

**Iowa Federation of Families
for
Children's Mental Health**

**Children's Mental Health News
May 10, 2006**

Iowa Federation of Families for Children's Mental Health is the statewide family advocacy organization that assists families who have children and youth with mental health issues. Our mission is to ensure all these children and families receive coordinated, individualized, strength-based care and supports. We provide families across the state of Iowa with written informational materials, Information and Referral services, many different types of trainings, and legislative advocacy. Most of all, we offer families a non-judgmental support system. Families, professionals and others may access our services by calling our toll-free number (888) 400-6302, or visiting our website at www.iffcmh.org.

Save this Date: June 12, 2006

Dr. Ross Greene:

The Explosive Child Conference

Brochure and registration form are now available at www.iffcmh.org then go to calendar of events.

Conference Registration Fee's

Early Bird Special Single \$55 Team of 3 \$45 per Person

After March 15th Single \$65 Team of 3 \$55 per Person

CEU's Available for \$10.00

Participants attending the conference will be granted 0.6 CEUs or 6 contact hours as provided by the Des Moines Area Community College for the following:

Iowa Board Of Nursing Provider Number 22

Iowa Board of Social Work Provider #0095

Iowa Board of Behavioral Science (includes psychologists) Provider AS97-17

Also available for Foster and Adoptive Parents:

The Department of Human Services has approved this training for 6 credit hours of training **Certificates will be given at the conference.**

. With expulsion of preschoolers high, mental health experts tackle behavior issues

Chicago Tribune - May 01, 2006

May 01--Isela Baez's son once served a one-day suspension--from preschool. But his tantrums and disruptive behavior continued, and Baez was as frustrated and upset as the administrators who kept calling to tell her she had to do something about it.

In stepped Margarita Paredes, part of a new but growing group of professionals known as early childhood mental health consultants. Observing child-care centers and training teachers across the state, they help identify and address the social and emotional needs of young children in an effort to reverse a disturbing trend: the alarming number of preschoolers kicked out of programs, mostly because of disruptive behavior.

Paredes met with Baez and school officials--a neutral voice offering support and a plan to people who were so upset they could barely speak to each other.

At Paredes' suggestion, the boy's father got more involved in his son's life and started driving him to school. She advised the boy's teachers on how to narrow in on his needs as well. Baez said they were suddenly more patient, communicated better and gave the boy small rewards for good behavior.

The tantrums subsided, and Baez said both she and school leaders have relaxed.

"They know Margarita is going to observe him and help him socialize, and he's doing so much better," she said. "A little effort means a lot."

Paredes' work is part of a burgeoning national effort to address children's emotional health. Illinois recently expanded its three-year-old mental health consultant pilot program from eight regions to 12, led by early research showing its success.

While many consultants are trained psychologists or social workers, they usually don't provide direct therapy. Instead, they meet with child-care providers and parents and draft a plan to address behavior problems, sometimes preventing the child from being expelled.

In many cases, Paredes said, the first goal is getting the parents and child-care providers to stop blaming each other for a child's problem and instead work together to address it.

"For most of the kids I see, it's a complicated presentation that requires all the grown-ups to be on the same page," Paredes said. "We spend so much time in preschool

trying to get the kids to play nice. I see a lot of grown-ups who need to learn that skill too."

While many child-care leaders have been concerned for years by the number of troubled children thrown out of programs, the issue gained new attention last year when Yale University released the first national study on the problem.

The study found that prekindergartners were expelled at more than three times the rate of older children in K-12 classes. Advocates said a key contributor to the problem is that most states aren't legally required to provide prekindergarten to all children.

Walter Gilliam, the report's author and a Yale assistant professor of child psychiatry and psychology, said the tragedy is that many of the expelled children get passed on to a number of programs, sometimes becoming educational failures by kindergarten.

But Gilliam points to mental health consultants--a new role that has taken off nationally in the last several years--as one promising way to combat the problem.

Illinois' effort is in its infancy, with only a few dozen mental health consultants fanned out across the state in various state-funded, private and local school programs, said John Roope, the project leader for the state's pilot program.

Roope supervises the 12 mental health consultants across Illinois, including Paredes, who works in the Berwyn and Cicero area.

Each consultant serves a region of schools. Child-care providers get training from the consultants and easy access to a professional who can visit their buildings, observe children and offer practical advice.

After the first year of the pilot project, Roope surveyed child-care providers served by his consultants. Eighty-five percent said they had improved their competence in working with children's social and emotional needs because of the consultants' work.

Source: [Chicago Tribune](#)

A '60s Buzz Recycled Teens Rediscover Morning Glories Can Be Used as a Hallucinogen

They have such whimsical names as heavenly blue, crimson rambler and pearly gates, and delicate blooms that crawl quickly up trellises.

But when morning glory seeds aren't planted -- when they are instead ingested -- whimsical thoughts can crawl through altered minds with kaleidoscope-like visions.

And teenagers know this.

Once popular in the hippie era of the 1960s, morning glory seeds as a hallucinogen seem to have sprouted once again. Local gardening shops have noticed their seed stocks depleted by

adolescent hands, and poison control centers in the District and its suburbs have received calls from hospitals with patients experiencing adverse reactions, or bad trips, from the seeds.

"They are certainly being used," said Chris Holstege, a doctor who runs Virginia's Blue Ridge Poison Center. "Kids are getting brighter. Between the Internet and magazines like High Times, they are learning about this."

Just a few weeks ago, he said, a mother called the center after finding seed packets in her teenage son's bedroom. She wanted to know what they were used for, Holstege said. A more serious call came from hospital emergency officials who needed to know how to treat an 18-year-old who had taken the seeds along with an antidepressant and cough syrup. His heart rate spiked to 150, his body went rigid and his mind reeled with hallucinations.

"These kids have a misconception that it's natural, that it's more safe" than other drugs, Holstege said. "They are not. It alters your perception, and that puts you at risk."

The seeds contain lysergic acid amide and give an LSD-like high when swallowed by the hundreds. A simple Internet search reveals a slew of Web sites offering dosages and tips.

Signs that teenagers are experimenting locally are for the most part anecdotal: Drug rehabilitation center staff members say they sometimes hear about the seeds from adolescents receiving help for other addictions, and some gardening centers have stated taking notice.

In Arlington County, the owners of Ayers Variety and Hardware learned about the seeds' hallucinogenic effects when they caught two teenage boys stealing their supply.

"They had 13 or 14 packs of these seeds. You think, 'Hmm,' " said Kristy Peterkin, whose family owns the store. "We then started asking around, and our teenage employees informed us that if you checked the Web that it was an easy way to alter themselves."

The store owners have taken some precautions, such as changing the bar code on the seeds so the supply can be monitored and noticing whether a teenager is buying them in bulk. The owners have stopped short, however, of putting the seeds behind the counter with the compressed gas that can be used for huffing, or carding every customer buying seeds who looks young.

"We don't sell pocketknives to children under 16, but can I keep them from buying morning glory seeds?" Peterkin asked. "We struggle with this."

Owen Ryan, 23, who works at Meadows Farms Nursery in Falls Church, said he knows about the seeds because of incidents at the nursery. In particular, he remembered a teenage boy whom employees called Shaggy because he was a dead ringer for the scruffy-haired hippie in the "Scooby-Doo" cartoon.

"He would just come in and buy a few packs at a time," Ryan said. "I found out from a guy who used to work here what people were buying them for, other than planting.

"It was sort of a shock to us all," he said.

It is difficult to say how many teenagers in the area are using the springtime seeds as a drug. Since it is legal to buy them, there are no police reports to track. And law enforcement officials across the region said they weren't aware that the seeds produced effects similar to those produced by LSD. Neither were many substance abuse counselors or organizations charged with monitoring the drug industry.

The Drug Enforcement Administration, citing ignorance about the seeds, referred an inquiry to the National Institute on Drug Abuse, where a spokeswoman, Sara Rosario Wilson, said, "We really

don't have enough information on it to make comments." She referred calls to Lloyd Johnston, a research professor at the University of Michigan and the principal investigator of Monitoring the Future, a study of drug abuse among adolescents.

Johnston spoke with well-researched authority about drugs ranging from cocaine to methamphetamines, but he, too, admitted ignorance when it came to morning glories.

"I am afraid kids are ahead of me in that case," he said, adding that drug trends emerge every decade. "Over time, the regulatory agencies and Congress begin to catch up with these things, but there's usually a pretty long lag."

The use of morning glory seeds as a recreational drug is just beginning to register nationally. After hearing in March about use among teenagers, the Ohio Early Warning Network issued an alert to school, health and law enforcement officials. Louisiana passed legislation that made morning glories and 38 other plants containing hallucinogenic compounds illegal when intended for human consumption. State Rep. Michael G. Strain (R), who proposed the legislation, said a number of youths had been hospitalized after abusing such plants. "Some tried to literally fly," he said.

Drug counselor Mary Ellen Ruff said she believes the issue has remained under the radar for several reasons: Drug tests don't detect such plants; they're legal; and their use appears to be an adolescent phenomenon that doesn't extend into adult drug use.

"It is more for kids that want to be druggies but aren't really," she said. "It is sort of them dipping their toe into the waters of drug use with something that is legal and easily accessible."

When she asked the adolescents she works with at the Inova Keller Center in Fairfax City about the seeds, she said, they explained nonchalantly how kids soak them in water and make a tea out of them.

"These are bright kids. They are getting information and they are like, 'Ooh, I could do that,' " she said, adding that on the Internet, one site that talks about morning glories and other drugs has garnered a loyal following. "That's a one-stop shop for anything you want to know: how to beat your drug tests and testimony as to why everything is so great. Every kid in treatment knows about that Web site."

The fear among professionals, Ruff said, is not that a teenager will die from using morning glory seeds but that the teenager has chosen a lifestyle that could lead to use of more serious drugs.

"It's sad that there is something so not right that they need to go to these lengths to feel better," she said.

But drug abuse counselor George Swanberg said that kid will always exist: "That kid who will find something. He will find something under the sink or on a walk through the woods."

Swanberg, executive director of Life Line Counseling Center in Fairfax, said he hears sporadic reports of morning glory abuse. He believes, however, what he once read in the popular 1970s book "Licit and Illicit Drugs": The surest way to start an epidemic is to talk about a drug.

Jeff Davis, whose 16-year-old daughter knows of at least one boy in her Manassas high school who has tried morning glory seeds, said talking is the only way to stop the problem.

"I've never met a kid that is not more intelligent than their parents on the Internet," he said. "How can I prepare my kids for what they're going to face if I don't have a clue what they're facing?"

A few feet away, wearing all black on a sunny day, Matt Edelblute, 16, slouched with three friends on a bench near a skate park. Music from the punk band Morning Glory ripped through his headphones.

Without pause, Edelblute explained how the seeds are used. "You have to eat a lot of them," he said. "I know it lasts between six and eight hours." A friend of his had done it, he said, but he hasn't.

"I never felt I had enough time to sit there and eat 500 seeds," he explained.

Systems of Care Are Working

WASHINGTON, DC, United States (UPI) -- Community-based U.S. mental health services reduced suicide rates among children and improved school attendance in 2005, the Substance Abuse and Mental Health Services Administration reported Monday.

After 12 months in these community programs, called systems of care, children who deliberately harmed themselves or attempted suicide decreased 32 percent. Eighty-four percent of kids attended school regularly after 18 months in care -- up 10 percent in 2005. Overall, kids also did better in school and avoided juvenile detention and arrests.

'Systems of care is a proven approach, and a wise investment of resources,' said Charles Curie, an administrator at SAMHSA. Curie spoke at a Capitol Hill briefing on the first Children's Mental Health Awareness Day.

'These programs do transform lives.'

Kids who participated in system of care programs for at least 12 months also saved taxpayers an average of \$2,776 per child in inpatient hospital days. The percentage of systems-of-care children using inpatient facilities dropped 54 percent, even up to 18 months after the end of their treatment.

Systems of care are community-based services emphasizing family-driven treatment, in which the parent or guardian has a role in recovery. The model, created in the 1980s, centers around the philosophy that children's communities -- such as places of worship or schools -- are the best place for them to receive care. The programs, which are usually a melding of public and private partnerships, also focus on building on the strength of a child, not just combating a problem.

In 1993, SAMHSA began funding systems of care programs around the country.

Lorin Gehring, a youth resource specialist for the nonprofit Federation of Families for Children's Mental Health in Provo, Utah, spoke at the briefing about how systems of care can pay off.

At 5, Gehring tried to commit suicide. In 6th grade, she tried again. It wasn't until 16, when she attended a system of care program in Washington state, that her life took a turn for the better.

'For the first time, I felt listened to. Every negative thing I had been through had a purpose. Every tear, every drop of blood had a meaning,' said Gehring, who then decided to use her turmoil to help others in the same situation.

She also made a case for involving youth in their own recovery process.

'Our system will fail unless youth are listened to,' she said.

Gehring is living proof of how systems of care succeed, Cynthia Wainscott, acting president and CEO of the National Mental Health Association, told UPI.

But with budget cuts for systems of care imminent, Wainscott warned of a worsening outlook for mental health services.

Already, less than one-third of kids get any treatment for their problems, which leads to high dropout rates and suicide. Every day in the United States, 11 children between 15 and 24 take their own lives.

'That's 330 kids (committing suicide), or a jumbo jetliner crash every month. We need to get into the public's consciousness that this is a public health crisis, and that treatments do work,' Wainscott said.

Although SAMHSA's report is a cause for tempered celebration, it's also a call for more investment in mental health, she said.

'If we look forward 100 years, when people look back at us, will they say we were doing the best we could do? I don't think so, unless we change what we're doing.'

New Resource: IDEA Parent Guide

Make sure you know about the new IDEA Parent Guide available from the National Center for Learning Disabilities (NCLD). This guide takes you through the special education process - a process that is the same regardless of a child's particular difficulties or disabilities.

Within the guide, special emphasis is placed on the category of specific learning disability. The guide includes parent perspectives, terms you'll find helpful to know, and practical materials for parents such as Checklists, Sample Letters, Charts, and Questions to Ask.

Find the IDEA Parent Guide online at:

<http://www.ncl.org/content/view/902/456086/>

New Publication Available

The National Technical Assistance Center for Children's Mental Health is pleased to announce a new publication featuring best practices for linking primary care, mental health and substance abuse services for young children and their families.

[The Best Beginning: Partnerships Between Primary Health Care and Mental Health and Substance Abuse Services for Young Children and Their Families](http://gucchd.georgetown.edu/files/products_publications/TACenter/bestbeginfinal.pdf)

http://gucchd.georgetown.edu/files/products_publications/TACenter/bestbeginfinal.pdf

Pediatricians are in a unique position to identify early childhood mental health concerns and family mental health and substance abuse risk factors. This SAMHSA-funded web-based resource features eight innovative medical home practices that integrate behavioral health screening for the whole family, facilitate referrals to community services, and offer follow-up care. This resource describes how the practices use very different approaches to do it, fund it, and the lessons they learned. A must read for practitioners who want to replicate an integrated primary care and behavioral health model.

HELP SUPPORT IOWA FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

Yes, I would like to help children and adolescents with special mental health needs and their families. Enclosed is my gift of:

\$50.00 \$75.00 \$100.00 \$200.00 \$500.00 Other \$ _____

or go to <http://www.iffcmh.org/donateform.htm>

Your Name _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence _____

Optional:

Parent/Family Member _____ Professional _____

Both _____

E-mail: _____ Phone: _____

Please make checks payable to:

Iowa Federation of Families for Children's Mental Health

106 South Booth

Anamosa, Iowa 52205

If you would like to dedicate this gift, please specify:

In Honor of In Memory of

____ Please add my name to your mailing list to receive newsletters and training/conference information.

Thank you for your generosity.

Your gift is tax-deductible to the full-extent of the law. Iowa Federation of Families for Children's Mental Health is a not-for-profit 501(c)3 organization.