

CONNECTIONS

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Seven Myths about Child Mental Health

by Harold S. Koplewicz, MD, Founding President of the Child Mind Institute

Psychiatric disorders are not a result of bad parenting—or poor willpower

It is easy to empathize with suffering we can see: a child who has lost her hair as a result of chemotherapy, for instance. The suffering of a child with psychiatric issues is far less obvious. Many children and teens with emotional problems keep their pain secret. Others express their feelings in risky or offensive ways. Due largely to stigma—fear, shame, and misunderstanding about psychiatric disorders—the majority never receive clinical care.

Debunking myths about child mental health is critical to getting more children the help and understanding they deserve.



MYTH 1: A child with a psychiatric disorder is damaged for life.

A psychiatric disorder is by no means an indication of a child's potential for future happiness and fulfillment. If a child's struggles are recognized and treated—the earlier the better—she has a good chance of managing or overcoming symptoms and developing into a healthy adult.

MYTH 2: Psychiatric problems result from personal weakness.

It can be difficult to separate the symptoms of a child's psychiatric disorder—impulsive behavior, aggressiveness, or extreme anxiety, for example—from a child's character. But a psychiatric disorder is an illness, just like diabetes or leukemia, and not a personality type. We can't expect children and teens to have the tools to overcome these challenges on their own, but they can recover with the help of their parents, and an effective diagnosis and treatment plan.



Hello City Employees!

June 27th is National Post-Traumatic Stress Disorder (PTSD) Awareness Day, and according to the National Center for PTSD around 50-60% of individuals experience at least one trauma in their lives. Whether you or someone you know is part of the percentage that goes on to develop PTSD, this disorder can impact both the individual and those around them, such as family members, friends, or at times coworkers. Like many disorders, many are living with untreated, and perhaps unrecognized PTSD, and for this reason, we have included an article for city employees to better understand the basics of this disorder and options for treatment.

In addition to including an article that acknowledges and addresses the role embarrassment has on our lives, June also focuses on being more aware of issues that impact children. Many individuals have a child in their own life with mental health issues, and we have presented an article on myths about child mental health that frequently impact the care children receive when traumatic experiences or mental health issues surface. EAP is here to help, and we encourage you to read 25 ways your EAP can help.

Take care!



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MYTH 3: Psychiatric disorders result from bad parenting.

While a child's home environment and relationships with his parents can exacerbate a psychiatric disorder, these things don't cause the disorder. Things like anxiety, depression, autism and learning disorders are thought to have biological causes. Parenting isn't to blame. But parents play a central role by providing support and care that is crucial to their child's recovery.

MYTH 4: A child can manage a psychiatric disorder through willpower.

A disorder is not mild anxiety or a dip in mood. It is severe distress and dysfunction that can affect all areas of a child's life. Kids don't have the skills and life experience to manage conditions as overwhelming as depression, anxiety, or ADHD. They can benefit profoundly from the right treatment plan, which usually includes a type of behavioral therapy, and have their health and happiness restored.

MYTH 5: Therapy for kids is a waste of time.

Treatment for childhood psychiatric disorders isn't old-fashioned talk therapy. Today's best evidence-based treatment programs for children and teens use cognitive-behavioral therapy, which focuses on changing the thoughts, feelings, and behaviors that are causing them serious problems. And research has shown that there's a window of opportunity—the first few years during which symptoms appear—when treatment interventions are most successful.

MYTH 6: Children are overmedicated.

Since so many public voices (many without first-hand or clinical experience) have questioned the use of medications in the treatment of childhood psychiatric disorders, many people believe that psychiatrists prescribe medication to every child they see. The truth, however, is that good psychiatrists use enormous care when deciding whether and how to start a child on a treatment plan that includes medication—usually along with behavioral therapy. We never doubt whether a child with diabetes or a seizure disorder should get medication; we should take psychiatric illness just as seriously.

MYTH 7: Children grow out of mental health problems.

Children are less likely to "grow out" of psychiatric disorders than they are to "grow into" more debilitating conditions. Most mental health problems left untreated in childhood become more difficult to treat in adulthood. Since we know that most psychiatric disorders emerge before a child's 14th birthday, we should have huge incentive to screen young people for emotional and behavioral problems. We can then coordinate interventions while a child's brain is most responsive to change and treatment is more likely to be successful.

Child Mind Institute



What You Need to Know About PTSD

Post-traumatic stress disorder (PTSD) is an anxiety disorder that some people develop after seeing or living through an event that caused or threatened serious harm or death. Symptoms include flashbacks or bad dreams, emotional numbness, intense guilt or worry, angry outbursts, feeling “on edge,” or avoiding thoughts and situations that remind them of the trauma. In PTSD, these symptoms last at least one month. PTSD can happen to anyone at any age. Children get PTSD too. You don’t have to be physically hurt to get PTSD. You can get it after you see other people get hurt, such as a friend, family member, or even a complete stranger, or through anticipating death or serious injury, even if it does not actually occur. Living through or seeing something that’s upsetting and dangerous can cause PTSD.

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PTSD is an a
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This can include:

- Death or serious illness of a loved one
- War or combat
- Car accidents and plane crashes
- Hurricanes, tornadoes, and fires
- Domestic violence
- Violent crimes, like a robbery or shooting

There are many other things that can cause PTSD. Talk to your doctor if you are troubled by something that happened to you or someone you care about.

How do I know if I have PTSD?

Your doctor or a mental health professional can help you find out; call them if you have any of these problems for at least one month:

- Suffering from bad dreams
- Feeling like the event is happening again (flashbacks)
- Experiencing intrusive, often frightening thoughts you can’t control
- Staying away from places and things that remind you of what happened
- Feeling worried, guilty or sad
- Sleeping too little or too much
- Feeling on edge
- Fighting with loved ones or frequent angry outbursts
- Thoughts of hurting yourself or others
- Increased alcohol or drug use
- Feeling alone

Children who have PTSD may show other types of problems. These can include:

- Behaving like they did when they were younger
- Being unable to talk
- Complaining of stomach problems or headaches a lot
- Refusing to go places or play with friends

When does PTSD start?

PTSD starts at different times for different people. Signs of PTSD may start soon after a frightening event and then continue. Other people may develop new or more severe signs months or even years later.

Treatment

PTSD can be treated. A doctor or mental health professional who has experience in treating people with PTSD can help you. Treatment may include “talk” therapy, techniques such as EMDR, medication or a combination. Treatment might take 6 to 12 weeks. For some people, it takes longer. Treatment is not the same for everyone. What works for you might not work for someone else.

Drinking alcohol or using other drugs will not help PTSD go away and may even make it worse.

Facts about PTSD

- PTSD can affect anyone at any age.
- Millions of Americans get PTSD every year.
- Many war veterans have had PTSD.
- Women tend to get PTSD more often than men.
- PTSD can be treated. You can feel better.

If you need help now

You are not alone. Get help if you are having thoughts of suicide.

- Call your doctor or mental health professional.
- Call 9-1-1 if you need help right away.
- Talk to a trained counselor at the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).



The City's External EAP Provider
Type username: madison

Easily Embarrassed? How to Overcome it

by Kara Baskin

The meeting where you're afraid to speak up in case you sound silly. The party where you won't dance for fear of looking ridiculous. Embarrassment, and the fear of it, is hard-wired and can be restrictive if we let it take hold. A large part of resilience is being able to take on new challenges, but embarrassment, which is defined as a fear of losing standing in others' eyes, causes us to shrink from these opportunities. "You can't thrive and grow unless you also make mistakes," says meQuilibrium chief science officer Dr. Andrew Shatté.

It's possible to overcome embarrassment in a few key steps. Here's how:

Step One: Understand Its Origins

Blame your ancestors: Embarrassment is primal. "If you didn't contribute to the tribe, you were a waste of resources—and you could get ejected, which used to mean death," Shatté explains. "It was once very handy for us to have an emotion in place that signaled we were losing standing. The problem is, this signal is outdated." So when you start to feel embarrassment creeping in, recognize it as a primal reaction that isn't based in our current reality. Why is this important? Understanding the context can help take some of the punch out of it.

Step Two: Check Your Emotion Radar

We all have emotion radars: habitual ways of scanning the world for clues about what's happening to and around us. Our radars are wired for negative emotions—like embarrassment, anger, or anxiety—and this ramps up our stress. An embarrassment radar develops as we learn about how we should dress, behave, or act in public. This radar scans for situations in which we've lost standing. When we go looking for something, we often find it—meaning we end up feeling judged a lot more than warranted. In turn, we're less resilient, less bold when interacting with others, and afraid to take risks. Next time you feel your embarrassment radar pinging, stop for a moment and check if it's accurate—nine times out of ten, it won't be!

Step Three: Envision a Worst-Case Scenario

Often, people say they would die if they became too embarrassed. Newsflash: Nobody has ever died of this emotion.

Shatté encourages clients to envision a time of supreme embarrassment and recall the outcome. It wasn't so bad, right? Next time you feel embarrassed, Shatté says to ask yourself, "What's the worst that can happen?" You'll find that you're spending too much energy on an outcome that is very unlikely. The result? You don't feel so embarrassed.

Step Four: Destigmatize the Feeling

Take yourself out of your comfort zone a bit. Act silly with your kids. Sing in the car. Envision yourself as a powerful warrior or a knight in armor before speaking up at a meeting. "These small shifts can generate positive feedback," he says, which will reinforce more confidence. And more confidence means less embarrassment.

And if worse comes to worst? Think back to your prom, Shatté says. "Remember how nervous you were about your appearance? Well, everyone else was too busy focusing on themselves to worry about how you looked," says Shatté.

In many ways, life is like that prom. And without embarrassment, we can find our way onto the dance floor—confidently.

meQuilibrium



1. Assess a personal problem or concern, and assist you in locating appropriate resources to help.
2. Discuss difficult challenges on the job related to relationships with peers or managers, and help you decide on effective ways to improve and build on them.
3. Help you decide what type of mental health professional and counseling approach will work best for you, based on your needs, goals, and ability to pay.
4. Help with improving communication and morale among your work team by skill-building and other training.
5. Serve as a link between you and the workplace while you are a patient in a hospital being treated for a disease or severe illness, so you feel supported and less isolated until you are discharged.
6. Meet with your family and conduct an assessment of personal problems in your relationships, and then find resources to provide support and empower change.
7. Offer support and problem solving to address your concerns about administrative or disciplinary actions, and find ways to reestablish a good relationship with your employer.
8. With your written permission, confirm to your supervisor that you are participating in the EAP and in its recommendations, if desired.
9. Provide short-term support and problem solving for a mental health problem like depression to help you cope until your treatment starts working.
10. Support you as you plan to return to work following sick leave.
11. Provide post-discharge support after a hospital stay or treatment program to help you stay motivated and involved in the self-help, recovery, or treatment recommendations.
12. Facilitate a back-to-work conference between you and your employer (supervisor, human resources representative, etc.) to discuss job expectations, accommodations necessary to support ongoing treatment or self-care, and to gain clarification on matters concerning employment benefits.
13. Provide support and guidance for difficult, long-term decisions for you, your family, or others (e.g., divorce, retirement, or resignation, or choosing to accept a transfer, promotion, or life change).
14. Counseling and facilitation following a critical incident involving death, injury, or an event that could have led to death or injury, and help with resolving fearful emotions and anxiety so memories of these events do not linger or interfere with your life.
15. Provide pre-incident education to build resiliency and prepare before a critical incident occurs.
16. Provide training or instruction on specialized topics related to workplace productivity like soft skills for improving communication, goal attainment, or managing stress.
17. Help you resolve conflicts or confusion associated with your mental health benefits or relationship with a provider.
18. Provide you with a variety of health, wellness, productivity, and life improvement materials and fact sheets, or conduct research to find suitable information to learn about issues that concern you or others close to you.
19. Help with conflicts between you and a coworker, with the goal of resolving conflicts and improving productivity and job satisfaction.
20. Talk with you by phone if visiting the EAP office is not possible, is inconvenient, or is not preferred.
21. Work confidentially to survey and interview individual team members or work unit staff in order to gain insight into the sources of conflict, morale deterioration, or other group problems, and then suggest solutions based upon the findings.
22. Provide support and intervention to decrease absence due to mental health or family issues. Communicate issues and concerns to/from your work unit while you recuperate from injury.
23. Provide guidance for improving your relationship with your supervisor.
24. Provide guidance and support in preventing burnout from workload and the negative effects of customer service stress.
25. (For supervisors) Assist you in understanding how to work effectively with employees and improve their productivity, and how to respond to employees in helpful ways, including EAP support, when personal issues interfere with performance.



WAYS EAP CAN HELP

Thanks for reading,

we hope you found the information useful!

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