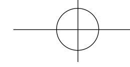
Fall '00 CYFC newsletter copy 10/25/00 1:36 PM Page 1



CONSORTIUM CONNECTIONS

In this issue

In this issue of Consortium Connections we focus on children's mental health, giving voice to different perspectives on what we all can do to maximize healthy outcomes among children and youth.

The photographs throughout the issue are by Minneapolis artist John Noltner, and come from the KDWB-Variety Family Center at the University of Minnesota where children and families gain the support they need to thrive while living with chronic illness or disability. You can read about their fine work and the work of other programs housed within the University's Division of General Pediatrics and Adolescent Health at www.peds.umn.edu/peds-adol.

A Continuum of Children's Mental Health

Martha Farrell Erickson, Ph.D., Director, Children, Youth & Family Consortium

It is either bold or foolish to tackle a subject as huge as children's mental health in an 12-page newsletter. We don't pretend that this is a comprehensive look at the topic, but we hope that the articles here will spark a new insight, affirm an old truth, or renew your energy to move our society toward a more thoughtful, coherent approach to children's mental health.

So, what IS children's mental health?

Broadly speaking, a mentally healthy child plays well, works well, relates well to others, and adapts to change and challenge. But those qualities will look different at different ages and across different situations and contexts. For example, it is expected and appropriate that an eight-month-old baby cries vigorously when mom or dad moves out of sight. But that same behavior in an eight-year-old could signal a potential mental health problem – unless, for example, that eight-year-old is about to undergo a frightening medical procedure, in which case the behavior would be appropriate to the situation! In other words, a child's mental health must be considered within both a developmental and an ecological framework. And, because children change rapidly and are relatively vulnerable to situational variables, judgments about their mental health must be based on careful observations across time and different situations.

What factors support or hinder a child's mental health?

A child's mental health results from the interaction of many different factors, both internal and external. To a large extent, mental health is shaped by a child's experience – whether he is loved, protected, and encouraged to explore and learn. Mental health is shaped by the messages a child hears and feels through interactions with family, teachers, neighbors, and peers. And certainly mental health is influenced by biological variables, including genetics (which are particularly key to certain mental disorders, such as autism and schizophrenia); exposure to toxic substances (before or after birth); and brain injury. But, regardless of a child's biological risk, environment – and especially the human environment – plays a significant role in enabling that child to function as well as possible. Family members, friends, and service providers can and do make a difference.

What can we do to promote good mental health in children?

Although our emphasis here is on mental health, not mental illness, we believe that this broad and complex topic needs to be considered along a continuum of supports and services. This continuum begins with basic, primary supports that help all children and families negotiate normal developmental stages with relative success. It continues with strategies designed to identify children who, for whatever reason, face special challenges to their mental health – and to work to build up the protective factors that will offset the risks those children face. And finally, the continuum includes effective intervention strategies for children or youth with identified mental health problems – strategies that will help them resolve those problems or, depending on the disorder, adapt with relative success even in the face of enduring conditions.

A Continuum of Children's Mental Health —*continued on page 10*

Mission Statement

The Children, Youth & Family Consortium was established in fall 1991 in an effort to bring together the varied competencies of the University of Minnesota and the vital resources of Minnesota's communities to enhance the ability of individuals and organizations to address critical health, education, and social policy concerns in ways that improve the well-being of Minnesota children, youth, and families.

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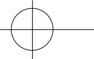

Infant Mental Health

Amy Susman-Stillman, Program Coordinator, Irving B. Harris Center for Infant and Toddler Development, University of Minnesota

Although babies have fascinated people for generations, infant mental health is a relatively new field that has emerged over the last 20 years. With sound research documenting that babies have budding abilities to learn and remember, and come into the world with a drive to form and maintain relationships, babies are no longer viewed as passive, incompetent beings. Their obvious immaturity and dependence on adults notwithstanding, babies are recognized as acting on their world and developing a state of mind. That babies "have mental health" is a now an accepted notion.

John Noltner

Babies come into the world with a drive to form relationships.

An infant mental health perspective is based on the following ideas: babies have unique capabilities and potential; the relationships between babies and caregivers are of prime and special importance for current and future development; and the context in which the caregiver-infant relationship exists (e.g., family, neighborhood, culture) affects the development of the relationship.

These are some of the questions driving research and practice in the field: How do early caregiving experiences support healthy infant development? How are parent-infant relationships affected by the world in which they live? How can we best work with families so they can build strong, positive relationships with their babies? And can we develop public policies that support parents as they nurture their infants?

Growth of the discipline comes at an important time. Knowledge about early infant development (including early neurological development) and early intervention is accumulating rapidly. And, we are living in a social and economic world that provides more challenges than supports for infant caregiving. The demands for infant mental health services are high and as a result, so are the needs for professional training in infant mental health.

One national effort with a home at the University of Minnesota is the Harris Professional Development Network (PDN). Funded by the Irving B. Harris Foundation, the PDN is comprised of 9 university-based centers conducting innovative programs to train infant mental health clinicians and practitioners. The University of Minnesota's Harris Center, housed at the Institute of Child Development, provides continuing education, professional development and training; contact the Harris Center at 612-624-4510 or ibharris@umn.edu.

CONSORTIUM CONNECTIONS

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Mental Health of Children with Special Health Care Needs

Joän Patterson, Chair, Maternal & Child Health Program, School of Public Health, University of Minnesota

There has been a longstanding myth that chronic physical illness or disability in children leads to mental health problems. The myth is perpetuated because of the apparent challenges present in these children's lives – challenges such as limited use of arms or legs, restricted participation in normal, age-appropriate activities, or following a daily treatment regimen for a chronic illness. While epidemiologic studies report a two-fold increased risk for mental health problems among children with special health needs, the fact remains that the majority of these children do not experience psychosocial problems. What accounts for differences in outcome?

In a cohesive family, each individual is valued.

In 1992, Project Resilience was initiated at the University of Minnesota to discover the answer to this question. After following 150 infants for 5 years until they were ready to start school and 100 preadolescents into middle adolescence, we were surprised to find that most of the children and families in our study were doing very well. Not only did they not show psychological and behavioral problems, but on several indicators, they scored above the norms on standardized measures, such as the Child Behavior Checklist, the Harter Self-Perception Profile, and the Social Skills Questionnaire. These findings are evidence of resilience, suggestive of an inoculation or compensatory model of resilience. In other words, the added demands of the chronic condition challenged families to develop new or strengthen existing resources and coping strategies for managing and account for their higher (than average) functioning scores.

Several key protective processes appeared to operate in the lives of these families and help account for the absence of mental health problems:

Increase in the family's sense of mastery. Initially many families felt overwhelmed by all the new information they were being given about the condition and its management, the array of services they needed to provide, and the complexity and inconsistencies in the public and private systems that paid for services. However, they acknowledged how surprised they were at all they had learned, and how assertive they became in ensuring that their children received high quality services.

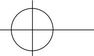
Strengthening family cohesiveness. In part, families attributed their competencies to the shared efforts of family members. They were less inclined to take each other for granted and they became more aware of each other's strengths. Sometimes, the insensitivity of friends or acquaintances contributed to a closer bonding within the family and an effort to protect each other from the worry, sadness or burden associated with the chronic health condition.

Positive meaning making. One phenomenon that never ceased to amaze those on our research team was the ability of so many families to see their circumstances in a positive light. For example, many would cite the conditions of other children they met along the way as being much worse than their own child's condition. Or they would speak about the special qualities of their child and how much this child had taught them. They talked about valuing difference and abilities in a new way and not taking things for granted. Many families developed a new outlook on life, believing their priorities had shifted to what is "really" important. New or deepened spiritual beliefs were often mentioned.

Achieving family balance. Those families that were functioning well seemed committed to treating their child with special needs as a normal child, allowing her to do what other kids do to the greatest extent possible. In addition, many parents made an effort to assure that the all family members received time and attention, and they did not let the special needs of one member take over family life. Sometimes this meant not doing exactly everything the health care team recommended – but not ignoring professional advice either.

These protective processes stand in contrast to risk processes often cited in association with child mental health problems, such as a decline in parent health, especially mental health; social isolation of the family due to time needed to provide care or due to stigma from the public; or increasing conflict with systems providing services for children with special needs.

Families in the Project Resilience study lived in Minnesota or Washington State where high quality service systems for special needs children are in place. We believe comprehensive, coordinated services are a critical factor enabling families to do what they must do to successfully manage their lives and prevent mental health problems in these vulnerable family members.



A Mental Health Circle of Support for Adolescents

Joyce A. Walker, Ph.D., Professor and Youth Development Educator, Center for 4-H Youth Development, University of Minnesota

Adolescent depression is a subtle, invasive reality that can threaten the well-being of our children and their friends. More than ever before, parents and young people need clear and accurate information about depression and its symptoms. And, they need to know how to help when a young person close to them becomes seriously depressed.

John Noltner

Young people need caring adults in their daily lives.

Depression is a mood disorder that changes the way young people feel about themselves and the world around them. Depressed adolescents often appear irrationally unhappy and pessimistic. This unhappiness plays out as aggression and anger, or it may appear as passivity and isolation. Motivation disappears, pleasure in life dwindles, and self-criticism often rages. As depression deepens, a teen may have trouble concentrating, making good decisions and exercising thoughtful judgment.

Looking back on his depression, one high school senior reflected that he felt his heart was screaming, "Help me, help me!" while his actions were driving all his friends and loved ones away. The behaviors of depressed adolescents create stresses and pain for family and friends. Loved ones may be pushed away, treated disrespectfully and ignored. Friendships are strained by anger, violence and withdrawal that healthy teens cannot really understand. These pressures can result in damaged relationships instead of supportive help and assistance. However, when we recognize depression, we can make constructive choices to help the person, not walk away.

In 1992, a team of University of Minnesota educators, child psychiatrists and child psychologists framed a community model for adolescent mental health promotion called "The Circle of Support." It emphasizes the responsibility we all share to connect, listen, understand, express feelings, and seek help for adolescents in trouble.

These principles are useful today as we face the negative consequences of violence, abuse, suicide attempts and other self-destructive behaviors in our neighborhoods, schools and homes. When we address mental health problems with compassion, support and empathy, we move toward healing. When we teach our children that mental health problems can be treated, we give our children alternatives to blaming, labeling, distancing and rejection.

Teach young people to recognize the painful problems self-destructive behaviors pose for peers and friends. Talk candidly about the complicated and potentially lethal consequences when drug and alcohol abuse, promiscuous sex, self-mutilation, binge eating, purging and starvation come to dominate the life of someone they know.

Support young people to find ways to help friends, not abandon them in times of trouble. Make sure they know they must always enlarge the circle of support, not rely on secretive help from one or two close peers. Get some caring and responsible adults involved as part of the support circle. Work together to figure out where to get help and how to make it happen.

Get mental health help. Don't ignore nasty behavior, isolating actions, rudeness and meanness on the part of a troubled teen. Talk about what you are seeing to the teen, to the young person's family, and to other adult professionals who can help.

Professionals play an important role in the treatment and counseling of mental health problems. But so do we all! As parents, friends and caring adults, we all need to be patient and understanding. We must not join in or condone the bad behavior, but we can extend our support and caring.

A young college student I know became anxious after receiving a letter filled with talk about no future and no point in living from a friend at home. We talked about her options, and she decided to call the young man's parents and express her concerns. She made the telephone call, and the mother basically told her to mind her own business. Although she didn't get the support she wanted from the boy's parents, she learned a lot about her own responsibility as a friend.

Experiences like this provide tough but critical lessons in the development of young people. Depression is a painful, difficult issue, one that grows when hidden in the darkness and ignored. When we commit to enlarging the circle of support and taking timely action to get help, we push depression into the light of day and give healing a chance to work. This is a powerful message for adults and young people alike.

The Circle of Support educational package contains 2 award-winning videos, 6 manuals, and a slide set. It can be purchased through the University of Minnesota Extension Service Distribution Service.

C L U E S

When you suspect a young person is depressed,

Connect with them

Listen to what they have to say

Understand with a sense of empathy

Express your feelings and concern

Speak out and seek help.

Helping The Kids

Interview with Toni Braness, Director, PACT 4-Families, Kandiyohi County, MN

PACT (Putting All Communities Together) 4 Families Collaborative is a four county, multi-agency partnership that operates as a Children's Mental Health Collaborative and a Family Services Collaborative located in West Central Minnesota. Located100 miles west of Minneapolis/St Paul and extending to the South Dakota border, the four counties of Kandiyohi, Meeker, Renville and Yellow Medicine encompass 3,150 square miles and 92,522 residents, and include 14 school districts and 30 school buildings. The Upper Sioux Indian Reservation is located within this region, and it is one of over 90 organizations that belong to PACT 4-Families. More than 4,000 Latinos make their home here, and there has been a rapid growth in the Asian populations, as well as a recent influx of Somali families.

When we caught up with Toni for this interview she was still reeling with the after affects of the Granite Falls tornado, coming as it did on the heels of floods from two years. "Families and kids are under a lot of stress," she relayed. "You can prepare for a flood, but a tornado comes out of the blue." Now, every time the local train whistle sounds, children are afraid it is another tornado on its way. Even the junior high kids are still shaky because when the storm hit, many of them were home alone in the late afternoon hours before parents had returned from work. "The out-pouring of disaster relief help has been wonderful," Toni reflects, "but we are eager to get on to the next stage, when the outside crews leave and the community starts to sort out the long term effects of the disaster."

Q: What's the biggest challenge in providing community-based mental health services to children?

A: Changing the system so that parents are seen as partners and families are understood to be integral to children's mental health. Changing the reimbursement and payment systems so that children receive good and sustained treatment. Third party payers and Minnesota Care limit the amount of mental health treatment clients can receive, and small companies that are self-insured—which defines many of the businesses in rural areas––avoid mandates that govern larger group plans. Changing the delivery system to make it function like a team to address the holistic needs of kids and families.

Additional challenges face rural communities like ours. Finding and retaining mental health professionals, especially professionals of color, who are willing to settle in our rural communities is a huge task. After years of trying, we are now "growing our own." Over the next five years, with funding from the Substance Abuse Mental Health Services Administration (SAMHSA), we are supporting a small group of local residents who are from our communities of color, as they start or continue their education as mental health professionals, social workers, and family therapists. They attend classes at area universities and community colleges, or are sent to intensive training programs in the Twin Cities or other locations.

Families are integral to children's mental health.

The Department of Human Services' Children's Mental Health Division has provided the collaborative with expert guidance in the area of culturally competent services and assessment tools that help us do a better job of serving diverse communities.

Q: What changes have taken place in these four counties as a result of PACT 4 Families?

A: In 1993, when the collaborative started, county directors and school superintendents would not have been sitting around the same table discussing the needs of families and children. We haven't eliminated all turf issues, but we have eased them greatly. We have reduced the waste and duplication of services that occur when each school district and each county acts in isolation. In many ways, this coordination and teamwork was spurred on by the consolidation of our local schools: suddenly, families lived in one county or community, while their kids attended school in another. It made no sense to have staff from different counties serving the same families in separate, piecemeal ways.

Braided funding has also made cooperation practical and cost effective. The collaborative can begin with the pressing needs of families and kids and then proceed from there to put together the funding package. Many of our family and children services are jointly funded by the collaborative, schools, counties and outside grants. This shared funding responsibility binds us together in important ways. A case in point: there are 8 at-large school social workers employed by the collaborative. They work 12 months of the year and keep a flexible schedule that allows them to meet in the evenings with parents, conduct home visits, and follow kids during the summer months, at camps for kids with special needs, and in year round programs for children with emotional and behavioral challenges. They cross all boundaries to serve kids, and never say, "I don't go there or do that."

I don't want to paint a picture that is too rosy. Change takes time. We have been working on this for over six years, and we still have a long way to go. We are

Helping The Kids *—continued on page 8*

Cultural Identity and Children's Mental Health

BraVada Garrett-Akinsanya, Ph.D., L.P., Brakins Strategic Initiatives Consulting and Psychological Services, African-American Mental Health Program

As an African-American clinical psychologist, I am often asked to identify the key factors that influence the mental health of African-American children. Invariably, the conversation turns to a discussion of the role that identity plays in the development of healthy self-esteem among African-American youngsters.

John Noltner

Children need positive messages about who they are and what they can accomplish.

Research tells us African-American children as early as 3 years old can recognize the differences between being Black or being White. They also realize their own skin is dark but believe that it can change. During that same period in early childhood, African-American children discover that being White has its advantages. They quickly incorporate the notion that being Black is a negative trait, while being White is a positive one. For example, children learn that Devil's food cake is dark, but Angel's food cake is white; magic is good unless it is black magic, and then it becomes evil; and even a lie is acceptable if it is a white lie. Because they believe their features can change, it is not uncommon for a preschooler to say, "I want to be White." Around the age of 7 years old, African-American children begin to understand their ethnic features are permanent. There are some indications that even after age 7, many African-American youth continue to internalize the notion that white is superior to black.

While African-American children may not have the concept of ethnic identity during early childhood, they understand feelings of rejection and acceptance. Consequently, African-American children often internalize a sense of "less-than-ness" as a result of seeing themselves as different in contexts where differences are not celebrated.

As African-American children struggle with the challenges of acceptance and inclusion, it is important for them to be able to make sense of those experiences. Children learn one of two lessons from the adults who nurture them. Either they learn that differences are to be celebrated or they learn that differences are to be regarded as deviant, inferior, shameful, or ignored altogether. Thus, when parents or providers unconsciously internalize negative beliefs, we are prone to write off the enormous potential of African-American children. Those African-American children who have internalized the notion that they are deviant create self-fulfilling prophecies by "writing themselves off" in response to the rejection of others. Only through re-affirming their value as African-Americans can children regain the sense of balance and self-esteem that comes from possessing a healthy cultural identity.

Here are just a few of the many ways parents and other caregivers can support the healthy development of self-esteem among African-American children.

- Teach your child about his or her ethnic heritage and identity. Children's books such as Jane Cowen-Fletcher's *It Takes a Village* and *Just Like Me —The Beginning of Civilization*, edited by Yaba Baker and Jarda Alexander, highlight accomplishments of African-Americans throughout history. The newly released Encarta Africana, an encyclopedia on African-American heritage, is another wonderful resource available on CD Rom or the internet.
- Provide dolls that look like your child. One of my most positive childhood memories was receiving my first African-American doll. Her name was "Tressy," and her hair was coarse (like mine) and grew shorter or longer by pressing her belly button!
- Give your child positive affirmations about his or her body image and avoid negative references to dark or light skin tone or nappy hair. Instead, teach your child that skin tone is the result of the concentration of skin pigmentation, and their hair is beautiful regardless of its texture or length.
- Encourage your child to have friends from many cultures and backgrounds and teach children to appreciate traditions outside their own. Keep a collection of toys and games from other cultures on hand. Host a multi-cultural party inviting children to bring ethnic dishes.
- When your child does encounter racism or discrimination, take time to discuss the incident with your child. Help your child understand the process of feeling sad about being rejected. Normalize his or her feelings, but remind your child that prejudices are based purely on ignorance and are often arbitrary.
- Work with your child to learn healthy ways of addressing prejudice. For example, teach your child to say "It makes me feel bad when you talk badly about my race. I can't play with you if you continue to do that."

Implementing these strategies will provide an enriched environment for your child to learn to appreciate herself and others. Your child also will learn that difference is not deviant, but divine!

Early Intervention in the Early Grades

Jamie Halpern, Manager of Collaborative Financing and Revenue, Human Services Administration, Hennepin County

There is proof that early identification and early intervention in children's mental health is effective, and can be implemented in a simple, cost-effective program that is easily replicated. The Primary Mental Health Project (PMHP) was begun over 40 years ago in Rochester, NY, and currently operates in approximately 2,000 schools, in 700 school districts nationally and internationally. PMHP is also being systematically implemented state-wide in 7 U.S. states. Over 30 program evaluation studies, including several examinations of state-wide implementation of the program, have illustrated the program's efficacy by documenting significant improvements in children's academic performance, achievement test scores, health status, and in adjustment to school.

The PMHP has five key elements: (1) a focus on primary grade children; (2) systematic use of brief objective screening measures for early identification of children in need; (3) use of carefully selected, trained, and closely supervised nonprofessionals (called child associates) to establish a caring and trusting relationship with children; (4) a changing role for school and mental health professionals that features selection, training, and supervision of child associates, early systematic screening, and functioning as program coordinator, liaison, and consultant to parents, teachers and other school personnel; and (5) ongoing program evaluation.

The PMHP model has been applied flexibly to diverse ethnic and socio-demographic groups in settings where help is most needed. PMHP targets children deemed "at-risk" and seeks to maximize children's healthy school adjustment. It is not intended to serve children with already identified specific diagnoses who are, or should be, receiving help through special education or clinical mental health professionals.

Relative to other traditional school and community mental health services, PMHP is a low-cost program, in many cases operating at an annual cost-per-child of less than $250. When compared to the costs of special education, individual mental health treatment, and/or child placement (outcomes which PMHP is designed to 'prevent'), the program is extremely cost-effective.

Childhood is an important time to prevent mental disorders and to promote healthy development. Thus it is logical to try to intervene early in children's lives before problems are established and become more refractory.

—Surgeon General David Satc

My enthusiasm for PMHP comes from first-hand knowledge. As program manager for a private non-profit agency in San Francisco, Edgewood Center for Children and Families, I helped introduce PMHP into the San Francisco public school system. During that same time I also served as president of California's statewide children's mental health advocacy organization, which led the way in implementing PMHP statewide. My hope is that Minnesota leaders and citizens will study the model and promote it in schools and communities around the state.

PMHP is easily replicable, and a national program office in Rochester, N.Y. provides start-up assistance, training, consultation, and ongoing program support. Program materials are available at low-cost, training sessions and visits to existing PMHP sites are periodically available throughout the year, and national certification is provided. Model legislation for systematic statewide implementation and funding has been created in several states.

PMHP has received awards from the National Mental Health Association and numerous other organizations, and was chosen as one of five exemplary prevention programs in the nation, highlighted in the recent U.S. Surgeon General's Report on Mental Health. Surgeon General David Satcher chose PMHP because of its focus on enhancing mental health through primary prevention of behavior problems and mental health disorders, and because it is researched-based.

For further information contact PMHP at www.pmhp.org or call (716) 262-2920 or (877) 888-7647.

Consortium Calendar

SEPTEMBER

September 25-29
Governor Ventura and mayors Coleman and Sayles Belton have proclaimed this week the "Week of the Working Family." St. Paul Superintendent, Dr. Harvey, will present the Working Family Support Awards at a special invitation breakfast hosted by Ceridian Corporation on September 27. Keynote speaker is Dr. William J. Doherty, author of The Intentional Family.

September 27
The first of a series of regional meetings supported by the MN Alliance of Youth and other partners will be held in Alexandria, 9:00am – 3:00pm. The meetings address youth development and service learning. Other regional meetings to be held in Winona,, Duluth, Mankato, Wilmar, Worthington, and Marshall. Contact the MN Alliance with Youth at 1-888-234-5119 or Colleen Schacht at 612-625-8394.

September 29
Discover how the Working Family Resource Center helps individuals balance work and life at their open house,11:30am – 2:30pm. Explore their lending library, visit with a family life educator and register for a free drawing. WFRC offers a variety of noon-hour classes for parents throughout the year. Call 651-293-5330 for a complete listing.

OCTOBER

October 5
"Children's Health and the Environment" by Dr. Philip Landrigan, noon to 1:00pm at the Westminster Town Forum. The talk is part of a project on "Reducing Pesticides in Minnesota Schools" coordinated by the St. Paul Neighborhood Energy Consortium and Advocates for Better Health and Environment. Contact Kathleen Schular, 612-375-0188 or Judy Chavie, 507-334-5179.

October 5
Childcare WORKS Conference, Minneapolis Convention Center, 9:00am – 4:00 pm, keynote address by Marti Erickson. Call 612-349-0543.

October 15-20
"Teen Read Week 2000 – Take Time to Read" is October 15-20. Browse the Young Adult Library Services Association's (YALSA) website at www.ala.org/yalsa/ Follow the link to The Librarian's Guide to Cyberspace for Parents and Kids for more information as well as a list of recommended books to motivate kids to read.

October 19
The Maternal and Child Health, School of Public Health, is sponsoring a statewide videoconference from 1-3pm. It will give readers of the second issue of

Breaking the Cycle of Violence

Kate Amundson, Director of Family Support Services at Family Support Network

Curly hair isn't the only family trait passed down from one generation to the next. A twenty–seven year study of 1,575 child victims of abuse and neglect—conducted by the National Institute of Justice, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute of Mental Health—found that people who have been victims of child abuse or neglect are more likely to:

- abuse their own partners
- abuse alcohol and drugs
- experience unemployment and depression
- drop out of school
- commit violent crime
- live in poverty

Parents who are isolated, under stress or living with limited resources can find themselves losing control with their children. And, the intergenerational cycle of abuse repeats itself again. But help is available, and by supporting parents early and consistently we can increase positive outcomes for families.

Family Support Network (FSN) is a 21-year old non-profit with a statewide network of chapters that provide free, weekly support groups for parents and concurrent children's programs. Its parent-driven approach works to break through the traditional "helper-helpee" model to create an environment of hope and empowerment for participants to change their own lives.

Studies conducted by the National Center for Health Service Research have determined that this self-help model of parent support is one of the most effective approaches for helping parents make improvements in eleven key parent functioning areas. In September 1996, the US Commission on Child and Family Welfare cited the model as effective in helping parents overcome abusive behaviors toward their children and supporting parents in taking leadership roles in addressing other community issues. In early 1998, the U.S. Department of Juvenile Justice and Delinquency Prevention cited the mutual self-help model as one of the top family strengthening programs in America.

The children's program is a major component of the success of FSN. While parents meet, children also gather. Trained volunteers lead the children in activities specifically designed to promote resiliency by building self-esteem, teaching non-violent conflict resolution skills, and encouraging positive social behavior. By giving parents and children the skills to communicate and interact with each other in positive ways, the cycle can be broken.

There are free support groups for parents and children that meet every week across Minnesota. To find a group, or develop a group near you, call 1-800-CHILDREN.

Helping The Kids *—continued from page 5*

experiencing rapid demographic changes, and given all our efforts to integrate programs and coordinate the work of many agencies and professionals, we are not keeping up with the need for services.

Q: What are the hot issues right now?

A: We need to focus the spotlight on early identification and early intervention for kids with mental health needs. We are failing families by not being able to work with kids before they are diagnosed. Moreover, we could drastically reduce the need for Special Education services if we could identify kids earlier and deliver intensive services to them. SAMHSA provides wonderful services, but only after children are diagnosed. No diagnosis, no funding.

Currently, children are assessed for mental health services during pre-school screening when they are 3 or 4 years old. But, many behaviors do not surface until children are older. Late elementary school, around 5th and 6th grade, are times when school personnel often observe children who need to be evaluated. Yet, parents are often reluctant to have their children labeled. And no wonder. Communities continue to stigmatize people who receive mental health services. We have to do a much better job of teaching about mental illness and understanding what it means to be diagnosed.

While local collaboratives like ours are having some strong outcomes, there is still not enough change happening at the state and national level. Local communities desperately need support and technical assistance from state agencies, from county government and from the state legislature. Too often I still see local groups stopped in their tracks by the conflicting and competitive needs of one state or federal system – schools, health services, or social services — over another. We must stop serving systems and agencies, and start serving families and kids. In our collaborative meetings, when we start to bicker over turf issues and momentarily lose our way, someone always says, "Hold on! This isn't helping the kids. Let's get back on track." In the end, what keeps us going through the tough times is the core belief that "parents, whatever their backgrounds or abilities, really love these kids, but they get frustrated and discouraged, and they need our help."

Read more about PACT 4-Kids at www.co.kandiyohi.mn.us/pact4

More Heat Than Light?

Controversies around ADHD and medication

Are you concerned about the increasing number of American children who are taking Ritalin or other similar medications to manage attention problems or hyperactivity? If so, you're not alone. An often fiery debate on this subject has ensued in recent years, sparked in part by a dramatic increase in the production and use of stimulant medications in the U.S. to treat children with attention deficit/hyperactivity disorder (ADHD). Fanning the flames was a recent report of a two- to three-fold increase in the use of stimulants among children two to four years of age – a finding that led to a White House conference to address what many saw as an alarming trend.

It's unclear what accounts for the dramatic rise in stimulant use. Hypotheses range from an actual increase in the prevalence of ADHD (which leads to the provocative question "why?"), to improved methods of diagnosis, to a greater consumer awareness of disabilities and their treatments.

Some opponents of such extensive use of stimulants claim that schools, child care centers, and stressed-out families are opting for a quick fix rather than investing in improved parenting, emotional support, and smaller classes. Some blame HMO's for pressuring physicians to medicate and not providing other methods of intervention. Consumer advocates cite potentially dangerous side effects of stimulants, including insomnia and appetite loss, and point to the lack of carefully controlled studies to evaluate the long-term consequences.

On the other side of the argument is research documenting significant improvement in attention span, compliance, impulse control and hyperactivity among the vast majority of children with ADHD who receive stimulant medication. Furthermore, side effects reportedly are uncommon and, when they do occur, are mild and easily reversed by adjustments in dosage. Many educators and parents say the medication removes a major barrier to the child's school success and healthy social development.

In a recent article in *Minnesota Medicine* (June, 2000), Gerald August, Ph.D., and George Realmuto, M.D., professors in the U of M's Department of Psychiatry, offered their insights on the rise in stimulant use among young children. They claim that, whether or not the incidence of ADHD has actually increased, the rise of stimulant use among children reflects significant societal changes. These include a wider acceptance of ADHD as a medical condition, increased awareness of treatment options, and the surge of very young children into structured childcare and education programs where there is less tolerance of disruptive behaviors and symptoms are identified earlier.

Professors August and Realmuto offer the following guidelines for making clinically responsible decisions about the use of medication with young children who present behaviors associated with ADHD:

John Noltner

Mentally healthy children relate well to others and can adapt to changes and challenges.

- Determine whether the reported behavior problems meet standardized diagnostic criteria for ADHD, as opposed to reflecting the child's developmental level, a learned response to ineffective discipline, or a reaction to a stressful life event. Medication should be considered only if the ADHD diagnosis can be verified.
- Look for other medical or psychiatric conditions that may be contributing to the behavior problems, and take those into account when planning treatment. For example, brain injury, epilepsy, fetal alcohol syndrome, and reactive attachment disorder are just a few of the conditions that can occur with – or simulate – ADHD.
- If an ADHD diagnosis is verified, assess how disruptive or dangerous the child's behavior is for the child or others. If the consequences of the child's behavior are serious, drug therapy may provide the swift intervention needed. If consequences are less severe, other approaches, such as parent education and use of behavior modification techniques, should be tried first.
- If medication is being considered, discuss with the parents the benefits and risks of medication, how it would be monitored and adjusted, and how possible side effects would be managed. Provide appropriate educational materials to the parents and encourage them to ask questions.

Reference: *August, G. & Realmuto, G. (June, 2000). Pharmacotherapy in ADHD: guidelines for prescribing stimulant medication in young children.* Minnesota Medicine, *Volume 83, pp. 45-46.*

"Healthy Generations" an opportunity to discuss topics and questions with the authors. Sites for the videoconference are at www.epi.umn/mch/pages/hgvideo2 .html. To receive a copy of "Healthy Generations" or register for the conference, contact Jan Pearson at 612-626-8644.

October 19-21
"Child Psychology in Retrospect and Prospect," 32nd Minnesota Symposium on Child Psychology held in conjunction with the Institute of Child Development's 75th Anniversary Celebration. This event is free, but registration is necessary; contact LuJean Huffman-Nordberg by October 2 for registration and details on all of the Anniversary events, 612-625-6549.

October 24
"Connecting Kids and Community," 9th Annual Kids Plus Conference will be held in the Duluth Entertainment Convention Center. Workshops on critical issues concerning children and youth in Northeastern Minnesota; keynote speaker is Ed Gerety. For information call 218-723-4040.

October 25-27
The 2000 Children's Mental Health Conference, "Building on What Is Working: An Integrated System of Care for Minnesota's Children," held in the Radisson Hotel South in Bloomington, MN. This conference will address issues of collaboration and service integration and showcase best practices of collaborative work. Contact Campbell Meeting Management, 651-646-5060.

October 27
Sponsored by the Minnesota Parenting Association, "An Evening with Dorothy Cotton" seeks to develop the civic capacity of parents and community leaders. This program takes place 6:30pm-9:00pm, and the fee of $40/person includes dinner. Contact Fran Hesch, Minnesota Parenting Association, 651-290-4755 or javalamp@yahoo.com

October 28
"Summit Celebrating Values/Virtues Across Cultures and Generations," sponsored by a collaborative group of parents, businesses, faith communities, non-profits, schools, government, funders and other organizations. The summit seeks to create a space for discussion and action steps across cultures. It takes place 10:00am-5:00pm; the fee is $5 per family. Contact Fran Hesch at 651-290-2755 or javalamp@yahoo.com

NOVEMBER

November 1
"Through the Eyes of Caregiving Grandmothers: Perceptions of Social Service System," Social Work Breakfast Lecture with lecturer Priscilla Gibson, Ph.D., room 5 of Peters Hall, St. Paul campus UM, 7:30-9:00am. For more information and/or registration, call 612-624-4243.

November 2-4
Search Institute's "4th Annual Healthy Communities Healthy Youth Conference" will be held at the Minneapolis Hilton Convention Center. The theme is Imagine Healthy Communities. Contact Liz Brekke at 612-692-5555 or the Search Institute at www.search-institute.org.

November 3
The School of Public Health will host the annual Public Health Roundtable on Adolescent Health. Featured presenters are Mike Males, author of Framing Youth: Ten Myths About the Next Generation and Scapegoat Generation; adolescents from DARE Plus and Target Market; Marti Erickson, Children, Youth & Family Consortium; and Cheryl Perry, Editor of Surgeon General's Report on Teen Smoking. Topics include Youth and the Media, Youth Health Promotion: Case Studies of What's Working, and The Youth Health Agenda for the Next 15 years. Call 612-625-7625 or email freib001@tc.umn.edu.

November 8
"Emotional Intelligence: Understanding and Using Emotion to Nurture and Strengthen Children and Families" is the 9th Annual Symposium sponsored by St. David's Child Development and Family Services, Hennepin County Medical Center, and the Children, Youth & Family Consortium. For more information, call 612-939-0396.

November 9 - 13
"The Diverse Experience of Males in Families" is a preconference event for the 2000 Annual Conference of the National Council on Family Relations to be held at the Minneapolis Hilton Hotel and Towers from November 10- 13. The preconference is a chance for all those who work with children and families to explore current knowledge about fathers and practice with males in families. For more information regarding the preconference, contact Bill Allen at 612-822-3813. Questions about the conference can be directed to Cindy Winters at 763-781-9331 ext. 15.

November 20
"Family Re-Union 9: Families and Seniors Across Generations," held at Vanderbilt University, co-sponsored by the University of Minnesota's Children, Youth & Family Consortium and Vanderbilt University's Child and Family Policy Center. For information, check the web site, www.familyreunion.org

A Continuum of Children's Mental Health

—continued from cover

Articles focus on windows of opportunity

The articles in this newsletter focus on windows of opportunity at various points along that continuum of care and along a developmental continuum from birth to adulthood. **Amy Susman-Stillman** emphasizes the very beginnings of mental health, a baby's earliest experiences with parents and other primary caregivers. It is there that a child begins to develop self-regulation, trusting connections to others, and the roots of a sense of effectance.

BraVada Garrett-Akinsanya offers helpful and hopeful advice to parents of children of color, tips that can empower a child to stand tall in the face of societal messages that too often undermine a healthy sense of identity. Also hopeful is the story told by **Joän Patterson**, whose research highlights the remarkable strength and competence of families and children dealing with disability or chronic illness. **Kate Amundson** identifies a segment of the population clearly in need of special preventive intervention, children who are victims of abuse or neglect. With an eye toward breaking intergenerational cycles of maltreatment, Kate points to the success of peer support groups in helping both children and parents come to grips with their painful experience.

Entry into the K-12 education system is a critical developmental passage for all children. And because of the new demands of the academic setting, the primary grades afford a unique opportunity for early identification of children who are at risk for mental health problems. **Jamie Halpern** makes the case for a cost-effective model of early preventive intervention in the schools – a model not yet used in Minnesota, to our knowledge, but one with a strong track record in a growing number of other states.

As children move toward adulthood, the developmental tasks of adolescence take center stage – finding a strong sense of identity and beginning to create healthy patterns of intimacy. Sadly, for many teens, depression is part of the reality of adolescence; but **Joyce Walker** documents the importance of a strong circle of support to help teens survive and thrive.

Finally, **Toni Braness** offers both realistic and optimistic reflections and insights from her years of working in a multi-county collaborative aimed at enhancing the mental health of children in West Central Minnesota. Toni's interview calls to mind the old saying, "Where there's a will, there's a way." We trust that whatever your role, whatever your stake, in children's mental health, the lessons offered here by our various Consortium partners will help you find the will and the way to make a difference for children in your community.

2000 Children's Mental Health Conference

"Building on What is Working:
An Integrated System of Care for Minnesota's Children"

October 25-27, 2000, Radisson Hotel South, Bloomington MN

This year's conference addresses issues of collaboration and service integration, and highlights progress made since the inception of the Children's Mental Health Act in 1989. The expanded 3-day conference includes 4 major keynote presentations, concurrent workshops on innovative programs and research findings, results from the Minnesota Parent Leadership Summit, presentation of the Gloria Segal award, and a dramatic performance. Over 600 parents, educators, school board members, social service workers, mental health professionals and other professionals across the state of Minnesota are expected to attend. Scholarships are available for parents and caregivers; call Mary at 651-297-5242 to request a scholarship package.

The keynote speakers represent many different disciplines and bring a wealth of experience to the conference:

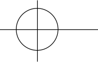
Pamela Marshal, JD, MSW, "The Value of System Coordination and Inclusion of the Family Voice in Child Mental Health Systems." Mother of a special needs child, Ms. Marshall is executive director of the Central Little Rock Community Development Corporation, and former director of mental health services for the Arkansas Department of Human Services.

Dr. Bertice Berry, "Healing the Village." A gifted speaker and author, Dr. Berry draws on her personal experience as a foster and adoptive parent to children born with addictions, and her professional work in sociology and cultural diversity.

Vera Pina and **Kenley Wade**, "Approaches to Culturally Competent Interagency Collaboration—A New Way of Doing Business." Mr. Wade is former administrator of the Illinois Department of Mental Health & Disabilities, and Ms. Pina serves as a clinical consultant to the Milwaukee Wraparound Project, a child and adolescent treatment center. They are national consultants on community- and family-based approaches to system reform.

Neil Brown and **Patricia Miles**, "Multiple Initiatives: Maintaining a Common Values Base." This Portland, Oregon team consults on the development of individualized services for children and families. Mr. Brown has over fifteen years of serving homeless youth, and Ms. Miles has initiated projects in schools, juvenile justice settings, child welfare and mental health agencies.

For information on registration, call 651-646-5060.



Connection Corner

Just in Time Research

A new issue of Just in Time Research is hot off the press. The first issue appeared in January 1999 and was focused on children, youth and families, while this second issue is on "Building Resilient Communities." A joint project of the Humphrey Institute and Extension Service, the publication summarizes current research and implications for public policy in four areas of concern to communities: youth development, housing, economic vitality, and immigrant and minority populations. The briefing papers on youth issues include: "Developing a Minnesota Reading Initiative to Promote Early Literacy," Marika Ginsburg-Block and Ann M. Casey; "Children Who Overcome Adversity to Succeed in Life," Ann S. Masten; "St. Paul Youth's Transition from School to Work," Jeylan Mortimer; and "Youth Run Enterprises," James R. Stone III, Christine D. Bremer, and Brenda J. Kowske. Copies of the report are available for sale through the Extension Distribution and Customer Service Center (612-624-4900 or 800-876-8636). The report is also available on the Extension website (www.extension.umn.edu).

Growing Absolutely Fantastic Youth

Growing Absolutely Fantastic Youth is a guide — for policy-makers, foundation leaders, youth serving agencies, and families and communities — to strategies that can improve the health of youth. Produced by the Konopka Institute for Best Practices in Adolescent Health at the University of Minnesota, the guide represents a synthesis of the research on effective prevention, intervention and health promotion strategies within families, schools and communities. The report addresses the 7 adolescent health areas identified by the U. S. Surgeon General as needing critical attention: alcohol/tobacco/other drugs, motor vehicle accidents, violence, suicide, risky sexual behavior, nutrition and physical activity. Up to 5 copies of Growing Absolutely Fantastic Youth can be ordered for free by contacting sharon.bonniwell@state.mn.us. The publication can also be found in PDF format on the Konopka Institute web site www.konopka.umn.edu. Permission is granted to photocopy this publication.

Consortium Update

New faces at the Consortium

Rebecca Reibestein joined the Consortium staff in July as Office Specialist, replacing Ruth McFarlane who is now at Cornell University as a first year law student. A recent graduate from the College of St. Benedict/St. John's University with a BA in political science, Rebecca brings experience with a variety of social service/non-profit organizations.

In September Madge Alberts stepped into the open position of Program Coordinator, replacing Amy Susman-Stillman and Wendi Schirvar who had shared that role for the past two years. A long-time colleague of the Consortium, Madge holds an MA in religious studies from United Theological Seminary and has just completed a five year assignment with Extension Service as Children, Youth and Families Program Leader.

In October, the Consortium welcomes Joan Sykora as Public Education and Communications Coordinator, a new position that will coordinate a university-wide plan for public policy education. With a Ph D in Education from the University of Minnesota and an MA in Public Affairs from the Humphrey Institute, Joan has worked in state and county government, focused on children and youth, for over 23 years. She comes to us from the Minnesota Department of Human Services, where she has been providing leadership in children's mental health services and in Medical Assistance for children and families.

November 29
The Minnesota Department of Health will be hosting the "Minnesota Suicide Prevention Symposium" from 9:00am – 3:30pm in St Paul. You can view MDH's "Report to the Minnesota Legislature: Suicide Prevention Plan" on-line: www.health.state.mn.us/divs/opa/suicide.pdf. For more information, contact Candy Kragthorpe, 651-281-9833.

DECEMBER

December 4-6
The Association of Minnesota Counties will hold its annual conference in Rochester. One of the keynote speeches will be "Cardio Vision 2020: A Response to the American Lifestyle." Workshop subjects include violence prevention and mentoring led by Dr. Crystal Kuykendall. For details contact Kari Doroff at the Association of Minnesota Counties at 651-224-3344.

December 15
Celebrate the season of many traditions and beliefs with the Working Family Resource Center's Holiday Open House from 11:30am – 2:30pm. Call 651-293-5330 for more information.

JANUARY

January 18
Celebrating the first 10 Years of the Children, Youth & Family Consortium, University Gateway, 1-4 pm. Look for more details in October.

January 22-24, 2001
"Going Beyond Coming Together for Children, Youth and Families: Weaving a Basket of Resources" the annual Children's Mental Health collaborative conference will be held at the St Cloud Civic Center. For more information, contact Pathfinder Resources at 651-647-6905.

St. David's is hosting the Ninth Annual Symposium: Emotional Intelligence

November 8-9, 2000

On Wednesday, November 8, a parent lecture will be held at St. Joan of Arc Church in Minneapolis from 7:00 – 8:30 p.m. This lecture will feature the authors of the book, Emotionally Intelligent Parenting. Cost for this lecture is $10.00 and scholarships are available. On Thursday, November 9, an all day workshop will be held at the Hyatt Regency Hotel in Minneapolis from 8:00 a.m. – 4:30 p.m. This workshop will feature Dr. Daniel Goleman, author of the books, Emotional Intelligence and Working with Emotional Intelligence; Vivian Jenkins Nelsen, co-founder and CEO of INTER-RACE; and Dr. Brian Friedlander and Dr. Steven Tobias co-authors of the book, Emotionally Intelligent Parenting. The cost for this workshop is $125.00. Limited scholarships, group discounts and CEU's are available.

This year's symposium puts Emotional Intelligence in the spot light. Emotional intelligence involves emotional balance, persistence, motivation, empathy, and social finesse. It is becoming widely recognized as necessary not only for the prevention of violence, teen pregnancy, and drug abuse, but also to prepare children for fulfilling personal lives and productive futures. At the evening lecture, Drs. Friedlander and Tobias will provide insight into raising responsible, socially skilled children and how parents can model self control and self motivation. At this exciting workshop, Daniel Goleman will show us how emotional intelligence can be nurtured and strengthened in all of us and how we can impact children and families.

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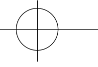


ON LINE AT — WWW.CYFC.UMN.EDU

Michael Brott, Community Partnership and Communication Coordinator

Headroom (headroom.net.au)

Partnership With Young People: Working with young people to improve mental health.

Headroom is a youth focused web site developed by a consortium of agencies in Australia including the Women's and Children's Hospital, Division of Mental Health together with the Universities of Adelaide and South Australia. Partnerships with young people form the foundation of this project, which means that young people have a guiding role in all phases of the project.

No Stigma (www.nostigma.org)

This site, designed for teens and youth, promotes mental health and the positive message that you can get better and recover from mental illness. Good mental health leads to positive self-image and good relationships with friends and others. The National Mental Health Awareness Campaign "No Stigma" was created in partnership with the American Psychological Association and MTV. From tips on mental health, to warning signs and referral links, No Stigma aims to lift the veil on mental health.

About Our Kids (www.aboutourkids.org)

A project of New York University's Child Study Center

The New York University Child Study Center is a multi-disciplinary team of professionals dedicated to advancing the field of mental health for children and their families Their web site provides a guide to the emotional, behavioral and developmental problems of children and adolescents. Topics range from anxiety disorders to autism and other pervasive developmental disorders, and from eating disorders to learning disorders.

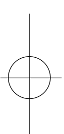
Zero To Three (www.zerotothree.org)

Zero to Three is a national leader on the first three years of life whose mission is to strengthen and support families, practitioners and communities to promote the healthy development of babies and toddlers. The December, 1997/January, 1998 Issue (www.zerotothree.org/0-3relat.html) issue of ZERO TO THREE Bulletin explores the relationship between infant mental health and early intervention with very young children with disabilities.

The Center for Mental Health Services (www.mentalhealth.org)

Knowledge Exchange Service

The Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services underwrites this site. The Knowledge Exchange Network (KEN) provides information about mental health via a toll-free telephone number (800-789-2647) and through their web site and publications. KEN was developed for users of mental health services and their families, the general public, policy makers, providers, and the media. From the latest news in the field of mental health, to a special area designed especially for kids, this site provides up to date information regarding promising mental health services and available publications in both English and Spanish.



Who's the Consortium?

Shirley Baugher, the new dean of the College of Human Ecology and one of the founders of the Consortium, is a member of the delegation accompanying the Consortium to a UCLA conference on family-centered community development, October 30-31.

Joan Berge, president of Capstone Press in Mankato, donated design and printing of a new library poster, Power Read! Consortium adviser Gretchen Wronka, who is Hennepin County Library System's youth services coordinator, brought together Capstone Press and the University of Minnesota literacy initiative to help produce the poster that will be distributed by University reading tutors to schools and community centers this Fall.

Laurie McLaughlin, associate director of Women's Intercollegiate Athletics, helped the Consortium coordinate the production of a library poster featuring athletes from the University of Minnesota women's hocke team, winner of the 2000 National Championship. The poster recognizes the award-winning team by using the tag line: Power Read!

Tim Reardon, Alliance for Families and Children in Hennepin County, is assisting Hennepin County Board of Commissioners in developing a long-term strategy for improving children's mental health, a proces that will take place over the next six months. The Consortium is acting as a resource to th Alliance in planning a strategy grounded in the best available research.

Cynthia Scott, a member of the Government Relations team at the Universit of Minnesota, served on the search committee that was responsible for hiring th Consortium's new Public Education and Communications Coordinator. Cynthia work to help coordinate the University's presence at the state legislature.

And the Consortium is YOU!

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