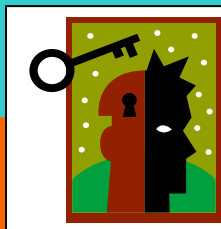


Changing Minds



The purpose of this newsletter is to educate, inform, advocate, and empower people in order to affect positive change in attitudes and treatment for psychiatric illnesses.

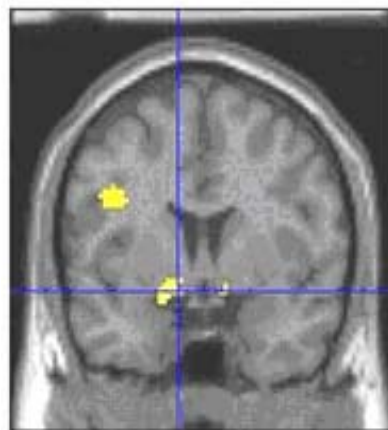
Brain Circuitry and the Fear Factor

Youth with bipolar disorder misread facial expressions as hostile and show heightened neural reactions when they focus on emotional aspects of neutral faces, researchers at the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH) have discovered. The study provides some of the first clues to the underlying workings of the episodes of mania and depression that disrupt friendships, school, and family life in up to one percent of children.

Brain scans showed that the left amygdala, a fear hub, and related structures, activated more in youth with the disorder than in typical youth. They were asked to rate the hostility of an emotionally neutral face, as opposed to a non-emotional feature, such as nose width. The more patients misinterpreted the faces as hostile, the more their amygdala flared. Such a face-processing deficit could help account for the poor social skills, aggression, and irritability that characterizes the disorder in children, suggest Drs. Ellen Leibenluft, Brendan Rich, Daniel Pine, NIMH Mood and Anxiety Disorders Program, and colleagues, who reported on their findings in the *Proceedings of the National Academy of Sciences*, 5/2006.

"Since children seem to have a more severe form of the disorder, they may provide a clearer window into the underlying illness process than adult onset cases," explained Leibenluft. "Our results suggest that children with bipolar disorder see emotion where other people don't. Our results also suggest bipolar disorder likely stems from impaired development of specific brain circuits, as is thought to occur in schizophrenia and other mental illnesses."

Magnetic Resonance Imaging (MRI) studies have shown that, unlike in adults with the illness, the amygdala is consistently smaller in bipolar children than in healthy age-mates. Also, the NIMH researchers had found earlier that bipolar children falter at identifying facial emotion and have difficulty regulating their attention when frustrated. Using functional MRI, the researchers



The left amygdala and related structures (yellow area where lines intersect) are part of an emotion-regulating brain circuit where children with bipolar disorder showed greater activation than controls when rating their fear of neutral faces. Structural MRI image with functional MRI data superimposed. Source: NIMH

measured brain activity in 22 bipolar youth and 21 healthy subjects while they rated faces. In addition to the amygdala, other parts of the emotion-regulating circuit — nucleus accumbens, putamen, and left prefrontal cortex — were also hyperactive in patients, compared to peers, during the emotional tasks. Patients rated themselves as more afraid, and they

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Shared Story of Hope

Parent Yvetta Collins shares how hope has been a constant friend through the many years of her daughter's life and struggle. Yvetta is Children's psychiatric family-centered care Parent

Coordinator.

As the seasons change throughout the year, so does our hope throughout a lifetime. It can be equated with springtime, which ushers in the expectation of beauty and the budding of something new after a cold, harsh winter. When spring arrives we don't always get the smell of fresh flowers as expected, but cold rain instead. So we hope for a bright warm summer and days of pleasure. When summer arrives, we bask in days of glorious sunshine and suffer in days of piercing heat. In the midst of that swelter, we look forward to the cool days of fall,

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Therapy helps prevent suicide

Spring Symposium features mental health experts

College Hill has Family Resource Center

Invitation to readers

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

Connecting The Dots....

A list of resources for parents: Prescription Assistance

- Wal-Mart provides a \$4 generic drug program with over [300 medications](#).
- <http://www.freemedicineprogram.org/about.html>
- [Partnership for Prescription Assistance](#) provides information on prescription drug savings and assistance programs. <https://www.pparx.org/Intro.php>
- [The Medicine Program](#) provides assistance to qualified patients for the purpose of obtaining prescription medication free-of-charge from available programs - <http://www.themedicineprogram.com/>

Child Focus, Inc. oversees [programs](#) to support individuals and families in Clermont County through their Behavioral Health Care and Early Childhood Divisions. Their **Clermont County Crisis Response Team** offers crisis intervention, education, referrals and follow-up services. - Info@Child-Focus.org

555 Cincinnati-Batavia Pike
Cincinnati, OH 45244
PH: 513-752-1555
Fax: 513-688-8155

Community Outpatient Services - 221-HOPE (221-4673)

In six sites throughout Hamilton County and Butler County, counseling and community support for children and adolescents is provided by CCF Community Outpatient Services. Confidential counseling from licensed therapists helps children and families with problems resulting from mental illness, abuse, family conflict, divorce, Attention Deficit Disorder and school and behavioral issues. Psychiatric support for these services is also available when needed.

Substance Abuse / Chemical Dependency

1. Crossroads: 513-475-5300
2. Department of Youth Services: 513-396-5345
3. Talbert House CRISIS HOTLINE: **281 – CARE or 513.281.2273***
4. Norcen Behavioral Health Systems: 513.761.6222
5. Teen Challenge: 513.248.0452

Mental Health Access Point (MHAP)- the "front door" to the Hamilton County mental health system: 311 Albert Sabin Way, Cincinnati, Ohio 45229-2801. PHONE; (513) 558-8888, FAX: (513) 558-3133

Attention readers: Please help us distribute *Changing Minds* to school districts, physicians, parents' group and mental health providers. Print out a copy and bring it to your next meeting or appointment and ask them to be added to the e-mail list.

Do you have a story to share? Please submit your article to Lisa Eccles, at Izig56@aol.com

Children's Opens College Hill Family Resource

Children's Hospital has recently opened a family resource center at its College Hill campus, on Hamilton Avenue.

Several resource aids for health and medical conditions are available at the center, located on the first floor, Room 1105, which is directly across from the cafeteria. Staff will be available to direct parents and patients to articles on diagnoses and conditions, support groups, parent-to-parent networks, upcoming workshops, and resources on working with school districts. A significant lending library is also featured. For more information and to check availability times, call the center at 636-7808.

Spring Symposium Headlines Psychiatric, Community Leaders

Children's Hospital's annual spring symposium features a powerful collection of medical and community leaders in the psychiatric field. Scheduled for May 29-30 at the hospital, 3333 Burnet Avenue, Cincinnati, the program features topics such as bipolar disorders, childhood trauma and bereavement, adolescent behavior and neurosciences, and police training regarding mental illness in the community. Presenters range from leading edge medical staff and researchers to parents and motivational speakers. Accreditation is available for professionals in the field. Admission is \$250 for both days, and \$200 for one, and group discounts are available. Deadline for registration is May 22. Visit the website at www.cincinnatichildrens.org or contact Pamela.nelly@cchmc.org.

Fear Circuit Flairs

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rated the faces as more hostile, compared to healthy peers. The groups did not differ on nose width ratings, confirming that the differences were specific to perceiving emotional processes.

"By finding a brain imaging trait that may be more selective than current clinical criteria, this line of research might help us refine our definition of pediatric bipolar disorder," said NIMH Director Thomas Insel, M.D. "The researchers are following-up with imaging studies of children with bipolar spectrum disorders and healthy children who are at genetic risk for developing the disorder to see if they also have the same amygdala over-activation. "Also participating in the study were: Dr. Deborah Vinton, Dr. Rebecca Hommer, Dr. Stephen Fromm, Lisa Berghorst, NIMH; Dr. Roxann Roberson-Nay, Virginia Commonwealth University; Dr. Erin McClure, Georgia State University. *Editor's note: The research in this article is an important step in increasing our understanding of bipolar disorder and its effects on the brain. Be aware that the study used a very small number of participants and there was no comparison to other disorders, such as depression, ADHD, anxiety, or autism spectrum.*

DBT Therapy Helps Steer Teens Off Suicide Course

By Dr. Robin Arthur

What is Dialectical Behavior Therapy? Originally created in the 1970s by psychologist Dr. Marsha Linehan, DBT is a form of psychotherapy intended for those who exhibit a more chronic form of emotional instability with numerous coexisting problems. It is not a new “fad” treatment, though it’s not widely practiced in the Cincinnati area. DBT has been empirically validated through research and continues to be used successfully across the nation, helping people work toward a life worth living.

It was originally developed for chronically suicidal adult patients, who frequently threaten suicide, have difficulty articulating any reason for living or staying alive, and may attempt suicide or engage in self-harming behaviors on multiple occasions.

More recently, DBT has been shown to be effective with teens suffering from symptoms such as suicidal ideation, addictions, and eating disorders. While healthy teens often have emotional struggles, those with mental illness have more intense emotions, often with negative outcomes.

Chronic emotional instability results in cognitive and behavioral deregulation. The more problem behaviors an adolescent has (such as violent behavior, binge drinking, cigarette smoking, high risk sexual behavior; disturbed eating behavior or illicit drug use), the greater the risk of suicidal behavior.

DBT is a method that encourages the teen to look at his or her problems and behaviors and find a different, more effective way to resolve them. It encourages them to face their emotions rather than avoiding

them and this enables them to view the situation more clearly and develop plans. DBT focuses on the “here and now” and breaks situations into manageable steps toward a long lasting and more positive outcome.

How DBT Works. There are two components to DBT treatment: individual therapy and group skills training therapy. It is typically a six to twelve month commitment to both treatment modalities and the therapist and patient sign a contract to be actively engaged in DBT treatment. Often the family is involved in the skills training facet of DBT. It makes sense that the entire family learns the new coping strategies while the teen is making changes, to act as reinforcers.

There are four main components of skills group training:

Mindfulness skills: Helping the person to remain in the present and focus on what is happening right now that is causing problems in living.

Distress tolerance skills: Learning how to cope with the emotions that hurt but cannot be changed. The teen learns that there are situations in life that are unchangeable, yet tolerable.

Emotion regulation skills: Learning how to change emotions so that the positive feelings will linger longer than the negative.

Interpersonal skills: Learning how to get needs met in interpersonal relationships without compromising self-respect or the other person’s rights.

Adolescent suicide is a major public health problem and accounts for at least 100,000 annual deaths in young people worldwide (WHO, 2002). In the United States, suicide accounts for more adolescent deaths than all natural causes combined, with more than 2000 annual youth deaths (Anderson, 2002). Suicide is ranked as the third leading cause of death among the 10-14 year olds and 15-19 year old age groups in the US in 2000, preceded only by accidents and homicide (Anderson, 2002).

It is apparent to see how any person could benefit from more learning in these areas, but especially teens suffering with mental illness. DBT teaches teens to validate themselves, recognize their competence, and work through crises. The teen learns to decrease maladaptive behavior, and increase adaptive behavior. DBT recognizes and respects the teen’s emotions and current situation but also encourages change toward a life worth living.

Help for Parents. DBT also helps parents increase appropriate authoritative discipline and decrease excessive leniency, a frequent result of treating the teen as fragile due to mental illness. When parents learn these skills, teens then increase self-determination and decrease the need for authoritarian control. Also excessive dependence, which is often found in teens who suffer from mental illness, is decreased and the natural move towards autonomy can occur. DBT increases

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Changing Minds

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We're on the Web.

School districts, physicians, mental health professionals, and families are encouraged to register online at

<http://groups.yahoo.com/group/changingminds>. The newsletter is listed under "files."

Join the Yahoo Group at

<http://groups.yahoo.com/>

For more information please check these related links:

Cincinnati Children's Psychiatry website:

www.cincinnatichildrens.org/svc/alpha/p/psychiatry/

University of Cincinnati Psychiatry:
www.psychiatry.uc.edu

NAMI (National Alliance for the Mentally Ill):

www.nami.org, or www.nami-hc.org

Hamilton County, Ohio

Ohio Federation for Children's Mental Health, Inc:

www.ohfederation.org

Surviving the Teens Website Directory:

<http://www.cincinnatichildrens.org/surviving-teens>

Screening Program:

www.teenscreen.org

MindPeace

www.mindpeacecincinnati.org

THE POWER OF ONE By Lisa Eccles

Stopped in traffic during one of the recent downpours, I spotted a lone bird perched high above on an electrical wire. It was so unusual to see just a single bird where usually multitudes land as a resting point. How strange, yet how symbolic. That image could be a metaphor for families who struggle with mental illness. Where are the bird's comrades during the storm? Are they only there for the sunny days? At times, we feel abandoned when struggling with challenges most people, even our families, do not understand. Instead of harboring hurt, we should forgive our friends and loved ones who may not understand how to support us. After all, would we really be as supportive to others, if the roles were reversed? Learn how to communicate your emotions and needs to friends – you may be surprised at how helpful, and relieved, they will be. Yes, we can be that staunch, stubborn lone bird – but only if we choose it.

DBT Therapy Can Help Troubled Teens

recognition of normative behaviors and decreases labeling teens when they are acting like their typical peers. Not all behavior of teens who suffer from mental illness is a result of the disease. Often times, it is the normal consequence of moving through the adolescent years. Helping parents identify what is normal and how to make changes is critical to long-term success.

DBT is most successful when it is implemented by clinicians who have had intensive training in DBT. While it appears simple because the creators made the concepts quite easy to understand, it takes a skilled clinician to get optimal results. The skills training group material is relatively straightforward on paper and this is quite helpful. However, it takes a trained clinician to navigate DBT in its sophisticated form while helping the patient and family feel it is a manageable endeavor.

Ongoing research continues to improve DBT treatment for teens and their parents. However, it promises to make a substantial difference for families who support teens struggling to overcome mental health issues. Any treatment that validates the patient and moves them toward changes that improve quality of life is well worth the investment in time and financial resources.

Dr. Arthur is the Chief of Psychology at the Linder Center of HOPE.

www.lindnercenterofhope.org

Shared Story of Hope

which turns leaves into beautiful earth tone shades. When fall arrives, we hope for winter and the onset of the holidays where family and friends spend time together.

As a parent of a special needs child, I join others in hope that the medicines will finally kick in and balance out, and our children stabilize in school and find friends who will not ridicule them. We hope family members will embrace this special needs child like the other kids in the family. We hope our child will begin to enjoy childhood, even something as small as chuckling at a cartoon or playing a table game.

As seasons pass, we hope again and again, even if our hopes melt like a late spring snowfall. We hope that medicines, doctors, and therapy all balance out in the adolescent years, so that our child might attend the prom or enjoy high school activities, even if they cannot physically be at school. We hope they can go to the movies and enjoy an evening with friends.

Late teenage years bring another awakening: the fact that our child may never be all that we had hoped for. We see our child entering adulthood and know that this journey will continue - and our hope changes again. Now we are hoping for the season of spring for ourselves; a newness of life, a new beginning. We have brought our special needs child to adulthood and we now look to begin a new life for ourselves. We realize that we have forgotten who we are, our likes and dislikes. We find hope again buried beneath the tears of disappointment, hard work, challenges, and faith. We now have hope for ourselves, for our own growth, for "permission" to do something for ourselves. We hope for the freedom to pick up the careers, aspirations, and vacations we put aside for ourselves years ago.

As Emily Dickinson wrote, "Hope is the thing with feathers that perches in the soul, and sings the tune without any words, and never stops at all." Hope keeps on singing within our soul. When we have nothing else to hold on to, we hold on to hope.