



How can more child abuse fatalities be prevented?

Improving the ability of child protective service agencies to assist their clients by reducing caseloads, expanding training of caseworkers, and funding more treatment services for victims will help reduce fatalities. Child protective services, however, cannot prevent all fatalities single-handedly. Other formal institutions such as schools and hospitals as well as informal, personal networks should play an active role in identifying and assessing families at risk of abusive or neglectful behavior. Finally, alcohol and drug treatment services need to be expanded and made more accessible to pregnant and parenting women.

One of the most promising prevention strategies for reducing early childhood injuries is the provision of comprehensive home health visitors to all expectant and new mothers, or at the very least, to mothers in high risk neighborhoods. In 2001, Prevent Child Abuse America introduced Healthy Families America, a comprehensive home visiting initiative. Such services offer instruction and support regarding prenatal care, parenting skills, household management, and coping with environmental dangers.

As a 2006 report on Hawaii's Healthy Start home visitation program concluded, home visiting produces measurable benefits for participants in the areas of parental attitudes toward children, parent-child interaction patterns, and type and quantity of child maltreatment. Evaluations of other home visitation programs also are underway, specifically evaluations of Healthy Families America sites. This form of primary prevention demonstrates not only a social commitment to a child's well-being from the point of birth, but also a strong commitment to the welfare of society.

Source: <http://www.childabuse.com/fs9.htm>

MENTAL MINUTES

APRIL 2011 VOLUME 2, ISSUE 6

Prevention of Child Abuse and Neglect Fatalities

How much a society values its children can be measured by how well their children are treated. The fact that more than three children a day die from physical abuse or chronic neglect in the United States calls into question America's commitment to its young, especially as many of these deaths are preventable. This fact sheet provides information on child maltreatment fatalities including: 1) national statistics regarding the scope of the problem, 2) the relationship between fatalities and child abuse reports, 3) the underlying causes of child abuse fatalities, and 4) strategies for child welfare agencies and others to prevent future deaths.

How many children died in 2007 as a result of maltreatment?

According to information from 34 states representing 67.3% of the U.S. population under the age of 18, an estimated 1,215 child maltreatment deaths were confirmed by child protective service (CPS) agencies in 2007. This figure undercounts the actual number of maltreatment fatalities, however, as some number of accidental deaths, child homicides, SIDS cases and deaths attributed to undetermined causes should be labeled child maltreatment fatalities. According to a 2007 study by McClain et al., an estimated 85% of deaths due to parental maltreatment were coded as due to some other cause on the child's death certificate.

Is the number of child fatalities increasing?

Over 3 children died each day last year as a result of parental maltreatment. A national survey conducted by Prevent Child Abuse America early in 2007 suggests that the number of confirmed child abuse fatalities increased 39% over the last 10 years. This trend is not surprising given the increase in poverty, substance abuse, and violence experienced by many communities.

Is there a corresponding increase in child abuse reports?

Based on reporting data collected from 37 states and

the District of Columbia, a little over 3 million children were reported for child abuse in 2007, approximately 2% more than had been reported in 2004. Overall, child abuse reporting rates have risen by an average of 4% each year between 2000 and 2005. The total number of reports has increased nationwide by 49% since 1986.



What children are most likely to die from maltreatment?

Young children are at the highest risk. Research indicates that between 2003 and 2005, 85% of fatalities occurred to children under the age of five, with 45% to children under the age of one. Other studies have found that child abuse ranks as the second leading cause of death, after accidents, for children between one and five years old.

How and why do these fatalities occur?

It is difficult to pinpoint one main cause for all fatalities attributed to child maltreatment. Between 2003 and 2005, 37% of all fatalities were the result of neglect, 48% from abuse, and 15% as a result of both forms of maltreatment. As a result, a few factors related to these fatalities seem to present themselves year after year. According to a 2005 report by Prevent Child Abuse America, states reported that substance abuse, by the abuser, was involved in anywhere from 4% to 65% of all substantiated cases. Additionally, 46% of children who died between 2003 and 2005 had prior or recent contact with CPS agencies. This may signify that these are the only deaths that are investigated by many states. As a result, we can expect that a high percentage of reported deaths involve such children. Also, however, there is much difficulty in providing sufficient services to all victims which may also contribute to child maltreatment fatalities.

Source: <http://www.childabuse.com/fs9.htm>

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Upcoming Trainings: Friday, April 29, 2011

8:30 am - 4:00 pm

CORE Services Training: 101

(6 CORE CEU Hours)

CORE services are provided to children and adolescents that have several emotional disturbances as well as substance abuse issues. These individuals may be at high risk for out of home placement (i.e., RYDC, psychiatric hospitalization, therapeutic foster care, residential treatment facility) and may be court ordered to receive services. This workshop will include training on creating a comprehensive clinical assessment, the development of a service plan, and identification of the most appropriate services for the client.

REGISTER HERE

CORE SERVICES

Frequently Asked Questions for CORE Services

What ages qualify for CORE Services?

Ages 4 to 21

What are CORE Services?

CORE services are Medicaid funded services for children and adolescents who are exhibiting mental health issues. CORE service provide a comprehensive model for the purpose of prevention and intervention to avoid out of home placement.

What services are covered under CORE for children and adolescents who are in foster care, adoptive or disabled?

This category of children will receive all mental health services, without limitations to service hours, within a 12 month time frame.

How does the CORE process work for CMO consumers (Amerigroup, Wellcare and Peachstate)?

CMO consumers will receive therapy services once the referral is submitted. The agency will assign the consumer to an assessor for the completion of a CORE clinical mental health assessment for the purpose of obtaining CORE case management services such as Community Support Individual. Additionally, a psychiatric evaluation will be completed.

What types of payments are accepted at ABC/ACT?

We accept payment from Medicaid, most all private insurances (PPO and HMO) with the exception of Kaiser, and state contracts from all 49 states. Additionally, we accept most major credit cards and cash.

Who can you contact if the referral source is in need of assistance or to make a complaint?

Call 678 406-9707 and ask for Ms. Jackki.

CORE services are provided to children and adolescents that have several emotional disturbances as well as substance abuse issues. These individuals may be at high risk for out of home placement (i.e., RYDC, psychiatric hospitalization, therapeutic foster care, residential treatment facility) and may be court ordered to receive services. Services will be provided in phases based upon the identified needs of the consumer and information gained during the provision of CORE services will be used to determine if additional treatment is needed.

Phase I will include a comprehensive clinical assessment, the development of a service plan, a nursing assessment, a health and behavior assessment and a psychological evaluation.

During the first 90 days of service, family training will be conducted, behavioral aide services will be provided, all assessments will be completed and attendance at any court dates will be provided.

Phase II may include Family Training or Family Counseling, Individual Counseling, Group Counseling, Intensive Family Intervention and Community Support Individual services.

Criteria for Treatment

Four variables are considered to determine whether a youth qualifies as a "CORE consumer."

- An individual must be under the age of 18 years old. However, individuals aged 18-21 who are still in high school, in DJJ or DFCS custody or when it is otherwise developmentally/clinically indicated - may receive CORE Services to assist with transition to adult services.
- A diagnostic evaluation must yield information that supports an emotional disturbance and/or substance related disorder as the primary diagnosis.
- The clinical assessment must yield information that supports a behavioral health diagnosis
- For state funded supports, the individual must have no other means of paying for the services needed.

Approach - A Family Preservation approach is utilized while focusing on stabilizing the child. The family will be connected to community resources. Referring agencies will receive bi-weekly progress reports from the staff providing service to the family.

On Call Information – Our teams are accessible 24 hours a day, 7 days a week. In the event of a crisis, the DFCS worker, foster parent, parent or guardian can contact the assigned ACT staff at any time.

MENTAL MINUTE

Many Young Women

The following clues refer to the names of several young women, in the form of Miss Suchandsuch. These names then actually form a new word (although there will be a spelling difference with one s missing) For example, "This young woman obeys all the rules" would be misbehave (Miss Behave)

Can you figure out the rest of the words?

1. This young woman is in great shape.
2. This young woman is very generous at Christmas.
3. This young woman showed me where to go.
4. You could tell this young woman all your secrets.
5. This young woman knew exactly what I meant.
6. This young woman is exactly the right choice.
7. This young woman could lead the orchestra.

Answer on p.4

About Autism

Causes

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Brain scans show differences in the shape and structure of the brain in children with autism versus neuro-typical children. Researchers are investigating a number of theories, including the link between heredity, genetics and medical problems. In many families, there appears to be a pattern of autism or related disabilities, further supporting a genetic basis to the disorder. While no one gene has been identified as causing autism, researchers are searching for irregular segments of genetic code that children with autism may have inherited. It also appears that some children are born with a susceptibility to autism, but researchers have not yet identified a single "trigger" that causes autism to develop.

Other researchers are investigating the possibility that under certain conditions, a cluster of unstable genes may interfere with brain development, resulting in autism. Still other researchers are investigating problems during pregnancy or delivery as well as environmental factors, such as viral infections, metabolic imbalances, and exposure to environmental chemicals.

Genetic Vulnerability

Autism tends to occur more frequently than expected among individuals who have certain medical conditions, including Fragile X syndrome, tuberous sclerosis, congenital rubella syndrome, and untreated phenylketonuria (PKU). Some harmful substances ingested during pregnancy also have been associated with an increased risk of autism. Read more about related conditions.

Environmental Factors

Research indicates that other factors besides the genetic component are contributing to the rise in increasing

occurrences of ASD, such as environmental toxins (e.g., heavy metals such as mercury), which are more prevalent in our current environment than in the past. Those with ASD (or those who are at risk) may be especially vulnerable, as their ability to metabolize and detoxify these exposures can be compromised. Read more about environmental health and autism.

Symptoms

The characteristic behaviors of autism spectrum disorders may or may not be apparent in infancy (18 to 24 months), but usually become obvious during early childhood (24 months to 6 years). As part of a well-baby/well-child visit, your child's doctor should do a "developmental screening," asking specific questions about your baby's progress. The National Institute of Child Health and Human Development (NICHD) lists five behaviors that signal further evaluation is warranted:

- Does not babble or coo by 12 months
- Does not gesture (point, wave, grasp) by 12 months
- Does not say single words by 16 months
- Does not say two-word phrases on his or her own by 24 months
- Has any loss of any language or social skill at any age

Having any of these five "red flags" does not mean your child has autism. But because the characteristics of the disorder vary so much, a child showing these behaviors should have further evaluations by a multidisciplinary team. This team may include a neurologist, psychologist, developmental pediatrician, speech/language therapist, learning consultant, or other professionals knowledgeable about autism.

Source: <http://www.autism-society.org/>

Facts and Stats

- 1 percent of the population of children in the U.S. ages 3-17 have an autism spectrum disorder.
- Prevalence is estimated at 1 in 110 births.
- 1 to 1.5 million Americans live with an autism spectrum disorder.
- Fastest-growing developmental disability; 1,148% growth rate.
- 10 - 17 % annual growth.
- \$60 billion annual cost.
- 60% of costs are in adult services.
- Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention.
- In 10 years, the annual cost will be \$200-400 billion.
- 1 percent of the adult population of the United Kingdom have an autism spectrum disorder.
- The cost of autism over the lifespan is 3.2 million dollars per person.

Recipe Round-Up: Strawberry Sparkles & Berry-Lime-Love-Note-Punch

Ingredients

- 1 pint fresh strawberries
- 1/4 cup colored sugar
- 4 ounces softened cream cheese
- 2 teaspoons confectioners sugar
- 4 teaspoons milk
- 1/2 teaspoon vanilla extract



Instructions

1. Wash the whole berries and pat them dry with a paper towel. Fill a shallow bowl with colored sugar (you can buy this at the grocery store or mix your own by stirring two drops of food coloring into 1/4 cup of sugar).
2. In a mixing bowl, blend the cream cheese, confectioners sugar, milk, and vanilla extract with a fork until smooth and creamy. Add more milk if needed to achieve the desired consistency.
3. Holding the berries by their stems, your kids can dip them into the cream cheese mixture, roll them in the sugar, and enjoy.

Source: <http://familyfun.go.com/recipes/strawberry-sparkles-686824/>

Ingredients:

- 2 cups cranberry juice
- 1/2 pt. fresh raspberries or sliced strawberries
- 3 cups limeade
- 1 cup seltzer
- Heart-shaped 6-cupcake pan or 2 ice cube trays



Step 1

Have your child drop three to four raspberries or sliced strawberries into each section of a heart-shaped six-cupcake pan or two ice cube trays. Divide the cranberry juice evenly between the pans or trays. Place in the freezer until set, at least 3 hours.

Step 2

When ready to serve, remove the ice cubes. Your child can help place one heart, or several ice cubes, into each glass. Combine the limeade with the seltzer and divide into the glasses. Kids can add a straw to each glass before you serve to party guests. As the berry ice cubes melt, kids will see the punch turn pink!

Source: <http://www.nickjr.com/recipes/berry-lime-love-note-punch.jhtml?path=/recipes/all-shows/drinks/all-ages/index.jhtml>

Our sister agencies provide an extensive array of mental health services for both children and adults. "Our mission is to provide high-quality, easily accessible services for Georgians, focused on promoting mental and emotional well-being through personal and professional development, family preservation, resource coordination, and individualized treatment.

Self Care Corner: Tips on Conflict Resolution for Kids

Stop and Think, don't loose control.
by Prevent Child Abuse America©



- Listen when the other person is speaking.
- Try to understand the speakers point of view before you share yours.
- Think before you speak, words hurt. Say exactly what you mean, in a clear non-threatening tone.
- Move away quickly from anyone who has a weapon, is impaired by drugs or alcohol. This is no time to hold a discussion on the merits of ones behavior. This is not the time to resolve conflicts. Call 911 for help.
- Think about it, violence on TV may look exciting, funny and even heroic. In real life, violence is frightening and dangerous. There is no glory in dying or killing another person.
- AVOID people who tease or threaten others. Who needs friends like that, life is tough enough without them.
- REMEMBER, belonging to a group is fun. But sometimes groups can pressure you into doing things that are wrong, and when the police come knocking, guess who they point to.....you!!! Don't let others think for you, because they won't stand up for you, only you can, and will when the time comes for you to pay the price for what you did for the "group".
- WALK AWAY when you're too angry to be reasonable. Cool down. Then come back and talk it out, calmly!!
- Have a problem, ask a cool headed friend or adult to help you solve it.
- Respect yourself and others too. Even people who are different in dress, appearance, or some other way deserve to be treated just how you would like to be treated....With Respect!

Source: http://www.ehow.com/how_4510211_teach-self-help-skills-special.html

Our Non-Profit organization, Atlanta Center for Healing,
is looking for
Board Members and Volunteers!!!

Contact: *Nafiyisa S. Simmonds BS, MBA*
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Tucker, Georgia 30084
Phone: 678-406-9707
Fax: 678-406-9881
Email: nsimmonds@atlhealing.org
URL: www.atlhealing.org

Look out for our Quarterly Newsletter!!!

Healing



Hearts

Mental Minute Solution

1. Misfit
2. Misgiving
3. Misguided
4. Mistrust
5. Misunderstood
6. Misappropriate
7. Misconduct

Source: <http://braingle.com/brainteasers/teaser.php?op=2&id=10068>



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We're on the Web!

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