

Mental Minutes

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TRAUMATIZED CHILDREN: A PUBLIC HEALTH CRISIS *Did you know???*

Worldwide, terrified helpless youngsters are too often silent witnesses or survivors of violence in the home, school, street, and war zones. In the U.S. alone, based on conservative estimates of the incidence of sexual and physical abuse and exposure to community and domestic violence, over three million children were exposed to traumatic events last year. If the percentage of American youngsters scarred by the battles of childhood approximates that of Vietnam veterans, each year approximately one million are joining the swelling ranks requiring special mental health, medical, and educational services, exceeding the total number of adult combat veterans who developed PTSD over ten years of war in Vietnam. Yet, despite increasing awareness in the medical community of this public health crisis, research in childhood trauma lags far behind that of adults, and few studies have looked at adolescents as a distinct group. Trauma during childhood and adolescence can lead to future disorders by etching its often indelible signature on the individual's maturation and development. Depending on the number, nature, and pattern of traumatic events, 27% to 100% of youngsters, especially those exposed to sudden, unexpected, man-made violence, will develop Post-traumatic Stress Disorder (PTSD). Others will have a range of PTSD symptoms, behavior disorders, anxiety, phobias, and depressive disorders. For example, children who were kidnapped, young Cambodian genocide survivors, and Holocaust survivors and their offspring continue to have serious symptoms years later. Abused children and those exposed to war develop PTSD and other psychopathology. In addition to PTSD, young children traumatized chronically can also develop symptoms that meet the criteria for other Axis I disorders (e.g. Attention Deficit Hyperactivity Disorder, Major Depression) and Axis II disorders, including Borderline Personality Disorder. Furthermore, trauma-induced influences on development can extend beyond childhood. Not only is there less improvement with the passage of time than survivors, families, and others often wish to believe, but trauma in childhood increases risk rather than inoculates against later psychopathology.

See full article at: <http://www.childtrauma.org/ctamaterials/ptsdChildAdoles.asp>



- In a nationally representative survey of 12- to 17-year-old youth, 8 percent reported a lifetime prevalence of sexual assault, 17 percent reported physical assault, and 39 percent reported witnessing violence.

- A longitudinal general population study of children and adolescents (9-16 years old) in western North Carolina found that one quarter had experienced at least one potentially traumatic event in their lifetime, 6 percent within the past three months.

- Among 536 elementary and middle school children surveyed in an inner city community, 30 percent had witnessed a stabbing and 26 percent had witnessed a shooting.

- In a community sample of older adolescents, 14.5 percent of those who had experienced a serious trauma developed PTSD.

See full article and sources at: http://www.ncetsnet.org/ncets/nav.do?pid=ctr_aud_prof

Inside this issue:

Traumatized Children: A Public Health Crisis	1
Workshop	1
Trauma 101: The Basics	
Posttraumatic Stress Disorder in Children and Adolescents	2
Poem: Soft Hands	2
Staff Star	3
Recipe Round-Up	3
Resource Readiness	4
Self-Care Corner	4

UPCOMING WORKSHOP

TRAUMA 101: THE BASICS

On February 11, 2010, ABC University will host Trauma 101: The Basics.

This full-day training will be conducted by Dr. Alyssa Rheingold and Dr. Rochelle Hanson, specialists in the field of trauma. Dr. Hanson will provide an overview of trauma and its effects, including information on prevalence and types of trauma as well as research related to evidence-based, trauma-focused interventions for children and adolescents. Additionally, she will include an overview of specific evidence-based treatment approaches that target trauma-related symptoms among youth, with a more detailed attention to trauma-focused Cognitive Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006). Dr. Rheingold will provide a forum for participants to better understand the role of culture and its impact on therapy as it relates to working with children and adolescents who have experienced trauma. Research and theory on relevant cultural issues will also be discussed as well as specific cultural adaptations to trauma-focused treatment intervention. Further, given the multiple needs of clients and barriers to accessing services, participants will discuss ways of building capacity and expanding collaborations with community-based organizations to address needs of underserved populations.

*Log on to www.mentalhealthgeorgia.com for more information and registration form!!!

POSTTRAUMATIC STRESS DISORDER IN CHILDREN AND ADOLESCENTS



What events cause PTSD in children?

The diagnosis of PTSD requires that an individual experience an event that involves a threat to one's own or another's life or physical integrity and that they respond with intense fear, helplessness, or horror. There are a number of traumatic events that have been shown to cause PTSD in children and adolescents. Studies document PTSD in child and adolescent survivors of: natural and man made disasters such as floods; violent crimes such as kidnapping, rape or murder of a parent, sniper fire, and school shootings; motor vehicle accidents such as automobile and plane crashes; severe burns; exposure to community violence; war; peer suicide; and sexual & physical abuse.

How many children develop PTSD?

Few studies have been conducted that examine rates of exposure and PTSD in children and adolescents from the general population. Results from studies conducted indicate that 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetime. Of those children and adolescents who have experienced a trauma, 3 to 15% of girls and 1 to 6% of boys meet criteria for PTSD. Rates of PTSD are much higher in children and adolescents recruited from at risk samples, varying from 3-100%. For example, studies have shown that as many as 100% of children who witness a parental homicide or sexual assault, 90% of sexually abused children, 77% exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

What are the risk factors for PTSD?

There are three factors that have been shown to increase the likelihood that children will develop PTSD: the severity of the traumatic event, the parental reaction to the traumatic event, and the temporal proximity to the traumatic event. In general, most studies find a strong relationship between children's reports of trauma severity and PTSD. As would be expected, children and adolescents who report having experienced the most severe traumas also report the highest levels of PTSD symptoms. Family support and parental coping has also been shown to effect PTSD symptoms in children. Studies show that children and adolescents with greater family support and less parental distress have lower levels of PTSD symptoms. Finally, children and adolescents who are farther away from the traumatic event report less distress. There are several other factors that have been shown to be related to PTSD. Research suggests that interpersonal traumas such as rape and assault are more likely to result in PTSD than other types of traumas. Additionally, there is a relationship between the total number of previous traumas an individual has experienced and PTSD, with greater numbers of traumatic events increasing the risk of developing PTSD. In terms of gender, several studies suggest that girls are more likely than boys to develop PTSD. A few studies have examined the connection between ethnicity and PTSD. While some find that minorities report higher levels of PTSD symptoms, this has been shown to be due to other factors such as differences in levels of exposure. The impact of age at time of exposure and PTSD is less clear. While some studies find a relationship, others do not. Differences may be due to differences in the way PTSD is expressed in children and adolescents of different ages or developmental levels.

See full article at: http://www.cyfc.umn.edu/policy/issues/child-adult_attachment8-98.html

SOFT HANDS...

I shudder at your loving touch
 Not because you frighten me
 But because I have been frightened
 You see, for me the world has been a very dark place
 I have witnessed things no child should see
 I have felt things no child should feel
 I carry a past which few could imagine, let alone understand
 Soft hands are my enemy
 For so many times they have come across my skin with flames in them
 I have nursed my own wounds
 I have swallowed my own tears
 For me the closet was not a dark crevice, it was a safe dwelling...the only safety I knew
 When you look at me, you see a functioning human being
 But do you know what keeps me breathing?
 For my heart no longer beats and pumps life through my veins
 I live solely on the fact that it won't happen again
 For now I can speak, I can allow my words to echo
 For now I can let you know, I can let go
 Now your soft hands can hold me
 Now your soft hands can console me
 Now I can let go...



By: Nafiyasa Simmonds

Staff Star

Let's all celebrate Stephen Figura as our Staff Star for the month of January! Stephen has been with Alliance for Change through Treatment (ACT) for a short time, since October of 2009, but has proven that he is an asset to the organization. Before coming to work with ACT, Stephen worked as a Residential Milieu Counselor with adolescent boys at Northampton Center for Children and Families, a Dialectical Behavioral Therapy based residential program in Western Massachusetts. He attended Hampshire College in Amherst, MA, and performed his undergraduate thesis on preventing and responding to violence and discrimination against Lesbian, Gay, Bisexual, and Transgender (LGBT) youth in the child welfare and juvenile justice systems. Stephen recognizes that the employees of ACT have a high level of commitment to the families served and suggests that the agency will "increase the quality of its services by heightening the workers' morale and pride by means of offering better incentives and compensation for work that is generally unpaid". According to Stephen's colleagues, "he is a hard worker who really wants to learn and is not afraid to ask questions. He's a team player and he's motivated and determined to get the job done!" Stephen contends that his biggest contribution to the agency is his background in implementing Dialectical Behavior Therapy (DBT) and Therapeutic Crisis Intervention (TCI). He feels his skills "enable [him] to work with children and young adults as well as allow him to educate care-takers in a way that empowers them to continue providing support for those in their care after services have come to an end". Among the challenges in the mental health profession, Stephen asserts that the biggest challenge is "keeping ourselves from 'burning out' so that we can continue providing services that are based on a genuine



conviction that those whom we work with will have the ability to make a change in their lives no matter how hopeless the case may seem on the surface". However, Stephen also has a "deep commitment to social justice for people and communities who have experienced trauma, both on an individual level and in a historical and communal sense." He "sees accessible quality mental health services as intricately intertwined with larger movements for social justice," and this keeps him driven and motivated in the face of adversity. Stephen attributes his positive attitude and outlook to a combination of "eating well, engaging in creative activities like playing guitar, and making sure [he] takes time to relax no matter how busy [he] feels." He also "finds it helpful to constantly remind [himself] of why [he] wanted to do this work in the first place." "One thing that [he] thinks really helps [him] maintain a positive outlook is approaching social service work similarly to the way [he] has approached social justice organizing in the past; [he] relies on [his] ability to passionately work toward goals that may not seem immediately achievable or realistic and [he] constantly pushes [himself] to be self-reflective and to locate and be aware of [himself] and how [his] own motives, cultural identity, and personal history may influence the work [he] does with others in ways that are not immediately apparent."

Congratulations on your achievements Stephen! It is our pleasure to have you as part of the ACT family and we look forward to assisting in your growth as you provide our families with your excellent services!!!

Recipe Round-Up

BROCCOLI and CHEDDAR FRITTATA

Ingredients

- 8 large eggs
- 2 teaspoons olive oil
- 1 small red onion, sliced (about 1 cup)
- 2 cups chopped cooked broccoli
- 1/4 teaspoon salt
- Freshly ground black pepper
- 1/2 cup shredded extra-sharp Cheddar (2 ounces)



Directions

Separate 4 of the eggs, putting the whites into a medium sized bowl and discarding the yolks. Add the 4 whole eggs and 2 tablespoons of water to the whites and whisk well. In a medium ovenproof nonstick skillet heat the oil over a medium flame. Add the onion and cook until it begins to soften, about 5 minutes. Add the broccoli and cook for another 2 minutes. Season with salt and a few turns of pepper. Pour the egg mixture over the vegetables in the skillet covering them evenly. Reduce the heat to medium-low, cover, and let cook until the egg mixture has set around the edges but is somewhat liquid in the middle, about 8 minutes. Sprinkle with the cheese. Meanwhile, preheat the broiler. Place the skillet under the broiler about 2 inches from the heat until the surface is set and golden brown, 1 to 2 minutes. Be careful not to overcook or the egg mixture will become tough.

Cut the frittata into 8 wedges and serve.

Source: <http://www.foodnetwork.com/recipes/ellie-krieger/broccoli-and-cheddar-frittata-recipe2/index.html>

"Mental-Minute"

Spell Check Music Stars

Who can't live without Spell Check in their email or word software? It's a great tool...Unless you are poor Paula Abdul who transforms into "Pail Abut" when the Spell Checker has at her. The following Music Stars have been Spell Checked and are ready for you to uncover their true identities.

1. Keen Chimney
2. Bayonet Knowledge
3. Retching Wilson
4. Jousting Tumblers
5. Went Steamy
6. Madden
7. Tubby Kith
8. Pariah Curry
9. Rebel Mentioned
10. Cozy About

Source: <http://www.braingle.com/>

Mental Health Georgia provides 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.

Resource Readiness

Here are some great resources for families in need of more information about Trauma and Posttraumatic Stress Disorder.

The National Child Traumatic Stress Network was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.

http://www.nctsn.org/nctsn/nav.do?pid=home_main

The Trauma Center at Justice Resource Institute provides a wealth of information on clinical services, training, consultation and education programs, and on Dr. van der Kolk and others' research and theories. Whether you are in therapy or a therapist, a student or a scholar, a lawyer or a judge, a representative of the media, you can learn a great deal on this website.

<http://traumacenter.org/>

The National Center for children Exposed to Violence is a primary national resource center for anyone seeking information about the effects of violence exposure on children and initiatives addressing these issues, including a dynamic body of literature, Internet resources and a bibliographic database

<http://www.ncccev.org/>

The National Children's Advocacy Center (NCAC) is a non-profit organization that provides training, prevention, intervention and treatment services to fight child abuse and neglect.

<http://www.nationalcac.org/>

Self-Care Corner: Healthy Lifestyle Tips for the New Year

Fitness

- Try a new fitness pursuit like cross country skiing, snow shoeing, or ice skating
- Exercise with a partner, two or three times per week, walk, jog, skate, ski, etc.
- Sign up for some personal training sessions to start the new year
- Visit sporting goods stores for after-Christmas bargains
- Use the stairs instead of elevators or park at the far end of the parking lot if possible
- Breathe. Take full abdominal breaths several times during the day

Nutrition

- Write a simple nutrition resolution to which you can commit
- Plan a healthy lineup of snacks for watching bowl games
- Make a strategy for limiting your food and alcohol intake at holiday parties
- Leave newspapers, books, and cell phones aside and EAT WHILE YOU EAT
- Try not to eat late at night, leaving a minimum of two hours before sleeping
- Enjoy many types of foods, but in moderation

Stress Management

- Block out an hour each week to relax
- Keep your life simple by organizing a messy room, garage, or basement
- Buy or check out a book on progressive relaxation
- Play with a pet
- Get a massage
- Turn off the TV and listen to music
- Control your schedule and make time for reflection and relaxation

Social Health

- Volunteer at a shelter
- Invite friends over to watch bowl games (or decide not to watch them)
- Start a New Year's day family tradition
- Invite a neighbor that lives alone to dinner
- Remember to play — play games, play with words, play with your children
- Plan comedy nights with family, friends, or coworkers
- Join or establish a group that reviews books or goes for trips together, or form a group based on your own theme

Source: http://www.munsonhealthcare.org/munson/health_info/resources_links/healthy_lifestyle_tips.php



"Mental-Minute Solution"

1. Kenny Chesney
2. Beyonce Knowles
3. Gretchen Wilson
4. Justin Timberlake
5. Gwen Stefani
6. Madonna
7. Toby Keith
8. Mariah Carey
9. Reba McEntire
10. Ozzy Osbourne

Source: <http://www.braingle.com/>



MENTAL HEALTH GEORGIA

Serving the Emotional, Behavioral, Physical and the Psychological of Georgia

<p style="text-align: center;">Attachment and Bonding Center of Atlanta</p> <p>3547 Northlake at Habersham Building F Tucker, GA 30084 Phone: 678-406-9707 Fax: 678-406-9881 Email: nafiyasa@mentalhealthgeorgia.com</p>	<p style="text-align: center;">We're on the Web!</p> <p style="text-align: center;">www.mentalhealthgeorgia.com</p> <p style="text-align: center;">Serving the Mental Health Needs of the Residents of Georgia.</p>
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