



CHANGING MINDS

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

Power of Strength by Yvetta Collins

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Some time ago I selected the title, "Power of Strength," to encourage and empower you, the reader, as you travel your journey as a parent, advocate, educator, family member or friend of someone challenged with

mental illness. Strength is a powerful word, yet lately I realized there is something else that is the core of this strength and that is HOPE.

Webster's Dictionary defines hope as 'to cherish a desire with anticipation; to desire with expectation of obtainment; to expect with confidence,' (Webster, 2011). In my experience as a parent who has spent the past 13 years on the mental health journey, guiding, supporting and educating parents and advocates, I see HOPE through different lens.

Because of HOPE, advocates continue to press against the seemingly impenetrable wall of our mental health system.

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Parenting A Child With Obsessive Compulsive Disorder By Samantha Gieske

Parenting can be one of the most rewarding and yet toughest jobs a person can have. This is especially true when a child has an Obsessive Compulsive Disorder (OCD). Many parents are able to develop excellent coping strategies for managing their child's OCD symptoms and their own stress levels. If you are the parent of a child with OCD, how are you coping?

At one time or another, we've all double-checked whether we locked the front door, "knocked on wood," to keep something bad from happening, or checked that we have turned off the oven. While most people are able to continue about their day without giving these experiences a second thought, someone with OCD these occurrences can become not just problematic, but often emotionally paralyzing. OCD is considered an anxiety disorder, as people affected by this mental illness experience severe anxiety as the result of obsessive thoughts. Often, extensive rituals are



undertaken in an attempt to reduce anxiety-provoking obsessions.

Obsessions are thoughts, images, or ideas that won't go away, and are extremely distressing or worrying. For example, "What if I become infected with a disease?" Another common obsession is "What if I get sick and throw-up." Yet another might be, "What if I get to school and don't have all of my completed homework." *Compulsions* are behaviors that have to be repeated

over and over to alleviate anxiety.

Compulsions are often related to obsessions. For example, if a child is obsessed with becoming sick, they may feel compelled to wash their hands repeatedly.

Further, if the child fears they will not be prepared for school, a constant check of a backpack several times each night and the next morning before school to ensure that all papers are where they were placed might become a regular habit.

OCD is experienced equally by boys and girls, and affects all races and cultures. Parents and teachers often miss OCD in young children and teenagers, as they may go to great lengths to hide their symptoms out of guilt, shame, or complete lack of understanding.

Working out a strategy for dealing with OCD is very important.

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Empower -Support -Advocacy

Holiday Activities and Ideas

<http://familyfun.go.com/christmas/homemade-christmas-gifts/christmas-gifts-kids-can-make/>

<http://crafts.kaboose.com/easy-coffee-filter-angel.html>

<http://holidays.kaboose.com/christmas/>



SUGGESTED BOOKS TO READ

OCD

Mr Worry: A Story About OCD ; by Holly Niner

Talking Back to OCD: The Program that Helps Kids and Teens Say "No Way" and Parents Say "Way to Go" by John March

Brain Lock: Free Yourself fro Obsessive-Compulsive Behavior by Jeffrey M Schwarts and Beverly Beyette

Loving Someone with OCD: Help for YOU and Your Family Landsman, Rupertus, Pedrick

Depression

Understanding Depression: What we know and What We Can Do About It; by Jamison and Horvits

Healing Anxiety and Depression; by Amen and Routh

Anxiety

What to do When You Worry Too Much: A Kids Guide to Overcoming Anxiety, by Dawn Huebner

Help For Worried Kids: How Your Child Can Conquer Anxiety and Fear; by Cynthia G. Last

When My Worries Get Too Big! A Relaxation Book for Children Who Live With Anxiety by Kari Dunn Buron

Power of Strength

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Those troubled with confusion, darkness and pain within their soul, resort to what society view as self-mutilation, self-destruction or attempts to end their own life. They are actually seeking the veil of HOPE so they can be free from their darkness, pain and misery. Mothers, fathers, grandparents and families will endure the journey of appointments, medicines, hospitalizations, isolation, grief, loneliness and cruel stigma with the HOPE that their child can and will live through their emotional, mental storms to embrace life, love themselves and live.

Without HOPE, life cannot continue. Without HOPE, one will not press against the contrary winds of life, be able to navigate the difficult waters or defy the enemy of the mind. HOPE is the light in darkness. HOPE is the peace in the storm. HOPE is the reassurance that one day all things will improve. As the holidays come and the New Year dawns, make the resolution or promise to grab a hold of HOPE and never let go for there you will find your Power of Strength.

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Reading this newsletter constitutes an agreement to hold harmless all contributors for anything contained in this newsletter.

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Pediatric Mental Health Symposium By Carin Ives

This year the Cincinnati Children's Hospital Pediatric Mental Health symposium was held on September 20th. It was located at a wonderful location, the Great Wolf Lodge, in Mason, Ohio. There was a variety of vendors; NAMI, UC Pediatric Bipolar Research, Got Autism and PACT (Parents and Children Together) of Warren county.

The day included a variety of informative sessions which included the key note speaker-Frank Kros MSW, JD president of The Upside Down Organization-(a non-profit organization dedicated to improving the lives of children and adolescents). The session was titled- *The Saddest Song: Teens, Suicide and the Developing Brain.* Mr. Kros is certified in applied educational neuroscience and presents training workshops nationwide.

Attendees were educated about the effects of hormones on serotonin depletion, stress, the over production of cortisol and lack of impulse control. He explained how these neurological challenges create "the perfect storm" for mood dis-regulation, abuse of substances and diminished impulse control. Additionally, teenagers are at risk for depression, aggression and oppositional behavior. These behaviors can all be signs of suicidal ideation. Kros expressed the importance of parents becoming involved and being supportive of their children in order to help reduce the risks. Visit their website at- www.upsidedownorganization.org.

After the keynote speaker, the symposium offered attendees a choice of two breakout sessions. I attended a presentation by Dr. Richard Loren, clinical director of Cincinnati Children's center for ADHD. His session was titled- *Understanding and Managing ADHD in the Classroom: A Roadmap to Success.* Dr. Loren explained the brain of a child with ADHD. According to research, Dr. Loren explained "the

symptoms we associate with ADHD result when the normal development of self-regulation and the executive functions related to it are impaired by a core problem with behavioral inhibition."

The term behavioral inhibition refers to an innate, automatic ability to delay one's initial reaction or response to something going on in the environment (whether external or internal). In other words, it helps children stop and think before they act. Unfortunately, this process is delayed in children with ADHD and therefore effects the development of other self-regulatory skills which are referred to as executive functions. Executive functions are aspects of thinking that occur in the brain that determines how children react to the world around them.

What do children with ADHD have to overcome? School is one of the biggest difficulties for children with this disorder. Children with ADHD are at a greater risk for failing to learn in the classroom because of their high rate of off-task behaviors and, in many cases, being out of class for disciplinary reasons more than their classmates.

It is estimated that approximately 25-35% of all children with ADHD also have one or more specific learning disabilities, such as delays in reading, written language, math, or oral expression. In some cases, these learning disabilities may not be identified because of the difficulties the parents and teachers are having with the child's behavior.

Due to their impulsivity and inconsistencies, children with ADHD have trouble with relationships with peers, parents and teachers. Consequently, due to multiple failures in these areas, children with ADHD many times present with significant self-esteem problems.

Currently there is not a cure for ADHD, only medical, mental health



and behavioral interventions. In school, educational accommodations must be implemented along with social skills development. Schedules and behavior management programs can be very helpful for children with ADHD in order to help them stay on task and learn effectively. Mental health counseling is critical to assist children with knowledge about their disorder, and ways they can self-regulate and deal with self-esteem concerns.

As a parent of a child with multiple diagnoses, Cincinnati Children's Mental Health Symposium consistently provides me with essential information for learning and understanding the best ways to help my son grow and develop. I am already looking forward to next years!



Seasonal Depression by Staici Logan



Autumn can be one of the most beautiful times of the year. The leaves are turning shades of yellow, orange, red, green and brown. The wind is perfect, blowing gently with periods of a strong gust, which make the trees flutter and spray the ground with an autumn blanket of leaves. There are days when rain

will fall and cause the grass to glisten and the streets to appear to have a mirror like reflection.

With such beauty, surrounding us, it doesn't seem that anyone should experience seasonal depression. Seasonal Affective Disorder, which is also known as SAD can have an affect on men and women alike. Seasonal Affective Disorder is prevalent between the ages of 15-55 years of age. The risk of you experiencing SAD lessens as you age.

Symptoms typically start in September or October and end in April or May. It is believed the brain automatically triggers attitudinal changes at cer-



tain times of the year. Some experts believe SAD is related to these hormonal changes.

Another theory is that between September and May the amount of sunlight is reduced and the decrease in sunlight leads to reduced production of serotonin in the brain. Serotonin is a neurotransmitter that has a soothing, calming effect on individuals. If your body does not produce enough Serotonin a person can experience the feelings of depression.

With your level of a Serotonin being low, your body can have symptoms of fatigue; crave carbohydrates which can lead to weight gain.

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What Exactly Is Depression?

Major depression, also known as clinical depression or unipolar depression, is classified as a type of affective disorder (also called mood disorder) that goes beyond the day's ordinary ups and downs. Major Depression has become a serious medical condition and an important health concern in this country.

Depression is a depressive disorder that involves a child or adolescent's body, mood, and thoughts. Depression can affect and disrupt eating, sleeping, and thinking patterns. This is not the same as being unhappy or in a "blue" mood, nor is it a sign of personal weakness or a condition that can be willed or wished away.

Children with a depressive illness cannot merely "pull themselves together" and get better. Treatment is often necessary and many times crucial to recovery.

A child and adolescent psychiatrist or other mental health professional diagnoses major depression following a comprehensive psychiatric evaluation. An evaluation of the adolescent's family history, when possible, in addition to information pro-

vided by teachers and care providers is helpful in making a diagnosis.

The following are the most common symptoms of major depression. However, each child or adolescent may experience symptoms differently. Symptoms may include:

- persistent feelings of sadness and/or irritability
- feeling hopeless or helpless
- having low self-esteem
- recurring thoughts of suicide or death
- loss of interest in usual activities
- loss of pleasure or no longer enjoying pleasurable activities
- difficulty with relationships
- sleep disturbances (insomnia, hypersomnia)
- changes in appetite or weight
- change in activity level - either increased or decreased energy
- difficulty concentrating, remembering or thinking clearly
- a decrease in the ability to make decisions
- frequent physical complaints (headache, stomach ache, fatigue)

- hypersensitivity to failure or rejection
- irritability, hostility, aggression
- anger and rage
- feeling empty inside
- anxiety

For a diagnosis of major depression to be made, an adolescent often needs to exhibit several of the above symptoms during a two-week period. The symptoms of major depression may resemble other problems or psychiatric conditions. Always consult your child's physician for a diagnosis.

Health Topics: Major Depression
 Www.cincinnatichildrens.org
<http://www.cincinnatichildrens.org/health/m/major/>

Let's Take A Moment by Robin Marker

As our economy weakens, we are experiencing a greater strain on our finances. Many of us are unable to continue the lifestyle we've grown accustomed to. With the Holiday season quickly approaching, many of us are already beginning to feel the stress. To ease the stress, we begin to shift our focus to the small things, simple things in life. We start to realize enjoying the holidays have a greater, deeper meaning which money can't buy.

The best way to enjoy the season isn't about buying the latest and greatest. The most enjoyable thing you can do with your family is make memories. Start a few new family

traditions! A tradition could be anything from taking the kids caroling in your neighborhood or nursing home. Involve the kids in decorating. They can string popcorn for the tree, make their own ornaments or even decorate cards to send to



friends and family. Another idea is to get them involved in giving! Giving could be something as simple as gathering canned goods, making treats at home or finding a local church that has a giving tree. Having kids help others less fortunate can really make them feel special!

The Holiday season is the time to give to others. You don't need a lot of money or gifts to feel love and happiness. Just doing fun and special things with family can make us all realize how truly blessed we are.

Surviving The Holidays Ideas by Julie Daisey

PERSONALIZED ORNAMENTS

Personalize your ornaments. Fill clear glass orbs (find them at craft stores) with glittery garland, pine needles, paint or special trinkets. Michael's has plastic ornaments where glitter and paint can be placed inside for \$1.29 each. Hobby Lobby has craft ornaments that can be decorated on the outside for \$4.99 per pack.

SALT DOUGH SNOWMAN ORNAMENT

Creating salt dough is a fun activity for kids and it's a great material to use to create homemade ornaments. Salt Dough Snowman Ornaments become two crafts in one! For this ornament, kids can shape the dough into a simple snowman that would be a great gift to give a friend for the holidays.

QUILTED HOOP DECORATIONS

Use wooden quilting hoops to create a mobile that floats over the table like a weightless chandelier.

Turn the inner ring 180 degrees and wood-glue it to the outer ring at the top. Choose various sizes and hang the spheres at different lengths with clear fishing line and thumbtacks. Break out the construction paper to make note cards, gift tags, or place cards personalized with a rubber stamp. For place cards, use various paper and ink colors. After dinner, present guests with additional sheets stamped with their monogram as a parting gift.

Decorate a window sill or a mantel with Frosty and other jolly, happy souls. Join two foam balls (larger on the bottom, smaller on top) with a toothpick, and mass snowmen of different heights. Secure the bases with double-sided tape.

Show off some of your most eye-catching ornaments (that might otherwise get lost in your tree). Thread them with different lengths of thin ribbon or string, then tie them to a long, wide, grosgrain ribbon wound along the banister.



Emergency Tips

Create a daily schedule
Comfort Bags: help your child create his or her own comfort bag with a few activities : a favorite book or small toy that will help to keep them busy during long car rides or time spent waiting

Psychiatric Intake Response Center: call if your child is in a crisis; 636-4124

Cincinnati Drug and Poison Center: 636-5111

The Ultimate Save The Day Activity -

BAKING!!

Parenting a Child With OCD continued from page 1

For example, the bed time routine can be exhausting for some parents if a child is unable to fall asleep. If a parent can internally locate what it must be like to be so young, trying to fall asleep each night with the weight of the world on a child's shoulders, they can help put things into perspective. Each day, a parent or caregiver can hope for peace for their child, compassion, strength and direction for everyone that has contact with the child.

Sometimes, parents find that they need to parent differently to reduce stress levels. Getting out for a couple of hours when everyone in the family is overwhelmed may help everyone to keep their sanity. Yelling and demanding often result in negative patterns for families. Actively listening and showing understanding along with small rewards helps produce positive results for everyone.

When stress is high, avoid unnecessary confrontations with a child or family member. When stress is low, talk more about how to cope with issues. Recognizing that all people need a break once in a while helps to avoid additional frustration.

Another coping mechanism that can help during times of frustration is to remember that it is okay to get annoyed, overwhelmed, angry, etc..., as long as the emotions are directed toward the OCD and not the child. Having this disorder is not the child's fault and cannot be controlled on his/her own.

Finally, getting the proper help for the child is extremely important. Medication can help in some children, but each of us is different and should be seen by a medical professional to determine

whether medication, psychotherapy (seeing a therapist), or a combination of the two is most beneficial.

One good thing to remember is that no matter how severe, OCD is treatable! So, to all of the parents raising a child with OCD, learn triggers in your child, learn coping strategies, seek the proper help, and hang in there!



Seasonal Depression Continued from page 4



Growing up I have often heard people say they were going to put on a winter coat, meaning gain weight! Foods that are high in carbohydrate such as chips, crackers cookies, etc. can boost your serotonin and help you to calm and sooth your mind and body. If you experience a loss of energy, that's going to make it much harder to lose weight.

By this time you're probably thinking, "Wow! I'm not looking forward to Fall!" There is hope! There are ways of treating SAD. Many doctors prescribe "light therapy" as a treatment.

There are two types of light therapy:

Bright light treatment- You sit in front of a light box of 10,000 lux for a half hour or more every morning.

Dawn simulation- With this therapy, a dim light goes on every morning while you're sleep, and it gets brighter over time, like a sunrise.

Other treatments that may help are taking antidepressants which can improve the balance of brain chemicals that affect mood. Counseling, such as cognitive-behavioral therapy can be helpful in learning how to manage your symptoms.

Symptoms of SAD:

- Decreased levels of energy
- Difficulty concentrating
- Fatigue
- Increased appetite
- Increased need for sleep
- Weight gain

People can experience seasonal depression at other times, such as moving into the summer months, but Fall/Winter is most prevalent. The best way to find out if you are actually experiencing seasonal depression is to contact your doctor and share your symptoms. These symptoms can be part of other health conditions or may impact medical conditions that you're already experiencing.

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