



CHANGING MINDS

To educate, inform, advocate and empower people in order to affect positive change in attitudes and treatment for psychiatric illness.

From Here to There

By Yvetta Collins

The transition from adolescence to adulthood is a crucial stage of development in the life of a youth. This stage begins at the age of 14 and extends to the age of 25. We are aware that youth at the age of 18 struggle when it's time to brace the cold winds of adulthood. However, the winds are colder for youth who are challenged with Severe Emotional Disorder (SED).

The seriousness of the condition of youth with SED who are transitioning to the adult mental health system is a critical problem. As a group, these youth may be uneducated, unable to secure employment and they make up the highest homeless population. With limited support, this population can easily fall within and between the cracks that separate the child/adolescent from the adult mental health systems. These youth struggle to catch up emotionally,



The transition from adolescence to adulthood is a crucial stage of development

cognitively, socially and vocationally before being ready to assume adult responsibilities. The best way to help these youth is to begin early planning.

As the parent, guardian, caregiver or a person of support, seek services and supports that address the needs of the youth while building upon their strength. The areas where plan-

ning must be concentrated is employment, career, housing, education, community life and personal wellbeing. Helping them to discover and focus on their strength leads to purpose and fulfillment.

Help them to maximize the likelihood of the success while providing support and environments of learning. Certain skills taught early will help the youth as they transition to adulthood. These skills include self management, problem solving and self advocacy.

As a parent, family member or caregiver, advocate for system development, expansion, and policy reform to facilitate implementation of responsive, effective, and age appropriate community transition systems for youth and young adults.

Having a goal and identifying hope in their lives will decrease the challenges of their mental illness and increase the desire to live.

This newsletter was birthed by the Parent Advisory Council of Cincinnati Children's Hospital Division of Psychiatry under the guidance of Julie Webster and Lisa Eccles. They have dedicated their passion, time and purpose to educating and empowering parents, advocates and the public from 2003–2010. As their life journeys are beckoning them to other endeavors, we will miss them. So let's take a moment to thank them and tell them we love them as they move on.



Let's Take A Moment

In May of 2010, the Division of Child & Adolescent Psychiatry and the Parent Advisory Council received the Children's Hospital Family Centered Care Team Award. This award was to recognize the teamwork of a division and parents who collaborated to improve patient care. This team has come a long way and still holds true to working together in making a difference and becoming a leader in the family centered care movement.

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Special points of interest:

- Helping youth transition from the child mental health system to the adult system two part series
- Introducing Advance Practice Nurses
- Support Groups

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Advance Practice Nurse

Advance Practice Nurses (APN) have been around for many years. Psychiatric APN's were some of the first to practice at an advanced level although their practice was not as widespread as it exists today. Currently, Psychiatric APN's with their expanded knowledge base and skills along with prescriptive privileges, are able to meet the growing demand for care including medication management in the behavioral health field. At Cincinnati Children's Hospital Division of Psychiatry, we are fortunate to have seven APN's treating children in our outpatient and residential treatment settings.

Educationally, psychiatric APN's are prepared at the Master's or Doctoral level. This preparation includes specific education in advanced clinical assessment and treatment including pharmacologic interventions for a broad array of psychiatric illnesses. Upon graduation, APN's are required to pass a national certification exam before they can be licensed to practice in Ohio.

It is important to know Psychiatric APN's in the State of Ohio practice under a collaborating agreement with a psychiatrist in their area of specialty. This collaborating agreement between the APN and the physician allows for necessary consultation and potential transfer of care if needed based on the patient's condition.



With the increased demand and interest in the field, the University of Cincinnati College of Nursing and Health recently expanded the Master's Degree option to include an online degree to attract candidates from across the country.

Susan Franer, MSN, CNS who acts as the lead APN in the Division of Psychiatry, believes parents are a critical part of their child's treatment. She and her fellow APN's encourage parents to ask questions and offer feedback about their thoughts and concerns regarding their child's care.

Frequently Asked Questions

Q—Will the APN explain his/her designation and the role he/she will play in my child's care?

A— As an APN, we are always careful to explain our role and the specific services and care we will be offering to our patients and families

Q—Are all psychiatric APN's licensed to prescribe medicine?

A—Not all psychiatric APN's prescribe medication. In order to obtain what the Ohio Board of Nursing calls a Certificate to Prescribe (CPT) the APN must complete specific graduate level coursework in psychopharmacology and then complete a 1500 hours externship with a psychiatrist prior to being licensed to prescribe medications.

Q—Are there psychiatric APN's in all states and are they similarly licensed and structured?

A—There are psychiatric advanced practice nurses in all states. Currently all advanced practice nurses must hold a Master's or Doctoral Degree in Nursing and pass a national certification exam to practice.

Q—In outpatient care, does the APN fill the role of both prescribing medication and providing therapy or will my child also see a therapist (LSW, LPCC)?

A—A psychiatric APN can perform both roles but treatment can also be split with the APN prescribing medications and an independently licensed social worker or professional counselor providing the individual and family therapy.

Q—For insurance coverage purposes, do insurance companies categorize psychiatric APN's under the doctor or therapist category?

A—Under the insurance agreements negotiated by Cincinnati Children's Hospital Medical Center, APN's are considered part of the group medical practice and so bill out the same as physicians.

Q—More and more I read about the value of treating the whole person. Do APN's receive any training in integrative practices or alternative therapies?

A—APN's begin their careers as registered nurses and as such receive a broad education in delivery of patient centered care including culturally sensitive care. APN's, like physicians, always have the option to expand their skill set by obtaining specialized training in integrative or alternative therapies but that is not required for practice.

Q—The addition of APN's in the delivery of psychiatric services sounds like a win-win opportunity for families and providers. What does the future look like? What is the trend?

A—Given the vast need for psychiatric services and the projected future shortfall of trained child and adolescent psychiatrist, there is a growing need for mid level practitioners like psychiatric APN's who can provide the range of needed services from medication to individual, group and family therapies. In fact the University of Cincinnati recently re-instituted their Master's Degree Program in psychiatric nursing to begin to meet the growing demand in the Tri-state area.

Q—Is there any message you would like to convey to families dealing with mental health issues?

A—The message we would like to convey to youth and their families dealing with mental health issues is that we are here for you, to listen to you, to work with you, to provide you whatever service may be necessary to help you reach your mental health goals.

Interview with Susan Franer, MSN, CNS; APN Program Lead Psychiatric Advanced Practice Nurse Division of Psychiatry. She has been in nursing for 31 years, an Advanced Practice Nurse for 15 year and has spent 30 years in psychiatry.

The Power of Strength—

by Yvetta Collins

In a world of socially accepted norms and principles is a world of disconnect, isolation and a different reality. This different reality is the world of mental illness. It's a world where parents, families and caregivers have to accept the reality of living with a child challenged with delusions, hearing voices, uncontrollable behaviors and enveloping darkness.

Parents are unable to find solace at times or locate those who understand. Feeling alone, without a way to grieve the child who once was and embrace the child who is, they begin to question the ability to parent, dissolving into tides of despair.

There are those who are traveling the same road of dual realities, but who have learned how to ride the waves of uncertainty and darkness on the surfboard of hope. They find strength through helping other parents and caregivers. You will find them in your local advocacy group, local support group or an agency peer to peer group. Parents, caregivers who support each other by telephone, email, social networking, forum or groups.

They are the keepers of the storm.



Teen Suicide Support Group

Surviving the teens is expanding to offer new support groups for families. The parent group is for any parent who needs support in dealing with teenage issues regarding suicide and depression. Topics will be teasing/bullying, self esteem issues, family conflicts and grief/loss. The teen group is for teens who need support in dealing with any of these stressors as well, such as a psychiatric illness, medical illness, peer pressure, self esteem issues, grief/loss, family conflicts and bullying.

For more information; contact cathy.strunk@cchmc.org—513.602.7329

Working with Adolescent Substance Abuse Series Presents: Families in Recovery Support Group

Goal of these sessions:

- Assist family members to better understand substance use and recovery
- Assist family members to offer encouragement and support
- Understand and plan what to do next

Wed. Aug 11, 2010 @ 6pm and Sat. Aug 14, 2010 @ 10 am—11:30 am
Cincinnati Children's Hospital-College Hill Campus
Division of Child & Adolescent Psychiatry
5642 Hamilton Ave
Cincinnati, Ohio 45224

For more information: contact Vanessa Agee-Hodge LSW, LCDC III
Vanessa.agee-hodge@cchmc.org—513.636.7790
Refreshments will be provided

Announcements/Events

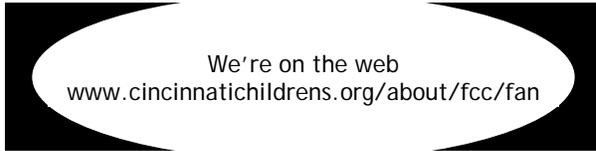
Cincinnati Children's Hospital Medical Center
Division of Child & Adolescent Psychiatry
Mental Health Symposium
September 8, 2010—Vineyard Church
11340 Century Circe E . Cincinnati, Ohio 45246
Limited Parent Scholarships are available
Breakfast, lunch and CEU's—Registration \$85.00
For More Information:
Please contact Pamela Nelly 513.636.0022
pamela.nelly@cchmc.org

Families with Autism Spectrum Disorders
"Helping Families with Autism"
5th Annual Autism Expo
Saturday, September 25, 2010
10 a.m. to 4 p.m.
Live Oaks Campus - Milford, Ohio
FREE Event for Families — FREE Admission

SIPSHOPS

Just for brothers and sisters of kids with special needs! This workshop is designed specifically for siblings of kids with Mental Illness and will take place at Cincinnati Children's College Hill
Division of Psychiatry
4:30—7:30p ; October 13, 2010
For more information call
513.636.7808

This newsletter is produced and edited exclusively by parents. Nothing contained in this newsletter should be substituted for a professional's diagnosis, advice, or treatment. Reading this newsletter constitutes an agreement to hold harmless all contributors for anything contained in this newsletter



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Editorial questions, comments or story ideas should be sent to Editor Yvetta Collins—yvetta.collins@cchmc.org

We need your stories—Parents, families and practitioners all benefit from sharing knowledge of and emotional insight to the myriad and complex facets of mental health. Please consider sharing your story with us. E-mail the editor at yvetta.collins@cchmc.org

Transition to Independence Process;
TIP Model
Dr. Hewitt B. "Rusty" Clark, Ph.D., BCBA;
National Network on Youth Transition
University of South Florida
<http://tip.fmhi.usf.edu>

The National Alliance on Mental Illness (NAMI) has launched *StrengthofUs.org*, a new online community where young adults living with mental health concerns can provide mutual support in navigating unique challenges and opportunities during the critical transition years.
www.strengthofus.org

Substance Abuse & Mental Health Services Administration (SAMSHA) - Mission is to improve outcomes for children and youth with and/or at risk for mental, substance use and/or co-occurring disorders. www.samsha.gov

The Anti-Drug
1-800-788-2800
www.theantidrug.com

Connect The Dots

Connecting to Resources



IKRON
2347 Vine St
Cincinnati, Ohio 45219
513.621.1117
Employment services; case management

Mental Health America of SW Ohio
2400 Reading Rd—513.721.2910
www.mhaswoh.org

National Network on youth Transition
for Behavioral Health
<http://nnyt.fmhi.usf.edu>

Mental Health Access Point (MHAP)
Transition Age Youth Case Management
513-558-5888

Transitional Living Inc—Butler County
2052 Princeton Road
Hamilton, OH 45011-513.863.6383

Stepping Stones Center
5650 Given Road
Cincinnati, Ohio 45243
513.831.4661
Year round opportunities to increase independence

Talbert House
2600 Victory Pkwy
Cincinnati, Ohio 45206
513.751.7747
Substance abuse programs