

Analysis of Policies Concerning the Ethical Treatment of Disabled Children and
Suggested Changes to Related Policies of Council for Exceptional Children

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Abstract

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The definition of child neglect is one that is often debated. There is no exact classification of what it means, which is why there are potentially so many important aspects being left out that, if included, could protect far more children throughout the world. If we are to fully understand what constitutes child maltreatment and eventually stop it, we first must gather the most effective strategies available that will allow us to report, recognize, and prevent it. This is a one major reason that the goal given to our team is so important. Without the redefining and expansion of many of these rules, then a large amount of children will continue to be neglected.

The mission put forth to our group by our Bright Spot, Professor Harold Johnson is to make adjustments to a policy currently set in place by the Council for Exceptional Children (CEC) directed towards special education professionals. This policy will be one focused on children who suffer from disabilities and the procedures that should be adhered to regarding situations involving neglect, abuse, and bullying. The term “policy statement” will be used often in this paper, so it is important to specify its definition will be in this context. When referring to a “policy statement”, we are discussing a formal document that outlines the ways in which an organization intends to conduct its affairs and deal with certain situations. Our new policy statement will include information pertaining to each of the following areas of child maltreatment: prevention of maltreatment, how to recognize a situation in which it is occurring, how to properly report the problem, how to correctly train and sustain professionals to deal with these situations, and how to properly educate adolescents in this area. After we have collected all of the needed information, we will then attempt to expand on this policy in order to improve the effectiveness of the procedure. This will be accomplished by encompassing a wider range of rules and regulations that will hopefully lead to more successful cases of the recognition and prevention of child neglect and abuse.

In order to accomplish our goal, we will attempt to gather information about policies from other organizations that are related to our task. The organizations that we chose to study are relevant to our project because each of them has their own specific policies regarding child maltreatment that will assist us in creating our own policy. The groups we will analyze are as follows: Boy Scouts of America, AVANCE, Alliance of Children and Families, The American Academy of Child and Adolescent Psychiatry, The American Humane Association, The American Professional Society on the Abuse of Children, The Center for Violence and Injury Prevention, Childhelp, The American School Counselor Association and the American Speech-Language-Hearing Association. Several of these groups have many policies that are similar, but some of them have certain aspects that set them apart from others, which can make them useful. However, as helpful as original strategies can be, our focus will mostly rely on finding strategies that are commonly used in each organizations policy. This will be advantageous to our cause because a greater commonality means these specific policies are most effective. Each section will give an analysis of each organization’s policies and how they are relevant to our group’s task. After all of the information is collected, we will analyze it to find what the most important aspects of each policy are. We are then going to use this material to construct our own set or refinements that we will apply to our policy.

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Boy Scouts of America® Policy Analysis

One of the most important policies that we will use for our project is the one currently used by the Boy Scouts of America. In regards to child maltreatment, this non-profit organization has an extensive policy, which is most likely due to the scandals that have occurred in the past. This is the statement on one of their main pages concerning child abuse: "All persons involved in Scouting shall report to local authorities any good faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person. (Boy Scouts of America, 2012). This clearly states that no form of child abuse will be tolerated by the organization, but how exactly do they go about completing this process? This is where many organizations differ, in their actual process. One way that this group implements their policy is that they require each and every team leader to complete Youth Protection training every two years. This training assures that each leader knows how to correctly care for the children under their supervision and follows the "three r's", which are recognize, resist, and report (Boy Scouts of America, 2012). In addition to this training, there are several other policies put in place to help protect the children. Some of these include: "the presence of two registered (or one registered and one adult) leaders on each trip, the prohibition of one-on-one contact between adults and scouts, separate accommodations for adults and scouts, the inappropriate use of cameras, imaging, or digital devices prohibited, no secret organizations, no hazing, no bullying (verbal, physical, or cyber), constructive discipline, and appropriate attire for all activities" (Boy Scouts of America, 2012). These are some of the most important policies this group follows in order to reduce incidence of child maltreatment. As far as how this organization determines whether or not these policies are effective, they mainly use three different strategies – feedback, monitoring and constant communication. These tactics are used throughout the entire period that a child is a scout.

AVANCE Policy Analysis

AVANCE is a company primarily focused on providing support and education in child maltreatment to families that are mostly Hispanic and located in low-income, at-risk communities. One of the most intriguing aspects of the model used by this group are the parenting classes available that provide parents with the skills needed to allow them to properly care for their children. These weekly classes explained within the AVANCE website (AVANCE, 2012) take place over a period of nine months and encompass a large variety of subjects, including:

- An Overview of Parenting
- Physical Needs of the Young Child
- Childhood Illnesses
- Understanding Children's Behavior

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- Cognitive and Language Development
- Emotional Needs of Children
- Social Needs of Children
- Self Awareness and Goals Setting
- Nutrition and the Young Child
- Prenatal and Infant Needs

In addition, this organization also provides other services, such as home visits to make sure the children are safe, and community resource awareness, which allows parents to learn information about child care from a variety of different professionals in several fields.

Alliance of Children and Families Policy Analysis

The Alliance of Children and Families is a non-profit organization that is focused on strengthening families and protecting children. Some of the important policies included in this group's agenda include the support for reform regarding inadequate foster care rates, and providing education assistance for child welfare and foster care workers. They also support the regulation of non-regulated boot camps, wilderness programs, and other unregulated residential programs. This organization also believes that improved health care support plays a large part in recognizing and preventing child maltreatment. They strongly support the Keeping Families Together Act, which makes it a possibility financially for families with children with mental health needs to stay together, and receive assistance from home and community based services. This association has a number of areas that their policies focus on. They put an emphasis on helping areas of the population that have the greatest needs and lack of access, specifically those who need assistance in child welfare, health care reform, and behavioral health. They firmly support increased funding for child abuse prevention services, and they oppose the exclusion of child welfare services from acceptable Medicaid forms of payments. They also support the universal coverage of both adults and children as the part of any national health reform plan, and believe that mental health and chemical dependency coverage should be part of this coverage.

AACAP Policy Analysis

The American Academy of Child and Adolescent Psychiatry (AACAP) is an organization comprised of mental health professionals aimed at promoting mental health in children and families through many different means. They have several different policies regarding child maltreatment, one of which focuses directly on the prevention of bullying. This policy states that addressing several aspects can reduce bullying. Some of these areas include: the promotion of public awareness, development of safe schools through evidence-based prevention and intervention bullying programs, encouraging the need to report incidents with safeguards to protect the children being bullied from retaliation, monitoring ongoing bullying incidents, providing school intervention through

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the use of counselors or nurses, and referral for victims and offenders for medical treatment if needed (www.aacap.com)

American Humane Association Policy Analysis

In regards to the protection of children, The American Humane Association believe that “the goals of child welfare should be twofold—to keep children safe and to cultivate the development of strong children and families” (American Humane Association). Their main strategy used to prevent child maltreatment is called the “Front Porch Project” which is a community based initiative built on nationwide research. This approach encourages people to become more involved in each other’s lives, much like a good neighbor years ago sitting on their “front porch” would be more involved in families they knew (American Humane Association).

In order to prevent and address the issue of bullying, the AHA has also put in place several policies. They believe that processes should be implemented in schools that allow adolescents who have experienced or witnessed bullying to file complaints. They also think that these complaints should carry with them real life consequences, which also include opportunities for them to repair any harm committed. The group stresses that adults who work with youths should be required to attend training in cultural competency and bullying prevention and intervention, to assure that they consistently respond to any and all instances of bullying. They make bullying reduction a key component of every staff member’s annual performance review by tracking the number of bullying incidents. They support the use of several different programs and groups that promote positive values, such as respect and equality. In addition to all of this they also provide resources for victims and offenders to receive help and support, such as counseling.

APSAC Policy Analysis

The American Professional Society on the Abuse of Children is an association that is dedicated to the promotion of research as well as the prevention of child maltreatment. Their website does not contain a large amount of data regarding their specific policies concerning child maltreatment, but what it does contain is some important information as to what qualifications a person should have in order to be a child forensic interviewer. A forensic interviewer is a person who engages in investigations and interviews in child maltreatment cases in order to efficiently gather materials pertinent to the case. The dilemma that the APSAC is currently in is whether or not these forensic interviewers should be required to have professional certification. This information is significant to our mission because without the proper workers to correctly gather information on child abuse cases, then vital information could be lost. Although they have not yet taken a side on the necessity of certification, they do believe that all forensic interviewers should be selected based on several factors, including thorough psychometric testing (APSAC, 2012).

Center for Violence and Injury Prevention Policy Analysis

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The Center for Violence and Injury Prevention is an organization that is a subdivision of the Center for Disease Control whose primary mission is to protect people by promoting good health, the prevention of disease, injury and disability, and by consistently being prepared for any new threats. This association practices several techniques in order to prevent abuse, including the monitoring of violence related injuries and conducting ongoing research into the factors that put people at risk and the ones that protect them. They also incorporate numerous programs into their policy that they feel are best suited to assist in the prevention of child abuse. Child-Parent Centers educate and provide maintenance to children and parents who are underprivileged economically. This approach focuses on parental involvement as well as the development of the adolescent's cognitive and social skills. In one study, this center showed a 52% reduction in child maltreatment for those who participated (CDC.gov, 2010). Another program this organization uses is called the Nurse-family Partnership. This involves home visits from nurses for financially struggling first-time parents and takes place from the initial pregnancy until the child is two years old. This program encourages healthy behaviors throughout this period, teaches parenting skills, and helps parent find appropriate community services (CDC.gov, 2010).

In addition, they are involved in an initiative called Striving to Reduce Youth Violence Everywhere (STRYVE). The mission of this initiative is to prevent youth violence before it starts by using a continuum of tactics. Some of these strategies include: a public health approach, collaboration between multiple sectors, different prevention strategies for diverse needs, and interactive training on key concepts and strategies regarding youth violence protection.

Childhelp[®] Policy Analysis

Childhelp is a non-profit organization that focuses on the prevention, intervention and treatment in the area of child maltreatment. This group implements their prevention techniques in several different ways and actively tries to involve a variety of different people to assist their cause, including teachers, coaches, parents and administrators. They mainly use school settings and youth athletic programs as their locations for many prevention programs because it provides the children with a safe environment that is non-threatening. They also use techniques such as classroom posters, take-home materials, and engaging parents and caregivers in the area of child abuse. One of their programs called "Speak Up Be Safe" is currently being launched throughout the United States. It prevents child abuse using a more technologically modern approach using web-based tools, which allows them to educate children in areas such as Internet safety skills and cyber-bullying, as well as an emphasis on adult responsibility (O'Meara, 2011).

This organization believes that every child is unique, and they work to provide each child with the skills to help them heal and develop self-esteem to reach their potential. They accomplish this in several different ways; most notably providing them with an environment of love and kindness combined with high quality treatment services. They also offer a 24 hour national hotline run by professionally trained counselors that provide callers with a reliable way to report suspected child abuse

American School Counselor Association Policy Analysis

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This is a non-profit organization that focuses on the education and supplementation of school counselors in helping students in areas of academic, personal, social and career development. This program promotes children's success in school by providing them with useful information supplied by qualified counselors. This association believes that proper prevention and reporting tactics must be taught to and used by counselors in order to effectively promote their well being and development. They believe that school counselors "are mandated reporters and need policies, referral procedures and essential knowledge" in order to prevent and report child abuse. They also suggest that child maltreatment can be more proficiently controlled if the counselors are able to recognize and understand the problem, know the proper reporting procedures, and actively participate in abuse information programs. These counselors are also encouraged to engage in other tactics that help prevent child maltreatment such as: coordinating team efforts on behalf of the child, working to re-establish trust and provide counseling or referrals to other helpful services, and participating in developmental workshops as well as support groups that focus on the improvement of parenting skills.

This group also encourages their workers to follow certain guidelines that allow them to efficiently handle child maltreatment situations. They believe that "It is the professional school counselor's legal, ethical and moral responsibility to report suspected cases of child abuse/neglect to the proper authorities." (ASCA, 2012) Their professional school counselors are required to work in a leadership role with a variety of different individuals in order to provide comprehensive school counseling programs. These programs are put in place to prevent behaviors that place students at risk of not completing school in addition to the increased probability of harming themselves or others by promoting student resilience and success.

According to statement released by the ASCA, "By taking on certain leadership roles these school counselors can enhance student's strengths and reduce their risk factors in several different ways, including:

- Enhancing social support through a peer mentoring or buddy system
- Assigning adults as monitors or mentors for students
- providing classroom guidance lessons to increase student knowledge and awareness of the dangers of harmful behaviors as well as promoting resiliency and success skills
- providing responsive services, including short-term individual, group counseling
- referring students and families to appropriate support services and community agencies
- collaborating with school staff to identify and assist students in crisis
- conducting staff development for school and district staff
- providing information, consultation, and support to parents/guardians to increase familial involvement
- advocating for changes in the school and community to promote resilience, success, and equitable access to needed resources" (ASCA, 2012)

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The ASHA is a professional association that focuses on promoting effective communication between people. Their goal is to make human communication more accessible and achievable for those who suffer from communication disorders by engaging in research that provides useful information in a variety of areas. This organization can be especially helpful in helping our group complete our goal because they specialize in children with disabilities.

This group has several different policies regarding child maltreatment and how it can be prevented and resolved, and they implement them in a number of ways. They advocate for the investigation, prevention, diagnosis and treatment of those affected with communication disorders by furthering the improvement of clinical services and intervention procedures that apply to these disorders. They participate in the exchange of information regarding child maltreatment between other people and organizations in order to increase the spread of these materials. They actively disperse knowledge throughout the community that updates them on communication sciences and related disorders, along with who the professionals are who provide services related to these subjects through reports and other means of communication. In addition to this, they have developed paperwork reduction strategies that allow them to more efficiently focus on the solving problems instead of wasted time on processing them.

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Prevention:

- Require training and/or education in areas of child maltreatment and bullying.
- Require this training and/or education annually in order to stay updated on new policies.
- Put in place an annual individual review of how efficiently this training was put to use.
- Ensure that the people put in control of investigating child maltreatment meet the proper qualifications.
- Conduct performance reviews of child maltreatment prevention tactics for professionals whose positions require extended knowledge on the subject.
- Conduct ongoing research into the factors that put these children in risk, as well as the ones that protect them.
- Use modern technology (web-based tools) in order to provide children and parents with Internet safety tools and educate them on cyber-bullying.

Recognition:

- Monitor ongoing incidents that show signs of abuse, neglect, or bullying.
- Provide school intervention through the proper personnel, such as counselors or nurses.
- Implement a community based initiative that encourages people to become more involved with each other's families, which produces better support systems.

Report:

- Report to proper authorities if there is a suspicion or belief of child maltreatment.
- Encourage more children to report incidents by providing them with safeguards and non-threatening environments to protect them from any type of retaliation.
- Implement proper processes in schools that allow children to who have witnessed or experienced any type of harm to file complaints.
 - Make sure these complaints carry real life consequences, in addition to opportunities to make reparations for any harm done.
- Provide a hotline that is tailored towards allowing callers to report suspected child abuse and giving them the needed support.

Support:

- Provide proper medical referrals for victims and offenders for both psychological and physical care
- Promote residential programs that encourage the development of children, such as non-regulated boot camps and wilderness programs.
- Promote affordable services for parents such as classes and community programs that teach proper childcare and strategies on how to avoid child maltreatment.

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Appendix A



Youth Protection & Adult Leadership

Youth Protection in Scouting

The Boy Scouts of America places the greatest importance on creating the most secure environment possible for its youth members. To maintain such an environment, the BSA has developed numerous procedural and leadership selection policies, and provides parents and leaders the following online and print resources for the Cub Scouting, Boy Scouting, and Venturing programs.

Mandatory Reporting of Child Abuse

All persons involved in Scouting shall report to local authorities any good faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of violence or threat, exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Notify your Scout executive of this report, or of any violation of BSA's Youth Protection policies, so that he or she may take appropriate action for the safety of our Scouts, make appropriate notifications, and follow-up with investigating agencies.

How does the BSA help prevent child abuse in Scouting?

The Boy Scouts of America has adopted a number of policies aimed at eliminating opportunities for abuse within the Scouting program. These policies focus on leadership selection and on placing even greater barriers to abuse than already exist today in Scouting.

New leaders are required to take Youth Protection training before submitting an application for registration.

The BSA's Youth Protection training has been in existence long enough for it to be understood and accepted as a mandated training for **ALL** registered and new BSA adult volunteers.

Youth Protection training must be taken every two years. If a volunteer's Youth Protection training record is not current at the time of recharter, the volunteer will not be reregistered.

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Leadership Selection

The Boy Scouts of America takes great pride in the quality of its adult leadership. Being a leader in the BSA is a privilege, not a right. The quality of the program and the safety of youth members call for high-quality adult leaders. We work closely with chartered organizations to help recruit the best possible leaders for their units.

The adult application requests background information that should be checked by the unit committee or the chartered organization before accepting an applicant for unit leadership. While no current screening techniques exist that can identify every potential child abuser, we can help reduce the risk of accepting a child abuser by learning all we can about an applicant for a leadership position—including his or her experience working with children and why he or she wants to be a Scout leader.

Youth safety is of paramount importance to the Boy Scouts of America. It is important to implement this training at all levels of the organization. BSA continually seeks to increase awareness of this societal problem and to create even greater barriers to abuse than already exist today in Scouting to provide the most secure environment possible for its youth members.

Scouting's Barrier to Abuse

The BSA has adopted the following policies for the safety and well being of its members. These policies are primarily for the protection of its youth members; however, they also serve to protect adult leaders.

Two-deep leadership on all outings required. Two registered adult leaders, or one registered leader and a parent of a participating Scout or other adult, one of whom must be 21 years of age or older, are required for all trips and outings. There are a few instances, such as patrol activities, when the presence of adult leaders is not required and adult leadership may be limited to training and guidance of the patrol leadership. With the proper training, guidance, and approval by the troop leaders, the patrol can conduct day hikes and service projects. Appropriate adult leadership must be present for all overnight Scouting activities; coed overnight activities—even those including parent and child—require male and female adult leaders, both of whom must be 21 years of age or older, and one of whom must be a registered member of the BSA. The chartered organization is responsible for ensuring that sufficient leadership is provided for all activities.

One-on-one contact between adults and Scouts prohibited. One-on-one contact between adults and youth members is not permitted. In situations that require personal conferences, such as a Scoutmaster's conference, the meeting is to be conducted in view of other adults and youths.

Separate accommodations for adults and Scouts required. When camping, no youth is permitted to sleep in the tent of an adult other than his or her own parent or guardian. Councils are strongly encouraged to have separate shower and latrine facilities for females. When separate facilities are not available, separate times for male and female use should be scheduled and posted for showers. Likewise, youth and adults must shower at different times.

Privacy of youth respected. Adult leaders must respect the privacy of youth members in situations such as changing clothes and taking showers at camp, and intrude only to the extent that health and safety require. Adults must protect their own privacy in similar situations.

Inappropriate use of cameras, imaging, or digital devices prohibited. While most campers and leaders use cameras and other imaging devices responsibly, it has become very easy to invade the privacy of individuals. It is inappropriate to use any device capable of recording or transmitting visual images in shower houses, restrooms, or other areas where privacy is expected by participants.

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No secret organizations. The Boy Scouts of America does not recognize any secret organizations as part of its program. All aspects of the Scouting program are open to observation by parents and leaders.

No hazing. Physical hazing and initiations are prohibited and may not be included as part of any Scouting activity.

No bullying. Verbal, physical, and cyber bullying are prohibited in Scouting.

Youth leadership monitored by adult leaders. Adult leaders must monitor and guide the leadership techniques used by youth leaders and ensure that BSA policies are followed.

Discipline must be constructive. Discipline used in Scouting should be constructive and reflect Scouting's values. Corporal punishment is never permitted.

Appropriate attire for all activities. Proper clothing for activities is required. For example, skinny-dipping or revealing bathing suits are not appropriate in Scouting.

Members are responsible for acting in accordance with the Scout Oath and Scout Law. All members of the Boy Scouts of America are expected to conduct themselves in accordance with the principles set forth in the Scout Oath and Scout Law. Physical violence, theft, verbal insults, drugs, and alcohol have no place in the Scouting program and may result in the revocation of a Scout's membership.

Units are responsible for enforcing Youth Protection policies. The head of the chartered organization or chartered organization representative and the local council must approve the registration of the unit's adult leader. Adult leaders of Scouting units are responsible for monitoring the behavior of youth members and interceding when necessary. Parents of youth members who misbehave should be informed and asked for assistance. Any violations of the BSA's Youth Protection policies must immediately be reported to the Scout executive.

Frequently Asked Questions

How can parents help protect their children?

Parents participate in the protection of their children in a variety of ways. The BSA recognizes the need for open lines of communication so that children are encouraged to bring any troubles to their parents for advice and counsel. In addition, parents need to be involved in their children's Scouting activities. All parents receive important information concerning the Scouting program as part of their children's membership applications. This information is provided so that parents can detect any deviations from the BSA's approved program. If any deviations are noted, parents should call these to the attention of the chartered organization or the unit committee. If the problems persist, parents should contact the local council for assistance.

Parents also need to review the booklet, *How to Protect Your Children From Child Abuse: A Parent's Guide*, inserted in every Boy Scout and Cub Scout handbook. The information in this booklet should be the subject of discussions between Scouts and their parents prior to joining a pack or troop.

Why do most child victims of sexual abuse keep the abuse secret?

A victim of child sexual abuse is under a great deal of pressure to keep the abuse secret. In many cases of child molestation, the molester has threatened to harm the child or a member of the child's family. The molester might have told the child that he would not be believed even if the child did tell. Another common situation is that the molester will tell the child that if the child tells about the abuse, he will get into trouble. The clear message is given to the child that if another person finds out, something bad will happen to the

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child. This pressure to maintain silence can often be successfully overcome by establishing open communication between children and adults through a proper educational program for children.

What should I do if a child tells me that he has been sexually abused?

How an adult responds to a child who tries to disclose abuse can influence the outcome of the child's victimization. By maintaining an apparent calm, the adult can help reassure the child that everything is going to be OK. By not criticizing the child, we counteract any statements the molester made to the victim about the child getting into trouble. Reassure the child that you are concerned about what happened to him and that you would like to get him some help. Allegations by a Scout concerning abuse in the program must be reported immediately to the Scout executive and the authorities. Since these reports are required, the child should be told that you have to tell the proper authorities but that you will not tell anyone else. Because the allegations have been referred to the authorities for investigation, you should not discuss the details of the allegations with others or make any accusations.

What Youth Protection educational materials does the BSA have for youth members?

How to Protect Your Children From Child Abuse: A Parent's Guide is a tear-out booklet bound with BSA youth handbooks. It is designed for parents or guardians and young people to use together for Youth Protection training. The Power Pack Pals comic books, available in English and in Spanish, are for Cub Scout-age boys. They include *Power Pack Pals* (No. 33980)/*Los Superamigos del Pack* (No. 46-33979), *Power Pack Pals: Be Safe on the Internet* (No. 33981)/*Power Pack Pals: Seguridad en la Internet* (No. 46-34464), and *Power Pack Pals: Four Rules for Personal Safety* (No. 46-34750)/*Power Pack Pals: 4 Reglas Para Seguridad Personal* (No. 46-34465). (No. 33981)/(No. 46-34464), and (No. 46-34750)/(No. 46-34465).

These and other resources can be found at www.scouting.org/training/youth protection.

The BSA has bilingual, age-appropriate videos for all youth age groups to address the problems of sexual abuse. *It Happened to Me/A Mí Me Pasó* (No. AV-09DVD11) (No. AV-09DVD11) should be used annually by Cub Scout packs or dens, but only for Cub Scouts accompanied by a parent or other adult family member. The video for Boy Scouts, *A Time to Tell/ Hora de Contarlo* (No. AV-09DVD04), introduces the "three R's" of Youth Protection, and should be viewed by troops annually. *Personal Safety Awareness/ Concientización Sobre la Seguridad Personal* (No. AV-09DVD33) is the video for Venturing-age young people.

How can Scout leaders who are not social workers teach children about youth protection?

The BSA recognizes that many of our leaders feel unprepared to talk to children about preventing sexual abuse. For this reason, the BSA has meeting guides online for all of the videos produced to be viewed by youths. The guides address everything from scheduling the meeting, contacting the police or social services for assistance, and notifying parents (a sample letter is provided), to questions and answers for discussion after the video has been viewed.

What are the "three R's" of Youth Protection?

The "three R's" of Youth Protection convey a simple message to youth members.

Recognize situations that place you at risk of being molested, how child molesters operate, and that anyone could be a molester.

Resist unwanted and inappropriate attention. Resistance will stop most attempts at molestation.

Report attempted or actual molestation to a parent or attempted or actual molestation to a parent or other trusted adult. This prevents further abuse and helps to protect other children. Let the child know he or she will not be blamed for what occurred.

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Youth Member Behavior Guidelines

The Boy Scouts of America is a values-based youth development organization that helps young people learn positive attributes of character, citizenship, and personal fitness. The BSA has the expectation that all participants in the Scouting program will relate to each other in accord with the principles embodied in the Scout Oath and Scout Law.

One of the developmental tasks of childhood is to learn appropriate behavior. Children are not born with an innate sense of propriety and they need guidance and direction. The example set by positive adult role models is a powerful tool for shaping behavior and a tool that is stressed in Scouting.

Misbehavior by a single youth member in a Scouting unit may constitute a threat to the safety of the individual who misbehaves as well as to the safety of other unit members. Such misbehavior constitutes an unreasonable burden on a Scout unit and cannot be ignored.

Member Responsibilities

All members of the Boy Scouts of America are expected to conduct themselves in accordance with the principles set forth in the Scout Oath and Scout Law. Physical violence, hazing, bullying, theft, verbal insults, and drugs and alcohol have no place in the Scouting program and may result in the revocation of a Scout's membership in the unit.

If confronted by threats of violence or other forms of bullying from other youth members, Scouts should seek help from their unit leaders or parents.

Unit Responsibilities

Adult leaders of Scouting units are responsible for monitoring the behavior of youth members and interceding when necessary. Parents of youth members who misbehave should be informed and asked for assistance.

The BSA does not permit the use of corporal punishment by unit leaders when disciplining youth members.

The unit committee should review repetitive or serious incidents of misbehavior in consultation with the parents of the child to determine a course of corrective action including possible revocation of the youth's membership in the unit.

If problem behavior persists, units may revoke a Scout's membership in that unit. When a unit revokes a Scout's membership, it should promptly notify the council of the action.

The unit should inform the Scout executive of any violations of the BSA's Youth Protection policies.

Each Cub Scout den and Webelos Scout den and each chartered Cub Scout pack, Boy Scout troop, Varsity Scout team, and Venturing crew shall have one leader, 21 years of age or older, who shall be registered and serve as the unit or den leader. The head of the chartered organization or chartered organization representative and the local council must approve the registration of the unit or den leader on the appropriate form.

Primary reference: Rules and Regulations of the Boy Scouts of America

Digital Privacy

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A key ingredient for a safe and healthy Scouting experience is the respect for privacy. Advances in technology are enabling new forms of social interaction that extend beyond the appropriate use of cameras or recording devices (see “Barriers to Abuse Within Scouting”). Sending sexually explicit photographs or videos electronically and “sexting” by cell phones is a form of texting being practiced primarily by young adults and children. Sexting is neither safe, nor private, nor an approved form of communication, and can lead to severe legal consequences for the sender and the receiver. Although most campers and leaders use digital devices responsibly, educating them about the appropriate use of cell phones and cameras is a good safety and privacy measure.

Leadership Requirements for Trips and Outings

It is the responsibility of the chartered organization of any Cub Scout pack, Boy Scout troop, Varsity Scout team, or Venturing crew or ship to inform the committee and leadership of the unit that sufficient adult leadership must be provided on all trips and outings (coed overnight activities require both male and female adult leaders).

1. **Two-deep leadership.** Two registered adult leaders, or one registered leader and a parent of a participating Scout or other adult, one of whom must be 21 years of age or older, are required for all trips and outings. There are a few instances, such as patrol activities, when the presence of adult leaders is not required and adult leadership may be limited to training and guidance of the patrol leadership. With the proper training, guidance, and approval by the troop leaders, the patrol can conduct day hikes and service projects. Appropriate adult leadership must be present for all overnight Scouting activities; coed overnight activities— even those including parent and child— require male and female adult leaders, both of whom must be 21 years of age or older, and one of whom must be a registered member of the BSA. The chartered organization is responsible for ensuring that sufficient leadership is provided for all activities.
2. **During transportation to and from planned Scout outings.**
 1. Meet for departure at a designated area.
 2. Prearrange a schedule for periodic checkpoint stops as a group.
 3. Plan a daily destination point.
 4. A common departure site and a daily destination point are a must. If you cannot provide two adults for each vehicle, the minimum required is one adult and two or more youth members— never one on one.
3. **Safety rule of four:** No fewer than four individuals (always with the minimum of two adults) go on any backcountry expedition or campout. If an accident occurs, one person stays with the injured, and two go for help. Additional adult leadership requirements must reflect an awareness of such factors as size and skill level of the group, anticipated environmental conditions, and overall degree of challenge.
4. **Male and female leaders must have separate sleeping facilities.** Married couples may share the same quarters if appropriate facilities are available.
5. **Male and female youth participants will not share the same sleeping facility.**
6. **Single-room or dormitory-type accommodations for Scouting units:** Adults and youths of the same gender may occupy dormitory or single-room accommodations, provided there is a minimum of two adults and four youths. A minimum of one of the adults is required to be Youth Protection–trained. Adults must establish separation barriers or privacy zones such as a temporary blanket or a sheet wall in order to keep their sleeping area and dressing area separated from the youth area.
7. **When staying in tents, no youth will stay in the tent of an adult other than his or her parent or guardian.**
8. **If separate shower and latrine facilities are not available, separate times for male and female use should be scheduled and posted for showers. Likewise, youth and adults must shower at different times.** The buddy system should be used for latrines by having one person wait outside the entrance, or provide “Occupied” and “Unoccupied” signs and/or inside door latches. Adult leaders need to respect the privacy of youth members in situations where youth members are

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changing clothes or taking showers, and intrude only to the extent that health and safety require. Adults also need to protect their own privacy in similar situations.

9. **Two-deep adult leadership is required for flying activities.** For basic orientation flights, the adult licensed pilot in control of the aircraft is sufficient for the flight, while two-deep leadership is maintained on the ground.

Coed Overnight Activities Policy

All Venturing activities shall conform to the ideals and purposes of the Boy Scouts of America. In order to ensure that all coed overnight activities for Venturers and invited guests at crew, district, council, regional, or national levels meet proper moral standards, the national Venturing Committee has established the following policy:

1. The crew Advisor (or Skipper) or council Scout executive must give careful consideration to the number of adults necessary to provide appropriate leadership for both male and female participants. The number of adult leaders required by the hosting facility or organization (such as a BSA national high-adventure base) must be provided.
2. Adult leaders must be 21 years of age or older and be approved by the committee chairman and chartered organization.
3. Separate housing must be provided for male and female participants.
4. An adult male leader must be housed with the male participants. An adult female leader must be housed with the female participants.
5. Written parent or guardian approval is required for each Venturer or guest under 18 years of age.

Internet Safety

It is recommended that the following personal protection rules be shared with all youth members.

When you are online, you are in a public place, among thousands of people who are online at the same time. Follow these personal protection rules and you will have fun:

- Keep online conversations with strangers to public places, not in email.
- Do not give anyone online your real last name, phone numbers at home or school, your parents' workplaces, or the name or location of your school or home address unless you have your parents' permission first. Never give your password to anyone but a parent or other adult in your family.
- If someone sends or shows you email with sayings that make you feel uncomfortable, trust your instincts. You are probably right to be wary. Do not respond. Tell a parent what happened.
- If somebody tells you to keep what's going on between the two of you secret, tell a parent.
- Be careful to whom you talk. Anyone who starts talking about subjects that make you feel uncomfortable is probably an adult posing as a kid.
- Pay attention if someone tells you things that don't fit together. One time an online friend will say he or she is 12, and another time will say he or she is 14. That is a warning that this person is lying and may be an adult posing as a kid.
- Unless you talk to a parent about it first, never talk to anybody by phone if you know that person only online. If someone asks you to call—even if it's collect or a toll-free, 800 number—that's a warning. That person can get your phone number this way, either from a phone bill or from caller ID.
- Never agree to meet someone you have met only online at any place off-line, in the real world.
- Watch out if someone online starts talking about hacking, or breaking into other people's or companies' computer systems; phreaking (the "ph" sounds like an "f"), the illegal use of long-distance services or cellular phones; or viruses (online programs that destroy or damage data when other people download these onto their computers).

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- Promise your parent or an adult family member and yourself that you will honor any rules about how much time you are allowed to spend online and what you do and where you go while you are online.

Primary Resources for This Chapter

- Youth Protection Guidelines, No. 100-023
Topics covered include the BSA's Youth Protection policies, kinds of abuse, signs of abuse, how to respond to disclosure of abuse, and proper reporting procedures.
- *How to Protect Your Children From Child Abuse: A Parent's Guide*
A booklet, included in the printed youth handbooks, providing tips to help parents talk with their children about child abuse.

The following materials may be obtained through your local council service center or at www.scouting.org/training/youthprotection.

The Power Pack Pals comic books, available in English and in Spanish, are for Cub Scout–age boys.

- *Power Pack Pals*, No. 33980
- *Los Superamigos del Pack*, No. 46-33979
- *Power Pack Pals: Be Safe on the Internet*, No. 33981
- *Power Pack Pals: Seguridad en la Internet*, No. 46-34464
- *Power Pack Pals: Four Rules for Personal Safety*, No. 46-34750
- *Power Pack Pals: 4 Reglas Para Seguridad Personal*, No. 46-34465

Resources also include the following:

- *It Happened to Me/A Mi Me Pasó*, No. AV-09DVD11. No. AV-09DVD11.
This DVD should be used annually by Cub Scout packs or dens when Cub Scouts are accompanied by a parent or other adult family member.
- *A Time to Tell/Hora de Contarlo*, No. AV-09DVD04.
Introduces the “three R’s” of Youth Protection and should be viewed by troops annually.
- *Venturing Leader Youth Protection Training*, No. AV-03DVD14
Topics covered include the BSA's Youth Protection policies, kinds of abuse, signs of abuse, how to respond to disclosure of abuse, and proper reporting procedures.
- *Personal Safety Awareness/Concientización Sobre la Seguridad Personal*, No. AV-09DVD33
Includes a sample letter to parents and guardians as well as English and Spanish meeting guides for facilitators' use when showing the age-appropriate sexual abuse prevention video.

Online Resources

- The Youth Protection training course is available at MyScouting.org . Topics covered include the BSA's Youth Protection policies, kinds of abuse, signs of abuse, how to respond to disclosure of abuse, and proper reporting procedures.
- *How to Protect Your Children From Child Abuse: A Parent's Guide*. A booklet, included in the printed Cub Scout and Boy Scout handbooks, provides tips to help parents talk with their sons about child abuse. These are available in English and Spanish.
- Facilitator's Guide for *Youth Protection Guidelines* (DVD)
Includes a sample letter to parents and guardians as well as how to use the *Youth Protection Guidelines* DVD. Available in English and Spanish.
- *It Happened to Me* meeting guide (Cub Scouts)
Includes a sample letter to parents and guardians as well as the meeting guide for facilitators' use

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when showing the age-appropriate sexual abuse prevention video. Available in English and Spanish.

- *A Time to Tell* meeting guide (Boy Scouts)
Includes a sample letter to parents and guardians as well as the meeting guide for facilitators' use when showing the age-appropriate sexual abuse prevention video. Available in English and Spanish.
- *Personal Safety Awareness for Venturing* meeting guide
For facilitators' use when showing the age-appropriate sexual abuse prevention video. Available in English and Spanish.
- The National Center for Missing & Exploited Children: www.missingkids.com 
- U.S. Department of Health & Human Services website of state laws and statutes:
www.childwelfare.gov/systemwide/laws_policies/state 

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Appendix B

The AVANCE Model

Parent-Child Education Program Description

AVANCE teaches its participants that their role in the development of their children is paramount. Parents are taught that their parental responsibilities are far greater than simply caring for and protecting their children.

The AVANCE Parent-Child Education Program teaches parents that the home must be rich in language experiences for it is through language that learning occurs. Parents are assisted in creating a cognitively enriching environment in their homes, which provides their children with the opportunity to develop all of their five senses in preparation for the world experiences they will soon face.

AVANCE participants are taught that a child's home must be a safe haven that is free from violence and free of abuse. Parents are assisted in providing for their children's basic needs, which can include: food, clothing, shelter, and medical services. Our participants receive classroom instruction on the clarification of values to help them understand how values are transmitted within the family and their respective cultures. This enables them to teach their respective cultures and to teach their children appropriate behavior within their family and to help prepare them for the larger roles they must play in our society.

Most AVANCE participants are poor, inexperienced, and uneducated. Many of them were victims of abuse and neglect as children and had inappropriate parental role models when they were growing up. Very often they are living chaotic, socially isolated, stress-filled lives and are either unable or unwilling to play an effective parental role. Our previous experience in working with this population has shown us that most often, the will is there, but the parenting skills are underdeveloped or absent.

Description of Services and Level of Services

The Program Model:

The AVANCE Parent-Child Education Program Model consists of weekly three hour classes that span the school calendar of September to May, early childhood education for the children of the adult participants, home visits, transportation to and from program services, advocacy and support, meals during class time, and special events and holiday celebrations. Graduates of the program are encouraged to continue participating in a second phase focused on Adult Education and college.

The following describes these components: the weekly three hour class time consists of a Play and Toy Curriculum, a Parenting Education Curriculum, and Community Resource Awareness.

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Parenting Class

The fundamental service of the AVANCE Parent-Child Education Program is the nine-month span of weekly classes for parents during which 27 Bilingual lessons are taught. The general topic areas include 1) Overview of Parenting, 2) Physical Needs of the Young Child, 3) Childhood Illnesses, 4) Understanding Children's Behavior, 5) Cognitive and Language Development, 6) Emotional Needs of Children, 7) Social Needs of Children, 8) Self-Awareness and Goals Setting, 9) Nutrition and the Young Child, and 10) Prenatal and Infant Needs. These lessons have been developed by AVANCE and proven effective over the years to teach parents how to become their child's first teacher. These lessons also:

- help parents make sound decisions concerning their children's physical, social, emotional, and cognitive needs
- raise their level of hopefulness for themselves and their children
- increase the value of education
- teach parents how and why they should read to their children on a daily basis
- improve their self-worth
- enhance their value of their children and the special potential possessed by them
- improve their ability to adequately provide for healthy children growth and development and
- program parents and their children are success

Toy Making Classes

A supportive and complementary activity to the parenting lessons is the Toy Making Component. Children learn through play and toys are the child's primary tools for learning. However, for poor children, toys are many times a luxury and their parents can not afford to provide many toys. Toys labeled as "educational" are usually more expensive than "regular" toys.

Toy making allows parents the opportunity to learn how to make items which the child can play with at home and at the same time parents become keenly aware of the importance of learning through play. The perception of "parents as the child's first and most important teacher" which is repeatedly emphasized during the parenting class is reinforced in toy making. Upon completion of each toy parents are taught the many learning opportunities and basic concepts that each toy can teach. There are many benefits to the toy making activities. The first and most obvious benefit is the child realizing that the parent is actually making a toy for him. The message is "my mom cares so much for me that she is taking time and working hard at making a toy just for me." This instills a feeling of self worth, pride, and special bonding between parent and child. Secondly, it structures times for the child to play and for the parent to observe the child at play. As the child is playing, the parent assumes the different roles of a teacher—a designer of learning environments and a consultant of resources to stimulate learning. Thirdly, as the parent becomes more aware and involved in the child's play, more opportunities are created for practicing and mastering basic concepts and skills. The child's self confidence and self concept is bolstered with every positive encounter occurring during play. Fourth, toymaking sets the stage for the parent and child to begin communicating and interacting in healthy, positive ways.

The Toy Making Hour also has benefits for the parents:

- they form support systems with each other as they informally interact with their classmates

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- they develop a sense of pride and accomplishment, for many, this is a first time experience
- they discover unknown talents and skills
- they learn the skills they have to teach their children: using paints, coloring, tracing, cutting, pasting, outlining, measuring, etc.
- they realize that there are endless possibilities for using scraps, discards, and inexpensive materials for making attractive and useful toys
- the making of toys serves a vehicle for parents to demonstrate love and interest in the welfare of their child
- they acquire “teaching” skills that can be generalized to everyday life and home activities, such as labeling actions of cooking, washing, and mopping.

They become aware that learning occurs everywhere and that they can stimulate and enrich learning processes for their children. The child is encouraged to be perceptive, inquisitive, and attentive.

Toymaking also introduces parents to spending “quality time” with their child. The making of toys for one’s child brings to a conscious level the need to spend more time with their child. This means time that is enjoyable and relaxing for both parent and child. Taking time from the busy schedule of adulthood to play nurtures communication, bonding, and interaction between parent and child. As the child grows older and seemingly less close to the parent, the need to feel comfortable with each other becomes extremely important for addressing sensitive and intimate topics.

Community Resource Awareness

Knowledgeable professionals are invited on a weekly basis to offer information on a variety of topics, such as family violence and prevention, substance abuse prevention, health, nutrition, safety in the home and life coping skills. Participants report to staff that learning about new resources gives them the courage to seek the assistance needed to overcome family problems.

Many of the participants are extremely isolated before they enter the program, and it is important that they be exposed to a variety of information and learn how to access community services. Speakers address issues that are relevant to parents. Learning about the variety of social service agencies/community resources and eligibility requirements help the parents access necessary services. Parents begin to overcome their fear of bureaucracy and systems. When parents go seek a service they have been made aware of, they go well prepared with all of the required documentation to make the application and they know that if they encounter problems they can ask for the person they met in their classroom to intercede for them. Being able to access needed services helps to reduce the stress in their lives. Parents become more confident in their ability to advocate for themselves. All the speakers donate their services.

Successful role models in the community who share similar experiences with the parents are also invited to speak to the parents on a regular basis. They help to motivate and encourage the parents to pursue and seek opportunities to improve their lives and communities.

The agencies that come to speak to the parents become more aware and responsive to the needs of the community. Their partnership with AVANCE becomes one with a shared mission and AVANCE parents tend to be served better.

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Early Childhood Education

Parents would not be able to take advantage of the classes offered by AVANCE if it were not for the care and education provided and made available for all their children who are not in school. When parents come to class, they bring with them their children and they are cared for at the AVANCE Family Learning Center in an environment and play space specifically designed to according to ages and stages of ability. Early Childhood Instructors and aides prepare lesson plans appropriate for the age group that has been assigned to them. These plans center on a monthly theme or unit, which emphasize language development, learning of basic concepts and skills, and social competence. Learning using all 5 senses is incorporated into all activities and concrete experiences are used to introduce new vocabulary, concepts, and skills. Parents in the program are asked to volunteer at least 12 times during the year in the early learning classrooms so that they can practice the skills and concepts being learned with children other than their own.

Home Visits

The AVANCE Home Teaching component is an extension and a follow up of the AVANCE parenting education provided at the AVANCE center. It allows for individual attention to be provided to the family in a familiar environment and creates the opportunity to gain better insights into the family's conditions and needs. Staff makes every effort to assist the family obtain the needed social services outside the realm of parenting; such as food, clothing, shelter, counseling, and other economic assistance. The quality of the interaction and communication occurring between the parent and the child can be observed first hand. The home visits allow for the demonstration of parental understanding of learning through play and appropriate environmental stimulation. Home visits are scheduled every month for each family and promote one to one teaching of the parent in skill areas that the parent seems weak in or is having a difficult time understanding.

Other Activities

Parents have a multitude of needs and motivational levels. The AVANCE staff has learned that the following activities have a very important and supportive role to play in helping parents learn and practice new skills and to alleviate many of the stresses faced in their lives. With limited incomes, poor transportation, and high level of isolation the family has few recreational outlets. Annual field trips to the Circus, the zoo, and parks; and holiday celebrations promote family centered activities, inexpensive recreational experiences, and opportunities to learn about their culture. Later they are able to make these activities a part of their family traditions because they have learned their value and importance; and they have learned how to experience these in a way that is affordable and rewarding.

Regular field trips to the library are also scheduled for the parents so that they have a source of providing books and other enjoyable learning materials for their families.

Learning about other social service agencies and organizations help the parents learn how to access services that they need to meet some of the problems they face. On a weekly basis, representatives of these agencies and organizations are invited to visit and share with the families the services and eligibility requirements for obtaining services.

Other Supportive Services

In order for parents to fully participate in the AVANCE services it is essential that the following be provided:

- Transportation – For all AVANCE services and activities, transportation is made available for the parents and children

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- A Nutritious Meal – Served to all the children when they come to the classes with their parents
- Follow-up – Staff call parents on a daily basis to remind them of the class and to schedule transportation. Parents report that this personal outreach tells them that their presence is important and the staff cares about them enough to make that daily call.
- Addressing the Social Service Need – Staff develop positive working relationship with groups, individuals, and institutions to assist families with emergency food and income assistance, counseling, mental health needs, emergency housing, and medical needs. Staff does not just make a referral but guide the family every step of the way, personally speaking with the service provider if necessary and being persistent in requesting a service for which the family may qualify. Staff helps the families cut through the red tape and understand the forms and application process required for many of the services. Every thing from IRS, food stamp applications, social security appeals, code compliance, notary public services, and eviction notices, to name a few, are handled by someone on staff when requested. Families trust and feel free to ask for help. They know that if the staff can't help them personally, they will find someone who can.

Other Important Elements

AVANCE has recognized the barriers that this population faces in accessing services and has designed the services so that they are consumer friendly and barrier-free.

- Services are free.
- Services are community-based. — in the housing projects, –in the neighborhood being served; –at the school.
- Staff is bilingual, culturally sensitive, and from the community being served.
- Services/Classes are available at times convenient to the parent.
- Parents are able to move along a continuum of services as they progress from one level of advancement to another. The parenting classes are the first step and then the Adult Literacy for ESL and GED classes. From there the parents can continue and enroll into college. Parents know that “once an AVANCE parent, always an AVANCE parent,” meaning that they can always access the services of AVANCE whenever they are needed.
- Services offered are relevant to the daily lives of the participant and respond to the needs they exhibit; however, trivial or major they may seem.
- In everything we do, we project respect for the participant.

Adult Literacy Classes

Adult literacy classes of GED preparation and ESL (English as a Second Language) are offered at each service site or in partnership with nearby providers. Once the parents understand the value of education for their children, they recognize the need for themselves to complete their own education. Local adult education service providers assign the GED and ESL instructors to AVANCE sites, while AVANCE

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provides the classroom space and other supportive services to allow the parents to return to school. By completing their GED, parents send a very clear message to their children – “education” is so important, that even I (the parent) am attending school to complete my high school education. For many obtaining their GED is only the first step in their educational goals. AVANCE parents are assisted in enrolling into college and they learn to be a college student and learn the intricacies of financial aide, registration, scheduling classes, and adjusting their personal lives and family responsibilities with the requirements of being a college student.

Appendix C

American Academy of Child and Adolescent Psychiatry

Policy Statement: Prevention of Bullying Related Morbidity and Mortality

Approved by Council, June 2011

To be reviewed June 2016

By the Task Force for the Prevention of Bullying

The American Academy of Child and Adolescent Psychiatry (AACAP) recognizes the evolving scientific evidence highlighting the serious psychiatric, medical, and public health risks associated with bullying. Bullying is a serious form of mistreatment manifested by the repeated exposure of one person to physical and/or relational aggression where the victim is hurt with teasing, name calling, mockery, threats, harassment, taunting, social exclusion or rumors. Bullying is prevalent on a global scale, across the lifespan, and it can be simultaneously present in different social settings, both in and beyond the school milieu. It occurs in schools, "after school" programs, in the neighborhood, over the internet and cellular phones, at home between siblings, in dating relationships, at summer camps, and in organized athletic activities.

The developmental link between school bullying and its occurrence in adulthood has challenged health practitioners to extend the range of responsibility for bullying prevention programs through college and into the workplace.

All individuals involved in bullying, as victims, perpetrators and/or bystanders, are at significantly increased risk for multiple problems when compared to their uninvolved peers. Children involved in bullying suffer from a wide spectrum of physical and emotional symptoms, including depression, irritability, anxiety, sleeping difficulties, headaches and/or stomachaches. Furthermore the consequences of bullying increasingly include such serious problems as eating disorders, school absenteeism, running away, alcohol and drug abuse and, above all, self-inflicted, accidental injuries and suicidal behavior.

AACAP supports concerted and coordinated efforts by health-care providers, policymakers, educators, public and community agencies, and families to develop strategies for the prevention of bullying and its related morbidity and mortality.

AACAP advocates for public policy and legislation that addresses:

1. Promotion of public awareness about the nature, impact, and prevention of bullying;
2. Development of safe schools through evidence-based prevention and intervention bullying programs that enhance mutual respect, sensitivity and support of others, tolerance to diversity, and disapproval of bullying;

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3. Fostering the necessity to report incidents of bullying to school authorities, with safeguards against any threat of retaliation or liability for those who report;
4. Monitoring and detecting ongoing bullying incidents, including oversight to ensure the bully is accountable for his/her actions;
5. Providing school intervention through school counselors or nurses to protect and support students who are being bullied, as well as counseling for perpetrators about the harm inflicted, respect, empathy, tolerance and sensitivity to others; and
6. Referral for victims and perpetrators who experience physical and psychological symptoms linked to bullying for medical evaluation and treatment.

Appendix D

The Front Porch Project

The future prosperity of any community depends on its ability to foster the health and well-being of the next generation. When a community invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. Yet, when not all children have equal opportunity for healthy growth and development – due to experiences of child abuse and neglect – we put our future at risk.

Child welfare professionals are working at full capacity to protect our nation's children, but it's clear that **the problem is too great and too important to be delegated entirely to these valiant workers.** American Humane Association believes that each member of a community can – and should – become more aware of and involved in helping protect children and support families to prevent abuse and neglect *before* it occurs. That is why in 1997, American Humane Association created an innovative initiative called the Front Porch Project®.

The Front Porch Project is a national, research-supported, community-based initiative built upon the belief that all people who are concerned about the safety and well-being of children in their communities need to be encouraged and taught to make a difference. This concept is much the same as a good neighbor sitting on the “front porch” who, in years past, would have been aware of and involved in solving problems affecting families they knew. American front porches were more than convenient sitting places; they served as networking centers where concerned friends could share information and devise support systems to help each other through difficult times.

Our problems today obviously stem from far more complex issues than the architectural decline of front porches, yet there is great benefit in recapturing that sense of responsibility for the welfare of children that many of us have relinquished. The Front Porch Project advocates for becoming involved in each other's lives, recognizing the [power of one person](#) in making a significant difference in the life of a child, and applying strategies for intervening when necessary to help protect children and assist families.

Using a capacity-building approach involving training, technical assistance, and evaluation, American Humane Association helps local organizations implement and sustain the Front Porch Project in their communities. The Front Porch Project is a standout national prevention initiative because of its unique focus on educating and empowering *concerned citizens* on the role they can have in protecting children and supporting families. Evaluation results have shown that 95% of participants who participated in the Front Porch Project Community Training, the heart and soul of this initiative, agreed that they feel more comfortable intervening with struggling parents or families and are more likely to intervene than before the training. Empowering everyone to intervene early, the Front Porch Project helps ensure that all children in our communities will grow up with the health development they need to become stable, contributing adults.

Appendix E

**American Professional Society on the Abuse of Children
APSAC's Position on Forensic Interviewer Certification**

The APSAC Board has been gathering information on the question of professional certification of forensic interviewers. Throughout this process, the Board has sought insights from professionals across the country. In an effort to gather this information, we asked, "Should APSAC support certification of forensic interviewers?" The question assumed and was clearly framed in such a way that any certification program considered would be based on research and evidence-based practice. This resulted in a rich conversation among professionals both supporting and not supporting certification of forensic interviewers. The input has been extremely helpful.

For clarification, the child forensic interview is the neutral fact-finding investigative interview conducted in child abuse and other cases in which violence is witnessed. There are several national and state training models that provide information and training on how to conduct these interviews.

Professional certification is akin to licensing. Both are based primarily on rigorous psychometric testing and other empirically supported eligibility requirements. Principal differences are that professional certification is non-governmental and voluntary, whereas licensing is governmental and non-voluntary. Certification, as a method of promoting worker competence and public safety, has strong theoretical and historical legitimacy when properly implemented, for appropriate populations, at the right time in a profession's developmental history. There has been much discussion over the last several years among APSAC membership regarding the development of a certification program for forensic interviewers. In January 2009, APSAC established a sub-committee to research the issue of certification of forensic interviewers and to recommend an official APSAC position. APSAC has worked diligently over the last several months to engage members in fact-finding and discussion.

At the September 21, 2010 Board meeting, the following APSAC

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position regarding the professional certification of forensic interviewers was adopted:

When properly implemented with appropriate populations, at the right time in their developmental history, professional certification, as a method of promoting worker competence, has a strong theoretical and historical legitimacy. The practice area of forensic interviewing has evolved to a point that an empirically based universe of core competencies could be identified to underpin consensus training, guidelines, and professional certification. The development of consensus, empirically-based training of

1

core competencies and forensic interviewer guidelines should precede any attempt to finalize professional certification for forensic interviewers.

Proper legal, administrative, and governance structure would be essential for any organization providing professional certification for forensic interviewers. This would include, but not be limited to, nonprofit status, a board governance structure that assures proper professional representation, and adherence to the guidelines of the Institute for Credentialing Excellence.

Irrespective of the general legitimacy of professional certification for forensic interviewers, there are context-specific issues regarding its effects on various professions that have not been appropriately researched. Research regarding potential negative repercussions should be assessed before a decision is made whether to proceed with professional certification of forensic interviewers.

APSAC believes that more research and development are needed before it can support a professional certification initiative of forensic interviewers.

If you have any questions, please contact:

forensicinterview@apsac.org

Appendix F

V **CDC** **Violence Prevention at**

Violence is a significant problem in the United States (U.S.). From infants to the elderly, it affects people in all stages of life. In 2006, 18,573 people died as a result of homicide and 33,300 took their own life. The number of violent deaths tells only part of the story. Many more survive violence and are left with permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

The Division of Violence Prevention

In 1979, violent behavior was identified by the U.S. Surgeon General as a key public health priority. Shortly thereafter, in 1980, CDC began studying patterns of violence. These early activities grew into a national program to reduce the death and disability associated with injuries outside the workplace. In 1992, CDC established the National Center for Injury Prevention and Control (NCIPC) as the lead federal organization for violence prevention. The Division of Violence Prevention (DVP) is one of three divisions within NCIPC.

The Division's mission is to prevent injuries and deaths caused by violence.

DVP is committed to stopping violence before it begins (i.e., primary prevention). The division's work involves:

- Monitoring violence-related injuries
- Conducting research on the factors that put people at risk or protect them from violence
- Creating and evaluating the effectiveness of violence prevention programs
- Helping state and local partners plan, implement, and evaluate prevention programs
- Conducting research on the effective adoption and dissemination of prevention strategies

A more detailed timeline of violence prevention as a public health issue is available [here](#).

Child Maltreatment: Prevention Strategies

Child maltreatment is a serious problem that can have lasting harmful effects on victims. The goal for child maltreatment prevention is simple—to stop child abuse and neglect from happening in the first place. However, the solutions are as complex as the problem.

Prevention efforts should ultimately reduce risk factors and increase the factors that buffer against risk. In addition, prevention should address all levels that influence child maltreatment: individual, relationship, community, and society. Effective prevention strategies are necessary to promote awareness about child maltreatment and to foster commitment to social change.

Interventions with Impact on Child Maltreatment

- [Child-Parent Centers](#)
Child-Parent Centers (CPCs) provide comprehensive educational and family support to economically disadvantaged children and their parents. The program requires parental participation and emphasizes a child-centered, individualized approach to social and cognitive development. In a matched control trial, children participating in these centers had a 52 percent reduction in child maltreatment (Reynolds & Robertson, 2003).
- [Nurse-family Partnership](#)
Nurse-Family Partnership is a nurse home visitation program for low-income, first-time parents and their children beginning prenatally and continuing up to the child's second birthday. The program encourages healthy behaviors during and after pregnancy, teaches appropriate parenting skills, and links parents to community services. A randomized controlled trial documented a 48 percent reduction in child maltreatment at the 15-year follow-up (Olds et al., 1997).
- [Triple P](#)
Triple P is a multi-level system of parenting interventions based on need usually delivered through health care. In the U.S. Triple P System Trial, funded by the CDC, researchers found an 28% reduction in substantiated abuse cases, an 44% reduction in child out-of-home placements, and an 35% reduction in hospitalizations and emergency room visits for child injuries in nine study counties in South Carolina where parenting interventions were implemented (Prinz et al., 2009).

STRYVE's goals are to:

- Increase awareness that youth violence can and should be prevented.
- Promote the use of youth violence prevention approaches that are based on the best available evidence.
- Provide guidance to communities on how to prevent youth violence.

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About STRYVE

Youth violence is a public health crisis in the United States (U.S.). Based on the most recent statistics, approximately 20 percent of high school students report being bullied at school, and over 30 percent report being in a physical fight. More than 656,000 young people, ages 10 to 24, were treated in emergency departments for injuries sustained from violence in 2008. Homicide is the second leading cause of death of young people, with an average of 16 youth murdered every day. Youth violence destroys quality of life and diminishes the freedom, health, and prosperity of individuals, families, and communities. And, as recognized by the U.S. Conference of Mayors, "We can't arrest our way out of this problem. Prevention is the key to long-term success."

STRYVE, or Striving To Reduce Youth Violence Everywhere, is a national initiative led by the Centers for Disease Control and Prevention (CDC) to prevent youth violence before it starts. STRYVE's vision is safe and healthy youth who can achieve their full potential as connected and contributing members of thriving, violence-free families, schools, and communities.

STRYVE – Achieving the Vision of Safe and Healthy Youth

Youth violence is preventable. Research clearly demonstrates that the reduction of factors that place youth at risk for violence and the strengthening of factors that protect youth from violence can occur. Approaches proven to effectively address these factors are available, and a growing body of evidence indicates these approaches can be cost-effective and have long-lasting benefits.

Putting an end to youth violence, however, is neither simple nor quick. To be effective, communities need a continuum of approaches that span from prevention to response and that are applied from early childhood through adulthood. Prevention strategies work to keep violence from starting by promoting youth's skills, supportive relationships, and healthy and safe communities and society. Approaches implemented after violence occurs help to slow or stop violence from continuing and lessen the social, emotional, and physical damage that violence creates.

STRYVE helps communities make prevention a vital and complementary part of their overall strategy to address youth violence. Such communities can realize multiple benefits over communities that rely solely on reacting or responding to violence after it occurs. Prevention enables communities to avoid youth violence and its tragic consequences. In addition, preventing violence can lower the risk for related problems, such as alcohol and substance use, obesity, and academic failure, and contribute to significant cost savings for numerous service systems, including justice, education, and health care.

Key Components of STRYVE:

STRYVE takes a public health approach.

Violence jeopardizes the health and safety of the public, and public health must be part of the solution. Public health, with its emphasis on a science-driven approach and collective action, maximizes the benefits for the largest number of people. This approach applies scientific and programmatic expertise to preventing violence before it occurs.

STRYVE is multi-sector.

Youth violence prevention is a shared responsibility among all those who help shape the many relationships and environments in which youth develop. STRYVE emphasizes collaboration among multiple sectors and disciplines, including justice, education, labor, social services, public health and safety, and youth-serving organizations. Each sector has a unique and important role to play in prevention, but no sector acting alone can do everything needed to prevent youth violence.

STRYVE is comprehensive.

Violence is a learned behavior that is strongly influenced by factors that place youth more or less at risk of violence at the individual, interpersonal, community, and societal levels. The

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se•factors•
change•over•time•as•youth,•their•relationships,•and•their•environments•change. •STRYVE•offers•com
munities•an
array•of•culturally•and•developmentally•appropriate•approaches•to•prevention•at•each•level•that•are
•based•on•the• best•available•evidence•through•its•four•key•strategies:•

••
Strengthen the personal capacity of youth to resist violence, such as helping youth develop the
•social,
emotional, and behavioral skills that lead to healthy, peaceful relationships and that help provide cr
itical skills for success at school and employment. ••

••
Build and support positive relationships between youth and adults, such as through family, sch
ool, and
mentoring approaches that provide youth with positive role models and nurturing connections with
•others.

••
Promote thriving, safer, and more connected communities, such as by designing safer environm
ents,
fostering economic growth, •• and taking other approaches that enhance the settings in which people
•interact and affect the likelihood that youth violence will occur. •

••
Create a safer and healthier society, such as through collaborative strategies at the national, stat
e, and
local levels that ensure that all youth have equal access to preventative services and to educational
•and vocational opportunities.

STRYVE is action-oriented. Effective youth violence prevention requires effective action, which—
in turn—
requires information on what has worked and how successful efforts can be replicated and sustain
ed. •A

cornerstone of STRYVE is guidance on actions that communities can take to plan and implement pr
evention
approaches that are based on the best available evidence. STRYVE provides community tools throu
gh a variety ••

of mechanisms, such as STRYVE Online at www.SafeYouth.gov. This online resource center offers: ••

•• **Interactive training** on key concepts and strategies of youth violence prevention. ••
Resources for a public health approach to youth violence prevention, including up-to-date data,
research documents, educational materials, and effective policies, programs, and practices.

•• **Customizable workspaces and tools** to use in building local coalitions, moving step-by-
step to develop,
implement, and evaluate a comprehensive strategic plan, and networking with other communities to
•learn •• from others.

STRYVE is building
partnerships. CDC is forging connections with national organizations that represent key
sectors in preventing youth violence. These multi-
sector partners have a common focus on preventing youth
violence but vary in their approaches to promoting safety and health. Through their collaboration, •t
hese partners
will raise awareness about the potential and benefits of preventing youth violence •• and will help d
velop the tools communities need to prevent youth violence before it starts. •

**Visit www.SafeYouth.gov for more information about STRYVE and its online
resources. Visit www.cdc.gov/violenceprevention to learn more about CDC
and youth violence prevention.**

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Appendix G

Childhelp Speak Up Be Safe is a newly developed, school-based, child abuse prevention education program that focuses on child safety. It is an evolution of Good Touch Bad Touch.

The model for Speak Up Be Safe is based on several areas of research including child development, learning styles, social psychology, and child abuse and neglect prevention. It is written to promote broad student participation and critical reflection by engaging children participants in visual, auditory, and physical learning.

Prevention

There are many advantages to actively involving teachers, school staff, coaches and administrators in child abuse prevention efforts. The majority of child abuse prevention programs are delivered in school settings, affording the ability to reach large groups of children in a non-threatening environment. Another great outlet for this type of training is the youth athletic programs.

Teachers, coaches and school staff can create a community-wide child abuse safety zone by being informed about the signs and symptoms of abuse, risk and protective factors, and the impact of child abuse and neglect. All Speak Up Be Safe and Blow The Whistle curricula are tailored to the developmental characteristics of the child. Program delivery includes classroom posters, take-home materials (including a roadmap for action to quickly help the children in their care) to reinforce the safety rules with the children, and to engage parents and caregivers.

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Appendix H

The Professional School Counselor and the Identification, Prevention, and Intervention of Behaviors That Are Harmful and Place Students At-Risk (Adopted 1989-90; revised 1993, 1999, 2004, 2011)

American School Counselor Association (ASCA) Position

Professional school counselors work in a leadership role with student service professionals, administrators, faculty, school staff, community members, and parents/guardians to provide comprehensive school counseling programs. Such comprehensive programs identify and prevent behaviors that place students at risk of not completing school and/or harming self or others by promoting student resilience and success.

The Rationale

All schools and communities have students who could potentially drop out of school and/or engage in destructive behaviors such as absenteeism, performing below their potential academically, substance abuse, threats and intimidation, or physical violence. Some schools and communities may have environmental, resource, or policy issues that inadvertently contribute to student failure and harmful behaviors (Holcomb-McCoy, 2007). These behaviors can have devastating lifelong implications and often stem from personal and social concerns including: low self-esteem, family and relationship problems, unresolved grief, trauma, neglect, abuse, and/or substance use.

The Professional School Counselor's Role

The professional school counselor provides proactive leadership in identifying, preventing, and intervening with student at-risk behaviors. Using data to develop and evaluate preventive and responsive services to address these risks is an integral part of a comprehensive school counseling program. The professional school counselor collaborates with staff, school-wide teams, parents/guardians, and the community to identify students who are participating in behaviors and intervenes with these students to limit or eliminate the risk of harm or negative consequences. White and Kelly (2010) delineated many evidence-based practices professional school counselors can use to address protective and risk factors. Professional school counselors take a leadership role in enhancing students' strengths and reducing their risk factors by:

- enhancing social support through a peer mentoring or buddy system
- assigning adults as monitors or mentors for students
- providing classroom guidance lessons to increase student knowledge and awareness of the dangers of harmful

- behaviors as well as promoting resiliency and success skills
- providing responsive services, including short-term individual, group counseling
- referring students and families to appropriate support services and community agencies
- collaborating with school staff to identify and assist students in crisis
- conducting staff development for school and district staff
- providing information, consultation, and support to parents/guardians to increase familial involvement
- advocating for changes in the school and community to promote resilience, success, and equitable access to needed resources

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Summary

By implementing a comprehensive school counseling program, professional school counselors collaborate with other educators and stakeholders to provide prevention, early identification, and intervention for all students in order to minimize or eliminate harmful behaviors that place students at risk.

References

Holcomb-McCoy, C. (2007). School counseling to close the achievement gap: A social justice framework for success. Thousand Oaks, CA: Corwin.

White, S., & Kelly, F. (2010). The School Counselor's Role in School Dropout Prevention. *Journal of Counseling & Development*, 88(2), 227-235.

WWW.SCHOOLCOUNSELOR.ORG

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Appendix I

Bylaws of the American Speech- Language-Hearing Association

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Bylaws

Article I — Name and Seal

The name of this corporation shall be American Speech-Language-Hearing Association (hereinafter called



“the Association” or “ASHA”), and the seal of the Association shall be:

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Article II — Purposes

The purposes of this Association shall be

1. To encourage basic scientific study of the processes of individual human communication with special reference to speech, language, hearing, and related disorders;
2. To promote high standards and ethics for the academic and clinical preparation of individuals entering the discipline of human communication sciences and disorders;
3. To promote the acquisition of new knowledge and skills for those within the discipline;
4. To promote investigation, prevention, and the diagnosis and treatment of disorders of human communication and related disorders;
5. To foster improvement of clinical services and intervention procedures concerning such disorders;
6. To stimulate exchange of information among persons and organizations, and to disseminate such information;
7. To inform the public about communication sciences and disorders, related disorders, and the professionals who provide services;
8. To advocate on behalf of persons with communication and related disorders;
9. To promote the individual and collective professional interests of the members of the Association.

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Article III — Members

3.1. Eligibility

3.1.1. Members must hold (1) a graduate degree with major emphasis in speech-language pathology, audiology, or speech, language, or hearing science; or (2) a graduate degree and present evidence of active research, interest, and performance in the field of human communication. The Association's Board of

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Directors may establish additional classes of membership such as, but not limited to, Life Membership and Disability Life Membership.

3.1.2. The requirements for membership may be waived in special instances by majority vote of the Board of Directors.

3.1.3. Members must agree to abide by the Code of Ethics of the Association.

3.1.4. Members engaged in the provision of clinical services in audiology or speech-language pathology must hold the appropriate Certificate of Clinical Competence in the profession(s) in which they are providing clinical services or be in the certification process and supervised by an individual who holds the appropriate Certificate of Clinical Competence.

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3.2. Dues

3.2.1. The annual dues for members of the Association shall be determined by the Board of Directors. A member whose dues are in arrears shall be automatically removed from membership after being duly notified.

3.2.2. In accordance with the policies of the Association adopted from time to time, dues may be waived or reduced for members who (1) are eligible for Life Membership, (2) become totally disabled, or (3) experience an extreme catastrophic event as determined by the Board of Directors.

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3.3. Rights Reserved to Members

The following rights are reserved to the members of the Association:

3.3.1. Election of voting members of the Board of Directors pursuant to Section 4.4.

3.3.2. Nomination and election of members of the Advisory Councils pursuant to Section 5.3 and 5.4.

3.3.3. Privilege of removal of voting members of the Board of Directors, pursuant to Section 4.7, and Advisory Council members, pursuant to Section 5.7.

3.3.4. Initiation of amendments to these Bylaws pursuant to Section 16.2.

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Article IV — Board of Directors

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4.1. Power and Authority

4.1.1. The Association shall be governed by the Board of Directors.

4.1.2. The Board of Directors is the single governing body of the Association and shall actively promote the objectives of the Association, operating in accordance with and administering and implementing the programs and policies established by these Bylaws and by the Board of Directors. Members of the Board of Directors are elected to serve by and are accountable to the members of the Association.

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4.2. Composition

The Board of Directors shall consist of 16 members as follows:

1. President, who shall serve as Chair of the Board of Directors and coordinate the functions of the Board of Directors, and who shall automatically become Immediate Past President at the end of his or her term as President.
2. President-Elect, who shall serve as Chair of the Board of Directors in the absence of the President and who shall automatically become President at the end of his or her term as President-Elect
3. Immediate Past President
4. Vice President for Academic Affairs in Audiology
5. Vice President for Academic Affairs in Speech-Language Pathology
6. Vice President for Audiology Practice
7. Vice President for Speech-Language Pathology Practice
8. Vice President for Finance
9. Vice President for Government Relations and Public Policy
10. Vice President for Planning
11. Vice President for Science and Research
12. Vice President for Standards and Ethics in Audiology
13. Vice President for Standards and Ethics in Speech-Language Pathology
14. Chair of the Audiology Advisory Council
15. Chair of the Speech-Language Pathology Advisory Council
16. National Student Speech Language Hearing Association (NSSLHA) National Advisor
17. Chief Executive Officer of the Association, who shall serve as a nonvoting member

The President, President-Elect, Immediate Past President, the Vice Presidents, and Chairs shall perform such duties and have such other authority and powers as the Board of Directors may from time to time prescribe, or as the President may from time to time delegate.

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4.3. Nominations

A committee consisting of six members and the Immediate Past President serving as Chair shall present a slate of no more than three but at least two candidates for each office to be elected by the membership. Three members of the committee shall be elected to staggered 2-year terms by each of the Advisory Councils, and their term of office shall begin on January 1.

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4.4. Elections

4.4.1. Election of each director by members as indicated in 3.3.1 shall be by electronic or nonelectronic ballot conducted by the National Office. A plurality vote shall elect, and a tie shall be determined by lot. In each case where a candidate withdraws from a national election after the ballots have been prepared, the candidates remaining shall constitute the slate.

4.4.2. All members may vote for the voting members of the Board of Directors pursuant to 3.3.1, with the exception of the specific profession-designated Board of Director offices as indicated in 4.4.3 and 4.4.4. Advisory Council Chairs are elected as indicated in 4.4.6 and 4.4.7.

4.4.3. Only ASHA members who are certified audiologists may vote for the *following* audiology Board of Director offices:

- Vice President for Academic Affairs in Audiology
- Vice President for Audiology Practice
- Vice President for Standards and Ethics in Audiology

4.4.4. Only ASHA members who are certified speech-language pathologists may vote for the *following* speech-language pathology Board of Director offices:

- Vice President for Academic Affairs in Speech-Language Pathology
- Vice President for Speech-Language Pathology Practice
- Vice President for Standards and Ethics in Speech-Language Pathology

4.4.5. Members who hold no certification or dual certification shall declare the area (audiology or speech-language pathology) for which they wish to vote.

4.4.6. The Chair of the Audiology Advisory Council shall be elected by and from the members of the Audiology Advisory Council.

4.4.7. The Chair of the Speech-Language Pathology Advisory Council shall be elected by and from the members of the Speech-Language Pathology Advisory Council.

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4.5. Terms of Office and Term Limits

4.5.1. The President-Elect shall serve three consecutive 1-year terms, as President-Elect, President, and Immediate Past President, respectively or until a successor is elected.

4.5.2. Each Vice President shall be elected for a term of 3 years or until their successors are elected.

4.5.3. Each Advisory Council Chair shall be elected for a term of 3 years or until their successors are elected. An Advisory Council Chair whose term as an Advisory Council member expires during his or her

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term as Chair shall have the term as Advisory Council member automatically extended until the end of the term as Advisory Council Chair.

4.5.4. No elected director shall serve two full consecutive terms in the same office.

4.5.5. All terms of office shall begin on January 1.

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4.6. Vacancies

A vacancy in any position on the Board of Directors shall be filled in accordance with the following procedures:

1. If the vacancy is in the presidency, the President-Elect shall automatically become President for the remainder of that term and the term for which elected.
2. If the vacancy is in the office of President-Elect, the Board of Directors shall elect a member of the Association to fulfill the duties and obligations of the office, but such person shall not succeed to the presidency. At the next election, a President and a President-Elect shall be elected via separate elections.
3. If the vacancy is in the office of a Vice President, the Board of Directors shall elect a member of the Association to serve for the unexpired portion of the term of that Vice President.
4. If the vacancy occurs in the office of Immediate Past President, the last former President willing to serve shall complete the unexpired portion of the term.
5. If a vacancy occurs in the office of Advisory Council Chair, the applicable Advisory Council will hold an election to fill the vacancy for the unexpired portion of the term.

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4.7. Removal From Office

Any elected member of the Board of Directors may be removed from office (1) by a vote of two thirds of the current members of the Board of Directors, or (2) by a written petition signed by 2% of the members of the Association on the last annual count and approval of the petition by two thirds of the members of the Association voting (voting may occur by electronic or nonelectronic ballot), or (3) if no longer a member in good standing of the Association.

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4.8. Meetings

The Board of Directors shall meet at least three times each year at such times and places as the President may determine. A quorum shall consist of two thirds of the voting members of the Board of Directors.

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4.9. Committees, Boards, Councils, and Working Groups

4.9.1. The Board of Directors may establish and dissolve standing committees, boards, councils, ad hoc committees, working groups, and other entities necessary to conduct the Association's business, and designate and change their charges and determine their size, member qualifications, and terms.

4.9.2. The Vice Presidents and the President-Elect shall constitute a Committee on Committees, the President-Elect serving as chair. This committee shall appoint members to all committees, boards, councils, working groups, and other entities necessary to conduct the Association's business, except appointments or elections otherwise specified in these Bylaws.

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Article V — Advisory Councils

5.1. Responsibilities

An Audiology Advisory Council and a Speech-Language Pathology Advisory Council shall be established to identify and discuss issues of concern to members and provide advice to the Board of Directors. The Advisory Councils and its members shall not make any public statement or take positions on behalf of the Association or the Advisory Council without having obtained approval from the Board of Directors. Each Advisory Council shall have the following responsibilities:

1. Identify, analyze, discuss, and prioritize issues of concern to members.
2. Advise the Board of Directors on issues that need to be considered as the Association engages in planning to advance the purposes of the Association.
3. Provide advice to the Board of Directors on issues the Board of Directors brings to the Advisory Councils.
4. Review ASHA's approved budget and forecasts and provide input and recommendations on budget items to consider in the development of the next year's budget, including the need for any dues increase.
5. Participate in the peer review of all ASHA policy documents.
6. Review and comment on policy documents prior to final approval by the Board of Directors.
7. Elect representatives from eligible members of the Association to the following committees and boards:
 1. Committee on Honors
 2. Committee on Nominations and Elections
 3. Financial Planning Board
 4. Government Relations and Public Policy Board

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5.2. Composition

5.2.1. Each Advisory Council will have 53 members, 1 from each of the 50 states, 1 from the District of Columbia, 1 from the National Student Speech Language Hearing Association (NSSLHA), and 1 from members who reside outside the United States.

5.2.2. Members of the Audiology Advisory Council will be ASHA members who are certified audiologists or hearing scientists and who declare affiliation with this council. Members of the Speech-Language Pathology Advisory Council will be ASHA members who are certified in speech-language pathology or speech or language scientists and who declare affiliation with this council.

5.2.3. Student members of the Advisory Councils must be members in good standing of NSSLHA.

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5.3. Nominations

A member of the Association may submit nominations and be a candidate for election to the Audiology Advisory Council or the Speech-Language Pathology Advisory Council only from the constituency in which the member resides. Each member is entitled to nominate up to two individuals from that member's constituency.

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5.4. Elections

Each member shall receive an election ballot and may vote for one nominee from that member's constituency. Audiology members within the constituency will vote for nominees for the Audiology Advisory Council. Speech-language pathology members within the constituency will vote for nominees for the Speech-Language Pathology Advisory Council. Members who hold no certification or dual certification shall declare the area (audiology or speech-language pathology) for which they wish to vote. NSSLHA representatives to the Advisory Councils will be determined by NSSLHA election procedures.

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5.5. Terms of Office and Term Limits

Members of the Advisory Councils shall be elected to staggered 3-year terms or until their successors are elected, and their term of office shall begin on January 1 of the year determined for each such member by the Committee on Nominations and Elections. Terms of office for NSSLHA members of the Advisory Councils shall be determined by NSSLHA and shall not exceed 3 years. No person shall be eligible to serve more than two consecutive terms. Individuals are eligible for nomination and election after sitting out one term.

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5.6. Vacancies

If an Advisory Council member (1) changes residence to another constituency or (2) for any reason no longer fulfills the requirement for election to his or her seat or (3) advises the Chair of the Advisory Council that he or she is no longer willing to serve, the member shall no longer serve as a member of the Advisory Council. The Board of Directors shall elect a member of the Association from the constituency in which the resigning/former member resides to serve for the unexpired portion of the term of the Advisory Council member.

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5.7. Removal From Advisory Council

Any elected member of an Advisory Council, except those elected by NSSLHA, may be removed from office

1. by a vote of two thirds of the current members of the Advisory Council, or
2. by a written petition for removal signed by 10% of the total number of members of the profession represented by the Advisory Council residing in the member's constituency submitted to the President and approval of the petition by two thirds of the members of the Association representing the member's profession residing in that member's constituency who vote in response to the electronic or nonelectronic submission of the petition, or
3. if the member is absent from the constituent area he or she represents for more than 20 consecutive weeks, or
4. if no longer a member in good standing of the Association, he or she may be removed by the Board of Directors.

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5.8. Meetings

5.8.1. Advisory Councils shall hold one meeting during the first 6 months of the year for which ASHA will pay expenses consistent with the ASHA expense policy. These meetings shall be called by the Advisory Council Chairs with at least a 90-day notice for in-person meetings.

5.8.2. An additional meeting of an Advisory Council may be held during the ASHA Convention as determined by the Advisory Council. ASHA will not provide financial, travel, or stipend support for Advisory Council members who attend this meeting.

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Article VI — Conduct of Business

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The Board of Directors, Advisory Councils, committees, councils, boards, and other working groups may conduct business by electronic or nonelectronic means including mail, telephone, fax, computer, or other appropriate means provided that all members have access to the information and/or debate through one or more of the means listed.

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Article VII — National Office

7.1. Responsibilities

The Association shall maintain a National Office that shall constitute a permanent repository for Association records and shall carry out the procedures and policies of the Association under the direction of the Board of Directors.

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7.2. Chief Executive Officer

7.2.1. The Chief Executive Officer shall be appointed by the Board of Directors and shall serve at the pleasure of the Board. The Chief Executive Officer serves as the chief administrative officer of the Association. The Chief Executive Officer monitors work assigned to the National Office staff and provides periodic reports to the Board of Directors. The Chief Executive Officer shall supervise and have general charge of all operating functions and activities of the Association and shall be charged with carrying out the policies, programs, orders, and resolutions of the Board of Directors. The Chief Executive Officer may employ, discharge and supervise, and determine the compensation of, employees of the Association. The Chief Executive Officer shall perform such other duties and shall have such other authority and powers as the Board of Directors may from time to time prescribe, shall keep the Board of Directors, officers, and committees of the Association fully informed as to the business and affairs of the Association and shall consult freely with them concerning its business and affairs.

7.2.2. The Chief Executive Officer (or designee) shall serve as an ex officio nonvoting member, unless otherwise stipulated, of all committees, boards, and councils established by the Board of Directors.

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Article VIII — Professional Standards and Ethics

8.1. Council for Clinical Certification in Audiology and Speech-Language Pathology

The Association, by action of the Board of Directors, shall establish and maintain a program of certification. The Association shall establish the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), which shall define the standards for clinical certification and apply

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those standards in the certification of individuals. Members of the CFCC shall be appointed following policies established by the CFCC. The CFCC shall have final authority to establish the standards and processes for clinical certification of speech-language pathologists and audiologists and recognition programs for support personnel, and to suspend or withdraw certification of speech-language pathologists and audiologists in cases where certification was granted on the basis of inaccurate information or where the individuals fail to comply with the certification maintenance requirements. Subject to the application of established appeal procedures, all decisions of the CFCC including those above, as well as initial denial, suspension, withdrawal, or reinstatement of certification, shall be final.

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8.2. Council on Academic Accreditation in Audiology and Speech-Language Pathology

The Association, by action of the Board of Directors, shall establish and maintain a program of academic accreditation. The Association shall establish the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), which shall define the standards for the accreditation of graduate education programs and apply those standards in the accreditation of such programs. The CAA may also develop standards and processes for approval for programs that prepare support personnel. Members of the CAA shall be appointed following policies established by the CAA, and the CAA shall have final authority to establish the standards and processes for academic accreditation. Subject to the application of established appeal procedures, the decisions of the CAA concerning the award, withholding, or withdrawal of academic accreditation shall be final.

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8.3. Board of Ethics

The Association shall establish a Board of Ethics that shall (1) formulate, publish, and, from time to time, amend a Code of Ethics (hereinafter the “Code”) containing the professional responsibilities by which members and certificate holders shall be bound; (2) develop educational programs and materials on ethics for distribution to members and certificate holders, academic programs, and other agencies and associations; and (3) adjudicate complaints alleging violations of the Code. Members of the Board of Ethics shall be appointed by the Committee on Committees. The Board of Ethics shall review all proposed amendments to the Code and forward recommendations regarding the proposed revisions to the Board of Directors. The Code and all amendments shall be subject to approval by the Board of Directors. The Board of Ethics shall formulate and publish procedures that shall be used for the processing of alleged violations of the Code, including a reasonable opportunity to be heard through counsel of one's own choosing. The Board of Ethics shall determine sanctions for violations in its discretion as it deems appropriate, including revoking membership and/or certification. Revocation of membership and/or certification requires a two-thirds vote of the Board of Ethics. Any appeal from a Board of Ethics action shall be decided by a panel of the Board of Directors, whose decisions shall be final.

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Article IX — Publications

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9.1. The Association shall (1) produce at least one regularly scheduled publication that shall serve as the official organ of the Association and be known as *The ASHA Leader*, (2) publish scholarly journals as recommended by the Publications Board and approved by the Board of Directors, and (3) create other publications approved by the Board of Directors.

9.2. Members/International Affiliates (except Spouse Members and members who become Life Members after January 1, 1999) shall receive *The ASHA Leader* and, if they so elect in their annual membership renewal, such other current periodicals, including scholarly journals regularly published by the Association, from which they can select one free with their annual membership dues.

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Article X — Discrimination

The Association shall not discriminate on the basis of race, national origin, religion, age, gender, gender identification, sex, sexual orientation, or handicapping condition. All programs and activities of the Association shall be conducted in furtherance of this policy.

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Article XI — Honors and Fellowship

11.1. Honors of the Association

The Honors of the Association recognize distinguished contributions to the discipline of communication sciences and disorders and are the highest honors the Association can give. The Honors of the Association may be presented to an individual member upon recommendation by the Committee on Honors and approved by 75% vote of the Board of Directors voting on the recommendation.

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11.2. Fellowship

Fellowship is an award recognizing professional or scientific achievement and may be awarded to a member on approval by two-thirds vote of the Committee on Honors.

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Article XII — Recognition of Other Organizations

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12.1. State Speech-Language-Hearing Associations

12.1.1. Purpose

Recognition provides official identification of state speech-language-hearing associations.

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12.1.2. Method of Recognition

A state association that desires recognition shall petition in writing to the Board of Directors. Recognition shall be granted and maintained at the discretion of the Board of Directors to only one association in each state and shall be available only to those state associations with purposes and membership requirements that are consistent with those of the Association and that are independent and not controlled, directly or indirectly, by any other organization.

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12.2. Student Speech-Language-Hearing Organizations

12.2.1. The Association recognizes the National Student Speech Language Hearing Association as the sole national student association in the discipline of communication sciences and disorders.

12.2.2. The Board of Directors may work with other student organizations for the benefit of students who are in preparation for entering the professions.

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Article XIII — Special Interest Divisions

13.1. Establishment and Purpose

There shall be established special interest divisions (“divisions”) to promote the development of knowledge and skills through educational programs, research, publications, and the exchange of information in specialized scientific and professional areas within the Association. A new division is formed by a two-thirds vote of the Board of Directors upon submission of a formal proposal and recommendation by the Board of Division Coordinators. All actions of the divisions shall be consistent with Association policies and procedures and in accordance with the guidelines and operational procedures developed by the Board of Division Coordinators and approved by the Board of Directors.

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13.2. Policy

Divisions may make recommendations concerning Association policy. However, the Divisions and their affiliates shall not make any public statement or take positions on behalf of the Association or the Division without having obtained approval from the Board of Directors in accordance with the established guidelines and procedures.

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13.3. Bylaws

Divisions may adopt their own bylaws but shall not be autonomous, have any separate legal status, or have the power to enter into contracts or incur liability on their own behalf or in their own name.

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13.4. Finances

Divisions shall be financially self-supporting but will not maintain separate accounts or hold assets in their own name outside of ASHA.

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13.5. Board of Division Coordinators

There shall be a Board of Division Coordinators composed of the coordinator of each division, a chair, an Executive Council member of NSSLHA, and ex officio members. The Board of Division Coordinators shall coordinate activities and facilitate communication among the various divisions, develop guidelines and operational procedures for divisions approved by the Board of Directors, communicate and cooperate with the various organizational components of the Association to promote the divisions' goals, ensure that the divisions are financially self-supporting, and prepare annual budgets and reports of division activities. The Board of Division Coordinators and all division activities shall be monitored by the Board of Directors.

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Article XIV — Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the Association in all cases to which they are applicable and to the extent they are not inconsistent with these Bylaws, the Articles of Incorporation, or with any policies or rules of order the Association may adopt.

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Article XV — Indemnification

The Association shall indemnify all officers; directors; employees, committee, council, and board members; and all other volunteers of the Association for their activities conducted according to the policies and procedures of the association, and shall purchase insurance for such indemnification to the extent determined by the Board of Directors.

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Article XVI— Amendments

These Bylaws may be amended by either of the following procedures:

16.1. By the Board of Directors by two-thirds vote of its members, except that any amendment involving a matter reserved to members under Section 3.3 shall, after the required Board of Directors approval, be submitted to members for vote and shall require for adoption a two-thirds vote of those members of the Association voting within 21 days from the mailing or electronic posting of the ballot.

16.2. By written petition by 2% of the members of the Association based on the last annual count adopted by the Board by a two-thirds vote, except that any amendment involving a matter reserved to the members under Section 3.3 shall, after the required approval of the Board of Directors, be submitted to the members as prescribed in Section 16.1.

16.3. By a simple majority vote of its members, the Board of Directors may make editorial changes so long as they do not change substance or meaning. Such changes shall include (a) changing the placement of one or more sentences; (b) the numbering of articles or sections; (c) changing approved terminology in order to make it uniform or consistent. and (d) punctuation, capitalization, spelling, grammar, details of style, and other purely editorial matters. These changes shall take effect upon such action, and shall be followed by proper publication to the Membership.

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Index terms: ASHA governance, certification, accreditation, Special Interest Groups

Reference this material as: American Speech-Language-Hearing Association. (2012). *Bylaws of the American Speech-Language-Hearing Association* [Bylaws]. Available from www.asha.org/policy.

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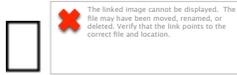
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American Speech-Language-Hearing Association 2012 Public Policy Agenda

Learn More About ASHA's Advocacy Outcomes:

See [ASHA's Agenda in Action 2011-2012](#) [PDF, 1.1MB].

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Introduction

The ASHA Government Relations and Public Policy Board (GRPPB) is charged with developing an annual public policy agenda that prioritizes the advocacy activities of the Association and, in particular, the Government Relations and Public Policy (GRPP) Cluster.

Issue objectives were identified by ASHA members, committees, and staff. Over 2,200 individuals and/or groups provided input for the 2012 agenda. The issue objectives were then developed through the GRPPB and prioritized to focus and strategically plan the Association's advocacy activities. The GRPPB members responsible for this agenda are Diane Golden (chair), Les Aungst, Ellen Estomin, Charlette Green, Regina Grimmett, Mary Hooper, Nancy Mellon (public member), Sharon Ringwalt, Robert Turner, Shelley Victor, Thomas Hallahan (monitoring vice president), and George Lyons (ex officio).

The issue objectives are intended to address the major public policy concerns of audiologists, speech-language pathologists, and speech, language, and hearing scientists. Each issue objective for 2012 is assigned to one of two priority levels based on: (a) its importance to the Association's members and/or those they serve, (b) level of resources required to make progress, and (c) its immediacy and likelihood that meaningful action will occur.

Each of the 2012 issue objectives was assigned to one of the following priority levels:

- **Proactive Advocacy** – Association resources will be committed and proactive advocacy initiatives undertaken to further achievement of these issue objectives.
- **Opportunistic Advocacy** – When opportunities arise, association resources and advocacy activities will be utilized to further achievement of these issue objectives.

The order of the issue objectives within each priority level is not a reflection of its relative level of importance. Since the course of Congress, state legislatures, or federal and state agencies can change, the Government Relations and Public Policy Board and GRPP Cluster view the placement of these objectives as flexible. If a particular issue becomes more visible politically or appears to be headed toward consideration, the Association's level of activity will be adjusted accordingly.

The GRPP Board has further organized the 2012 issue objectives into three categories:

1. **Education**
2. **Health Care**
3. **Professional**

Issue objectives were placed in these three categories based on their primary focus; however, some overlap multiple areas. The 2012 PPA has continued the narratives that accompany each issue objective to help better describe the types of advocacy initiatives to be undertaken in the coming year.

The GRPPB also engages annually in strategic planning to address both emerging and long-range issues. This facilitates the preparation of attainable, measurable objectives for the Association's annual public policy agenda. The GRPPB will be responsible for submitting an annual report on the success of the 2012 Public Policy Agenda.

Proactive Advocacy

Education Issues

Association resources will be committed and proactive advocacy initiatives undertaken to further achievement of these issue objectives.

- Advocate for ESEA as a funding source for early intervening speech-language pathology and audiology services, promote policies that address the role of speech-language pathologists and audiologists in general education, and advocate for the use of terminology that is consistent in both ESEA and IDEA to support struggling learners in all schools.¹
- Advocate for maintaining current IDEA funding levels, monitor opportunities for increased funding and promote IDEA policies that increase service delivery efficiencies.²
- Develop paperwork reduction strategies in collaboration with critical stakeholders including the educational community, disability advocates, parents/guardians/families, ASHA members and federal/state agencies.³
- Support laws, regulations and policies that improve classroom acoustics, such as U.S. Access Board regulations for classroom acoustics using ANSI 2002 standards as part of ADAAG for new school building construction and/or renovations.⁴

Health Care Issues

Association resources will be committed and proactive advocacy initiatives undertaken to further achievement of these issue objectives.

- Promote a comprehensive audiology Medicare benefit which includes diagnostic, monitoring, rehabilitative services, and an opt-out provision.⁵
- Promote improved public and private coverage policies, regulations, and reimbursement rates for audiologists and speech-language pathologists across the age-span, including:
 - Recognition of the value of speech-language pathology and audiology services in the Resource-Based Relative Value System
 - Reimbursement coding systems: ICD 9CM/ICD 10 CM, CPT, ICF, Level II HCPCS
 - Inclusion of speech-language pathology and audiology services and equipment as covered under habilitative and rehabilitative services as essential benefits under the Affordable Care Act
 - Hearing aid tax credit
 - Sustainable growth rate
 - Therapy caps exceptions process

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- Discipline-specific alternatives for the therapy caps on speech-language pathology services under Medicare Part B outpatient program⁶
- Ensure that private and public insurance policies include habilitative coverage of speech, language, and hearing services and devices.⁷
- Promote a comprehensive system of children's hearing health care services, including:
 - the implementation of the Early Hearing Detection & Intervention (EHDI) program, with specific focus on comprehensive follow-up, appropriate intensity of intervention, and coordinated management across state and federal agencies;
 - insurance coverage of hearing aids, cochlear implants, and related devices and services; and
 - the prevention of noise-induced hearing loss.⁸

Professional Issues

Association resources will be committed and proactive advocacy initiatives undertaken to further achievement of these issue objectives.

- Further recognition of the CCC as the benchmark for professional standards across federal and state legislation, regulations, and licensing in areas such as IDEA, ESEA, and Medicaid/Medicare. Use that benchmark to promote universal licensing and reciprocity in order to ensure quality services for individuals with communication disorders.⁹
- Develop and disseminate model language, along with common nomenclature for states that explicitly define the credentials, competencies, and service delivery options for CCC SLPs and SLP-Assistants in an effort to support delivery of quality services to individuals with communication disabilities.¹⁰
- Increase recruitment and retention of the full continuum of speech-language pathology and audiology personnel to be available to meet the needs of individuals with communication disorders.¹¹

Opportunistic Advocacy

Education Issues

When opportunities arise, association resources and advocacy activities will be utilized to further achievement of these issue objectives.

- Promote policies that ensure appropriate billing by IDEA providers for reimbursement by Medicaid and/or other insurers for speech, language, hearing services, and equipment.¹²

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- Support modification of Social Security retirement benefit laws (Government Pension Offset & Windfall Elimination Provision) for public sector employees who are in a non-Social Security retirement system.¹³

Professional Issues

When opportunities arise, association resources and advocacy activities will be utilized to further achievement of these issue objectives.

- Support speech-language pathologists and audiologists as employees/consultants of state agencies or in other leadership roles to advocate for comprehensive and quality services that meet the needs of consumers with communication impairments.¹⁴
- Advocate for recognition and coverage of telepractice services and monitor opportunities for funding through state and federal legislation and regulation.¹⁵
- Promote research funding opportunities and evidence-based practice through the National Institutes of Health, Department of Education (OSERS/IES), Agency for Healthcare Research & Quality, and Veterans Health.¹⁶
- Support laws and policies (e.g., ADA, ENDA, and the U.N. Convention on the Rights of Persons with Disabilities) that promote non-discrimination based on disability, gender identity and expression, sexual orientation, race, religion, age, and cultural or ethnic heritage.¹⁷

Team 7 Communication Log

- Communicator/Organizer: Meagan Adams

- Researcher: Marjorie DuBoise

- Writer: Eric Weintrob

<u>DATE</u>	<u>SOURCE</u>	<u>SENDER → RECIEVER</u>	<u>SUBJECT</u>
Continuous	Text message	Marjorie → Meagan	Marjorie and Meagan periodically spoke at least every couple days to check in and at the very least be supportive towards one another.
7/10/2012	E-mail	Marjorie → Professor Johnson	Marjorie tells Professor Johnson she is on team 7.
7/12/2012	E-mail	Professor Johnson → Eric and Meagan	Both Meagan and Eric are assigned to team 7 and encouraged to get working quickly.
7/13/2012	E-mail	Marjorie → Professor Johnson	Marjorie signed up for group 7 and was somehow in 5
7/15/2012	E-mail	Marjorie → Meagan and Eric	Marjorie asked Meagan and Eric to join team 7

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7/16/2012	E-mail	Meagan→Marjorie	Meagan asked Marjorie if she would like to meet-up and start working but could not get a hold of Eric without his wiki information.
7/16/2012	E-mail	Marjorie→ Meagan	Marjorie would like to start working and she's going to e-mail Professor Johnson.
7/16/2012	E-mail	Marjorie→Meagan and Professor Johnson	Marjorie was inquiring what group she was in.
7/17/2012	E-mail	Marjorie→ Meagan, Eric, Professor Johnson	Marjorie informed the team she was assigned to be researcher and asked Meagan if she was okay being organizer and communicator.
7/17/2012	E-mail	Meagan→ Professor Johnson	Meagan wanted to see what team 7 was behind on and to discuss the first deadline.
7/17/2012	E-mail	Professor Johnson→ Meagan	Eric has not completed his wiki therefore there isn't a bright spot assigned therefore we will miss the first deadline but Professor Johnson will check to see if Eric has completed his wiki page on 7/18/2012.
7/17/2012	E-mail	Eric→ Marjorie	Eric has no preference on role in-group. Must wait for Eric to complete wiki page before moving forward with bright spot. Professor Johnson warns the team must work effectively because we are behind.
7/17/2012	E-mail	Professor Johnson→ Team 7	Marjorie is a permanent member.
7/17/2012	E-mail	Professor Johnson→ Meagan	Bright Spot assigned and roles to

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			communicator/organizer. Professor Johnson warns we must move quickly. No penalty will be applied to late 7/18/2012 am deadline.
7/17/2012	E-mail	Meagan→ Professor Johnson	Meagan was wondering when the deadline would be extended to.
7/17/2012	E-mail	Professor Johnson→Meagan	The sooner it gets done the better.
7/18/2012 (FIRST DEADLINE)	E-mail	Marjorie→ Meagan	Marjorie says good job to Meagan on the bright spot letter.
7/18/2012	E-mail	Meagan→Rebecca Plesko-Dubois	Initial bright spot contact.
7/25/2012	E-mail	Meagan→Professor Johnson	Meagan informed Professor Johnson she had tried contacting the bright spot and she had not responded and that she had been trying to reach him through e-mail 6 different times to let him know the issue with the bright spot's non-response. Was there a better way to reach him?
7/25/2012	E-mail	Professor Johnson→Meagan	Professor Johnson provided a phone number and informed Meagan she should call him to resolve the bright spot problem.
7/25/2012	E-mail	Professor Johnson→Meagan	Professor Johnson informed Meagan he would be team 7's bright spot and we would need to address the third bullet point and there would be more directions provided on the phone conference later.
7/25/2012	Phone Call	Meagan→ Professor Johnson	<ul style="list-style-type: none"> ○ Introduction to bright spot ○ Paper goal

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			<ul style="list-style-type: none"> ○ How to get there ○ The next steps in the project
7/26/2012	E-mail	Meagan → Eric, Marjorie, Professor Johnson	Documents from the bright spot are loaded on wiki and the project can begin! Meagan asks for Marjorie and Eric to e-mail her after they have read the documents on wiki by midnight that day and then we can start planning and organizing everyone's role in the project and begin since we are already running behind.
7/26/2012	E-mail	Professor Johnson → Meagan	Make sure to log communication.
7/30/2012	E-mail	Eric → Meagan	Couldn't find the wiki documents Meagan posted and sorry for the four-day late reply.
7/30/2012	E-mail	Meagan → Professor Johnson	Team isn't responding to e-mails Meagan doesn't want to fail should she progress as if she doesn't have any teammates.
7/31/2012	E-mail	Marjorie → Meagan	Marjorie sent Meagan the researched organizations.
7/31/2012	E-mail	Meagan → Eric	Eric was forwarded the organizations.
08/01/2012 (SECOND DEADLINE)	E-mail	Eric → Meagan and Marjorie	The information Eric received from Marjorie was focusing on the wrong aspect and needed more policy research which Marjorie had completed already.
08/01/2012	E-mail	Marjorie → Eric and Meagan	Marjorie has information Eric needs and she is going to send it to him.
08/01/2012	E-mail	Marjorie → Eric and	Marjorie sends the

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		Meagan	information she already had to Eric.
08/01/2012	E-mail	Eric→ Marjorie and Meagan	He got the information from Marjorie late and he will finish the first draft hopefully by the end of 08/01/2012 but he's in the middle of a move.
08/02/2012	E-mail	Eric→Marjorie and Meagan	Eric questions whether Marjorie has gone in-depth enough with her research does some of his own research but no draft is provided.
08/03/2012	E-mail	Professor Johnson→ Team 7	Professor Johnson tries to stress that the paper is 40% of the class grade and if we aren't going to work as a team we need to decide now because none of us have time to wait. He offers multiple ways to contact him.
08/03/2012	E-mail	Professor Johnson→ Meagan	Professor Johnson suggests another phone conference to get the ball rolling.
08/03/2012	E-mail	Marjorie→ Professor Johnson, Eric, Meagan	Marjorie would like to work as a team but communication is delayed and confusing at times. She really likes her team though.
08/03/2012	E-mail	Professor Johnson→ Marjorie	Professor Johnson posts the e-mail that stresses the importance of the project on wiki and tells Marjorie to communicate on wiki about issues she is having wither her teammates there. She states communication with Eric is "muddled."
08/03/2012	E-mail	Meagan→ Professor Johnson	Meagan says her phone is broken but her roommate

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			will let her use her phone at 8:30 am on 08/04/2012. Meagan stresses there is a lot of things that need to be worked among the team members still.
08/04/2012	E-mail	Professor Johnson → Meagan	Professor Johnson can't do a phone call this weekend but Meagan should send a text 8/6/2012.
08/04/2012	E-mail	Professor Johnson → Team 7	Professor Johnson sends an encouraging e-mail as the bright spot with exactly what he is looking for. Defines each role clearly researcher : research writer: write organizer/communicator: get your team in gear. He encourages us that we can do this.
08/04/2012	E-mail	Eric → Meagan	Still no draft from Eric he says he has been doing research because he hasn't heard back from Marjorie yet. Also Eric was wondering where to find our team on the wiki page.
08/05/2012	E-mail	Meagan → Marjorie	Meagan contacts Marjorie in an attempt to gather what research may have been found from Marjorie to send to Eric so that some form of a draft may occur. Four days after the deadline and it's important to get Professor Johnson's opinion on the draft so we need to get it done. Meagan asks Marjorie to send her what she has

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08/05/2012	E-mail	Meagan → Marjorie	Meagan contacts Marjorie in an attempt to gather what research may have been found from Marjorie to send to Eric so that some form of a draft may occur. Four days after the deadline and it's important to get Professor Johnson's opinion on the draft so we need to get it done. Meagan asks Marjorie to send her what she has since there is a phone conference with both our Professor and bright spot tomorrow.
08/05/2012	Email	Meagan → Eric	Meagan tells Eric where the team page is on wiki. She asks him to please e-mail her here from now on (yahoo.com). She would be calling Professor Johnson tomorrow 8/6/2012, please send the draft from 08/01/2012 to Meagan's yahoo e-mail for the important conversation with the bright spot tomorrow.
08/06/2012	Text message	Meagan → Professor Johnson	Meagan sends text to Professor Johnson.
08/07/2012	Text message	Professor Johnson → Meagan	Meagan should call before 3 p.m. if she would like to speak to Professor Johnson.
08/07/2012	Phone Call	Meagan → Professor Johnson	<ul style="list-style-type: none"> ○ Meagan expresses concern for her and her team ○ This class is essential for Meagan and

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08/09/2012	E-mail	Meagan→ Eric	Meagan let Eric know Marjorie's computer went down and had been communicating by text messages. Meagan gave Eric Marjorie and Meagan's phone numbers for the third time and asked for his.
			o
08/09/2012	E-mail	Marjorie→ Meagan	Some information on some of the organizations
08/10/2012	E-mail	Marjorie→Team 7	Marjorie provided more info and will continue to update a the paper progresses
08/10/2012	E-mail	Marjorie→Team 7	Marjorie sent the specific links to the organizations
08/13/2012	E-mail	Eric→Team 7	Eric sent draft "two" and asked for Meagan and Marjorie's opinions
08/13/2012	E-mail	Eric→Team 7 and Professor Johnson	Eric sent the paper pre-formatting to be checked up on
08/13/2012	E-mail	Marjorie→Team 7	Made a few corrections to the paper
08/14/2012	E-mail	Professor Johnson→Team 7	Get the chronological information written down for Professor Johnson.
08/14/2012	E-mail	Meagan→Eric	Meagan offered any help she could and told Eric good job on the writing portion of the paper and to be in contact with anything he needs.
08/14/2012	E-mail	Eric→ team 7	To continue the draft Eric needed the chronological information from Meagan and some research on the ASCA from Marjorie.
08/14/2012	E-mail	Marjorie→Team 7	Specific links of info she found
08/14/2012	E-mail	Eric→ team 7	Draft #3. Appendix questions.

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08/14/2012	E-mail	Meagan→Eric	What's your phone number?
08/14/2012	E-mail	Meagan→Eric	Texted back and forth and finalizing the paper.
08/14/2012	E-mail	Meagan→Eric	Eric you aren't communicating what is going on?
08/14/2012	E-mail	Meagan→Eric	Meagan told Eric the files weren't working and Marjorie and Meagan would finish up at 6 am on tweaking the references.
08/14/2012	E-mail	Marjorie→Team 7	Marjorie made minor corrections and suggested I try contacting Professor Johnson on the phone.
08/14/2012	E-mail	Eric→ team 7	Eric stated he was working on the appendix
08/14/2012	E-mail	Marjorie→Team 7	Marjorie figured out why the appendix was important to our paper.
08/14/2012	E-mail	Meagan→ team 7	Good find Marjorie ☺
08/14/2012	E-mail	Marjorie→Team 7	Marjorie offered her help to whoever needed it.
08/14/2012	Phone call	Marjorie→ Meagan	We worked on references over the phone together.
08/14/2012	E-mail	Marjorie→Team 7	Went to take a nap will be up at 6 am.
08/14/2012	E-mail	Eric→ team 7	Eric is now using his gmail account
08/14/2012	E-mail	Eric →Team 7	Eric sent what he considered to be the final draft and offered to combine everything for the team.
08/14/2012	E-mail	Meagan→ Eric	Ran the plan of attack by Eric.
08/14/2012	E-mail	Eric→ Meagan	Eric wasn't sure on formatting of the paper either.
08/14/2012	E-mail	Meagan→Eric	Meagan contacted Professor Johnson and

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08/14/2012	E-mail	Meagan→Eric	Meagan contacted Professor Johnson and told Eric.
08/14/2012	E-mail	Eric→Meagan	Sent a new attachment since the last one didn't work properly.
08/14/2012	E-mail	Meagan→ Marjorie	Asked Marjorie to do one final look through.
08/14/2012	Phone call	Meagan→ Professor Johnson	Appendix and formatting questions
08/14/2012	Phone call	Meagan→Marjorie	Talked about the advice from Professor Johnson