



IDAHO FEDERATION OF
Families
FOR CHILDREN'S MENTAL HEALTH

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**8 Stressors
Teens Face**

1. Wondering if you're normal
2. Worrying about the future
3. Feeling powerless
4. Family problems
5. Money problems
6. Pressure from parents
7. Peer pressure
8. General doubts, anxiety—
"teen angst"

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WINTER

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Creating Family Holiday Traditions

by Lori Godin, LMFT

Many of us grew up with traditions that we followed at the holidays. Time and location of family dinners, when and how to open gifts, caroling or other holiday activities are some of the makings of holiday traditions. Times have changed and families have changed. There are often greater distances between relatives now compared to a generation ago. Extended family gatherings may not be possible on a yearly basis. In addition, the nuclear family itself has changed. The stereotypical mother, father, and two or more children is no longer a majority in our culture. There are now single mothers, single fathers, step-parents, step-siblings, visitation schedules, and sometimes legal guardian/relatives in the mix. Families may find themselves unable or unwilling to continue traditions that they may have followed in the past, but are left with an empty feeling with respect to the holidays. Below are some ideas for creating new, more fulfilling family traditions that may better fit some of today's changing families.

Consider what kinds of things you and your family like to do when celebrating the holidays.

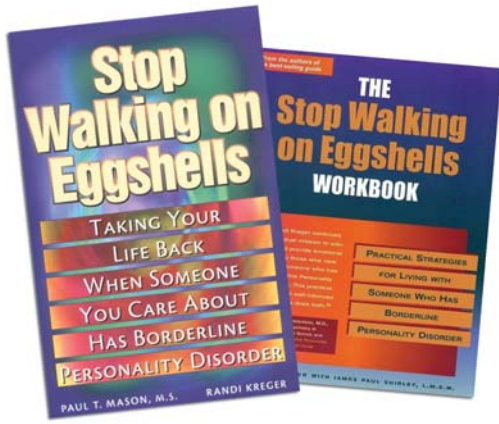
While it is recognized that the composition of the nuclear family is changing, **we can also change** what we consider to be our extended family. Families that are geographically separated (or emotionally separated) from their relatives may want to "adopt" close friends, neighbors, or co-workers into their extended families. **Choosing** an extended family contradicts the old adage "You can choose your friends, but you can't choose your family." However, it may provide the opportunity to establish new traditions with people that the family enjoys spending time with. It also provides the opportunity to create traditions that the family and the new extended family enjoy doing together.

How do you create new traditions? It can be quite simple. Consider what kinds of things you and your family like to do when celebrating the holidays. Be creative! Coming up with ideas can even be made a family project. Each family member can provide input on what they would like to do, and the ideas could be voted on, or some ideas could be combined, to develop the tradition. Given that the ideas are logistically and financially reasonable, try them! Be sure to keep in mind, however, that when creative people develop new things, they often make mistakes and then correct or compensate for these mistakes. Try not to be too disappointed if your first try at a new tradition is not just the right fit for you and your family. You may need to try a few different things or fine tune the plans for a couple of years until you get the right mixture for a new, fun and happy holiday tradition.

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BookReview



by Kathleen Mulroy, IFF Family Support Specialist

“*Stop Walking on Eggshells... Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder*” & “*Stop Walking on Eggshells Workbook*” by Paul T. Mason, M.S. and Randi Kreger, (available from Amazon.com) “*Hope for Parents: Helping Your Borderline Son or Daughter Without Sacrificing Your Family or Yourself*” by Kelly Winkler and Randi Kreger (available from Book Clearing House, orders@bookch.com)

Borderline Personality Disorder (BPD) can be a devastating mental illness for both the sufferer and his or her family and friends. I have personal experience with BPD, because my adopted adolescent daughter was recently diagnosed with it; and as Mason and Kreger write, “The very definition of a personality disorder is that it causes distress for both the person who has the disorder and those who interact with them.” These books shed light on this complicated and much-misunderstood illness and help parents, family members, and friends learn to better understand and relate to their loved ones who have BPD.

If you know someone who experiences the following symptoms, or criteria (from The DMS-IV), Borderline Personality Disorder may be the cause.

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, shoplifting, reckless driving, binge eating)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g. intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days). (Dysphoria is the opposite of euphoria. It is a mixture of depression, anxiety, rage and despair.)
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g. frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

A pervasive pattern of instability of interpersonal relationships, self-image, and affects (moods), and marked impulsivity beginning by early adulthood and present in a variety of contexts as indicated by five (or more) of the following:*

*Clinicians often will not diagnose BPD in children under the age of 18. This is unfortunate, because the borderline child may then be deprived of the appropriate therapy and medication. In 1994, the DSM-IV “provided new guidelines for diagnosing BPD in people younger than 18. It states that children can be diagnosed with BPD as long as the borderline traits have persisted for at least one year, and the behavior is not better accounted for by either a normal developmental stage, the effects of substance abuse, or a more transient condition such as depression or an eating disorder.” The whole household suffers when a family member has BPD. Families often live from crisis to crisis. Family members truly feel they are walking on eggshells most of the time. Writes one parent, “The pain of this mental illness is the worst pain any of us have ever felt. We live with it twenty-four hours a day, seven days a week. We (were) always waiting for the other shoe to drop.”

The good news is that with time and greater maturity, children with BPD can improve. Mason and Kreger write, “Ultimately, the only person who can control the thoughts, feelings, and behaviors of the person with BPD is the borderline themselves. Coming to a gut-level understanding of this is vital for their recovery—and your own.” An 18-year-old with BPD feels “she has become more stable because of the support of her family, the proper medications, and successes at school and work, which boosted her low self-esteem.” She “finally realized that seeing a therapist was nothing to be ashamed of, since people who don’t have BPD see counselors, too.”

“Stop Walking on Eggshells” (book and workbook) and “Hope for Parents” shed light on a much-misunderstood illness. They are invaluable tools for understanding Borderline Personality Disorder and learning how to deal with it. As the parent of a child with BPD, I found them very enlightening and useful.

Life and Death

On the day of my demise,
I hope I get one last chance to look
Into my baby's eyes.

I see the Lord's cries,
Come down in tear drops
From up above.

I remember getting caught for the dirt I did.
Jesus wept.
That's why Caldwell flooded
When it did.

The topic is Life and Death.
I feel my death coming,
My whole life I've been running;
Running the streets
Or running dope

Sherry said,
"If you have one dream
You still have hope."
That night I got little feet prints
In an envelope.

I understand
This is my last chance
For my life to advance to another level.

I don't want my thoughts and actions to require
the Devil.

I don't want to die,
But my time has to come sooner or later.
So, I look at me street life and say,
"Later."

For all of you who say I am a quitter to the streets.
Let me tell you I've been there and back
And it's a
Dead
End Street.

You're fighting a lost battle
Not one side will ever be victorious.
By quitting the streets, my life became Notorious.
I've always been curious to try things new.
Why not start with my daughter,
And life...

That's something
I never knew.

- Marcus, Idaho Youth

Me...along time ago

Hello. My name is Steven. I'm 11 years old and in the 5th grade. Just to let you know, I'm in the TLC program. Do you want to know why? Let's see here, I used to threaten my mom with sharp objects.

I have made some very bad choices. Another poor choice I have made is, I have run away from school 3 times in one month. That was a long time ago, when I was in kindergarten.

Now, I'm making better choices. The two things I'm trying to tell you are: you are not alone and that you still can control your anger. If I can do it you can do it.

- Steven A. Hellman, Idaho Youth



Youth Voice!

We asked youth from around the state of Idaho to address life's issues through written articles, poetry, or verse. The only stipulation was, the youth who submitted work must have had some personal experience in a system like: juvenile justice, children's mental health, individual education plan, foster care, or any other mental health related system or service. We received a response much larger than anticipated, and scores of written work were submitted in hope of being published in this newsletter. As I read through each piece I was continually moved by the passion behind the work. Many themes surfaced repeatedly: some youth wanted significant individuals in their lives to say they cared; while others wanted to let the significant people in their lives know they made a

difference. They wanted to express the value of having good friends and warned of how "bad" choices will lead to bad consequences. Only a few articles have been selected for this publication due to the limited space available, but all articles submitted were worthy of print. Keep in mind the following writings have been created by the youth of Idaho, based on their own life experiences. As you read these articles and poems I challenge you to forget about syntax and structure, and allow your imagination to be fully present with the authors. Walk in the shoes of these youth as they share with you from their souls.

- James Sawyer, Youth Coordinator

Direct from the mind of a schizophrenic.

The problem with saying I am a schizophrenic is it instantly either makes people scared of me or feel sorry for me. You should not do either. I have to explain what is going on to my teachers every fall. I miss three times the amount of school that the average student misses. This means an awful lot of stress on me to make up the work, my parents to explain the situation to my school administrators, and my teachers to help me get caught up with everything. This part of the illness is the same as someone with a severe medical condition. There is no difference between me and someone with diabetes. Both are life long, both are treatable, and both need to be watched carefully. Mental illnesses are physical disorders that affect mood.

Schizophrenia is a long word. As with most long words it is rarely understood. If I walk up to someone, even if I have known them for years, and tell them that I am schizophrenic first they either ask what it is, or they tell me to go away and call me a freak. I have had people tell me that schizophrenia isn't real. They say it is in my head and that I need to just get over it. Others ask me what it is like.

To those people who want to know what it is like I will gladly tell you. A five year old has an imagination that has no end however most the time they know the difference of what they have imagined and what has actually happened. My experience with schizophrenia leads me to think of it as imagination that is out of control. I imagine things and they are more real to me than anything that has ever actually happened to me. I don't know what memories are real and what memories are made up. I have no control over this imagination and it is a scary world even when you know what is going on. Try going out into public when you don't know what is going on and you don't know if what you remember is real or fiction. Suddenly you see things that you think you remember but you're not sure. You can't remember where you are. You start forgetting things that are important to you. You walk up to someone and start talking to them as though you had a conversation with them the previous night only to find out that the conversation never happened. If you can imagine how disconcerting that is try it every day. Then you will have a glimpse of what is going on in my head. Medication doesn't stop it. It helps me realize what is going on in that instant but it doesn't get rid of the doubt that is constantly lingering. I can have a conversation with someone and forget it ever happened. I can read a book and not be able to tell you what I read about. Memory no longer exists because you don't know what really happened and what are just the hallucinations.

This has been a glimpse into my life. Please except my gratitude for your reading it and I hope you have a better understanding about what life is like in the mind of a schizophrenic.

- Tim Day, Idaho Youth

Families Ask

I always feel intimidated by professionals at team meetings. They seem to want me to listen to their comments that are either given in technical terms I don't understand or given to me in baby talk, but they don't seem to be interested in my ideas or observations. What can I do?

The only reason for service team meetings to be held is to form the best plan for meeting your child's needs. Anything else is beside the point. There are several things you can do to make sure that this is what is happening.

- 1. Bring your notes from the last meeting and hold the team members to them.**
A. What were the goals? Were they attained? How? Why not?
B. What actions did members agree to take? Did they take them? What were the results? What roadblocks were encountered?
- 2. Analyze what changes have occurred in your child or in their environment since the last meeting? What new challenges do they bring to the plan? What challenges have been eliminated?**
- 3. Work with the team to determine what the best ways to meet the needs of your child as their life is now. Who will meet those needs? What actions will be taken? When?**
- 4. You are THE KEY member of the team. Regardless of what anyone else says or does. YOUR buy-in and participation in the plan is the most critical. Your input to the plan is the most critical, as you know your child best. If you are not convinced that the plan is the best for your child, the chances of its success are slim.**
- 5. Be fair. Listen with an open ear and mind to the recommendations of the professionals. They do have the education, training, and experience. Their education, training, and experience however, need to be merged with the education, training, and experience that you have in the life of your child.**
- 6. Make your child a part of the treatment team meeting. They will be more likely to cooperate in making the plan happen if they are a part of its making. Everyone who will be a part of the plan should be present when it is made. This prevents misunderstandings later.**
- 7. If issues arise that you don't agree with, say what you feel. It's up to you to advocate for your child.**
- 8. If you can't come to agreement with the rest of the team or if you still feel overwhelmed, get the advice of a child advocate. You may be able to find a child advocate who will accompany you to the team meeting. Feel free to contact the Idaho Federation at 1.800.905.3436 for help.**

What other questions do you have about children's mental health? E-mail us at info@idahofederation.org or mail it to 1509 S. Robert Street, Suite 101 Boise, ID 83705. Entitle it "Newsletter Q & A." Names will be withheld. We look forward to hearing from you!

Every human is a song

I gazed in fury at the sight before me
nothing was ever so wrong
For there, cowering at the feet of three bullies
was a mournful, dying song
This song was not expressed with words or feelings
it was a human just like me
Every human is a song
We would notice if we stopped to see
This song was not gallant, nor great
in fact, it was slow and unsure
The human was suffering a terrible disease
that made it so its mind would not stir
This song was not intelligent
People call it mentally slow

And yet the bullies chose to pick on the weak
and to them, the song was way down low
They called it names that pierced my heart
They pulled its hair 'til it ripped out
and nobody stood to help
as the song was left to pout
Every human is a song
some are loud, and some are soft
But this song was slow and weak
it needed something to hold it aloft
When the bullies fled at last
I watched to see who would come
But nobody stopped to help it out
or even see what had been done

I walked up to that song
and helped it to its feet
I spoke to the song to keep it alive
My voice was kind and sweet
It looked at me and smiled
I felt a tear roll down my face
It said thank you for what you've done
and then silently left at its own pace
Every human is a song
If we'd just stop to see
and listen to each other's songs
I would choose this place to be
-Karl Southwick, Idaho Youth

Fun "Rookie" Recipes

School Lunch Recipes and Treats – Fun Sack Lunches for Kids

Healthy, fun school lunch recipes for brown bag lunches and lunch boxes are an easy way to get your child into the kitchen. When a child has 'made it themselves' they are more apt to eat a brown bag lunch. Whether it's the cookies they baked with you or the sandwich they made in the morning. The following includes a number of healthy lunch and snack ideas for your child.

COOKIE CUTTER SANDWICHES

Any sandwich cut with a large cookie cutter; star, heart, dinosaur, animals, etc.

PIN WHEEL SANDWICHES

Spread your child's favorite sandwich filling onto a tortilla. Roll it up and slice it into smaller pieces. Our favorite fillings are - peanut butter and jelly, lunch meat with cream cheese or Cheese.

CHEESY STARS

Use a small star cookie cutter to cut cheddar cheese pieces. In a separate bag provide crackers or apple slices. You can also use the cookie cutter to cut bologna, ham or turkey.

COOKIE DIPPERS

Send vanilla wafer cookies along with a favorite yogurt. Kids love to dip and this way they are getting less sugar than most packaged treats.

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

Thinking Pink

My life is real in this pink cell.
Walls around me
Make me frown.

I was a drinker
Now I'm a thinker.

My life is low and upside down
And I'm getting meaner doing drugs
And doing bad makes me feel sad.

These walls I see,
Pink as could be;
Makes me think
Where I used to be;
In the free....
Where they care for me.

- Alex Garza, Idaho Youth

Advocating For Your Child

Presented by: American Academy of Child and Adolescent Psychiatry - No. 74; Updated February 2000

According to *Mental Health: A Report of the Surgeon General (1999)*, 1 in 5 will experience signs and symptoms of a psychiatric disorder during the course of the year. Some nine million children have serious emotional problems at any point in time. Yet, only 1 in 5 of these children are receiving appropriate treatment. When parents or teachers suspect that a child may have an emotional problem, they should seek a comprehensive evaluation by a mental health professional specifically trained to work with children and adolescents.

Signs and symptoms of childhood and adolescent emotional problems may include:

School problems

Frequent fighting

Trouble sleeping

Feeling sad

Thoughts about suicide or running away

Excessive weight loss or gain

Troubling or disturbing thoughts

Use of drugs or alcohol

Withdraw or isolation

Injuring or killing animals

Stealing or lying

Mood swings

Setting fires

Obsessive thoughts or compulsive behaviors

Dangerous or self destructive behavior

Trouble paying attention

Anxiety or frequent worries

Throughout the evaluation process, parents should be directly involved and ask many questions. It's important to make sure you understand the results of the evaluation, your child's diagnosis, and the full range of treatment options. If parents are not comfortable with a particular clinician, treatment option, or are confused about specific recommendations, they should consider a second opinion.

Before a child begins treatment, parents may also want to ask the following:

- **What are the recommended treatment options for my child?**
- **How will I be involved with my child's treatment?**
- **How will we know if the treatment is working?**
- **How long should it take before I see improvement?**
- **Does my child need medication?**
- **What should I do if the problems get worse?**
- **What are the arrangements if I need to reach you after-hours or in an emergency?**

You may also need to advocate to have your child seen in a timely way, by the most appropriate clinician. Most insurance plans now include some form of managed care, which may utilize provider panels with few mental health professionals. However, many states now have laws concerning reasonable access to specialists. If you have problems or questions, try calling the Department of Insurance, the Patient Ombudsman/Advocate, or the Department of Consumer Affairs at your insurance company.

Ongoing parental involvement and support are essential to the overall success of treatment. Depending on the nature of your child's problems, it may also be important to involve the school, community agencies, and/or juvenile justice system. In addition, it may be helpful to learn how to access other support services such as respite, parent skill building, or home-based programs. Local advocacy groups can also provide valuable information, experience and support for parents.

Although serious emotional problems are common in childhood and adolescence, they are also highly treatable. By advocating for early identification, comprehensive evaluation and appropriate intervention, parents can make sure their children get the help they need, and reduce the risk of long term emotional difficulties.



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address correction requested

Welcome to the Family!

The Federation would like to welcome our new additions around the state.

- Nicole Gustafson **Office Assistant**
- Karen Weppner **Family Support Specialist**
Region I
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Region IV
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- Dee Mares **Family Support Specialist**
Region VII

**Save
the
Date**

Empowering Families Through Knowledge

March 15th and 16th 2007

Red Lion Downtowner Hotel
Boise, Idaho

Contact Idaho Federation of Families
for more information at (208) 433-8845
or toll free at 1-800-905-3436

When we lack proper time for the
simple pleasures of life...
then we have missed
the purpose of life.

- Ed Hayes

My paper and pen

My heart seems to drift to the floor as people crowd inside.
Laughter echoes, smiles lighting up the house.
There I stand amongst them all,
And, though my face shows nothing but joy,
Despair creeps over me.
Eyes gleaming with tears,
I make my escape into an empty room.
Alone, I turn to my paper and pen;
Depression leaks from inside me onto my page
As it fills with my most hidden feelings.
The words blur as hot tears run down my cheeks
Yet somehow it makes me complete.

- Emily Simonson, Idaho Youth