 23 years as a Probate Judge, including 16 years as the Administrative Judge for state's Probate Court System. Judge Maher, who retired in January 2007, served as President of the National College of Probate Court Judges and editor of its journal. In November 2007, Judge Maher received the National College's highest honor, the William Treat Award for Judicial Excellence, for his role in modernizing the country's Probate Courts.

Judge Maher

Protecting the Rights of Proposed Wards

I talked with Judge Maher about the changes that New Hampshire has made in how Probate Courts handle guardianship cases and how the rights of wards (a legal term for person who has a guardian) or potential wards are protected.

(Continued on next page)

(Continued from page 3)

Judge Maher noted that one of the most significant changes has been the courts' increased emphasis on limiting guardianship orders. Prior to the 1990s, courts typically granted guardians full authority over *all* aspects of the ward's life. Judge Maher was instrumental in getting the courts to consider the scope of guardianship orders. Under the current guardianship petition, an individual or agency filing for guardianship now must identify those rights he or she believes the proposed ward is incapable of exercising, and the Judge must make specific findings relative to the areas where decision making authority is given to the guardian. Included among these are the rights to make medical decisions, marry, vote, decide where to live, and manage property.

Judge Maher observed, "Much more thought goes into guardianship orders on the judicial end. Guardianship powers are limited so we impose the least restrictions. When I first started, most guardianships were 'plenary' or full guardianships. Since that time orders have become more particular and personal. The form promotes inquiry by the judge. As a result, there is a better (guardianship) order."

Judge Maher went on to discuss the role of the Guardianship Monitoring Program. "Of all the things I initiated in New Hampshire, this was probably the most important single thing we did to address the continuing needs of the ward." For the past 12 years the Probate Court has been training volunteer "visitors" who meet with guardians and wards and provide information to the court. "Most guardianship hearings are uncontested and last between 15 and 30 minutes. After the order is issued, the court receives annual written reports from the guardian. In cases where a monitor is assigned, we have, in addition, volunteers monitoring the ward's living situation and relationship with the guardian." Persons interested in volunteering or learning more about the program are encouraged to contact the Probate Court Administrative Office at (603) 271-7525.

Judge Maher stressed that while the Guardianship Monitoring Program is not available statewide, "the doors (of the courts) are quite open in terms of any interested and concerned party requesting a hearing when there is reason to believe that there are problems in a guardianship." As an example, he cited the Court's close relationship with the New Hampshire Department of Health and Human Services' Adult Protective Services program, which investigates reports of abuse, neglect, or exploitation of vulnerable adults.

Being a Good Guardian

Asked what makes a good guardian, Judge Maher stated that the most critical attribute was "a sincere interest in the welfare of the ward." He also emphasized the importance of guardians being open to new ideas and willing to learn new approaches for supporting their wards.

Judge Maher said, "A family guardian must focus on what their role is, and how that is distinguished from a parental role. It may be helpful for a family member to have a discussion with a professional knowledgeable about guardianship. Unless they have that discussion, the distinction may not get clarified." Family guardians also need better access to information and support. It is easier for professional guardians, those working for agencies such as the Office of Public Guardian and Tri-County CAP, to keep up to date on changes in public benefits and other issues that affect their wards.

With family guardians the Judge stated, "We must constantly make sure they have the best information available. Proper education of the guardian is essential. The concern is that the guardian only has a small snapshot in time to listen and learn what their role is. The statute outlines what the rights, duties, and responsibilities of a guardian are. However, for many guardians not enough time is spent fleshing out what their obligations are on a practical level."

Resources and Assistance Available to Guardians

Fortunately, the court is working to demystify the guardianship process and help guardians better understand their obligations and responsibilities. The Probate Court web site provides forms, instructions for filling them out, guidance on how to prepare for a hearing, and answers to "frequently asked questions." Today's court is more responsive and provides better oversight of guardianships than it has in the past.

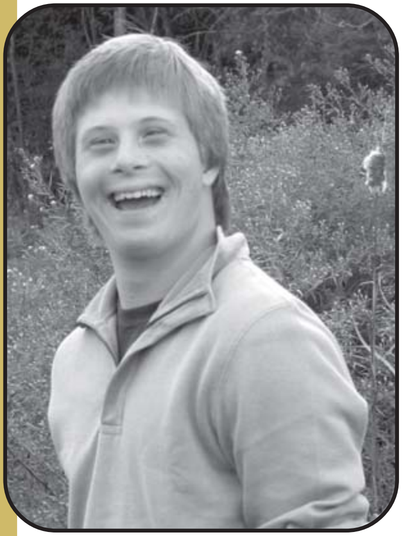
In the Rockingham and Hillsborough County Courthouses, Court Service Centers are available to help individuals needing information or assistance. Service

Will I Walk the Talk Now That Michael is Eighteen?

Laurie McCray

Laurie McCray

Many things change when a child turns eighteen and legally becomes an adult. And many things change for a parent when that child is yours. I'm the parent in this story and my son, Michael, is the eighteen year old child/adult.



Bobbi Slavin

Michael Nowak

Here's a *little* background on Michael. He is a senior in high school, plays sports and plays harmonica, works during the summers, and is way too computer-savvy for me. He is fluent in a second language (American Sign Language) and has a great sense of humor. He is polite and sensitive to the needs of others, which makes me happy and proud. You also should probably know that Michael has Down syndrome.

Here's a *little* disabilities-related background on me. I am a registered nurse and have worked with adults with developmental disabilities. While in graduate school, I wrote my thesis on the influence of self-determination principles on nursing practice. As Michael's mom, I have been a member of the New Hampshire Developmental Disabilities Council and the Consumer Advisory Board of the Institute on Disability. I am currently on the Board of the Disabilities Rights Center. But, most significantly, these days I use my advocacy and nursing skills as legal guardian in caring for both my elderly mother and my now adult son.

So, how is it that today I am wondering if I will be able to be the guardian Michael now needs as an adult versus the parent he needed as a child? Will I be able to detach from the memories of when he was a little

(Continued on next page)

Center personnel explain the guardianship process, help people understand the steps needed to file for guardianship, and provide information about what to expect as the case progresses. Maher cautioned, however, that there is a fine line between practicing law and providing procedural information. While the Court Service Center can be helpful, there will be instances where people should seek legal representation.

Mediation

During his tenure as Administrative Judge, Maher helped to introduce a mediation process for probate cases. Once a guardianship petition has been filed, free mediation services are available through the Probate Courts. While mediation through the court can be very helpful for families trying to resolve issues such as who would be the best guardian or details concerning the care of the ward or management of property, its usefulness is more limited in resolving disputes between a guardian and ward. Judge Maher observed, "There is a place for it in certain cases, but a mediator must be very careful to ask, 'Is this person able to voluntarily and meaningfully participate?' "

Judge Maher spoke of the important role that mediation can play early on in the guardianship process. "My hope is to educate gerontologists, therapists, and law firms that mediation can be a wonderful opportunity to resolve issues *prior* to filing guardianships. It involves a different kind of intervention at an earlier stage. Parties are often family members who will see each other and remain a part of each other's lives after the proceedings have ended. To be able to resolve issues or disputes through mediation before the parties have become too rigid in their positions is a good way to go."

boy to face the reality of the needs and desires of the young man he has become? Will I be able to separate what Michael wants from what I want for him? Will I honor and respect those differences so he may spread his wings? As Michael transitions to adulthood, I transition, too.

As he looks forward to "graduation," Michael talks about wanting to go to college, finding a good job, getting an apartment, and wanting a post-high school social life. I am as excited for Michael's future plans as he is, except . . . for all the work and energy that I know will be required to assure his dreams are fulfilled.

Last spring, friends described all the driving around that they were doing to visit campuses and talked about the stress they felt as they prepared to send their child off to college. I thought to myself, "Glad I don't have to do all that!" Then someone asked what Michael would be doing after high school. I realized what a different road trip we would be taking, starting with putting together what I call the infrastructure—setting up guardianship, applying for adult benefits like Social Security Income and Medicaid, setting up new bank accounts and financial recordkeeping systems, and building relationships with adult developmental service agencies, if we decide to go that route. I was momentarily caught between resentment and gratitude. Thankfully, for me resentment has never been more than a fleeting emotion and it has been easy enough for us to move forward on our own path.

Recently, I had the opportunity to watch one aspect of adult life play out for Michael. When my husband and I became Michael's legal guardians, we made sure to retain Michael's right to vote. I believe a person's vote is the most personal, privileged right we all have as American citizens and the most fundamental of self-determination principles. So, two days after his eighteenth birthday, Michael went to City Hall and registered to vote. While filling out his registration form, Michael was stumped when it asked for party affiliation. The City Clerk jumped right in and told him that it simply meant was he a Republican, Democrat, or neither one. Having been raised in a politically active family, Michael was confident of his answer and wrote it down.

In preparation for the upcoming local elections, Michael met many candidates and read about them in the newspaper. He went online and printed a sample ballot, filled it out, and carried it with him into the voting booth on Election Day. He knew exactly who he wanted on the City Council, School Board, and as Police Commissioner. As is the New Hampshire way for first-time voters, the poll workers all applauded after Michael voted. Michael's dad and I were proud parents indeed!

As we drove home after voting, the memories of the little boy came back and grew to include all the years up until that moment. I have watched Michael's personality evolve, his sense of humor develop, and his goodness as a human being and his responsibility as a citizen emerge. He knows what he likes, and he knows what he wants for his life. He needs me to help him achieve his goals and follow his dreams. Will I walk the talk and give him room to self-determine his life now that he is eighteen? I think so. Yes!

THE CENTER ON YOUTH EMPOWERMENT SERVICES

The Institute on Disability/UCED at the University of New Hampshire recently received funding from the Administration on Developmental Disabilities to develop a Youth Information and Resource Center (YES). YES will serve as a source of information and referral for young adults with disabilities and provide leadership and self advocacy training. Key partners - People First, the Alliance for Community Supports, and the Under One Roof Project – will help to inform, connect, and mentor youth leaders and emerging youth leaders. Project sites will be developed in collaboration with each of these organizations in Manchester, Peterborough, and Concord.

For more information about the Center on Yes, contact Mary Schuh or Frank Sgambati at **603-228-2084**.

You're Not the Boss of Me! Cutting the Chains that Bind

Jayne McCabe, Guardianship Services, Tri-county Community Action Program

We all have many bosses – parents, spouses, or supervisors at work. For some people who are under guardianship, their guardian is yet another boss. While it is true that a guardian has substantial authority, guardianship should not be a chain that binds. In fact, New Hampshire's guardianship order states, "the guardian over the person shall act with respect to the ward in a manner which safeguards, to the greatest extent possible, the ward's civil rights, and shall restrict the ward's personal freedom only to the extent necessary."

If you have a guardian, the time may come when you are able to assume responsibility for making your own decisions. What options do you have if you want to cut, or at least loosen, the chain of guardianship? It would good to begin by thinking about what was going on when someone decided that you needed the assistance of a guardian. Were you sick and unable to make informed decisions? Had you stopped taking medication? Were you making poor financial decisions? Now ask yourself, has your situation changed to the point that you are no longer at substantial risk of harm. If so, it may be appropriate to talk about modifying or terminating the guardianship.

One way to begin this process is to talk with your guardian about how your guardianship order might be informally modified so that you could assume more responsibility for making decisions. Most of us do not experience growth without taking some type of measured risks. At Tri-County CAP, I work with many people who are capable of making day-to-day decisions as long as they remain in treatment. In these situations, it is very appropriate to consider deferring some decision making to the individual while keeping the guardianship in place. This can be beneficial on several levels. First, it helps show your treatment team that you are capable of making good decisions. Second, it allows you to demonstrate to the court that you are competent to make reasonable decisions should you decide in the future to request a termination of guardianship. Third, if you falter or need assistance, your guardian is still available.

In some circumstances, it may be appropriate to request that the court formally alter the guardianship order to give the person the authority to make day-to-day decisions. My colleagues and I have assisted a number of people, especially those with mental health concerns, to have many of their rights restored. With a modified order people are able to exercise their rights as long as they meet certain criteria. The established criteria are specific to the individual, but may include: being in treatment, taking medication, or remaining out of the hospital. If the individual is not meeting the established criteria, the authority of the guardian is reasserted. A formal modification of guardianship gives individuals the authority to exercise their rights, while keeping a safety net in place.

If you are seeking to terminate your guardianship, there are several factors to consider. First, could you benefit from a less restrictive alternative to guardianship such as a designated power of attorney, a conditional discharge that requires that you remain in treatment, or a mentor to help you make informed decisions? Second, do you have the skills necessary to make reasonable decisions? (While this does not mean that you must make the same decisions as your guardian, you do need to show that you are capable of informed decision making.) Third, do you have the support of your treatment team? In seeking a termination of guardianship, it is helpful to have people who are willing to testify to your ability to handle your own affairs.

The most successful people I have worked with are those who, with their support teams, identified the areas that they needed to work on and set milestones to reach before seeking modification or termination of guardianship. It is important to realize that even with the guardianship order in effect, you can work with your guardian to achieve a life style that reflects your preferences, while at the same time learning the skills you need to assume greater responsibility for making your own decisions. In the best of worlds, a guardian is a coach and not a "boss" at all.

Conditional Discharge in New Hampshire

Richard A. Cohen, Executive Director, and Julia Freeman-Woolpert, Outreach Advocate, Disabilities Rights Center

America's treatment of mentally ill individuals is a history filled with abuses of power, involuntary confinements, neglect, and forced interventions that were later discredited. Fortunately, we now have laws to protect the liberty and autonomy of individuals with mental illnesses who are served by the mental health system. There are legal protections to ensure that individuals receiving services are free from abuse and neglect and procedural safeguards that allow individuals to challenge treatment decisions, involuntary commitments, and conditions of discharge.

In spite of these protections, forced treatment and abuse of individuals with mental illness still occurs. Involuntary commitment to New Hampshire Hospital and other psychiatric facilities and subsequent conditional discharge raise significant concerns. In New Hampshire, a person can be involuntarily admitted to a hospital and, if deemed mentally ill and dangerous, can be committed to a psychiatric facility for up to five years. New Hampshire statute RSA 135-C allows a person to be admitted to a hospital and treated against his or her will, if "the person is in such mental condition as a

Following Dreams

Sarah Cooley, Disabilities Rights Center

When I was growing up, I wanted to go to school to follow my dreams. One of those dreams is to become a journalist and learn how to change the world. When I was going to school I was normal like everyone else, but I was put into special education to get special help. Wherever I went I had an aide in each class. I am a hard worker and wanted to be independent. Instead I had an aide who helped me with the class work and the aides talked to the teachers. I even had special homework assignments.

Julia Freeman-Woolpert

Sarah Cooley on the job at the Disabilities Rights Center.

I always left the classroom with the aide for special help. I wanted to stay in the classroom to do the regular classroom assignments like everyone else. I wanted to be independent and do class work and homework assignments like everyone else. When I had an aide in each class I felt so uncomfortable. I wanted to be an individual who goes to high school with her friends and goes to classes. But in each class I went there was an aide who was with me and who didn't want me to have my own space.

If you get special education, my advice is to say what you feel inside. Tell yourself I want to do something independently please! I don't need any special help by having an aide in my class. I would like to focus on my class work with the teachers and do assignments with my friends in the classroom. I don't want to be taken out of the class to do special work. I want to be part of the class and do regular work with the class.

It will be great to do something on my own – it's like a dream. I want to go after my dream. When I decide to go back to school I want to run the special education department and to study Journalism. I want to help people who are learning about special education. I am a regular guest speaker at classes at the University of New Hampshire and Plymouth State University and talk with college students about my experiences.

result of mental illness as to create a potentially serious likelihood of danger to himself or to others." Once committed, there are two ways to leave the facility: absolute discharge and conditional discharge.

A conditional discharge can be granted if the person who has been committed agrees to participate in outpatient treatment and to abide by a set of "conditions" ordered by the treatment team. These conditions typically involve treatment compliance and good behavior. For example, a person may be required to take prescribed medications, accept services from a mental health center, keep various appointments, avoid drugs or alcohol, and limit travel. If any of these conditions are violated, the person can be arrested and returned to the psychiatric facility.

At times Community Mental Health Centers (CMHC) have abused their power in regards to conditional discharges, exerting control over individuals that goes beyond what is fair or reasonable. Treatment teams have set conditions that were more restrictive than needed and there have been incidences when conditional discharges were revoked for minor reasons such a missed appointment or because the CMHC believed the person might refuse treatment.

This was the situation for a woman who was represented by the Disabilities Rights Center in a case that ultimately went to the New Hampshire Supreme Court. The client, B.T., was complying with all the discharge conditions and showed no evidence of dangerous conduct; however, when her conditional discharge ran out, the CMHC had B.T. recommitted to the hospital in order to prolong her conditional discharge. The reason – the CMHC thought she *might* stop taking her medications. In their ruling on this case, the New Hampshire Supreme Court affirmed the rights of people with mental illness and found the conduct of the CMHC to be unreasonable.

By its nature, forced treatment is an affront to personal dignity and autonomy. It also can be counter-therapeutic and create conflict between the client and the mental health provider. Studies have shown that forced community treatment does not improve participation in treatment, later hospitalization rates, or the person's quality of life. What does make a difference in these areas is the quality and intensity of the services that are provided to patients. If we are to improve mental health treatment, we must focus on improving the quality of services, not on making them more coercive.

The Disabilities Rights Center frequently hears from people who are unhappy with their discharge conditions. Being forced to take medications is a major concern for many of these people. While helpful in controlling symptoms, medications used to treat mental illness may have unpleasant and very serious side effects, including: excessive weight gain, lethargy, insomnia, agitation, permanent neurological damage resulting in involuntary tremors and rigidity, diabetes, and even an increased risk of death. It is disempowering to force people to take medications that make them feel ill and endanger their health, even if those medications may have other benefits.

Another common complaint is the person's inability to choose his or her own mental health provider. Under a conditional discharge, the provider is the CMHC. People who have had unpleasant, unproductive, or even abusive prior relationships with the Community Mental Health Center are not allowed to seek services elsewhere. Under the conditional discharge they are forced to receive services from the CMHC and often from the very mental health provider with whom they have had a poor relationship.

Also of concern is the restriction on the person's right to travel; people complain that this condition makes it difficult for them to maintain relationships with their family and friends. In B.T.'s case, the CMHC required her to be home every day for a "med check." When B.T. informed the CMHC that she was unable to be home because she was caring her sick father, the Center found her in violation of the conditional discharge and called the police who handcuffed B.T. and brought her to the state hospital on an involuntary admission.

Across the country, states handle hospital commitments and discharges in a variety of ways. New Hampshire's statute, which allows up to five years commitment with a conditional discharge lasting until the end of the commitment, is much more restrictive than many other states. In New England, Maine and Vermont have commitments and conditional discharges of a year or less. A first commitment in Massachusetts

(Continued on next page)

The Right to Make Decisions – Even in a Nursing Home

Melissa Mandrell, Program Coordinator, UNH Institute on Disability

Many people think that if you are sick enough to go into a nursing home that you automatically lose control over all aspects of your life. In fact, people in nursing homes have as much right to control their lives as anyone else. The only time a person can lose the right to make decisions about his or her life is when a court rules that a guardian is needed. And even in this situation, a judge typically spells out very specific and limited areas where the guardian can act as a substitute decision maker.

The Office of the Long Term Care Ombudsman works to safeguard the rights of people living in long term care facilities. The role of the Long Term Care Ombudsman is best illustrated by sharing the story of a nursing home resident the Office recently helped. Lucy was living behind the locked doors in the dementia unit of a nursing home. Lucy's son, who she had appointed to act as her Power of Attorney for Healthcare, had placed her in the nursing home and was making all decisions concerning her care. The staff at the nursing home denied Lucy's request to contact her attorney and would not allow her to have any visitors. Lucy saw a poster with the Long Term Care Ombudsman's phone number and called for help.

When the Office of the Long-Term Care Ombudsman learned about Lucy's situation, they informed the nursing home administrator that the facility was violating Lucy's rights in the following areas:

- An agent with Power of Attorney does not have the legal authorization to sign someone into a nursing facility over that person's objection.
- Long term care facilities cannot limit a resident's visitors unless these visits would pose a danger to the resident or to other residents.
- An individual who has an agent can overule the decisions of the Power of Attorney agent at any time.

As a result of the Ombudsman intervention, the nursing home allowed Lucy to contact her attorney. Lucy's attorney advised her to revoke her son's Power of Attorney. Lucy, who was determined not to have dementia, moved out of the locked unit. Later, with assistance from the Ombudsman and the nursing home, she returned to live in the community in her own apartment.

Don Rabun, State Long Term Care Ombudsman, said that Lucy's story highlights the difficulties that people have understanding the purpose and limitations of a Power of Attorney. Under the legal statute that governs powers of attorney, no treatment can be given or withheld over the objections of the individual who is being treated. Rabun pointed out that even when a power of attorney for health care is activated, the individual can still exercise his or her right to make a different decision than the one made by the agent. "It is the role of the agent to be their voice when

(Continued from page 9)

may be for up to six months and up to one year for subsequent commitments; there are no conditional discharge requirements and the person must be released as soon as he or she no longer needs inpatient care.

New Hampshire law protects the rights of individuals who receive services from a CMHC and provides procedures to challenge a commitment, modify the conditions of the discharge, or respond to any action or inaction taken by the mental health center or hospital. If a person is involuntarily admitted, or if the conditional discharge is revoked, the person has the right to a speedy appeal and the right to be represented by a lawyer. Neither the CMHC nor the hospital can modify discharge conditions without the person's informed consent. A person also has the right to propose revisions to the conditional discharge and to call for a team meeting to discuss this proposal. The person's psychiatrist must agree to the revisions.

If an individual experiences problems with treatment, either at the hospital or the CMHC, and has been unable to resolve these problems with his or her doctor or treatment team, there is a formal complaint process for seeking a resolution. This process is explained in the DRC publication, *Your Rights and How to Protect Them*. To request a copy, call the DRC toll free at 1-800-834-1721 or go online at http://www.drcnh.org/AAcmhcrights.htm the individual *can't* speak, not to speak *instead* of the individual," Rabun explained.

A Power of Attorney for Healthcare can be a useful document to ensure that there is someone who can help make healthcare decisions if the person is unable to speak for him or herself. For example, if a person is in a coma or otherwise incapacitated, the person who has been designated Power of Attorney can help doctors decide on care and treatment. However, Rabun cautioned, it's easy for caregivers to misunderstand the authority that the agent has and, as happened in Lucy's case, allow agents to make decisions that go beyond their authority.

It is important for all of us – patients, caregivers, family members, and friends – to pay attention to people's rights.

The Office of the Long Term Care Ombudsman is charged with investigating and addressing complaints from and about people who live in nursing homes, residential care facilities, assisted living, adult family care homes, and other facilities that provide residential long term care. In addition to complaint investigation, OLTCO staff provides assistance with problem solving and support residents in resolving conflicts. Many concerns can be dealt with informally through discussion and education. For more serious issues, the Ombudsman can seek administrative, legal, and other remedies. Anyone with questions or concerns about themselves or people they care for can contact the office toll free in New Hampshire at 1-800-442-5640, by email at OLTCO@dhhs.state.nh.us, or on the website at www.dhhs.state.nh.us/dhhs/oltco/default.htm.

New Law Raises Concerns

During the last legislative session, the New Hampshire Legislature revised the state law regarding written directives for medical decision making. The new law now includes the following provision: "The principal's attending physician or ARNP shall make reasonable efforts to inform the principal of any proposed treatment, or of any proposal to withdraw or withhold treatment. Notwithstanding that an advance directive is in effect and irrespective of the principal's lack of capacity to make health care decisions at the time, treatment may not be given to or withheld from the principal over the principal's objection unless the principal's advance directive includes the following statement initialed by the principal, *"Even if I am incapacitated and I object to treatment, treatment may be given to me against my objection."* (RSA 137-J:5 IV.)

Don Rabun, Long Term Care Ombudsman, believes that this new law may be in direct conflict with a provision in the New Hampshire's "Patients' Bill of Rights" that states, "The patient shall be fully informed by a health care provider of his or her medical condition, health care needs . . . and shall be given the opportunity to participate in the planning of his or her . . . medical treatment, [and] to refuse treatment . . . ."(RSA 151:21 IV.) Rabun is concerned that by allowing an agent to overrule someone's objection, the legislature has taken away rights from individuals.

It is not clear how this potential conflict will be resolved. In the meantime, it is important for those using a Power of Attorney for Healthcare to understand what they are signing and to carefully discuss their preferences with the person who will be acting as their agent.

Self-determined Transitions Through Microboards

David Hagner and Heidi Cloutier,MSW, UNH Institute on Disability

The end of high school marks an important transition for a young adult, a time of new experiences and increased autonomy. For those who require disability supports, the transition from the educational system to the adult world can be especially challenging. The New Hampshire Microboards Project, a four year demonstration project conducted by the Institute on Disability, is working to demonstrate an approach to transition that combines person-centered planning with choice and control in the design of career, further education, and community living supports for transitioning students.

A good way to think of a microboard is as a "small board of directors" – a group of people who have a personal relationship with someone who needs support to help develop and implement a plan for the future. Usually the individual's family is centrally involved both in serving on the microboard and in inviting others to join the group.

Kelly Hagenbuch at the farm.

Person-centered planning is the starting point for every microboard. Person-centered planning is a facilitated process through which the group comes to a shared understanding of the individual, including the person's likes and dislikes, and together brainstorms the path to a positive future. Creating a plan for the future is the easy part, but plans need to be implemented. It is at this point that many person-centered planning teams learn that what is "available" in the traditional service system does not match their vision of the person's ideal future.

When there is a disconnect between the person's vision and existing services the Microboards Project assists the group to assume control over the resources that are available to fund the individual's personally chosen path. These resources may include: (a) school district funding to a student for transition-related community involvement, such as an internship, in the last couple of years of high school; (b) vocational rehabilitation funding through an Individual Plan of Employment developed in collaboration with the microboard; (c) developmental services or mental health adult services funding for community supports; and (d) funds that can be made available through Social Security work incentives such as a PASS Plan. The microboard works with representatives from funding organizations to develop an individual plan and to make decisions on where to direct the funds the individual needs to implement his or her plan. The microboard has the option of incorporating as a nonprofit organization, however, due to the complexity of New Hampshire's laws on incorporation and the willingness of most funders to work with microboards to create individual budgets, most microboards in our state have decided not incorporate.

Since 2004 the Microboards Project has worked with 27 young adults who are preparing to transition from school to adulthood. The microboard typically is formed about two years prior to the individual leaving high school. Microboards begin meeting once every 2 to 8 weeks, with the frequency of meetings generally decreasing as plans take shape. Microboard membership has varied from 3 to 24 people, with seven members being the average size.

Microboards have supported individuals to achieve a variety of creative options for life after high school. The family of one young man constructed a home and mini-farm on their property, with much of the labor and materials donated by microboard members and their network of contacts. A local disability service vendor provides support staffing, with the family closely involved in selecting and overseeing the staff. This participant cares for chickens, manages an egg delivery route, and tends to a garden, holiday tree farm, and small orchard. Another individual with communication limitations is attending college. One of his instructors actively participates in microboard meetings to help figure out the right alternative communication system. A third individual started an on-site document shredding business after graduation.

Another participant, Kelly, joined the project with a goal to move out of her parent's house when she graduated high school. With limited funding resources, Kelly needed some creative planning in order to achieve her goal. Her microboard evolved slowly, adding new members as Kelly tried new things and formed new relationships. Through these relationships Kelly discovered a love for horses, and moved to a farm after graduation. Kelly rents a room at the farm and helps out with cooking and caring for the animals. She has made lots of friends in her community and has grown into an independent young woman. What's next for Kelly? She says she wants to live at the farm on a long-term basis, find a permanent job in culinary arts, and "have people look at me first as a person, instead of a person with a disability. I want the same thing everyone else has, it just takes me a little more time to reach my goals."

Making a Difficult Situation Worse

Cindy Robertson Esq., Disabilities Rights Center

Have you ever wondered why police are permitted to use handcuffs when they are called to take a person experiencing symptoms of mental illness to the hospital? New Hampshire law, RSA 135-C:28 III, permits law enforcement to place a person into protective custody if they believe the individual poses an immediate danger of bodily injury to himself or to others. Protective custody differs from an arrest in that it is not a response to criminal conduct; however, the police are still permitted to use handcuffs to ensure the safety of the person and the public.

If there is an immediate danger of harm, the law places personal and public safety above a person's right to be free from restraint. Gauging the level of threat can be difficult; typically, the police are called because a person is agitated, delusional, paranoid, or exhibiting unusual behavior. While the person's behavior may be indicative of mental illness, it may not, in and of itself, warrant the use of handcuffs. Handcuffing a person who is in duress further exacerbates the situation and can cause escalation of the person's symptoms, thus confirming the belief that commitment is necessary. In addition, putting the person in handcuffs is extremely stigmatizing, especially when witnessed by family, friends, or neighbors. The use of handcuffs places the person in the same category as a criminal, even though the only "crime" the person has committed is having a mental illness.

The use of handcuffs when dealing with individuals with mental illness is one of many issues being discussed by New Hampshire's Legislative Commission to Develop a Comprehensive State Mental Health Plan. The Commission, spearheaded by Senator James MacKay, is in the process of reviewing and recommending changes to RSA 135, the state law governing New Hampshire's mental health system. The Commission's subcommittee on a Person Centered System of Care is looking at the use of handcuffs and how this practice has reinforced the stigma associated with mental illness.

It is too early to predict whether the use of handcuffs in protective custody situations will be reduced or eliminated, however, if individuals with mental illness are to be recognized as full and valued citizens, we need to change how we respond to people exhibiting symptoms of mental illness – starting with the handcuffs.

* * *

Simple Principles of Self-Determination in Making Health Care Decisions

1 Adults of all abilities should have the right to make their own decisions about their health care, including the right to refuse treatment, as long as they are able to understand the treatment options and consequences of their decisions.

2 Health care providers should make every effort to communicate directly with patients with disabilities, and take the time needed to make sure they understand and are being understood by the patient. Providers should seek assistance if needed to identify and address barriers to communication such as a hearing impairment, speech impediment, or reactions to medication.

3 Providers should not talk to or rely on family members, friends, or personal care attendants without the permission of the patient, unless the family member or other person is legally responsible for making health care decisions for the person with a disability.

4 Health care providers should assume that patients who have the ability to communicate their wishes are competent to make decisions unless they have a legal guardian or an advance directive that has been activated. Providers should not make assumptions about a person's competency solely because they have been diagnosed with a mental illness, traumatic brain injury, intellectual or other developmental disability, or Alzheimer's disease.

5 A person should have the right to legal assistance and due process, and all of the rights that a person accused of a crime would have, before their right to make health care decisions is taken away through a guardianship proceeding.

6 A person with a disability who is able to make healthcare decisions can execute an advance directive, and it should be respected in the same manner as would occur for a non-disabled person.

7 An agent under an advance directive should not make decisions on behalf of a patient until a doctor, ARNP, or other designated person has certified that the patient is "incapacitated." Great care must be taken to assure that the patient is in fact incapacitated, this includes ruling out other possible impediments to communication, such as a hearing impairment, speech impediment, or side effects of medication.

8 If an adult with a disability has a guardian or agent legally responsible for making health care decisions on their behalf, the guardian or agent should allow the patient to participate in decision-making to they extent they are able. Decisions should always be made according to the wishes or preferences expressed by the patient while competent, or according to the known values and beliefs of the patient.

9 Decisions by or on behalf of patients of all abilities should always be made through a process of informed consent. The provider must explain the patient's medical condition, the nature and purpose of any proposed treatment, the risks and benefits of all treatment alternatives, as well as the risks and benefits of foregoing treatment.

10 The patient, guardian, or agent must have the opportunity to ask questions so that he or she can make an informed decision relative to any proposed medical intervention.

Prepared by: Carol Stamatakis, Esq., NH Council on Developmental Disabilities,
The Walker Building, 21 South Fruit Street, Suite 22, Concord, NH 03773, (603) 271-3236

WHOSE LIFE (AND DEATH) IS IT ANYWAY?

A GUARDIAN'S DIFFICULT PATH IN END-OF-LIFE DECISIONS

Linda Mallon, JD, Executive Director, Office of Public Guardian

For guardians, no issues are more challenging or heart wrenching than those involving end-of-life decisions. Under New Hampshire's guardianship law, RSA 464-A, guardians are appointed by the probate court for the purpose of making "substituted decisions" which most closely resemble what the ward (the legal term for a person under guardianship) would have wanted if he or she able were capable of making informed decisions. The authority to give or withhold consent for a ward's medical treatment is one of the responsibilities frequently conferred on a guardian by the probate court.

In making end-of-life decisions, it is important that the guardian be thoroughly familiar with the person's history, needs, and wishes. This includes determining whether there are any valid advance directives, such as a living will or durable health care power of attorney, to guide the guardian. If no advance directive exists, then guardians must apply the "substituted judgment" standard and attempt to determine what the person would have wanted. In these situations, guardians should consider the individual's prior treatment choices, previously expressed wishes, and cultural and religious values. Interviews with family members and others close to the person can help the guardian in the decision making process. Guardians should apply the more paternalistic "best interests" standard only in situations where the person never had the capacity to express end-of-life treatment preferences or when those preferences simply cannot be determined.

In complex cases where treatment decisions are not clear cut, hospital ethics committees can offer guardians support and help them to sort through competing considerations. Over 90% of all hospitals now have ethics committees to assist families, guardians, and health care providers in reaching ethical resolutions to treatment issues. While ethics committees do not make decisions or give legal advice, they can offer guidance to guardians who are grappling with challenging decisions. They can clarify those circumstances where it is ethically permissible to consent to a doctor's recommendation to withhold life-sustaining treatment in favor of care and comfort measures that reduce pain, but may hasten the dying process.

In cases where there are no advance directives, the guardian may need to seek the approval of the probate court before making decisions to withhold or withdraw life sustaining treatment. A 1986 New Hampshire Supreme Court case, *In Re: Terry*, offers guidance for guardians who are in this situation. This case requires guardians to take into consideration the following factors: the current wishes and desires of the person, if they can be determined; prior expressed wishes; the opinion of an ethics committee; and the opinion of the person's family. The decision in this case also calls upon guardians to consider the burdens and benefits of continued treatment; the opinion of a second physician; and the financial implications for any person or institution that has expressed an opinion about what should be done in the case.

While New Hampshire's *In Re: Terry* case preceded the better known U.S. Supreme Court case *In Re: Guardianship of Schiavo*, both cases affirm the right of every citizen – including those who are legally incapacitated and under guardianship – to a process where their preferences and circumstances are taken into consideration when making decisions concerning end-of-life care and treatment.

◆ ◆ ◆

New Hampshire Resources

Advance Care Planning Guide, from the Foundation for Healthy Communities

http://www.healthynh.com/fhc/initiatives/performance/eol/EOLManual.php

Disabilities Rights Center

Has a website with a section devoted to guardianship and substituted decision making, information and resources can be found at:
http://www.drcnh.org/Issue%20Areas/guardianship.htm

Granite State Guardianship Services

34 Jefferson Road
Whitefield, NH 03598-1221
Phone: (603) 837-9561
Fax: (603) 837-2613
~ OR ~
18 Low Avenue
Concord, NH 03301-4902
Phone: (603) 224-0805
Fax: (603) 229-1758
http://www.gsgs.org/

"Providing guardianship, conservatorship, consultation, and protective services"

Institute on Disability UNH/UCE

Innovation Facilitators' (IF) *training programs combine content with practical learning and graphic facilitation in order to accommodate multiple learning styles and enable participants to digest material through active experimentation. Training is highly interactive, process-oriented, and experiential, providing an intensive learning experience for participants and targeting the collaborative thinking skills involved in creative and strategic planning. IF's training programs include:*

Methods, Models & Tools for Facilitating Person-Center Planning *is an intensive five-day workshop that enhances participants' skills in facilitating consumer-directed career, education, and life planning. This series, taught by Patty Cotton from IOD and Pam McPhee from the Browne Center at UNH, employs an interactive forum that incorporates lecture, role-playing, experiential learning, and peer support.*

SPECS: Specific Planning Encourages Creative Solutions, *a five-part workshop taught by Leslie Boggis of the Area Agency for Greater Nashua, provides parents with practical information and tools for supporting their son or daughter through person-centered planning. Content areas include: individual/family-directed decision-making, navigating service delivery systems, mapping tools, community networking, and creative financing.*

IOD IF Project Contacts

Patty Cotton, Director	Janet Williamson, IF Facilitator
603.228.2084 x 66	603.228.2084 x 66
pjcotton@unh.edu	jgw@unh.edu

New Hampshire Probate Courts

http://www.courts.state.nh.us/probate/index.htm

Has information about guardianship, court forms, and a handbook, "Making Medical Decisions for Someone Else."
http://www.courts.state.nh.us/probate/handbook.pdf

Office of Public Guardian

10 White Street
Concord, NH 03301
Phone: (603) 224-8041
info@opgnh.org
http://www.opgnh.org/

"The Office of Public Guardian is a private non-profit corporation organized in 1979 to provide guardianship and advocacy services to citizens of New Hampshire"

Partners in Policymaking

A program to teach parents and self-advocates the power of advocacy to change the way people with disabilities are supported, viewed, taught, live and work. From the Minnesota Governor's Council on Developmental Disabilities
http://www.partnersinpolicymaking.com/

Support the Rap Sheet!

For the past three years, the Rap Sheet has provided an in depth examination of issues affecting people with disabilities and their families. The federal grant dollars that have helped to finance the publication of the Rap Sheet are drying up. We are asking for your support to help ensure that we can continue to bring you the latest in disability research, advocacy, policy, and practice. To make an online donation, please go to: http://www.drcnh.org/donate.htm, or send your check to the Disabilities Rights Center, 18 Low Avenue, Concord, NH 03301. Donations are tax deductible. Thank you!

National Resources

The Judge David L. Bazelon Center for Mental Health Law

1101 15th Street, NW, Suite 1212
Washington, DC 20005
Phone: 202-467-5730
Fax: 202-223-0409
Good information on Advance Psychiatric Directives
http://www.bazelon.org/issues/advancedirectives/index.htm
and Involuntary Commitment
http://www.bazelon.org/issues/commitment/index.htm

National Coalition of Mental Health Consumer/Survivor Organizations

contact: Lauren Spiro, 978-590-2014, or send email to info@ncmhcso.org
http://www.ncmhcso.org/

The National Empowerment Center

599 Canal Street
Lawrence, MA 01840
800-power2u (800-769-3728)
http://www.power2u.org/index.html
See especially "Should Forced Medication be a Treatment Option in Patients with Schizophrenia?" Judi Chamberlin debates E. Fuller Torrey, MD on Involuntary Treatment, located here: http://www.power2u.org/debate.html

National Guardianship Association

http://www.guardianship.org/
Has an excellent "Code of Ethics" for guardians: http://www.guardianship.org/pdf/codeEthics.pdf

The National Mental Health Consumers' Self-Help Clearinghouse

1211 Chestnut Street, Suite 1207
Philadelphia, PA 19107
Phone: (800) 553-4539
or (215) 751-1810
Fax: (215) 636-6312
E-mail: info@mhselfhelp.org
http://www.mhselfhelp.org

National Resource Center on Psychiatric Advance Directives:

http://www.nrc-pad.org/

"Who Decides?" Survey

In 1993, People First of NH created the "Who Decides?" Survey to help people identify what decisions they are – and are not – making in their daily lives. The survey questions cover activities that occur from the time a person wakes up in the morning until they go to bed at night. Each survey question has three possible responses: A – "I decide," B – "someone helps me decide," or C – "someone else decides for me."

People First requires that the "Who Decides" Survey be conducted only by self-advocates and not by staff or family members. The survey comes with instructions for self-advocates who are administering the survey.

Survey results can be beneficial in a variety of ways. For self-advocates the survey identifies specific areas in their lives where other people are making decisions for them. The survey asks self-advocates to consider ways to change any "C" responses where someone else making a decision for them. Next, the results help family members and staff to see where they could stop making decisions for the individual and begin to support opportunities for the person to make his or her own decisions. Program management can use survey results to assist in evaluating how well their staff is supporting people to take on more decision-making responsibilities. This information also can help management design training to teach staff how to support individuals to take greater control over their lives.

The "Who Decides?" Survey is not intended to chastise anyone, but rather to be used as

(Continued on next page)

(Continued from page 17)

a tool to help everyone involved – self-advocates, family members, and service programs – assess a person's level of self-determination and to consider the steps that can be taken to increase decision-making opportunities for the individual.

In the fourteen years since it was created, the "Who Decides?" Survey has received international recognition and usage. In New Hampshire, People First has been asked by Area Agencies and the Bureau of Developmental Services to conduct the surveys as part of the State's Area Agency redesignation process. In 1996, the survey was revised and used throughout the state by the Robert Wood Johnson Self-Determination Project.

In 1999, People First analyzed survey results to identify critical areas where people needed to be more empowered to make decisions. Self-advocates created skits based on these priority areas and presented at conferences across the country. In their presentation, *Whose Life Is It Anyway?*, self-advocates demonstrated different ways people can be involved in decision-making. In one skit a person made decisions about the time, location, and content of her individual planning meeting and in another a self-advocate made decisions about learning to drive and get a driver's license.

If you are interested in having the "Who Decides?" Survey conducted in your area, please contact Executive Coordinator, Janet Hunt at People First of NH by e-mail at **info@peoplefirstofnh.org** or by calling toll free **1-800-566-2128**.

INSTITUTE ON DISABILITY / UCED
A University Center for Excellence in Disability

Life as a Paraprofessional

Comprehensive full-day workshops designed specifically for classroom paraprofessionals to present strategies for supporting students with challenging behavior.

Time: 9am – 3pm
Presenter: Cathy Apfel, M.Ed
Cost: $90 each
Dates & Locations:

Level I: Preschool & Elementary School

Tuesday, February 5, 2008 – *Highlander Inn, Manchester, NH*
Thursday, March 6, 2008 – *Holiday Inn, Concord, NH*
Thursday, April 3, 2008 – *The Common Man, Plymouth, NH*
Thursday, May 1, 2008 – *Granite State College, Conway, NH*

Level II: Middle & High School

Thursday, February 7, 2008 – *Highlander Inn, Manchester, NH*
Tuesday, April 8, 2008 – *The Common Man, Plymouth, NH*

The Autism Mini-Series: 2008 Dates

Join experts on Autism Spectrum Disorders (ASD) for topical discussions related to children with ASD, their families, and their systems of support. Each small group session is designed to be informative, interactive, and filled with practical ideas for parenting and teaching.

Location: University of NH, Durham, NH
Cost: $30 each
Dates & Topics:

Monday, January 28, 2008: *Positive Behavior Support: Re-Thinking the Role of Context*
Time: 4pm – 6pm
Presenter: Cathy Apfel, M.Ed.

Tuesday, February 5, 2008: *Communication Supports for Students with ASD*
Time: 4pm – 6pm
Presenter: Rae Sonnenmeier, Ph.D., CCC-SLP

Monday, March 17, 2008: *Positive Behavior Support: Re-Thinking the Role of Context*
Time: 4pm – 6pm
Presenter: Cathy Apfel, M.Ed.

UPCOMING IOD TRAINING AND EVENTS

Tuesday, April 1, 2008: *Communication Supports for Students with ASD*
Time: 4pm – 6pm
Presenter: Rae Sonnenmeier, Ph.D., CCC-SLP

Wednesday, April 9, 2008: *Promoting Membership, Participation, and Learning for Students with ASD in the General Education Classroom*
Time: 4pm – 6pm
Presenters: Michael McSheehan & Cheryl Jorgensen, Ph.D.

2007-2008 Autism Research to Practice Series

Enriching the Educational Experience for Students with Autism Spectrum Disorders

2008 Series Dates:

Wednesday, February 13, 2008: *Walden Incidental Teaching Model*
Location: Holiday Inn, Concord, NH
Presenter: Gail G. McGee, Ph.D.
Time: 8:30am – 3pm
Cost: $125

Friday, April 11, 2008: *Building Social Relationships and Use of Video Modeling*
Location: Derryfield Country Club, Manchester, NH
Presenter: Scott Bellini, Ph.D.
Time: 8:30am – 3pm
Cost: $125

Introductory Training for Facilitated Communication (FC)

Will provide participants with a general overview of facilitated communication, FC's history, basic FC technique, determining FC candidacy, and a review of research and best practices.

Date & Location:
Tuesday, March 11, 2008 - *Institute on Disability, 56 Old Suncook Rd., Suite 2, Concord, NH*
Time: 9am – 3:30pm
Presenter: Pascal Cheng, M.Ed.,C.A.S.
Cost: $95

Voices of Friendship: How Schools Can Help or Hinder the Development of Social Relationships

Will help participants learn to identify the barriers to friendship that exist in many schools and classes, as well the wide variety of strategies that schools and families can use to facilitate the development of friendships.

Date & Location:
Wednesday, March 26, 2008 – *The Common Man, Plymouth, NH*
Time: 8:30am – 3pm
Presenter: Carol Tashie
Cost: $90

Building Bridges to the Social World: Strategies for Developing Social Competence and Connections for Children with Autism

For children with labels of ASD, understanding and participating in social interactions can be difficult and frustrating. CarolAnn Edscorn, an adult with Asperger's Syndrome, and Cathy Apfel, M.Ed., team up to offer personal insights and strategies for developing social awareness and competence.

Date & Location:
Thursday, April 10, 2008 – *Highlander Inn, Manchester, NH*
Time: 8:30am – 3pm
Presenters: CarolAnn Edscorn & Cathy Apfel, M.Ed.
Cost: $99

4 EASY WAYS TO REGISTER!

1 online
WWW.IOD.UNH.EDU

2 call to register or to request a registration form
603.228.3270

3 mail a completed registration form
INSTITUTE ON DISABILITY
56 OLD SUNCOOK ROAD, SUITE 2
CONCORD, NH 03301

4 fax a completed registration form
603.228.3270

DISABILITIES RIGHTS CENTER, INC.
18 Low Avenue, Concord, NH 03301-4971
Voice and TDD: (603) 228-0432 ✦ 1-800-834-1721 ✦ FAX: (603) 225-2077
TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)
E-mail: advocacy@drcnh.org ✦ Website: www.drcnh.org
"Protection and Advocacy System for New Hampshire"

The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.

INSTITUTE ON DISABILITY/UCED – UNIVERSITY OF NH
10 West Edge Drive, Suite 101, Durham, NH 03824-3522
Phone (Tel/TTY): (603) 862-4320 ✦ Fax: (603) 862-0555 ✦ Website: www.iod.unh.edu

Institute on Disability/UNH – Concord
56 Old Suncook Road, Suite 2
Concord, NH 03301
Phone (Tel/TTY): (603) 228-2084

Institute on Disability/UNH – Manchester
340 Commercial Street, 2nd floor
Manchester, NH 03101
Phone: (603) 628-7681

The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.

NH COUNCIL ON DEVELOPMENTAL DISABILITIES
21 South Fruit Street, Suite 22, Room 290
Concord, NH 03301-2451
Phone: (603) 271-3236 ✦ TTY/TDD: 1-800-735-2964 ✦ Website: www.nhddc.com

Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.

This publication was supported solely by federal funding from grants from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Centers for Medicare and Medicaid-Real Choice System Change; U.S. Department of Health and Human Services, Administration on Developmental Disabilities and the Health Resources Services Administration; Maternal and Child Health Bureau; Office of Disability Employment Policy; U.S. Department of Education Department of Rehabilitation Services and National Institute on Disability Rehabilitation and Research (NIDRR); US Department of Labor; and the Social Security Administration.

New Hampshire
RAP Sheet
The Latest in Disability Research, Advocacy, Policy, and Practice
Winter Issue 2008

NH COUNCIL ON DEVELOPMENTAL DISABILITIES
21 South Fruit Street, Suite 22, Room 290
Concord, NH 03301-2451

RETURN SERVICE REQUESTED

INSIDE THIS ISSUE