

Iowa Federation of Families for Children's Mental Health

Children's Mental Health News March 30, 2007

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.



Children's Mental Health & Awareness Week May 6-12, 2006

Children's Mental Health Matters

May is Mental Health Month. The Federation of Families for Children's Mental Health again declares the first full week in May, May 6 – 12 as National Children's Mental Health Awareness Week.

National Children's Mental Health Awareness Day (Awareness Day) is a day for SAMHSA and the initiatives and communities it supports to promote positive youth development, resilience, recovery, and the transformation of mental health services delivery for children and youth with serious mental health needs and their families. Awareness Day raises awareness of effective programs for children's mental health needs, demonstrates how children's mental health initiatives promote positive youth development, recovery and resilience, and shows how children with mental health needs thrive in their communities. Awareness Day will be held on Tuesday, May 8th, 2007.

Information and Resources regarding Children's Mental Health & Awareness Week are available at www.iffcmh.org then click on the Children's Mental Health Week resources.

Have You Registered Yet????

The Explosive Child Conference

Presented by: Dr. Ross Greene:

June 15, 2007

Full brochure and registration materials are available at www.iffcmh.org under calendar of events

Limited number of scholarships are available to parents/caregivers

Conference Registration Fee's

Early Bird Special Single \$60 Team of 3 \$50 per Person

After March 15th Single \$70 Team of 3 \$60 per Person

CEU's Available for \$10.00 Payable the day of the conference

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.

Certificate will be given at the conference

Gay, Lesbian, Bisexual, Transgender and Questioning (GLBTQ) Resources

Despite progress that has been made in recent years, GLBTQ youth are still ostracized by a large segment of society and face overt and subtle forms of discrimination every day. It is imperative that system of care communities make it a goal to create safe and welcoming spaces for GLBTQ youth and incorporate aspects of GLBTQ youth culture. There are many resources available on the web that introduce and educate youth-serving organizations about the unique issues that GLBTQ youth face, advocate for GLBTQ rights and create online communities where GLBTQ youth can find support from peers and adult advocates.

<http://www.advocatesforyouth.org/glbqt.htm>

Advocates for Youth covers an extensive variety of GLBTQ issues. The site includes fact sheets on issues that GLBTQ youth face such as coming out to family and friends, dangerous school environments, unique issues concerning GLBTQ of color, and substance abuse. The site also offers "Issues at a Glance" and "From Research to Practice," articles that offer tips and strategies for addressing the needs of GLBTQ youth, taking steps to achieve cultural competency, and creating inclusive programs. The site also provides a link to its sister site, *YouthResource*, where message boards and additional peer supports are available: www.youthresource.com

<http://www.lgbthealth.net/downloads/research/AdvocatesforYouth.pdf>

This edition of the *Transitions* newsletter deals with the topic of respecting the rights of GLBTQ youth. The newsletter lists “best approaches” for successfully serving GLBTQ youth, GLBTQ youth of color, HIV-positive youth, transgender youth, and young people who question their sexual orientation. In addition the newsletter offers factual information about the realities that GLTBQ youth face and risks to their well-being.

<http://www.advocatesforyouth.org/publications/safespace/index.htm>

This toolkit assists youth-serving professionals with creating a safe space for young people of all sexual orientations and gender identities. Topics covered include:

- Educating youth to understand and support their GLBTQ peers
- Redressing homophobia and creating awareness among staff
- Becoming a GLBTQ ally

A Road Map to Prevention

Source:TIME Magazine and CNN

If you have ever wondered just how hard it is for kids from broken neighborhoods to avoid prison, a glance at data compiled by the Justice Mapping Center gives an easy answer: it's even harder than you might think.

While crime is up around the nation and spread out across cities in a broad pattern, the majority of people convicted of crimes come from very few and very concentrated neighborhoods, according to the center, a Brooklyn-based research group that tracks the declared residency of convicts. More than 50% of adult male inmates from New York City come from just 14 districts in Manhattan, the Bronx and Brooklyn (with the most, about 12%, coming from East and Central Harlem) even though men in those 14 areas make up just 17% of the city's total population. Similar patterns can be seen in places like Phoenix-- where one community, South Mountain, is home to 1% of Arizona's total population but 6.5% of the state's inmates--and Austin, Texas, where one section has 19% of the city's population but 27% of those on probation.

Why does this matter? Because, say Eric Cadora and Charles Swartz, who run the Justice Mapping Center, if you can pinpoint the few-block area that produces the most criminals, you can create programs that specifically target the problems of the people who live there and help them avoid the behaviors that land them in jail. That, in return, could save millions of dollars. New York State spends \$42,000 an inmate a year. Multiply that by the number of prisoners who grew up on the same streets in parts of Harlem, the Bronx and Brooklyn, and you get what Cadora calls "million-dollar blocks" because that's what it costs the state to keep criminals from those areas behind bars. It's hard to argue that this money couldn't be better spent. "If you had ... this block and that million dollars, would you do the same thing?" asks Cadora.

Some communities are saying no. Framing the debate as one of economics rather than simply social justice can provide political cover for officials to try out innovative alternatives to traditional incarceration. In the vanguard of this movement was the juvenile-

justice department of Deschutes County, Ore., which about 10 years ago made a deal with the state: if Deschutes reduced the number of juveniles it sent to state-run detention centers, Oregon would give back to the county the money that it had been spending to incarcerate those Deschutes kids. By giving up 16 out of 26 beds for young offenders at the state facility, Deschutes recouped nearly \$4 million over seven years and put that money toward what it called the Community Youth Investment Program. The county assigned social workers to provide guidance and parenting skills in homes with newborns who had at least one parent on probation or parole. It began screening kindergartners for antisocial tendencies; those most at risk were singled out for special attention.

Of course, teens continued to assault people and steal cars. But instead of going to the state-run jail, those caught and convicted had to make various community-building reparations like apologizing to the victim, paying restitution and participating in service projects or apprenticeships. In seven years the county's youth-incarceration rate dropped 25%, and the number of teens who received citations or were arrested for crimes went down 28%. According to Bob La Combe, who runs the county's juvenile system, young people are "making the connection between the crime they committed and the harm to the community." The state, however, may take more convincing. Because of budget cuts, Oregon stopped funding the program in 2003. The community-based justice initiative is now paid for by Deschutes, but money for some of the preventive measures is likely to run out this summer.

Funding will probably always be a problem for these kinds of projects. But even some conservatives are realizing that being tough on crime for the past three decades hasn't reduced the disproportionate number of criminals coming from certain areas. The Department of Justice now backs about 300 Weed and Seed programs nationwide, some in areas as small as a few square blocks. Police, prosecutors and neighborhood-watch groups collaborate to weed out the drug dealers and other undesirables, while public and private social-service providers seed the area with wholesome extracurricular activities, new community centers, job counseling and beautification projects that offer residents an alternative way of life. "Criminal justice isn't what makes people behave," Cadora says. "You strengthen the institutions so people have a stake in things."

New Book About Asperger Syndrome

Dear Friend and Colleague:

I wanted to let you know about my new book, *The Asperger Plus Child: How To Identify and Help Children with Asperger Syndrome and Seven Common Co-Existing Conditions*. I wrote the book to share my experience of fifteen years working with children with conditions such as Asperger's syndrome, high-functioning autism, Tourette's syndrome, ADD, and Bipolar Disorder. This is not a medical textbook but an attempt to isolate patterns of genius, particular patterns of strength and challenge that come with the different "neurotypes" children possess.

The ancient Greek philosopher Heraclites said, "Character is destiny." In *The Asperger Plus Child* I put light on the part that brain chemistry plays in the formation of character so that we have another tool to help our kids steer themselves into good lives past the "icebergs" of being born wildly creative, oppositional, and sometimes very odd!

Please feel free to call or write me if you have questions about this book. Learn more about *The Asperger Plus Child* on my site, Childspirit.com. Click on this link to learn more: <http://childspirit.com/asplus.htm>

To order the book from the publisher, use this link: http://www.asperger.net/bookstore_9976.htm

Health and Justice for Youth Mental Health Issues

All young people in the justice system have the right to the highest attainable standard of mental health and related services. States' over-reliance on incarceration as a response to the development and mental health needs of children emphasizes a need for change in policy.

More than half of youth in the juvenile justice system have mental disorders—substantially higher than mental disorders of children in the general population (less than 25%) and comparable (if not exceeding) rates of children in the mental health system (60-86%). According to the National Association of Mental Health, the most prevalent disorders experienced by youth in the juvenile justice system are: conduct disorder, oppositional defiant disorder, major depression, dysthymic disorder, bipolar disorder, posttraumatic stress disorder, attention deficit hyperactivity disorder, mental retardation, learning disorders, and fetal alcohol syndrome.

The prevalence of undiagnosed, misdiagnosed and untreated cases continues to increase and be overlooked.

Substance Abuse and Co-Occurring Disorders

- Nearly two-thirds of incarcerated youth with substance abuse disorders have at least one other mental health disorder.
- Among adolescents with co-occurring disorders, conduct disorders and depression are the two more frequently reported disorders that co-occur with substance abuse.
- Among incarcerated youth with substance use disorders, nearly one third have a mood or anxiety disorder.
- Delinquents with substance abuse and behaviors disorders such as conduct disorder and ADHD engage in higher rates of crime and exhibit more alcohol and illicit drug use than do youth with mood disorders and are at higher risk for out-of-home placement and other poor outcomes

Children suffering from dual diagnoses require unique treatment services that address the needs of the whole child. Clinicians or teams must be extensively trained in addressing both of the disorders so that they may provide an integrated treatment rather than relying on the less effective approach of treating disorders separately.

Child Abuse

If young people with histories of trauma, abuse, neglect and violence do not receive appropriate intervention, they are nearly 60% more likely to be arrested as juveniles, more likely to be arrested as adults, and more frequently commit violent offenses relative to others in the general population. Given the well-documented links between child maltreatment and juvenile delinquency, it is imperative that this population in particular receive services that build their coping and resilience skills and teach them accountability early on.

Detention as a Surrogate Mental Hospital

In 2003, the United States House of Representatives' Committee on Government Reform carried out a survey on all detention centers, revealing that a sizable portion of youth held in detention centers have not committed any serious crimes, but are there seeking mental health services. The study also found that two-thirds of juvenile detention facilities hold youth who are waiting community health treatment. Over a six month period, juvenile detention facilities spent over \$100 million to house 15,000 youth waiting for mental health treatment.

Relinquishing Custody

Concerned parents may search for mental health options but many find that, after exhausting all of their personal resources and being ineligible for Medicaid, they cannot access public services unless they relinquish parental custody to the state. This is estimated to be a problem in about half of the states. Sometimes lawyers even recommend this course of action. The 2003 study by the US Congress found that 12,000 families gave up children to the juvenile justice system in order to access mental health treatments they could not afford.

Mental Health Screening

A recent report states that "[w]hile 90% of the juveniles in detention and reception facilities were screened for emergency medical conditions and drug/ alcohol use...fewer than 75% of the juveniles were asked about mental health problems and fewer than 60% were asked about prior mental health treatment or hospitalization." (Wasserman, 2003)

Numerous states are now using the MAYSI-2, a 52 item self-report screening tool specifically designed for use with youth in the justice system, and the V-DISC, a computer-operated, voice-activated diagnostic tool. (The MAYSI is being used in 45 states and in 28 of those states being used system-wide. The V-DISC is now in 15 states with plans for expansion.)

It is recommended that all youth receive screening at intake and comprehensive mental health assessments for those who need them (based on the screening results.)

Disproportionate Minority Contact and Mental Health

- African-American youth are more likely to be referred to the juvenile justice system than the mental health system.
- African-American juvenile offenders are less likely to have previously received mental health services than white juvenile offenders.
- African-American adolescents with mental health problems tend to be diagnosed with more severe disorders, including disorders considered less amenable to treatment.
- Psychiatric hospitalization rates for African-American adolescents are two to three times the rates for white youth.
- Mexican-American youth, and other immigrant groups, show low rates of use of mental health services, due in part to language barriers and lack of neighborhood-based services.

Girls and Mental Health

- Mild to moderate depression in girls may put them at greater risk for antisocial behavior and delinquency.
- Females with co-occurring disorders may engage in high-risk sexual behavior, have more complicated health conditions, and have histories of exposure to physical and sexual violence.

- Women with co-occurring disorders are more likely to have experienced childhood physical and sexual abuse than severely mentally ill women without substance abuse problems.
- Treatment for girls with co-occurring disorders must include competency-building and empowerment in safe, accessible, community-based environments and single-gender support groups.
- Rates of mental disorder are consistently higher for girls than boys, especially for affective and anxiety disorders (Teplin et al., 2002).

New Drug Warnings

The federal Food and Drug Administration has directed pharmaceutical manufacturers to develop patient medical guides for their products approved for the treatment of attention deficit hyperactivity disorder (ADHD). These guides are meant to alert patients to possible cardiovascular risks and the risk of adverse psychiatric symptoms associated with the medicines and precautions that may be taken to mitigate such risks.

Patient medication guides for each product may be found at www.fda.gov/cder/drug/infopage/ADHD/default.htm.

Truancy Reduction Program Tool Kit Available

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is offering an online truancy reduction tool kit for communities interested in instituting a truancy reduction program. The tool kit covers such topics as truancy's extent, causes, and connections to dropping out of school and delinquency, as well as lessons learned from the evaluation of truancy reduction programs. It provides resources and information to guide communities, schools, and parents in addressing the problem of truancy.

OJJDP's Tool Kit for Creating Your Own Truancy Reduction Program is available at <http://ojjdp.ncjrs.gov/publications/PubAbstract.asp?pubi=238899>.

Youth Involvement in Special Education

For a number of years, policy makers and education professionals have been interested in promoting the physical and mental well being of students within the school system—particularly students involved in special education. A child's physical and mental health can affect his or her learning, so it is vital to promote a positive and healthy school environment. Recently, increased attention has been given to social and emotional learning (SEL) and its potential for creating and sustaining healthy school environments. Healthy school environments foster learning and decrease the amount of time spent on discipline—two benefits that can lead to an increase in academic accomplishment for students. Healthy school environments can be achieved through the collaborative partnerships of students, parents and educators.

Education is the central element in the lives of the majority of children and youth. Students and their parents or guardians should be as equally involved and present in discussions of the student's individual education plan (IEP) as they are in other decisions affecting the student's life. Students know what education techniques have and have not worked well for them in the past and can therefore contribute important information to decisions influencing their lives. Educators should take steps to authentically engage youth in the

discussion and learn the youth's opinion about his or her IEP. It is crucial that youth take ownership of their education plans in order to make their learning experiences truly beneficial and ensure the success of their education plans.

The list of resources below can help professionals authentically involve youth in the special education system. These resources are also beneficial tools for youth to learn more about the special education system and how they can use the information to promote change in their lives.

<http://smhp.psych.ucla.edu>

The UCLA Center for Mental Health in Schools Web site contains a comprehensive list of helpful links and documents to increase understanding of the importance of mental health in schools. This site has an extensive list of resources, publications, and newsletters and an interactive discussion board that cover a wide range of issues concerning youth's mental health within the school system.

<http://www.ldonline.org/kids>

LD Online is an interactive website focused on children and youth with learning disabilities or ADHD. The site includes both introductory and in depth information about learning disabilities and ADHD. It also includes an art gallery, stories submitted by youth, and books of interest to better understand youth experiencing challenges in school. Youth can also submit their own stories and art. The Web site also includes "First Person" essays by adults who have completed their education within the special education system and transitioned into successful adult lives.

<http://www.nichcy.org>

The National Dissemination Center for Children with Disabilities serves as a national source of information on: disabilities in children and youth of all ages, IDEA, No Child Left Behind as it relates to children with disabilities, and research-based information on effective educational practices. Resources and communication with the Center is available in English or Spanish. The Center also hosts an interactive youth site called "Zigawhat!" Youth can use this site to express their thoughts and concerns with other youth and learn from one another interactively through stories, games, online communities and tips.

<http://www.casel.org/home/index.php>

The Collaborative for Academic, Social and Emotional Learning (CASL) is an online center working to establish social and emotional learning as an essential part of education. An extensive list of resources is available on the CASL Web site, allowing visitors to learn the goals and mission of social and emotional learning (SEL) and its importance in the education and community of America's youth.

National Institute on Drug Abuse (NIDA) Unveils Its First Consumer Publication to Explain the Science of Addiction

The National Institute on Drug Abuse (NIDA) has unveiled "Drugs, Brains, and Behavior: The Science of Addiction," a 30-page full-color booklet that explains in layman's terms how science has revolutionized the understanding of drug addiction as a brain disease that affects behavior. The booklet discusses the reasons people take drugs, why some people become addicted while others do not, how drugs work in the brain, and how addiction can be prevented and treated. NIDA hopes this new publication will help reduce stigma against addictive disorders. A PDF copy of "The Science of Addiction" can be downloaded at the NIDA website: <http://www.drugabuse.gov/scienceofaddiction/>.

"Children With ADHD at Risk for Alcohol Problems"

INDIANAPOLIS, IN -- March 27, 2007 –

Researchers believe that children with ADHD are at risk for alcohol- as well as other substance-related problems as they grow older. Yet the research is not always consistent. Two new studies help to confirm that ADHD is a risk factor for alcohol problems; adding that parental alcoholism and stressful experiences in the family play an important role in this risk. Results are published in the April issue of *Alcoholism: Clinical & Experimental Research*. "Children with ADHD are believed to be at risk for alcoholism because of their impulsivity and distractibility, as well as other problems that often accompany ADHD such as school failure and behavior problems," explained Brooke Molina, PhD, associate professor of psychiatry and psychology at the University of Pittsburgh, and corresponding author for both studies. In the first study, on "Age specificity," Molina and her colleagues interviewed participants in the larger Pittsburgh ADHD Longitudinal Study. Children diagnosed with ADHD (n=364) were interviewed either as adolescents (11 to 17 years of age) or as young adults (18 to 28 years of age). Demographically and age-matched individuals without ADHD were also recruited as adolescents (n=120) or as adults (n=120) to serve as a comparison. Alcohol use was determined through questionnaires and interviews. "We found that the children with ADHD were more likely than the comparison group to drink heavily and to have enough problems related to their drinking that they were diagnosed with alcohol abuse or dependence," said Molina. "This means that their drinking caused problems such as fights with their parents or friends, a drop in their grades at school, or difficulty with controlling the amount of alcohol that they drank." Drinking problems began around age 15, said Molina. "The 15-to-17-year olds with childhood ADHD reported being drunk an average of 14 times in the previous year, versus only 1.8 times for 15-to-17-year olds in the study who did not have childhood ADHD. Whereas 14 percent of the 15-to-17-year olds with childhood ADHD were diagnosed with alcohol abuse or dependence, none of the 15-to-17-year olds without childhood ADHD were." "It appears that one of the reasons for the past inconsistencies in research is that the ADHD-alcohol relationship does not become solid until at least mid-adolescence," observed Stephen Hinshaw, professor and chair of the department of psychology at UC Berkeley. "Later on, it may be that only a subset of kids with ADHD – namely, those with more aggressive or antisocial behavior patterns – are at risk by young adulthood." Molina says her findings support this theory. "For example, 42% of those children with ADHD who also had serious, persistent behavior problems [later] had alcohol abuse or dependence by the age of 18 to 25." Molina also says, however, that researchers know little about the risk for alcoholism for children with ADHD beyond this age range. "Most young adults drink less after they settle into jobs and family life," she said. "We will be following the young adults in the Pittsburgh study to see if this happens or not." In the second study, on "Life stress," Molina and her colleagues interviewed 142 adolescents (133 males, 9 females) who had been diagnosed with childhood ADHD, as well as 100 demographically matched adolescents without childhood ADHD. All participants were asked about their drinking behavior and negative life events; in addition, parents reported their drinking histories. "One of the reasons that children with ADHD might be at risk for alcohol problems is that alcoholism and ADHD tend to run together in families," said Molina. "We found that parental alcoholism predicted heavy problem drinking among the teenagers, that the association was partly explained by higher rates of stress in these families, and these connections were stronger when the adolescent had ADHD in childhood. So, the bottom line is that when the child has ADHD and the parent has suffered from alcoholism, either currently or in the past, the child will have an increased risk for alcohol problems himself or herself." "In other words," added Hinshaw,

"when a youngster has ADHD, he or she is more likely to either provoke higher rates of drinking in parents, exacerbating overall stress levels; or be more confused and upset by parental drinking, then reverting to this pattern himself or herself." However, noted Molina, "we need to put these findings in perspective; it is important to recognize that not all children with ADHD will have problems with alcohol."

SOURCE: Alcoholism: Clinical & Experimental Research

Training Modules from the Building the Legacy Training Curriculum on IDEA 2004

Source: NICHCY - March 30, 2007

The National Dissemination Center for Children with Disabilities (NICHCY) recently announced the first four training modules from its Building the Legacy Training Curriculum on IDEA 2004. Each module includes a PowerPoint presentation to use in training sessions, discussions of IDEA for trainers, and handouts for audience participants. The modules now available for download, use, and sharing include:

- Introduction to Evaluation
- Initial Evaluation and Reevaluation
- Identification of Children with Specific Learning Disabilities
- Disproportionality and Overrepresentation

They are available at <http://www.nichcy.org/training/contents.asp>



For many parents who are raising children and youth with mental, emotional and behavioral disorders it is very hard to find resources, training, services or someone to talk to that understands what they are going through. For over 10 years Iowa Federation of Families for Children's Mental Health has provided families and providers that service. Please use the below form to send in your donation.

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:

\$25.00 \$50.00 \$75.00 \$100.00 \$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.