



# CMH Toolbox

## Resources for building better lives

SPRING 2007

ANOKA COUNTY CHILDREN'S MENTAL HEALTH

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## Educational Advocacy for Students with Disabilities

This article is the second in a three part series about school advocacy for students with disabilities. The previous newsletter outlined advocacy information regarding PACER Center, as well as an insert about frequently asked questions related to Individualized Education Programs (IEP's). The next newsletter will include an article about options available to parents if they disagree with an IEP.

Two significant documents that may be used when a child has a disability are Section 504 Accommodation Plans and IEPs. In review, an IEP is an Individualized Education Program and is written to serve specific needs a child has based on evaluation of

those needs. In contrast, a 504 plan is a document that allows for accommodations to a child's schooling based on a medical, psychiatric or physical disability need. An example would be that a child has been hospitalized for three weeks and needs an extended period of time to make up him or her work so as to not fail a class; or your child has a mental health diagnosis that inhibits he/ she from being at school every-day due to the need for high numbers of psychiatric and therapy appointments. A 504 plan could be written to guarantee this accommodation. This does not require a full Special Education assessment and can be used for a short period of time. If a

parent has questions about having a 504 plan written, contact the school's 504 coordinator.

While educational services can be a confusing process for many families, it can also be powerful one when a child receives the services he/ she needs to be successful. For further information on any of these topics, please contact PACER Center at the following: 952- 838-9000, or at 1-800-537-2237. Services are statewide. Information can also be obtained through the Internet at [www.pacer.org](http://www.pacer.org).

If you would like more information about part one of the article please go to our website. (See page 2 for web address.)

### Summer Camps:



### \*UPDATED CAMP GUIDE INSIDE\*

#### Look into

- YMCA
- Community Education
- Church
- Schools
- Star Tribune Camp Guide

## Best Practices: What is EMDR?

EMDR stands for Eye Movement Desensitization Reprocessing. It was first developed by Francine Shapiro in 1987. She realized that when she was upset she often felt better when she walked. She began to look at her movements to understand how that might

be assisting her in decreasing her level of upset and increasing her feelings of calm. Francine soon realized that as she moved her legs and swung her arms (both right and left sides of her body) or moved her eyes back and forth the two hemispheres of her brain were working

together, also known as bi-lateral stimulation. She saw evidence of this same phenomenon during deep sleep while anxieties and daily thoughts are being processed; our eyes move from side-to-side during REM (Rapid Eye

*(Continued on page 2)*

## Best Practices: What is EMDR?

Movement) sleep. Francine recognized that using “tapping” during therapy sessions would create this bi-lateral stimulation.

When events happen to a person the emotional part of it often gets “stuck” in one portion of the brain. If there is not processing by both hemispheres of the brain that “stuck” memory doesn’t go anywhere... it just keeps a person feeling bad, having memories of the event,

having waves of emotion, etc., every time something new triggers that memory. A person typically then develops some sort of negative thought about himself or herself regarding the experience, resulting in feeling even worse each time it happens.

EMDR therapy can assist a client in developing a “safe place” within themselves to go to when he/ she is feeling

vulnerable or having negative memories. Once the safe place is established the client then begins to think of/ or talk about different situations while tapping (tapping on upper thigh alternately right and left, or using a mechanical tapper), beginning with non-traumatic events and working up to more difficult memories. The therapist asks for feelings rating prior to asking the client to

move toward disturbing thoughts. The client remains in control of how quickly or slowing the therapeutic progression moves. As the client moves toward difficult memories the therapist is also asking about negative self-messages that go along with the memories so those can be “rewritten” also.

## Meet the Children’s Mental Health Staff...



Front Row: Denise Kirmis, Dixie Helps, Judie Nagle, Gena Rademacher. Back Row: Julie Beaufeaux, Holly Coykendall, Angie Wendt, Lisa Weninger, Michael Klimek, Raynelle Delvo, Diana Hoffman, Don Brisco, Sandy Ackerman, Jeff Barden.

*You are just you. Do not let others define you, and do not define, or limit, yourself. Especially when you can be so much more, if you let yourself.*

*Author unknown*

## Children’s Mental Health Website

Children’s Mental Health service information is on-line! You can find us in the Anoka County website at <http://www.anokacounty.us> .

Click on [Help for families, individuals, seniors, youth](#) and then click on [Children’s Mental Health](#).



## What is Post Traumatic Stress Disorder?

Post Traumatic Stress Disorder, or PTSD, is a term that many of us are familiar with in the context of military veterans who have gone through life-threatening experiences in war. However, children who experience trauma in their lives may also suffer from PTSD.

For a child, a traumatic event may be any situation in which a threatening or violent act is directed at them, or one in which a violent or frightening event is witnessed. PTSD may occur not only for children who are physically or sexually abused, but also for children who are exposed to domestic violence, experience violence in the community, or who live in circumstances that are threatening and uncertain or produce significant or chronic stress.

Children are at greater risk of experiencing PTSD from trauma than are adults. When confronted with traumatic events, 36% of children will develop PTSD, as compared with 24% of adults. The impact on children may be so significant because of the difficulty children have in processing or organizing the information about the event. Therefore, they fill in

informational gaps with their own interpretation of the events. Misinterpretations may occur, and so that gap may be filled in with very frightening or scary ideas. The younger a child is at the time of the trauma, the more likely he or she is to develop PTSD.

Increasingly, research is showing the profound effect that chronic and traumatic stress may create in the developing brain of a child. The limbic system, which is responsible for regulating emotions and involved in the creation and storage of memories, can change in size and functioning. It is unknown if these changes are reversible.

Symptoms of PTSD usually appear within three months of the traumatic event, although they have sometimes occurred months or even years later. PTSD must be diagnosed by a mental health professional. Symptoms may vary considerably for individuals and children of different ages.

Children and adults with PTSD are at an increased risk of using alcohol or other drugs in an attempt to self-medicate. There is a correlation between PTSD and other psychiatric disorders, so that those with

### Three general symptom categories of PTSD.

- **Re-experience:** Children experience recurrent and intrusive memories and/or nightmares about the stressful events. This may also include flashbacks, hallucinations or other intense feelings associated with the event. Others experience a high level of emotional stress when certain objects, situations or events remind them of the incident.
- **Avoidance:** Children with PTSD may avoid things that remind them of the traumatic event. This can include avoidance of thoughts, feelings, conversations, people or places that trigger memories of the event. Some children may be unable to recall aspects of the traumatic event, may show decreased interest in activities they formerly enjoyed, or have feelings of detachment from others. They may have limited range of emotions and/or feelings of hopelessness
- **Increased arousal:** Symptoms may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, becoming very alert or watchful and/or jumpy or being easily startled.

PTSD are more likely to suffer from major depression, anxiety disorders and social phobias. Individuals with PTSD are also at a higher risk for committing suicide.

Children with PTSD often show improvement in their symptoms after participating in treatment. There are a variety of treatments, and individuals will respond differently to different approaches. It is *critical* that adults and other important people in the life of the child are involved in the child's treatment. Treatment can

include psychotherapy, medication or both.

Sources:

NAMI (National Alliance on Mental Illness)

<http://www.nami.org>

MACMH (Minnesota Association for Children's Mental Health)

The Presence of Fear in the Lives of Children and Adolescents-An Introduction

<http://www.macmh.org>

eMedicineHealth

<http://www.emedicinehealth.com>



**ANOKA COUNTY CHILDREN'S MENTAL HEALTH**  
**WORKING WITH PEOPLE TO IMPROVE LIVES**

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Anoka, MN 55303

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Fax: 763-712-2728



Brought to you by the Children's Mental Health Newsletter  
Committee: Sandy, Angie, Denise, Julie, and Gena.

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## Calendar of Events Call 763-712-2703 for more information

### **April**

The Brain Injury Association of Minnesota's Conference on Brain Injury for professionals. April 19 and 20 at the St. Cloud Civic Center. For more information, call 612.278.2742.

Risk, resilience, and race in early childhood: Issues for research and action. April 24, 8:30 a.m.-5 p.m. Located at Coffman Memorial Union, 300 Washington Ave. SE, Minneapolis, MN. Fee: \$100 which includes event materials, breakfast, and lunch. For information call 612.625.2252.

Attachment workshop by the Center of Excellence in Children's Mental Health, University of Minnesota. April 25 at the Humphrey Center University of Minnesota. Key presenter: Anne Gearity, Ph.D., LP. For more information contact Ellen Lepinski at 612.625.6527.

Minnesota Psychological Association 71<sup>st</sup> Annual Convention: April 27 to April 28. "Integrating Mind, Body & Spirit: Psychology's Challenge." Radisson Hotel and Conference Center, Plymouth, MN. For information or to register, call the MPA at 651.203.7249 or visit [www.mn.psych.org](http://www.mn.psych.org).

Annual SAVE Suicide Awareness Memorial: April 28. St. Joan of Arc Church, 4537 3<sup>rd</sup> Ave. S., Minneapolis, MN. For more information, please call 952.946.7998 or visit [www.save.org](http://www.save.org).

Basilica's Mental Health Awareness Weekend and Resource Fair: April 28 at the Basilica of St. Mary's, Minneapolis, MN. For more information, call the Basilica at 612.333.1381 or visit [www.mary.org](http://www.mary.org).

MACMH's 2007 Child and Adolescent Mental Health Conference: April 29-May 1. Duluth, MN. For more information, contact MACMH at 651.644.4511.

### **May**

2007 Minnesota State Autism Conference: May 2-5. Doubletree Park Place Hotel, 1500 Park Place Boulevard, Minneapolis, MN. For more information, contact the Autism Society at 651.647.1083.

Consumer Survivor Network 2007 Wellness and Recovery Conference: May 14 and May 15. Location: Holiday Inn, 75 S. 37<sup>th</sup> Ave., St. Cloud, MN.

2007 Minnesota Self-Advocacy Conference for adults and transition aged youth with disabilities: "Lead. Change. Empower." Featuring Josh Blue, Comedian, 2006 winner from TV's "Last Comic Standing". May 18-19. Crowne Plaza St. Paul Riverfront Hotel. 11 East Kellogg Blvd, St. Paul, MN. 651.292.1900.