

Spring/Summer '96
Volume 1, No. 1

Helping
America's kids
overcome the
pain of crisis



KidsPeace[®]
The National Center for Kids in Crisis



KidsPeace National
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National Hospital
for Kids in Crisis[®]

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MAGAZINE

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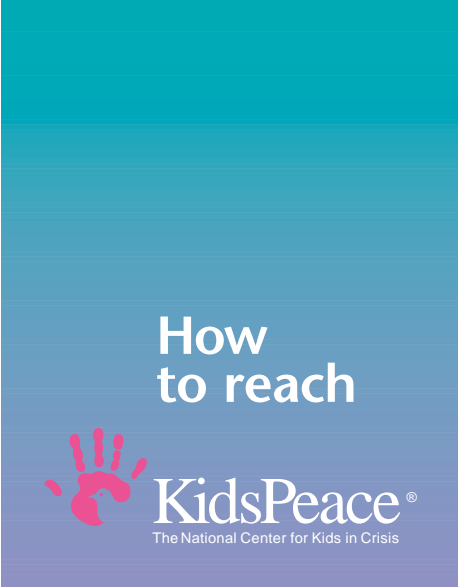
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New England
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NATIONAL REFERRAL NETWORK
NATIONAL AFFILIATES NETWORK

1-800-KID-SAVE
E-mail: kidsave@kidspeace.org

EMERGENCY HELPLINE

1-800-334-4KID
E-mail: helpline@kidspeace.org

SAFETYNET HOME PAGE

www.kidspeace.org

A message of *hope* and *healing*

I am pleased to welcome you to KidsPeace and our treatment divisions, the National Hospital for Kids in Crisis and KidsPeace National Centers for Kids in Crisis.



John P. Peter
*KidsPeace President
and CEO*

It would be wonderful if I could greet you at the door, invite you into our beautiful facilities for a tour and a cup of coffee, and introduce you to our dedicated staff who work so hard to help our kids. I would enjoy sitting down and talking about our common cause – helping children and their families overcome the crises that threaten their relationships and hinder their growth. I know we would discover a shared commitment to doing this important work.

Since there are a lot of children's mental health care professionals in the Lehigh Valley, I cannot meet with all of you at once. However, I do hope this new publication will serve as a form of "welcome" to KidsPeace. I want you to know us better so that together we can work for the good of all our clients.

Because KidsPeace has grown so, both in size and in the scope of our services, we have designed "Healing Magazine" to give you an overview

of our continuum of care with a focus on specific treatment programs that may be of particular interest to you. Included in this issue are articles about two innovative programs that were developed in response to your requests for new treatment solutions.

We also offer you timely informational pieces written by KidsPeace staff and our associates in the professional community. Along the way, we will keep you posted on continuing education opportunities and upcoming events at our not-for-profit organization, as well as noteworthy achievements by our KidsPeace colleagues and affiliates.

Please call us for information about any of our services, for answers to your questions, or maybe just to chat. Plan to visit our National Headquarters at the KidsPeace Orchard Hills Campus in Orefield. A phone call to David I. Dries, our director of client services, at (610) 799-8308 or (800) 25-PEACE will make it happen.

Join us in conversation. Join us in cooperation to bring hope and healing to children, to give kids peace.

And enjoy your visit through the pages of "Healing Magazine."

For the kids,

John P. Peter
President and CEO



National Hospital announces Acute Partial Hospitalization Program

As managed care plans increasingly set the agenda for mental health care providers, a lot of practitioners are deeply perplexed by the choices they must make. How, they wonder, can they serve the intensive needs of their young clients – many of whom are suffering from acute psychiatric disorders – and still keep within cost containment guidelines?

For a child whose diagnosis is severe enough to warrant acute care, there are often few alternatives to inpatient hospitalization. Even when a child is hospitalized, however, insurance companies may insist upon limiting reimbursement for services to a time period that hospital professionals feel would leave the child under-prepared for discharge. When a client is not completely stabilized or otherwise ready for outpatient treatment, the situation creates a dilemma both for the attending physician and the patient who is left without adequate interim care.

A therapeutic alternative to inpatient hospitalization

KidsPeace's National Hospital for Kids in Crisis has recently initiated a program that offers practitioners some treatment options for their youngest, most distressed patients. The Acute Partial Hospitalization Program, in operation since last summer, is meeting the serious need for a therapeutic alternative to inpatient hospitalization. It also provides transitional support after discharge from inpatient care.

The program provides clients with intensive multidisciplinary mental health care in an ambulatory setting, while still maintaining their

family and social support systems. The program is divided into services for two developmental age groups: children 6 to 12 and adolescents 13 to 18.

Patients admitted to the program are suffering from moderate to profound acute disorders that impair their ability to engage in everyday social, vocational or educational activities. They receive treatment for six hours a day, five days a week, and return to their homes in the evening and on weekends.

Individualized treatment plans are designed for each client by a multidisciplinary team that encourages child, family member and referral source participation in devising the plan. The treatment team may be composed of any number of mental health professionals, including board-certified psychiatrists; licensed clinical psychologists; licensed social workers; registered psychiatric nurses; master's and bachelor's level counselors; and certified teachers. The program has a 3:1 client-staff ratio.

Depending on presenting problems, there are a wide array of KidsPeace resources available to help the client. These include psychiatric and psychological evaluations; substance abuse screening; individual,

group and family therapy; tutorial services; case management; medication monitoring; behavioral modification; aftercare follow-up; and 24-hour crisis management and intervention services.

Filling the gap in the continuum of care

David E. Woodward, ACSW/LSW, assistant hospital director, oversees the program. He says the National Hospital created this optional therapy plan because of an increasing demand to treat severely distressed children and adolescents without hospitalizing them. The new program, he says, fills a gap in the continuum of care available to these young patients.

“These children receive the same treatment services they would if they were admitted to our hospital,” Woodward says. “The difference is they spend their days here and nights and weekends at home with their families.”

During the six hours of the program, each child receives four or five sessions of intensive therapy, as well as one hour of academic tutoring. This plan allows a client to stay current in academic subjects and still receive necessary therapies.

“It’s also beneficial to have this program for children who are being discharged from inpatient care,” says Woodward. “It helps them continue their treatment in a structured setting and greatly reduces the incidence of a recurrence or another hospitalization. And it completely eliminates the need for hospitalizing a child who can be treated in this setting.”

The typical patient is depressed, he says, with self-destructive tendencies and family relationship problems. If the child is in counseling, his or her therapist may recommend the Acute Partial Program to help the client resolve serious issues. But children are referred by other professionals as well – often by a school counselor or teacher who identifies

the need for more intensive psychological services than the school can provide.

Child and family friendly

“Our intake process always includes the family,” says Woodward. “Our psychiatrist initially meets with both the child and the family, and then our multidisciplinary team does an assessment over a period of five days. After this extensive examination, the team makes its recommendations for the child’s treatment.”

The program is located on the KidsPeace Broadway Campus in Fountain Hill, Pennsylvania, an easily accessible site for the majority of clients – primarily residents of Lehigh and Northampton Counties. Using the facilities of the Child Development Therapeutic and Recreation Center, which contains classrooms, a gym, a swimming pool, playgrounds and therapy areas, the program is able to integrate a variety of therapies and activities under one roof.

“We were strongly encouraged to start this program because there are very few options for youngsters in this situation,” says Woodward. “Many children who have been in the hospital are discharged to the Acute Partial Program, but it can be utilized to prevent hospitalization in the first place.

“We have experience in working with these children, we have excellent facilities and, most importantly, we have a top-notch staff that is committed to helping these kids get back on track. We have had many successes so far – and we expect more inquiries once our colleagues learn how effective this treatment can be.”



The Acute Partial Hospitalization Program operates out of the Child Development and Therapeutic Recreation Center (CDTRC) at the KidsPeace Broadway Campus in Fountain Hill.

Professionals invited to visit

Woodward invites interested professionals to visit the program, speak with the staff and take a firsthand look at an innovative approach to cutting costs while providing the best possible acute partial hospital care to distressed children and adolescents. A detailed program description and referral consultations are available upon request.

If you would like more information about the National Hospital for Kids in Crisis Acute Partial Hospitalization Program, please call David Woodward at (610) 799-8892 or (800) 44-MY-KID.

Clients “make every day count” in Intensive Program

By 1992, the requests were becoming too frequent to refuse.

Inquiries from referring professionals had increased dramatically . . .

...and KidsPeace’s own residential staff members were identifying a growing number of adolescents whose emotional and behavioral problems required more intensified treatment than they were able to provide in a traditional setting.

Intensified 24-hour clinical, educational and recreational care

Responding to the urgent need for intensive therapeutic residential services for severely distressed teenagers, KidsPeace National Centers for Kids in Crisis implemented a stepped-up program to help these youths. The Intensive Residential Treatment Program, now in its third year, provides intensified 24-hour clinical, educational and recreational care for adolescents in psychiatric and/or emotional crisis.

The program admits boys and girls, ages 13 to 18, with multiple personality disorders; severe interaction and bonding difficulties; suicide ideation; borderline personality disorders; polysubstance abuse, sexual victimization and behavioral issues; and those with unsuccessful previous placements. A staff-to-client ratio of 1:3, exceeding that of most residential programs, allows increased personal supervision and early crisis management.

At the time of admission, a multi-disciplinary team confers with the



“We believe in establishing goals and patterns of success for our kids.”

*- Kevin Pauling,
Program Manager*

adolescent, family and referring professional to develop an individual treatment plan for each client. Specialized treatment tracks focus on aggression; depressive and suicidal behavior; eating disorders; victimization issues; and multiple psychiatric disorders.

Program participants receive frequent, intensive individual and group therapy, in addition to skill-building therapies ranging from vocational and social skills to health

and nutrition education. In accordance with state educational mandates, clients attend a full day of school on site.

“Our strength is our ability to adapt to the needs of the kids.”

Kevin Pauling, a former residential supervisor who developed this innovative program, oversees all aspects of its treatment from clinical care to therapeutic recreation activities.

Pauling explains why the program has been so successful: “Our strength is our ability to adapt to the individual needs of the kids. Even the content of our therapeutic groups changes depending on the problems the clients have. It is always flexible, never static.”

Pauling describes the program’s integrated services as “a well-rounded package.” In addition to frequent individual therapy sessions and intensive specialized schooling, clients attend a minimum of four to five groups each week and at least five additional classes in life skills development. Because their needs

are greater and more complex than those of clients in standard residential programs, the therapies they receive are more intensive.

The Intensive Residential Program treats clients for an average of nine to 13 months. Located in KidsPeace's National Hospital for Kids in Crisis, the program has immediate access to the hospital's psychiatric and medical staff. However, the program does operate as an unlocked facility in keeping with the KidsPeace philosophy of healing children in the least-restrictive environment possible.

Phase system offers motivational tools, forward movement

"We believe in establishing goals and patterns of success for our kids," says the program manager. "For example, we use a 'phase system' to ensure that they are always moving forward. We identify motivational tools for our kids, then help them keep score by recording their accomplishments and moving to the next phase. They receive points as they reach their goals each day – or, as we say, 'make their day.'"

Each element of this phase system focuses on a goal and its successful achievement. "There is a system of rewards as clients reach their goals so they are motivated to move ahead to the next phase. They are encouraged to evaluate their own progress, to see if their score card matches what staff members have observed. This technique requires kids' active participation and helps eliminate oppositional behavior."

Pauling emphasizes, "Intensive Residential is a very structured program. That's how we help our clients 'make every day count.'"

Involvement of the client's family is integral to treatment, says Pauling, as is working with the professionals who refer teens to his program.

"We want to know what their goals are for the kids," Pauling says. "Our flexibility allows us to tailor our

programs to meet the needs of both the client and the person who has made the referral. We run a solid program to treat kids with difficult problems. We have been successful because we include everyone's input in the treatment plan."

If you are a mental health professional who is interested in learning more about the KidsPeace National Centers Intensive Residential Treatment Program, you are invited to call Kevin Pauling at (610) 799-8422 or (800) 8KID-123 for additional information. Tours of the facility and client referral consultations may also be arranged.



The Intensive Residential Treatment Program is located within the National Hospital for Kids in Crisis on the grounds of KidsPeace's scenic 300-acre Orchard Hills Campus in Orefield, Pennsylvania.



To find out more about the KidsPeace Intensive Residential Treatment Program, write: KidsPeace Client Services, 5100 Tilghman St., Suite 310, Allentown, PA 18104



Focus on the field

Therapeutic value of play therapy for children

"Focus on the Field" is a special section of "Healing Magazine" devoted to guest authors sharing news and practical information about their clinical areas of expertise. If you would like your article or paper considered for publication (print and on-line), please mail a copy of it along with your name, affiliation, address and phone/FAX numbers to Janice Watson, KidsPeace Creative Services, 5100 Tilghman St., Suite 010, Allentown, PA 18104. FAXes also accepted at (610) 366-9310.



By Dr. Heidi Gerard Kaduson,
Co-Director, The Play
Therapy Training Institute,
Hightstown, NJ

Playing is a very natural way for children to deal with everyday, as well as emotional, problems. As clinicians, we have become aware of the value of play in helping children "talk" to us. Play, after all, is the language of the child. It offers children a powerful tool to express conflicts and painful experiences.

Piaget's stages of play

While play is a natural phenomenon in children, it is difficult to define because it changes its form as children mature. Piaget has written about four stages of play that are significant in developmental theory.

The first stage is **practice play**, which is the sensorimotor play seen in infants during the first year of life. This involves non-goal-oriented actions with objects motivated by the infant's pleasure in having actions and objects under his/her own control.

The second stage is **construction play**, which is usually seen at approximately 15 to 24 months of age. This type of play is evident when a child puts things together, such as shapes into a shape box; stacks blocks one on top of another; groups objects by function and

shape; and puts blocks together to build something.

Next is the **symbolic or pretend play** period, which is perhaps the most interesting and creative form of play. This kind of play is typical from two to six years of age. Children in this stage use fantasy to change themselves into people or objects other than themselves, or place themselves into imaginary situations. They adapt reality to their own needs. Their pretend play – or, acting "as if" – includes such behaviors as pretending to feed a doll or pretending to teach their stuffed animals.

In the final stage, children begin to play **games with rules**, such as checkers. This is a mature form of play that is common to older children.

The therapeutic powers of play

Play therapy is an extension of the natural properties of play. By definition, it is the interpersonal process wherein a therapist trained in play therapy approaches systematically applies the curative powers of play to help clients resolve their psychological difficulties. These therapeutic powers are helpful in that they can guide us to be aware of the value of play for children. Since

play has the power to alleviate abnormal behavior, it is important to be able to use play therapy to help them.

While there are approximately 25 therapeutic powers of play, some of the most widely employed are communication, overcoming resistance, mastery and abreaction. When focusing on each of these powers, one can understand why play is such an important part of the therapeutic process.

Communication is enhanced through play since it is the most natural form of self-expression for children. Before junior high school, children have difficulty expressing their feelings, needs and thoughts through verbal language. They do, however, have the ability to use play, which is non-verbal. In addition, play provides an arena in which those feelings can be expressed. On a conscious level, play allows children to enact those thoughts and feelings of which they are aware, but are unable to express in words. The play can also help a child reveal thoughts, feelings and conflicts of which they are totally unaware (unconscious). Therefore, trained professionals can use the play to better understand the emotional problems of a child.

Four-year-old Susan was acting out sexually. It was hypothesized that she was sexually abused. However, through play, Susan was able to play out with dolls something she had witnessed – her parents having sex. Although there were no words for any of the actions she had witnessed, the play was clearly descriptive. After playing the scene over and over, she could “tell” her mother what she had seen.

Overcoming resistance is a therapeutic power that enhances the working

alliance that is so necessary to provide therapeutic change for children. Since children are not self-referred to therapy, many of them are resistant to talking to a stranger about personal issues. Play seems to be a very powerful way of establishing rapport and alliance with a child. After all, play is fun – which is intrinsically motivating for anyone. Once rapport and alliance are established, the child is more available to the therapeutic process.

Ryan, a 10-year-old boy referred to a





therapist because of behavioral problems, did not want to talk to anyone about anything. His parents told him he had to “talk” to someone because he was “bad” Through the use of cards and board games, Ryan began to talk about his issues in his family.

Because of the pleasure inherent in play, it is self-motivating and can satisfy a child’s innate need to explore and master his or her environment. **Mastery** is one of the important factors in increasing self-esteem and helping build ego-strength in children. When children are engaged in an activity that is enjoyable, they tend to persist at it longer. This persistence is likely to produce success in mastering a task. It is especially helpful for children with learning disabilities. They experience a world that challenges them daily; thus, they may feel a lack of mastery over many things.

Five-year-old Josh was diagnosed with Attention Deficit Hyperactivity

Disorder (ADHD). He had a very short attention span. He was, however, able to play with certain toys for longer and longer periods of time. The persistence began to increase his attention span.

The reliving of past stressful events and the emotions associated with

them is known as **abreaction**. Through this therapeutic power, children can mentally digest and assimilate traumatic events by reliving them with an appropriate release of affect. In play, the child can control the event or situation, and there is less anxiety experienced while the child masters the

situation. Children can make dolls relive their problematic experiences and gain a sense of mastery over the world, which, in real life, is very difficult to do. A trained therapist can set up a play situation that allows a child to re-experience an event or relationship in a different way and give it a more positive outcome than the original experience.

Arianna was thrown from a second-story window while being saved from a fire in her home. Afterward, she became selectively mute. In therapy, she replayed the event. The therapist then helped her devise a better ending, which helped her to master the situation and begin to talk about it

The therapeutic value of children's self-expression through play is generally accepted by professionals in the field of play therapy. The play gives a concrete form and expression to the child's inner world. Play, in fact, has therapeutic value for all children, not just those experiencing emotional disturbances. When a trained therapist works with the therapeutic powers of play, he or she is using a powerful, proven method to help resolve children's problems.

Heidi Gerard Kaduson, PhD, is co-director of The Play Therapy Training Institute, Inc., as well as a member of the board and president-elect of the National Association for Play Therapy. She is co-editor of the "Quotable Play Therapy," and is presently working on two new books: "The Playing Cure" and "101 Favorite Play Therapy Techniques." Dr. Kaduson also maintains a private practice in Hightstown, New Jersey.

National
Conference
ad goes here

Kids look to parents FIRST

Study reveals age 12 as turning point; KidsPeace takes news to Washington, DC

These are the voices of the nation's children – children answering a researcher calling for the Lee Salk Center at KidsPeace. What KidsPeace found in the 1995 study of preteens is that children not only need, but want their parents' guidance.

But who will guide parents?

Parenting is the most important – and toughest – job any adult will ever have. However, in KidsPeace's 1993 national survey, the organization discovered parents really want to be better in their roles, but don't often know how. Worse yet, they don't always know where to turn for help.

KidsPeace brings news to Capitol Hill

It's not just abused and neglected youngsters who are suffering. KidsPeace research indicates that today's stresses have reached into the lives of all children, from all kinds of families. Kids live in a fast-track world where the reality of "childhood" is constantly challenged. They are faced with pressures inconceivable even a generation ago: drugs, violence, divided families, academic pressures, peer-group demands... All have created a pressure-cooker environment for children.

KidsPeace's national poll of preteens uncovered that, while external threats such as childhood disease have receded, an internal epidemic

of fear and pessimism is gripping America's children. The survey shows that 10- to 13-year-olds are filled with fears about their future and the adult decisions they face at increasingly earlier ages.

The study, unveiled in May 1995 before members of Congress and the national press, reported that nearly half of all the children surveyed said they thought they might be unhappy in their lives. Four out of 10 feared they might, as youngsters, engage in adult or illicit activities (alcohol, tobacco, drugs, sexual relationships), and even higher percentages worried they could be struck by society's most frightening and lethal dangers (AIDS, physical and sexual abuse, death).

Dr. Jonas Salk spoke out for kids on behalf of KidsPeace

"What we're confronted with now is the crippling of the minds of children," said **Dr. Jonas Salk**, the late polio vaccine pioneer, in a special video message recorded for KidsPeace and played at the Congressional briefing and press conference. "To take the extreme examples of crime, drugs, teenage pregnancy, the question is: How can these be prevented? Is

"I'm scared of being killed. I want to live my life to the fullest and do everything. I don't want to be dead."

– Janelle, 10

"Sometimes my mother is like, 'Why don't you grow up? You act too much like a kid.' But I am a kid."

– Marcy, 12

"My parents always try to help me, but sometimes it seems like they don't understand me."

– Kimberly, 12

there some way to treat the child early in life and into adolescence to reduce the possibility – the probability – of that kind of encounter?"

As honorary director of the Lee Salk Center at KidsPeace, Dr. Jonas Salk

understood the magnitude of that challenge, as did his brother, the noted psychologist who served as KidsPeace's first National Director of Prevention Services.

KidsPeace is in the forefront of efforts to meet this challenge. One of the organization's goals is to give every parent the resources for dealing with these new childhood challenges and enable them to help kids overcome crisis.

Leeza Gibbons: "KidsPeace is dedicated to giving childhood back to kids."

KidsPeace's trip to Washington yielded support from government officials, the entertainment industry, private business, the foundation world and the world of sports.

Pennsylvania Congressman **Paul McHale** was in attendance, praising KidsPeace's efforts in "lessening the number of suffering children," as was Indiana Congressman **Tim Roemer**, chairman of the Children's Working Group, the only children's advocacy group in Congress, comprising over 100 representatives working together in a bipartisan effort to address the needs of the kids of this country.

KidsPeace National Spokesperson **Leeza Gibbons** also stood beside the organization. "KidsPeace is a great group because it is dedicated to giving childhood back to kids," said the former "Entertainment Tonight" co-host in a subsequent "Today Show" interview. "There is nothing more important than our children."

ABC-TV stars **Tia and Tamera Mowry** of "Sister, Sister" went to Washington, too. "Lots of people don't realize how tough it is to be a kid today," said Tia. "That's true," Tamera agreed. "But it's hard to be a parent, too. KidsPeace is trying to make it easier to be a kid and a parent today."

Other supporters who turned out for the event were Co-Directors of the Lee Salk Center at KidsPeace, **Dr. Alvin F. Poussaint** (Harvard professor and former "Cosby Show" script consultant) and **Dr. Lewis P. Lipsitt** (Brown University professor and



KidsPeace National Spokesperson Leeza Gibbons told America, "There is nothing more important than our children. KidsPeace is a great group because it is dedicated to giving childhood back to kids."

Tim Roemer, Indiana Congressman and chair of the bipartisan Children's Working Group, pointed to KidsPeace's successes in addressing the needs of the country's children. Looking on: (left to right) Alan Grant, Washington Redskins; Leeza Gibbons, KidsPeace National Spokesperson; John P. Peter, KidsPeace President and CEO; Pennsylvania Congressman Paul McHale; Dr. Alvin F. Poussaint, Lee Salk Center at KidsPeace National Director.

Child Study Center director); **Mary Jane Salk**, the Center's Honorary Director; **Alan Grant**, Washington Redskins football star; and members of the KidsPeace National Council for Kids: **Christine Chambers** (Co-Executive Director, MCJ Foundation, which provided the gift to underwrite the national survey); **Frank Heffron** (former CEO, Major League Baseball International); **Ellen Hart Pena** (Attorney); **Mary Ann Unanue** (President, Goya Foods-Goya Miami Division); **Mary Jane Willis** (Chair, Delaware Olympic Committee); **Donald J. Sacco** (VP-Human Resources, NYNEX, which is funding the distribution of parenting brochures requested in response to the New England airing of KidsPeace's latest public service announcement); and **Joan Pew** (Director of Philanthropic Services, Narragansett Group).

KidsPeace study uncovers "last, best chance" to reach kids

Barna Research Group, Ltd., polled a nationally representative sample of 1,023 children ages 10 through 13 for the Lee Salk Center at KidsPeace study. The researchers found that when kids had fears and concerns, they looked to parents first for guidance.

Basketball player **Michael Jordan**, who the kids surveyed named most



frequently as a role model outside the family, commented on the findings: "I am honored to learn of the new KidsPeace survey that found, next to parents, our nation's kids see me as their role model. As parents, we hold one of the most

important jobs in the world: To help our children become the best people they can be."

Unfortunately, the poll also indicated that parents' influence begins to wane around the time kids reach age 12. As a child moves closer

to the teen years, he or she begins to doubt parents' ability to help. Increasingly, kids will turn to persons outside the family to share confidences, problems... the kind of information that, if discussed with an understanding parent, could strengthen the bonds of family and build

the kind of support system that will act as a buffer in times of crisis.

What KidsPeace is doing to help

KidsPeace has already begun helping families create the kind of loving, supportive home environment needed for raising emotionally healthy kids by:

- founding the **Lee Salk Center at KidsPeace**, the research and development arm of the not-for-profit organization. The Center studies today's real challenges to kids and families, then develops educational materials to answer those needs.
- creating public service announcements featuring KidsPeace mascot

"Trusty the Goldfish®" with help from acclaimed child and family development experts and some of the biggest names in the entertainment industry: Oprah Winfrey's Harpo Studios, Kodak, Editel, Startoons, Hollywood director Trip Gruver and Van Yperen & Thomas Creative. The PSAs point parents to ways they can help when their child encounters a crisis.

- developing brochures to help families build the framework for a supportive home as well as prepare for the rough times and see them through: "7 Standards for Effective Parenting," "24 Ways You Can Prevent Child Abuse," "15 Ways to Help Your Kids Through Crisis" and "What Every Preteen Really Wants You to Know... but May Not Tell You."
- establishing a KidsPeace Internet "Home Page" introducing a "SafetyNet" of fundamental parenting and crisis prevention tips to users in more than 20 million homes across America. The "SafetyNet" can be accessed at www.kidspeace.org.



Top: President and CEO John P. Peter announced the launch of a national KidsPeace campaign to improve the avenues of communication between parents and children.

Above: ABC-TV stars Tia and Tamera Mowry of "Sister, Sister" came to Washington to let the nation know, "KidsPeace is trying to make it easier to be a kid and a parent today."



Trusty the Goldfish is the official "spokesfish" for KidsPeace. Through TV, radio and print public service announcements, he encourages parents and others to take personal responsibility for protecting children.

Presenters address child abuse, family treatment at PCPA conference



A paper written jointly by three KidsPeace staff members recently earned high marks from members of the Pennsylvania Community Providers Association (PCPA).

Presented at the association's annual conference in October, the collaborative professional effort was entitled "The Managed Care of Child Abuse Through Family Treatment."

Authors **Edward Curran, ACSW/LSW, Jannice Bailey, PsyD, and Martha Harvie, MA**, are therapists who provide help to children and their families – often when child abuse is the presenting issue. KidsPeace psychologist Dr. Bailey works together with Curran, program manager for KidsPeace's Child and Family Guidance Center, and Harvie, a counselor in the center's Student Assistance Program.

Effective treatment requires family systems model

Examining the complex emotional and behavioral dynamics of families in which abuse exists, the three presenters make a strong case for treating the entire family as the only effective means of breaking the cycle of dysfunction. While advocating an integrated approach to understanding the causes of the behavior, their paper also describes measures to prevent reoccurrence of the abuse and encourage healthier family relationships.

"To be effective in treating child abuse requires a family systems model," says Curran. "We have found that we cannot simply treat the abused child and then send him or her back into the same environment. We strive to have all family members involved in the therapeutic process. Our results have been positive."

Acknowledging that effective treatment of abuse is a difficult and usually lengthy process, the authors emphasize that the best and most cost-effective way to maximize success is to provide intense treatment for the entire family over a period of six months or more.

The advent of managed care with its accompanying emphasis on reducing treatment duration as a cost-containment measure, the therapists say, has yielded proposals for short-term care that is largely ineffective. They urged practitioners to negotiate treatment plans that allow for the maximum flexibility in planning and length of treatment.

"More flexibility in outpatient treatment today could prevent more costly inpatient care in the future," say the authors. "When managed care systems authorize family treatment... a healthy homeostasis can be established that will be conducive to growth, happiness and peace of mind for all family members and for generations to come."

Concern that children's needs will not be met

The PCPA audience gave the KidsPeace therapists excellent evaluations for their paper's clinical content and explanation of treatment models. Its examination of the challenges of providing therapy for such a complex problem in the managed care environment brought praise for the authors and elicited sympathetic responses from their listeners.

"The KidsPeace presentation was very well-received," says conference

coordinator **Cheryl Hakes**. "Our members are front-line clinicians who want to stay abreast of the timely issues that affect the care they provide in their home communities. This topic was especially appropriate since everyone is discussing the impact of managed care on service delivery."

PCPA, with 265 member agencies throughout the state, strives to provide advocacy, information and quality services for communities statewide. David Doty, director of professional standards for KidsPeace, is the association's current president.

Commenting on his KidsPeace colleagues' presentation, Doty reiterated their concern about the provision of children's services.

"We are concerned that children's needs will not be met because of this push for cutting costs," says the director. "We must pay attention to what works for kids and families – to help heal them, not just ensure cost containment for its own sake. If we short-change these families now, we are likely to pay dearly in the future."

To receive your free copy of "The Managed Care of Child Abuse Through Family Treatment," please call Vicki Kocis, KidsPeace Client Services, at (610) 799-8309. Outside the area, dial (800) 25-PEACE.



Especially for parents

Your child's unique abilities can complicate life – for BOTH of you.

*At the National Hospital for Kids in Crisis, our clients' concerns are our concerns. Like most children's mental health professionals, we believe that helping parents understand the unique circumstances surrounding their child's critical issues will give the entire family a better chance at working together to address and resolve crisis. Here are some words of caution – and assurance – from National Hospital Medical Director **Herbert E. Mandell, MD**, that may provide parents of the gifted and talented kids you know with a new awareness of a subject that can be quite daunting for anyone. You're invited to copy and pass them along, courtesy of the National Hospital and Dr. Mandell.*

Are your kids highly imaginative? Artistically adept? Athletically exceptional?

Special talents such as these can sometimes put kids at-risk for emotional problems and make a parent's job tougher.



By Dr. Herbert E. Mandell,
Medical Director, National
Hospital for Kids in Crisis

Most people think being the parent of a gifted and talented child is a privilege that would make anyone proud – and they are right. What they don't know about, however, are the special challenges these children and, consequently, their parents face.

Studies show disproportionately large numbers of gifted and talented children in psychiatric hospitals, residential facilities and traditional outpatient care. It is their very uniqueness that often puts them at greater risk for emotional problems.

If your child or a child you know has been identified by I.Q. (above 130) or special innate abilities (for example, musical, artistic, mathematical, mechanical and athletic) as gifted and talented, you should know:

- Children's sharpened perceptual and intellectual capacities may

complicate their lives. These situations include family stresses such as death, separation and divorce, adjusting to a blended family, a parent's job loss, other financial strains and moving from one home to another. Other stressful situations are the child's own illness and the illness of brothers, sisters and other family members, especially when it leads to hospitalization or is life-threatening.

- Children tend to blame themselves for difficult situations, especially younger children. Kids may use their rich fantasy lives to weave remarkable explanations for incidents and circumstances beyond their control, often implicating themselves.
- Precocious and unusually sensitive children may respond more intensely and persistently to normal developmental experiences and to stimulation in general.

- In an attempt to protect themselves from overstimulation by such external events as graphic brutality on TV, arguing parents or a dying relative, gifted children may develop symptoms that include compulsivity, nightmares and physical complaints – for example, headaches and stomachaches. They may also be at risk for substance abuse as adolescents.
- Gifted children who are frightened by their own feelings may use their cognitive skills to distance themselves even further. Such distancing may contribute to social isolation and behavioral differences.
- Giftedness is not necessarily admired by other children. As children mature, the peer group assumes greater importance. Children who are perceived as “too bright” by other kids may be targeted as “nerds.”
- In an effort to achieve social acceptance, some gifted children actually try to hide their knowledge or curiosity.
- Gifted kids are at risk of being assigned responsibilities for which they are emotionally unprepared.
- At school, it may be difficult to provide sufficient classroom stimulation to maintain a gifted child’s interest while not asking too much of the child.
- When the child develops symptoms as described above, the very giftedness that may be used against her or his own best interests can be an enormous asset in therapy. Such children are more likely to benefit from a talking approach and make use of insights to change the behavior that has complicated their lives.

Dr. Herbert E. Mandell is Medical Director for the National Hospital for Kids in Crisis of Orefield, Pennsylvania. Dr. Mandell has more than 20 years of experience in child, adolescent and adult psychiatry. He is the former chief of the Division of Child and Adolescent Psychiatry at the Einstein Medical Center/Belmont Center, Philadelphia.

KidsPeace and National Affiliates Network:

One team with one goal

If you are a master’s level behavioral health professional currently licensed to practice in your state, you are a candidate for the KidsPeace National Affiliates Network.

- KidsPeace Affiliates serve as a resource for the KidsPeace National Referral Network
- Some KidsPeace Affiliates provide assessments and therapeutic interventions for clients and their families

Join KidsPeace in giving kids peace. Individuals, groups and associations welcome. For your application, write:

KidsPeace National Affiliates Network
Special Projects Administrator
5100 Tilghman St., Suite 005
Allentown, PA 18104



“Model organization” helps give peace of mind to parents

Best in nation, KidsPeace receives The AAPSC “Outstanding Organization Award”

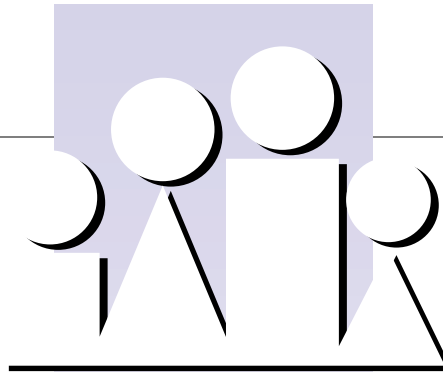
The American Association of Psychiatric Services for Children (AAPSC) recently singled out KidsPeace from among children’s organizations across the nation to receive “The Outstanding Organization Award.” The country’s only interdisciplinary organization that sets and monitors standards for children’s mental health care, The AAPSC recognized KidsPeace for “exemplary service to kids in crisis.”

Calling the center “a model organization,” the association seemed to echo the sentiments of noted child psychologist **Dr. Lee Salk** when he cited KidsPeace as “a prototype of what we should have for all children everywhere.”

KidsPeace was recognized by The AAPSC for:

- “clear evidence of quality and considerate care of children and youth”
- “enriched and comfortable social, educational and residential experience”
- “high degree of professionalism”
- “reflection of care and exquisite planning in the Orchard Hills Campus in Orefield, Pennsylvania”

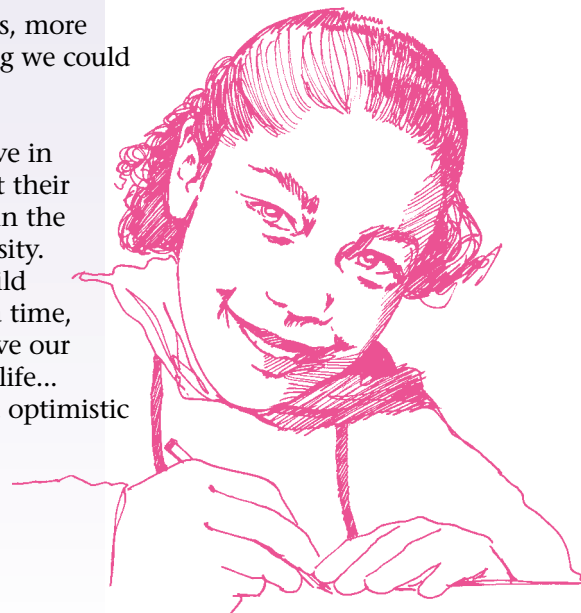
After a site visit, The AAPSC presented the award to KidsPeace President and CEO **John P. Peter** at the association’s 46th annual conference.



Peter told the association he was gratified to receive the award. It is an “affirmation,” he said, “of the important work KidsPeace is doing to help children and their families.”

The president and CEO went on to say, “We have dedicated ourselves and all our resources to healing kids and giving them hope for the future. We have 114 years of experience in working with youngsters of all ages, who come to us with every conceivable challenge. We have a wonderfully committed staff and excellent facilities.

“This award recognizes, more tangibly than anything we could say, our commitment to compassionate care for children. We believe in our kids and marvel at their remarkable resilience in the face of so much adversity. We help them one child at a time, one day at a time, so that when they leave our care they can take on life... restored to health and optimistic about tomorrow.”



Art therapy is one tool that provides an avenue for communication between child and caregiver at KidsPeace. Out of the child's personal satisfaction with the artistic accomplishment also comes self-esteem and the resulting motivation to grow beyond the pain of crisis. KidsArt™ provides a forum for our kids' healing art.



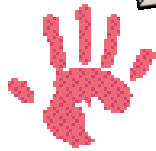
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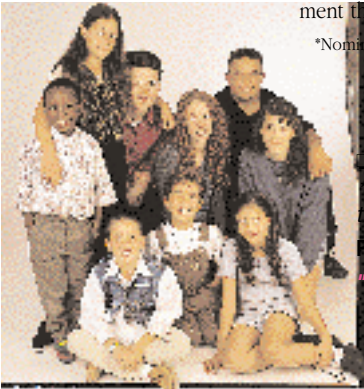
"The Outstanding Organization Award"

(See page 16 for full details)

Parenting can be tough. Sometimes some simple advice from a child and family development expert can make the difference. These four brochures teach parents how to help a child overcome a crisis situation, tell what preteens really need, suggest how to be an effective parent and point out where to find help in time of crisis.

Our videos offer you a chance to see the quality of our National Hospital and other facilities and preview the range of services we offer to a family and their child: KidsPeace offers the widest continuum of care services under one roof in the nation. Admissions, clinical and general information are included. You'll also get a better understanding of the safe, healing environment that KidsPeace provides.

*Nominal fee for multiple orders



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