

Fall/Winter '99  
Volume 4, No.2

Giving kids  
confidence  
to overcome  
crisis

*Practical, clinical information*



**KidsPeace®**  
The National Center for Kids Overcoming Crisis



**KidsPeace National  
Centers for Kids in Crisis®**



**National Hospital  
for Kids in Crisis®**

# Healing™

MAGAZINE

## In this issue:

Normalcy as therapy  
*page 2*

Developing a plan to  
deal with catastrophe  
and trauma  
*page 6*

Cognitive therapy with  
depressed and suicidal  
adolescents (part II)  
*page 12*

“Children Grieve, Too”:  
KidsPeace National  
Conference, presented by  
Linda Goldman  
*page 17*

Diet and hyperactivity:  
Is there a connection?  
*page 18*

KidsHealth.org provides  
parents with “steam” to  
keep on “track”  
*page 22*

KidsPeace spirituality  
groups teach kids to find  
hope in their faith  
*page 24*

“Healing Magazine”  
online index  
*page 36*

KidsArt™  
*page 37*

The Family Resource File  
*back cover*



Fall/Winter 1999  
Volume 4, Number 2

"Healing" is a publication of:

**KidsPeace**  
1650 Broadway  
Bethlehem, PA 18015-3998

**Acting President and CEO**  
Richard R. Biolsi

**Executive Editor**  
David Dries  
Vice President of Marketing

**Editor**  
Janice Curran

**Assistant Editor**  
Kimberly A. Gasda

**Editorial Assistant**  
Carrie E. Yotter

**Copy Editor**  
Anne L. Morris

**Designed by**  
Michael Sayre Design

**Produced by**  
KidsPeace Creative Services

**ABOUT KIDSPeACE**

KidsPeace is a private, not-for-profit organization dedicated to serving the critical mental health needs of children and teens. Since 1882, KidsPeace has been helping kids develop the confidence and skills to overcome crisis in their lives. Today, KidsPeace offers a comprehensive range of treatment programs along with educational services to help families help kids anticipate and avoid crisis whenever possible. KidsPeace is the recipient of "Accreditation With Commendation" from the Joint Commission on Accreditation of Healthcare Organizations and "The Outstanding Organization Award" from The American Association of Psychiatric Services for Children. The articles contained in KidsPeace's "Healing Magazine" do not necessarily express the views of KidsPeace or its subsidiaries.



KidsPeace is accredited by The Joint Commission on Accreditation of Healthcare Organizations, The American Association of Psychiatric Services for Children, Middle States Association of Colleges and Schools, and Commission on International and Trans-Regional Accreditation. KidsPeace does not discriminate in regard to admissions in terms of sex, race, creed, color, national origin, religious beliefs, disabilities or handicapping conditions.

Copyright 1999



**ADMISSIONS**

**National Hospital for Kids in Crisis  
KidsPeace National Centers for Kids in Crisis**

1-800-8KID-123  
admissions@kidspeace.org

**KidsPeace National Centers for Kids  
in Crisis-New England**

1-800-992-9KID

**Intensive Treatment Family Program**

1-800-727-4482  
www.fostercare.com

**NATIONAL REFERRAL NETWORK  
NATIONAL AFFILIATES NETWORK**

1-800-KID-SAVE  
kidsave@kidspeace.org

**HELPLINE**

1-800-334-4KID  
helpline@kidspeace.org

**WEBSITE**

www.kidspeace.org

**HEALING MAGAZINE**

Janice Curran, Editor  
KidsPeace Creative Services  
4125 Independence Dr., Suite 4  
Schnecksville, PA 18078

*Please fax name/address changes along  
with incorrect mailing label to (610) 799-7981.*

# Peace, growth and positive change for kids are what KidsPeace is all about



**Rich Biolsi**  
*KidsPeace Acting President  
and CEO*

**A**s you may already know, John P. Peter – the person who has been at the helm of the KidsPeace organization for the past 25 years – has entered into a well-deserved retirement. Yet change in our leadership does not signal an end to what we have always valued as an organization. Rather, it affirms our values by putting people in place who will support and strengthen our services with these values as guides. I am honored that the KidsPeace board of directors has asked me to assume the position of acting president and CEO while it conducts a national search.

For the 30 years that I have been a part of KidsPeace, I have been motivated by a singular concern: kids. What is best for them, what will inspire them to achieve positive growth and change, what will bring them peace. These are the things that continue to be important to me and to our organization.

As you go through the pages of “Healing Magazine,” you will recognize that our mission to give kids the confidence to overcome crisis does not end with the children in KidsPeace programs. It reaches outward with our vision: to turn a generation of kids in crisis into a nation of kids who overcome. This publication is one of the many ways that we are working to realize that vision.

In “Healing,” you’ll see programs and modalities in action, and learn how to suit them to your needs. You’ll find new ways to reach out to the kids that you know. And you’ll identify even more resources to help if and when the tough times get even tougher.

We offer this free service because helping you helps kids. And peace, growth and positive change for kids everywhere are truly what KidsPeace is – and has been – all about.

I am humbled by the opportunity to lead this organization. And I am grateful every day for the chance to work with such dedicated, committed and caring individuals as the KidsPeace staff and our friends in the community – and beyond.

**Rich Biolsi**  
Acting President and CEO

## Normalcy as therapy

*Joey sits alone, quietly looking out the window of the psychiatric hospital that he has come to call home in the past few weeks. The hospital says he's ready to be discharged, though it's clear that he will need some type of support services to remain stabilized. Traditional step-down psychiatric services will not accept him, because Joey has developmental difficulties stemming from a previous traumatic brain injury. Traditional special education services will not accept him, because Joey has been diagnosed with oppositional-defiant disorder. And so, he sits.*

*The very idea that Joey, and other high-end need children like him, could fall through such a huge gap in services inspired KidsPeace-New England Community Services personnel to rise to the challenge. They began by examining the traditional definition of therapy, and their answer came in the form of a simple question: "How far can we push the limits of treatment foster care?"*



## “Pushing the limits” in KidsPeace-New England’s Community Services

By Kristin R. Greenberg

The vision was simple: to create a model of treatment with enough flexibility and therapeutic “oomph” to successfully accommodate a wide range of clients with an even wider range of needs.

**“F**IRST, WE ASKED OURSELVES, ‘What, really, is therapeutic?’” recalls Ken Olson, Director of KidsPeace-New England Community Services. “So many times the definition of therapy is face-to-face, one-on-one interaction within the confines of the four walls of an office setting. We believe that ‘normal’ life meets children’s developmental needs. So, by choreographing normal life systems – family, school, community – we enhance their clinical effect. *That’s* therapeutic.

“We then looked at our existing treatment foster care services and asked ourselves another question: ‘How far can we push this clinically?’”

### Foster care for acute-care kids

“We began by incorporating a master’s-level clinician in the role of treatment team leader and then incorporated Family Support Workers into the home for 20-60 hours a week,” says Olson. This new model, called Specialized Foster Care, provides essentially the same level of treatment as group care in a one-on-one foster home setting.

Foster parents receive the extensive training required to work with acute-care, high-end needs children and to ensure continuity of treatment. “One parent functions as the primary foster parent,” Olson explains. “This primary parent receives the same training as the Family Support Worker staff and is responsible for attending all clinical meetings relating to his or her foster child.”

Each foster family is required to have a minimum of six months’ experience working with special-needs kids to be considered for the program. “Other than that,” says Olson, “we’ve tried to stay away from any set requirements. We have seen all different kinds of people from all different kinds of backgrounds have equal success as foster parents.”

Specialized Foster Care is completely and utterly adaptable enough to meet a wide variety of individual needs. Clients range from infants through age 18, with a DSM-IV axis one or two

diagnosis. Some clients have a type of developmental disorder as well.

Services are provided on a needs-driven basis and are available in emergency, specialized and extended programs. Because there are no artificial limits imposed on the programs, services can evolve to suit the needs of each client.

“If, for example, a child receiving acute care level support has stabilized, we are able to scale back the intensity of services, and the child can remain in the foster home,” says Olson. “In that way, the services better meet the child’s need for a permanent family.”

At the other end of the continuum, the program is also designed to function in short-term emergency situations. “Kids are often referred to us in times of crisis as an alternative to a crisis-bed or residential treatment,” Olson says. “We do a full diagnostic workup to see how best we can help them.”

And help them they do. The program has been so successful, in fact, that in the first three years of operation, not one single child served required rehospitalization. That initial success then led to another question and challenge, recalls Olson: “Can we do this for kids in their own homes?”

### There’s no place like home

“We were so successful in maintaining these incredibly challenged kids in treatment foster care that we decided

to continue to push the envelope and treat kids in their own homes," said Olson. And so the Supported Families Program was born.

The program is essentially the same as the Specialized Foster Care programs, the key difference being that the child remains with his or her own family in his or her own home. The programs are so similar, in fact, that Community Services staff are cross-trained in both programs and often carry a mixed caseload of Specialized Foster Care and Supported Family clients.

Like the Specialized Foster programs, Supported Families is capable of providing quality treatment to clients as young as infants and as old as 18 years, and specializes in high-end-need care. The program is used in a variety of ways – as a last-ditch effort to prevent out-of-home placement or as a way to more quickly reunify kids from inpatient treatment centers with their families. The average involvement of the program is nine months, though, as with the Specialized Foster programs, there is no set limit on the length of services. According to Olson, "In both programs, we'll do whatever it takes, for however long it takes.

"Supported Families is strength-based and family-centered," explains Olson. Master's-level clinicians supervise bachelor's-level support workers, who remain in the home for an average of 40-60 hours per week, "seven days a week, if necessary," Olson says. "Staff support is driven by the clinical needs of the child in care."

The treatment team collaborates closely with all involved in the child's life, including family, schools, courts and any other special-needs services the child might require. "Supported Families serves as a key piece to coordinate all of the professional services that a child with a complex case needs," notes Olson.

"It is the resources that make this program workable," says Clinical Coordinator, Supervisor and Team Leader Molly Hoadly, LCPC, LMFT, LADC. "The level of staff that we can commit, the amount of time that we can stay – we have the abilities to work with every aspect of these kids' lives.

"If the problems are with the child's family or peer relationships, we can work on that. If the problems are in the school or community, we can work on that, too. Supported Families is an incredibly valuable, powerful, unique program."

Much of the program's focus is on training the parents to develop skills that provide their child with the kind of structure he or she needs to remain stable. "We do everything through the parent," says Hoadly. Sometimes, though, parents are hesitant to accept help.

"We try to bring the parent on board with small successes, to show the parent how much easier his or her life is going to be," Hoadly explains. "We do this in a nonjudgmental, nonblaming way, so parents are more open to heeding our advice."

"When a child has been in treatment, the parents are often made to feel blamed for their child's behavior," adds Olson. "Staff members working in the Supported Families Program explain to the parent, 'Your child has special needs; we will teach you how to deal with that. The techniques we want you to learn are the same techniques that have been proven successful in group care settings. We want to give you the support you need so that your child won't require out-of-home care.'"

And staff members support each other, as well.

"One of the keys to the success of our programs is to provide what we call 'peer supervision' to the line staff," explains Olson. "Facilitated by a clinician, the line workers all get together once a week to bring up any issues they



For additional information, please contact:  
KidsPeace-New England  
Community Services  
343 Gorham Road  
South Portland, ME 04106  
(207) 771-5700

might be experiencing – any problems or dilemmas they might have. It's very difficult to be in someone else's home for any length of time, dealing with difficult issues, and not have it spill over into your own life. Together, the staff can work on those issues, and focus on getting better at the clinical work they do with the families."

Clients are referred through the Maine Department of Human Services. The program is voluntary, which means families have the option of saying no, though sometimes at the cost of sending the child to out-of-home care. The treatment plan is developed after a 30-day screening assessment, during which the staff explain to the family how the program works, "to give them an idea of just how intrusive this program can be," says Olson. "To let them know what it's really like to have people in your home 20, 40, 60 hours a week."

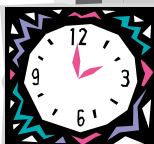
Most parents would agree, however, that in order to stay together, any amount of time invested is time well-spent. To see their high-end-need child functioning as normally as possible and to be an integral part of that success are the greatest rewards a parent could receive.



## KEY MOMENTS OF A DAY

### 8:30 a.m.

Mary lies on the couch, unable to move. Scattered toys and food wrappers clutter the floor beneath her. In the next room, her daughter Katie runs in circles around the kitchen table, unwilling to eat breakfast or gather her things for school. Mary knows she should get up and help Katie, who has ADHD, onto the bus. Yet Mary, a single mother with little support, suffers herself from bipolar disorder, and today she just can't seem to find a reason in her heart to do anything. Tom arrives, and noticing that Mary is having a particularly bad day, calms Katie down, feeds her, and gets her to school. He then phones Mary's psychiatrist, who prescribes a change in her medication. Tom then begins to tidy up the floor. ...



### 2:00 p.m.

Bill sits sullenly at his school desk, his stack of construction paper and cotton balls untouched, his glue stick unopened. The teacher is concerned. Art class is usually Bill's favorite part of the day. She reaches for the phone and calls Jean, who is teaching Bill's mother how to prepare a homemade stew in the slow cooker. Jean leaves Bill's mother in charge of the stew, then drives to the school to find out what, exactly, is going on with Bill. ...



### 5:30 p.m.

Jenny sits down at the dining room table with her mother and smiles. As the two feast on chicken, peas, and macaroni and cheese, they share their day – how the boy Jenny likes finally asked her to the prom, and how funny her mom's boss looked at work with his new haircut. Meanwhile, Monica sits in the living room, making notes in her case file about how much this once-strained mother and daughter relationship has improved. ...



### 8:30 p.m.

Bobby gets his pajamas on and brushes his teeth. He then crawls into bed, waiting. His father, Pete, pokes his head in the door. "Well, Bobby, are you ready to find out what happens next?" Bobby nods his head excitedly. "Well, then," says Pete, "Let's find out!" He picks up a book from the nightstand and opens it to the book-marked page. As he does, he thinks briefly of a year ago and of how much of a struggle bedtime was, of how he was almost ready to give up. He recalls how during the past year Jack was there, teaching him how to structure the day so that Bobby would know what to expect, and remembers how the power struggles began to decrease, so much that now Jack's involvement is down to a daily phone call to check on them and offer support. And now, Pete realizes, he wouldn't trade the 15 minutes before bed with Bobby for anything in the world. ...

# Developing a plan to deal with catastrophe and trauma: *one school district's experience*

By Janice L. Dreshman, Ed.D.,  
and Cheryl I. Crabb,  
Hopewell Area School District



*Over the past eight years, the Hopewell Area School District in Aliquippa, Pennsylvania, has experienced four to eight traumas a year involving death. The crash of USAir Flight 427 (in which all 132 passengers and crew members were killed) occurred here in 1994. This catastrophe affected our district and community, and had an impact on both national and international levels.*

A leading expert on trauma (Herman 1992) describes the impact of a traumatic event:

*Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis. (p. 51)*

The tragic event of the crash of US AIR Flight 427 served as an impetus for us to take a better look at how we need to deal with and be prepared to handle catastrophe and trauma on all levels. In order to be proactive, we have developed and used a protocol for dealing with catastrophe and trauma.

## **Repetitive catastrophe and trauma batter the district**

The Hopewell Area School District is located in Beaver County, Pennsylvania, approximately 40 minutes from downtown Pittsburgh and 10 minutes from Pittsburgh International Airport.

The district is composed of Hopewell, Independence and Raccoon townships (an area of 60 square miles, with a population of 20,000). Currently, 3,220 students are enrolled in kindergarten through 12th grade; 1,697 students are in grades K through six; and 1,523 are in seven through 12. There are four elementary buildings, a middle school and a senior high. Approximately 250 professional staff members are employed in addition to a superintendent, a supervisor of curriculum, four principals and two assistant principals. The district has seven guidance counselors (two in grades K through four, two in grades five through eight and three in grades nine through 12), a full-time prevention specialist, a full-time psychologist and 21 faculty members who are trained for student assistance.

Since the first occurrence of parent suicide in our district in 1990, we have acknowledged both the impact of such a trauma and the need to be prepared for any such future event. Numerous individual and collective traumas involving violence and catastrophes have occurred in the district over the past eight years. (See "Hopewell Area School District Catastrophic Events" chart.) Whether individual or collective in nature, there was an impact on a K-through-12 level. The traumas affecting the district include:

- Parent/guardian suicides. In the fall of 1998, three parent/guardian suicides occurred within less than 36 hours, two of them in less than eight hours.
- Lightning striking and killing an adolescent on one of our ball fields.
- The robbery and murder of a student's grandparent, witnessed by family members.
- Terminal illnesses of both students and staff.
- Sudden deaths of staff members.
- The death of two senior high students from "huffing" — inhalation of

chemicals (in this case, carbon monoxide from a gas line).

- The car-jacking and vicious murder of a PTA parent.
- Torrential storms involving tornadoes. Last school year, we experienced two tornadoes within the week prior to the dismissal of school for the summer.
- The murder/suicide of a staff member's relatives, stemming from domestic violence and drug use.

Because of the recurrence of issues related to violence, catastrophe and trauma, the district and its community had not been afforded the opportunity to heal from one event before the onset of another. As experts note, unresolved trauma can leave a legacy resulting in declining physical and mental health, increased violence and drug use, and other deleterious effects (Herman, 1992; Matsakis, 1994; van der Kolk, McFarlane and Weisaeth, 1996).

Therefore, the residual and post-trauma our district has faced has made it much more difficult for our trained professionals to work with students and

### Hopewell Area School District Catastrophic Events

Number of traumas involving deaths

1990-91	<b>1</b>
1991-92	<b>3</b>
1992-93	<b>2</b>
1993-94	<b>3</b>
1994-95	<b>4</b>
1995-96	<b>5</b>
1996-97	<b>6</b>
1997-98	<b>9</b>
1998-99	<b>5</b>



staff in relation to the occurrence of present traumatic events. The increased stress has been felt by students, families, staff members and the community at large.

As with most districts of our size, makeup and economic structure, we would never have expected any of the above-mentioned incidents to occur, let alone all of them within such a short time. In the spring of 1997, in consultations with both the Pennsylvania Department of Education and the Western Psychiatric Institute and Clinic, we were informed that we are the only school district in the state to have had such a wide variety and number of catastrophic events. In addition, according to an expert in the field of "postvention," the Hopewell Area School District's experiences do not fit into any type of national criteria for such traumas. We have learned from these unfortunate situations and have continued to update our protocol and procedures for dealing with such trauma.

### Laying the groundwork for effective crisis management

One of the key factors in developing and implementing a crisis protocol is the support and aid of administration on all levels. Indicative of our district's commitment to serving its students and families, Hopewell was the first district in Beaver County (and remains the only district in the county) to employ a full-time prevention specialist in 1992. The administration also realized the need for a crisis management plan. The development of a crisis management plan outlining a useful protocol for dealing with violence, catastrophe and trauma occurred after the suicide of a senior high student's parent in 1990. Since that time, the policy has been reviewed and revised several times.

As our district has learned firsthand, catastrophes can occur at any moment. The district has remained committed to staying on the forefront in dealing with catastrophes. Subsequent to the initial crisis management plan has been the addition of another key element: the development and maintenance of an

effective student assistance program (SAP) team. Our SAP team consists of administrative representatives, a prevention specialist, guidance counselors and faculty trained by an approved provider by the State Department of Education.

A third key element is adequate and ongoing training for appropriate personnel. We suggest districts allow their SAP members, guidance department and other support staff to be trained by an organization recognized in the area of crisis management. Two organizations from which we have had the opportunity to receive training are the International Critical Incident Stress Foundation (ICISF), which offered a two-day training class in crisis incident stress management, and the National Organization for Victim Assistance (NOVA), which offered five days of intensive training. Both organizations are recognized internationally for the training they offer in dealing with catastrophes that include violence and trauma. We continue to offer training and team maintenance for interested faculty and staff members.

### Developing and implementing effective protocol

Creating and then implementing effective protocol depend upon the participation of people involved in various positions within the school district. Here is a profile of our experience with administration, faculty and the larger community:

**Administration.** An important factor in successfully implementing a procedure is the cooperation and support of the district's administrators. We are fortunate to have administrators who not only cooperate but also welcome our intervention and postvention. Our superintendent and building principals trust our team to implement the protocol and do what is necessary in each individual situation. They are participants only in the sense that they are present if needed. It is because of their support that team members are relieved



of teaching assignments for the time necessary to deal with a catastrophic situation and trusted to deal effectively with the situation at hand. Conversely, the team is responsible for keeping administrators informed and up-to-date.

**Faculty.** The faculty of the district have come to trust the team members when a crisis arises and cooperate in any way that they can, either individually or as a group. When an event occurs — and at the discretion of the building principal — a faculty meeting is arranged for prior to the beginning of the next school day. It is at this time that information and directives are given to the faculty, and that time is allotted for questions or discussion. At this meeting, the faculty is informed of the action plan to be initiated. This plan can be presented in an oral or written form, depending on the situation and time constraints. During this meeting, any substitutes can be instructed as to their duties for the day. These substitutes may be in the classroom or utilized as “rovers” (walking the halls and giving teachers relief as necessary). Rooms are designated to be places where students may meet with a member of the SAP team and/or outside resources called in to help to deal with the catastrophe.

**Community.** Appropriate agencies and resources are contacted as needed so that they are aware of the incident and can respond accordingly (e.g., students may be referred to the agency/resource, or students may contact the agency/resource on their own to seek help). Agencies and resources that we often contact are local hospitals, mental health agencies, other social service programs and private providers. Most of the agency/resource contacts have had a longstanding, positive relationship with our district and are more than willing to help in any way they can.

**Other school districts in the surrounding area.** Sometimes, it is necessary to contact other school districts to notify them of the event so that they may be prepared for any impact the event may have on their district/community. Any “feeder” schools, such as alternative schools or vocational/technical schools, are also contacted. In some instances, school districts in surrounding counties may have to be contacted.

### Creating a brief checklist for a crisis management plan

We recommend that school districts create some form of a crisis management plan and suggest a checklist as a plan template. The checklist that follows assumes that the district will have knowledge of the incident the evening prior to a school day. If this is not the case, then adaptations of the checklist must be made accordingly.

1. **Superintendent is notified.** If any staff member learns of an incident prior to the superintendent being notified, that individual contacts the superintendent.
2. **Superintendent notifies the prevention specialist.** If the district has its own prevention specialist, this individual is contacted by the superintendent. If no prevention specialist exists in the district, the superintendent may contact a local mental health provider to ascertain who will provide intervention and/or postvention services for the county.
3. **Superintendent notifies building principals.** The superintendent or his/her designee contacts the building principals. If there is one building in particular that is affected by the trauma, that building principal should be contacted first.
4. **Building principals implement phone chain.** The building principals establish a student assistance member phone chain. A principal may contact one or more student assistance

#### REFERENCES

- Herman, J. (1992).** Trauma and recovery. New York: Basic Books.
- International Critical Incident Stress Foundation, Inc.** Ellicott City, MD.
- Matsakis, A. (1994).** Posttraumatic stress disorder: A complete treatment guide. Oakland, CA: New Harbinger Publications, Inc.
- van der Kolk, B., McFarlane, A., and Weisaeth, L. (eds.) (1996).** Traumatic stress. New York: Guilford Press.
- NOVA (1994).** Community crisis response team training manual, second edition. Washington, DC: National Organization for Victim Assistance.

members who, in turn, will call other members. Information concerning the incident and the plan for the next day — e.g., when and where a faculty meeting will be held the next morning — can be disseminated at this time. A principal may contact other staff members who may need to know or who may be asked to help in particular ways.

**5. Building principal meets with SAP team members.** At the SAP team meeting held prior to the beginning of the school day, plans are made for managing the crisis. The building principal provides necessary information and prepares any announcement to be distributed to homeroom teachers. At this time, several individuals who will serve as contact persons are identified. (Individuals may volunteer or be designated.) One individual will serve as a contact person for the affected family or families to ascertain what they may want or need prior to the school taking any course of action. If someone knows an affected family, this individual, if willing, may be the best choice. Any siblings or other relatives in the district must be identified, and contacts must be made with the relevant principal(s) if this has not been done already. Another individual will contact local police and fire departments if appropriate and if they have not already been contacted. If necessary, a letter that will be sent home to the parents/guardians is drafted. In some instances, a public relations contact person will need to be designated to deal with the media. If so, all school personnel are notified that they are to refer all media representatives to the public relations contact person. Acting in this manner will alleviate any problems and ensure that the affected family or families and anyone else involved are treated with respect.

**6. Building principal calls faculty/staff meeting.** The building principal determines the appropriate time and place for a faculty/staff meeting. Any announcements to be

read to students are distributed to homeroom teachers. Faculty and staff needs regarding the crisis are addressed. Other information flowing from the SAP team meeting is shared. In some elementary buildings, it is possible to talk with the staff during lunch.

**7. District drafts parent/guardian letter.** A parent/guardian letter may be drafted and sent home to all students in attendance that day. The decision to send the letter is made by the superintendent and principals, in consultation with the SAP team. This letter briefly states information about the event and may alert parents/guardians to any signs or symptoms of student stress. The letter will vary depending on the situation.

**8. Building principals call after-school faculty meeting and SAP team debriefing meeting.** These meetings are held to evaluate the school day and used to identify any further needs. The team also debriefs to review protocol and to ensure that each member has an opportunity to discuss his/her feelings or needs.

**9. Team notifies others as necessary.** This item is included in the event that the situation merits something that is not listed on the checklist. Additional steps may include notifying maintenance and cafeteria workers, bus drivers, school crossing guards and any other pertinent support staff. The team can decide whom to notify.

**10. Building principal or superintendent addresses team's basic needs.** The building principal or superintendent usually makes sure that the team members involved in the situation have on hand food, coffee, juice and any other basics that they might need. Often, team members do not have an opportunity to eat lunch.

### **Training, trust, support, cooperation keys to success**

Because of the number of unfortunate occurrences in the Hopewell Area School District, we have had to become

experts at writing, revising, implementing and adapting protocol. Without the training we have received, the trust and support of the administration and faculty, and the cooperation of the community, our efforts would be futile. It takes all personnel in the district to work together to successfully implement a protocol and to try to do what is best in each situation for all those touched by the trauma.

**Authors' afterword.** As we revised the final draft of this article for "Healing Magazine," we experienced yet another trauma. One of our high school students was murdered by her boyfriend, who also killed himself. We had been hoping to complete this school year without another traumatic event, especially since we were in the midst of responding to students' reactions to the Littleton, Colorado, shooting. Unfortunately, this was not the case. So, once again, we have pulled together and will do what we can to support the student's family, the students and each other as we grieve.

*Dr. Janice Dreshman, the district's prevention specialist, can be contacted at Hopewell Area School District, 2121 Brodhead Rd., Aliquippa, PA 15001/ (724) 375-7765, Ext. 213. Co-author Cheryl Crabb, a Student Assistance Program team member since the program's inception and a secondary-level English teacher, is available at (724) 378-8565.*



**“An esprit de corps emerged during each tragedy...”**

By Terry Mack, Ph.D.,  
Superintendent

The initiation of my tenure as superintendent of the Hopewell Area School District coincided with the tragic crash of USAir Flight 427. We were immediately thrust into managing a crisis of an unprecedented magnitude in the community. Since that time, we have faced additional crises of lesser magnitude, but tragedies nonetheless.

During this period of time, I have realized that our organization is blessed with having individuals who possess unique talents. An esprit de corps emerged during each tragedy that transcended individual differences.

Collectively, we have expressed our concern for the family and friends of victims. We have been able to provide the facts of each event to our employees,

professional and nonprofessional, so that they were knowledgeable participants. We have implemented decisions reached by the crisis management team in areas inclusive of, but not limited to, visits to victims, media coverage, repairs and cleanup.


Effective debriefing sessions and training have been provided during and following each event. Issues such as funeral attendance, memorial services, ongoing school issues, investigations and communication have been adroitly managed by team members. Finally, a genuine concern for their fellow human beings coupled with continual professional staff development activities has afforded our organization the opportunity to meet the needs of our students and community under the most difficult circumstances — for which I extend my sincere appreciation and gratitude as superintendent.



**“A model ... that places people as our highest priority”**

By E. Robert Frioni, Ph.D.,  
Hopewell High School Principal

As principal of Hopewell High School for 18 years — and one who has experienced many, many changes — I can state with confidence that nothing I can recall has had a greater impact on our school and communities than the events of the past eight years. It was one tragic event followed by another. In my professional judgement, we were able to monitor and adjust with a concerted team effort to handle adversity with a proactive approach through the efforts of our crisis intervention specialist and our student assistance team. In brief, we learned from each catastrophe. We monitored and adjusted our plans, building through a team effort a model that, in my view, allows for quick, decisive action that places people as our highest priority. The plan is clear, concise and has flexibility for change.



# Cognitive Therapy

## with depressed and suicidal adolescents

A National Hospital seminar presented by Cory F. Newman, Ph.D.

By Jennifer Whitlock, MA, NCC

### **PART II** **OF A TWO-PART** **SERIES**

#### **MISSED PART I?**

You'll find it in the  
"Healing Magazine"  
online archives at  
[www.kidspeace.org](http://www.kidspeace.org)

**A**t a recent KidsPeace National Hospital for Kids in Crisis Grand Rounds/Continuing Medical Education Seminar, Cory F. Newman, Ph.D., described some of the cognitive therapy strategies that have worked with his depressed and suicidal adolescent patients. The clinical director at the Center for Cognitive Therapy at the University of Pennsylvania and co-author of the book "Choosing to Live" (New Harbinger Publications) had this to say:

**Help the patient to imagine a better life.** Engage the patient in a conversation about what it would take to make life better, what the patient would have to do to achieve those ends, and what kind of attitude would help. If a patient is so suicidal he or she can't imagine how life could be better, Dr. Newman said he tries a different tack.

"I asked a suicidal 16-year-old to spend some time talking about what he'd miss if he died," Dr. Newman said. "I went through every year with him: 'After you graduated, you would have gone to Columbia University, where your dad went, but you can't because you're dead. Next year, you would have met the girl of your dreams, but she meets somebody else because you're still dead. The next year, the Yankees win the World Series, and you would have had box seats, but you're still dead.'

"Finally, the kid said, 'Stop it! I'm bored!' I told him, 'All I did was waste a half an hour of your time, but you're willing to waste years!'"

**Reframe your suggestions as challenges.** Dr. Newman suggested that a therapist challenge the patient to "show the intelligence to get what you want through cooperation, rather than

intimidation”; “be a leader who does not cave in so easily to what everybody else in school seems to be doing”; “demonstrate a clever ability to size up a situation before overreacting”; and “win friends and influence people’ with good social skills, rather than steamroll people with threats, profanity or aggression.”

#### **Don’t accept an “I don’t know.”**

Some teenagers overuse the phrase. Dr. Newman said, “I think some patients have a belief that says, ‘If I don’t know something for sure, I don’t know it at all.’ Or, ‘If I don’t know it right now, I never will know it. Why bother talking about it?’ I try to give them a new philosophy: ‘Saying “I don’t know” is not the end point; it’s the beginning point. It’s the “I don’t know; guess I’d better start thinking about it” point.’

“Or I’ll say, ‘Take an educated guess. If you were a friend sizing up the situation, what would you think is happening? You don’t have to be right.’

“Another way I respond to ‘I don’t know’ is to ask, ‘How important is this topic in your life? We’re talking about what’s going to happen in your love relationship.’ If the patient responds, ‘It’s everything,’ I say, ‘How much time do you think you should put into thinking about a topic that is of ultimate importance to you?’ If the answer is ‘I don’t know,’ I’ll say, ‘Let me give you some feedback. Here’s this topic of all-consuming importance, and you just spent 1.2 seconds thinking about it. Is that fair? How much more thinking would you like me to put into your ultimate topic?’ The more important the topic, the more important it is never to take ‘I don’t know’ as an answer.”

#### **Use ugly words for suicide and death.**

“I use the word ‘suicide’ without flinching because you can’t show that it fazes you,” Dr. Newman said. “But I also like to be a little bit nervy and say, ‘Since you’ve been thinking about murdering

yourself,’ or ‘If you want to obliterate yourself,’ or ‘You want to destroy yourself.’ I use strong words to try to ruin their romantic views about death.

“One of my patients had this image of how beautiful her hand would be when she died. I began talking about the decomposition process: ‘You know, your skin gets really hard, stiff; maybe you’ll have a lot of bodily bloating.’ I paint an ugly picture of the aftermath of the suicide. Most deaths on TV and in movies are either personal and romantic or impersonal and graphic. So, either you identify with the character, and that character dies a beautiful death, or you don’t care about the character; you just see blood and gore. You don’t get the true impact of death. Death is ugly and personal. I want them to know it’s not pretty.”

#### **Assign homework, but don’t call it homework, please.**

“For any person in a learning process, most of the learning takes place in the field, not in the lab,” Dr. Newman said.

“The patient’s lab is the therapy session, and the field is his or her life outside of therapy.”



That's where skills are generalized. But instead of saying, 'Here's your therapy homework for this week,' say, 'What kind of experiment can you do this week? You said if you told your friends about your thoughts about suicide, they'd laugh at you and reject you. And you told me about two of your close friends who have told you about their suicidal thoughts. What do you think would happen if you told them when you got depressed? Would you be willing to test your theory and see if they really will laugh at you?'

"If you want them to read some information on a topic, ask them to educate you: 'Do you have Microsoft

"Encarta"? Could you check something out for me? I need information on agoraphobia.' Or, 'I need some stats on suicide. Could you get them for me?' In the meantime, they read it. It's a good collaboration."

**Look for cognitive deficits, not just distortions.** "People who do cognitive therapy on adults are trained to look for cognitive distortions," Dr. Newman explained. "For example, if a person has been burned in a relationship, he or she might overgeneralize and say, 'I can't trust anybody ever again.' Part of cognitive therapy is to say, 'I can't blame you for not trusting because you've been hurt' – start with empathy – 'but let's look at your comment that you can't trust anybody ever again and what effect that thinking is going to have on the rest of your life.'"

In addition to cognitive distortions, teens may show cognitive deficits. "The younger the person is, the more the formal cognitive operations are difficult," Dr. Newman continued. "You can't assume that a teenager has that ability. Sometimes, he or she really doesn't understand. A 13-year-old patient told me that if she got caught shoplifting, she'd pretend that she

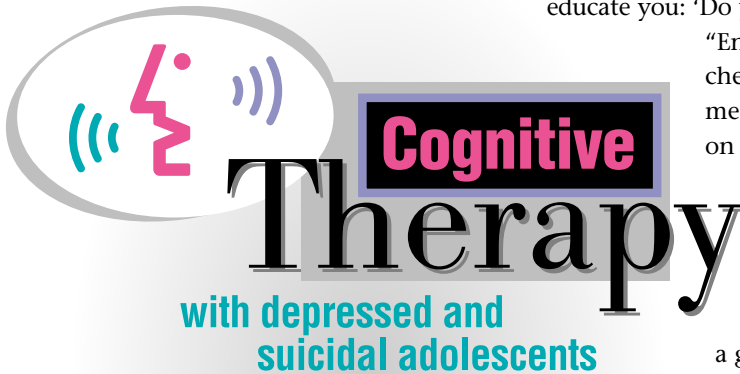
couldn't speak English. She really thought this strategy would help get her off the hook. My thought was that, statistically, those who don't speak English are more likely to get themselves hauled off to jail. But she didn't realize that. She wasn't being stubborn; she just didn't know."

**Involve the parents, but give the patient some privacy.** "Legally and ethically, you have to involve the parents to some degree," Dr. Newman said. "It's different across different states, but usually when you work with adolescents, there's a tightrope walk between the adolescent's privacy and the parents' right to know. Try to work out that balance so that much of what your patient says to you remains with you, but the parents and the teenager know where the line is drawn."

**Work out confidentiality agreements from the start.** Let the child know the specifics of what you will and will not tell the parent. Dr. Newman suggested saying, "Most of what we talk about is confidential. You say your father's a jerk; that's confidential. You say you hate your mother; that's confidential. You say you're having unprotected sex? You say you're using drugs and drinking? Your parents have to know. And I'm not going to go behind your back. I'd rather you tell them with me.

"Try never to go behind the teenager's back," Dr. Newman urged. "Inform them what you're going to inform their parents of. They may get really angry at you at the moment, but they'll appreciate the fact that you gave them fair warning. You'll have a much better rapport with the parents, too, if you let them know that you will tell them things that are clinically significant, but that it's in the best interest of treatment to keep confidential the things their teens say."

**Assess for other problems.** Many teenagers won't volunteer information on smoking, drinking, illicit drug use, suicidal thoughts, sexual behavior or



other forms of acting out, such as shoplifting or gambling. Dr. Newman noted that it is important to assess for these behaviors because they often coincide with depression, and they feed off each other.

“A person feels empty, depressed and suicidal; he acts out sexually, he drinks, he smokes dope, he gambles,” Dr. Newman said. “Then he feels like he’s worthless because the money he was going to spend on his new sports equipment just got blown on betting. So he goes out and drinks heavily. Wakes up in his own vomit. Feels like he’s a nothing. Goes out and gambles to get excited again. Loses more money. These kinds of behaviors tie in to depression.”

#### **Confront dichotomous thinking.**

Teenagers, Dr. Newman said, have a tendency to go to extremes. He pointed to the case of one patient who broke the law in order to get away from the “pressure of having to be ‘Miss Perfect.’” He told her, “When you are confronted with an extreme problem, the answer is not the opposite extreme.” Then he helped her find more moderate ways to question authority and break away from her “Goody Two Shoes” image.

Dr. Newman said there are many ways teens will demonstrate such black-or-white thinking. “In one session, you might hear, ‘I know exactly what I’m doing. I’m in total control. Don’t try to tell me; you don’t know my life!’ A few weeks later, you’ll hear, ‘I am overwhelmed. I am clueless,’” he said. “This is typical dichotomous thinking: ‘I know everything’ and ‘I know nothing.’ Of course, reality is somewhere in between.”

Dr. Newman said that a person with a traumatic history is likely to have learned “It’s me against you; I’m either the victim or the victimizer.” He stressed, “The patient may operate by the principle, ‘I’m not going to be out of control; I’m going to control you.’

## **Adolescent suicide risk factors**

According to Dr. Cory F. Newman, teens are at greater risk for suicide when they are troubled by the following:

#### **Loneliness, social isolation, romantic rifts.**

“This group represents the whole gamut – from teens who are chronically isolated, to those who don’t seem to fit in, to those who are shunned by their peers and are extremely lonely, to the teen who is popular and well-liked but all of a sudden is dumped by his girlfriend. Just like that, being popular, doing well in school and being a varsity basketball player don’t matter because he ‘can’t live without his girlfriend.’ Don’t assume that just because a teen has lots of social support, he or she is immune from feeling all alone in the world as a result of one particular incident.”

#### **Low self-esteem, failures, sense of inadequacy.**

“This category includes teens who do have objective failures: They drop out of school; they don’t complete things; they are told by teachers and parents that they can do nothing right. It also includes teens who are succeeding by most objective standards, but they’re such perfectionists that if their grade point average is anywhere under 4.0, they want to die. These are the teens with ‘all or nothing’ thinking combined with a compulsive personality style, combined with depressive suicidality, and possibly combined with overzealous standards set by peer groups or parents. These are the teens who will commit suicide if they get a ‘B’ on an exam. It has happened. Failure is in the eye of the beholder.”

#### **Alcohol and drug abuse.**

“Some statistics indicate that over 50 percent of completed suicides involve

alcohol or drug abuse at the time of the suicide. Such abuse is not just an acute risk factor, meaning that if you drink a lot, you might think, ‘I’m not feeling any pain. I’ll just go shoot myself.’ Or a passive risk factor, as with drinking and driving. It can also be a chronic risk factor because the more a teen uses alcohol and drugs, the more the life situation deteriorates, the more stress there is, the more problems aren’t solved, the more problems are created. The more self-esteem goes down, the more sleep is disrupted – which also hurts the mood state.”

#### **Previous suicide threats and attempts.**

“For adolescents as well as adults, the single most predictive risk variable for suicide is past suicide attempts. And with past suicide attempts, lethality is a greater risk factor than frequency. Statistically, if a person has one episode in the past in which they took enough pills to kill an elephant, but by lucky happenstance they survived, that one incident predicts future suicide risk better than 15 episodes of light cutting of the wrist. But please take all of it seriously.”

#### **Unplanned pregnancy.**

“Unplanned pregnancy can lead to shame, fear of rejection, fear of one’s body changing, fear of losing people, fear of sin and punishment by God. The thinking goes, ‘There’s no way out. If I have an abortion, I’ll be a murderer, and I’ll be haunted by guilt forever. If I go through with it, everybody will think I am a horrible person. I won’t finish school. If

(continued on page 16)

A therapist can challenge these beliefs and teach that it doesn't have to be that way.

"Some kids have the attitude, 'Nothing can hurt me; I am invincible. I can' – for example – 'drive cars at top speed when I'm drunk,'" Dr. Newman said.

"Then I say something that hurts their feelings, and they say they're suicidal! If you can point out these contradictions and engage in a discussion about them, that's great.

"Then there is the attitude, 'I don't care what anyone says.' Yet, they're so self-conscious about public opinion. 'I don't care' is in the same ballpark with 'I'm bored.' It's an easy, powerful negation of reality when you feel like you have no power. I've told patients, 'You know what? When you say you don't care, I think you do care.'"

Another attitude often encountered in therapy with teens, said Dr. Newman, is "You adults don't know anything," followed by the complaint, "You're not giving me good enough guidance." Dr. Newman suggested, "Don't shame them with the discrepancy, but point out that maybe it's not that either you have the knowledge or I have the knowledge, and the other one of us is stupid. Instead, we can share knowledge."

*To learn more about KidsPeace National Hospital for Kids in Crisis Grand Rounds/Continuing Medical Education Seminars, please call (610) 799-8851. This series is jointly sponsored by MCP/Hahnemann School of Medicine and National Hospital for Kids in Crisis. Seminars are approved for CME, CE (psychologist and Pennsylvania social worker) and NBCC credits.*

(continued from page 15)

I tried to do what those teens on the news did, I'll be up on murder charges.' So assessing sexual behavior is important not just because you want your patient to be safe, but also because pregnancy is a risk factor."

**Convenient access to a firearm.**

"Firearms are a very tricky issue. You can't just say, 'You can't have guns in your house, Mr. Jones, because your son is at risk.' But Mr. Jones needs to know that firearms are a major hazard for a teen when they are combined with depression, impulsivity and easy access to alcohol and drugs."

**Loss of a family member through death, divorce or other means.**

"I don't want to say that a divorce always leads to children feeling suicidal, but it is a factor to consider – especially if the divorce is not well-processed, if it's very high in acrimony and if the patient cannot get access to a parent at all."

**Substance abuse in family members.**

"When you're a kid, one day can seem like an eternity. If you're 13, and your parents drink and abuse drugs, your home life could be intolerable. You try running away, but all that happens is you get locked up in juvenile detention. You might think, 'I'm going to do the big escape. I can't stand this house. I'm going to punish them by committing suicide.' At the moment, it feels like power. I would validate the anger and the pain, and explore with the patient, 'How can you communicate your anger without having to annihilate yourself?' Similarly, teens try to escape family violence, sexual abuse and other forms

of family discord by trying to kill themselves."

**Parental neglect.**

"Maybe this isn't as dramatic as sexual abuse or having parents with cocaine abuse problems, but over time, neglect can make a teen feel as if he or she is worthless. Combine chronic parental neglect with 'My boyfriend just left me' and 'I'm not doing very well in school,' and you may have someone who feels like dying. My question for this patient is, 'Is there some other way besides dying that you can feel less worthless? Is there any other way besides dying that you can feel more powerful?'"

**Familial economic hardship.**

"Kids are so peer-focused that, if they can't dress like their peers, they can have another reason to be suicidal – especially if they have other risk factors."

**Residential uprootings.**

"Having a very strong, healthy family unit helps when kids are frequently uprooted. Getting validation from peers is so important to self-image formation in teenagers that, if it keeps getting interrupted, and you don't have a healthy family, you are adrift. If you have uprootings with your family, you have a fighting chance. But what about uprootings without the family? Even if your foster parents are great people, when you go from foster family to foster family, you don't have an ongoing peer group, and you don't have ongoing parents. You can't put down roots. It's very, very unsettling to the formation of a sense of self."

YOU'VE SEEN IT ON THEIR FACES, HEARD IT IN THEIR VOICES.

NOW, LEARN HOW TO SUPPORT THEM THROUGH IT.

The  **National Hospital**  
for Kids in Crisis®

## 17th National Conference presents "Children Grieve, Too!"



**By Linda Goldman, MS,  
LCPC, Certified Grief  
Therapist**

**October 12, 1999  
8 a.m.-1:15 p.m.  
Cedar Crest College  
Allentown, Pennsylvania**

Don't miss your opportunity to learn about key resources and techniques for working with grieving children from an expert in the field.

### Topic 1: "A Look at Children's Grief"

Learn the common childhood losses, tasks of grief, myths about children and grief, and useful resources for working with grieving children. Case studies, children's artwork and writing will be presented.

### Topic 2: "Helping the Grieving Child in the School: Opportunities for Students and Educators"

Learn how the school system – teachers, students, parents – can create a safe place for grieving kids to acknowledge and process difficult feelings. Advice and recommendations will be shared regarding understanding and relating to the grieving child in the classroom.

### Topic 3: "Working With Children and Complicated Grief: Suicide, Homicide, AIDS, Violence and Abuse"

Learn the categories of complicated grief, how to identify signals of complicated grief in children, ways to talk with children about complicated grief, and techniques and resources for working with complicated grief in children and adults.

### Continuing education credits pending.

### About the presenter

For the past 30 years, Linda Goldman has been a teacher, guidance counselor, grief therapist and grief educator.

Goldman began her career as an elementary school teacher and guidance counselor in the public school system, where she worked for almost 20 years. She earned an MS in coun-

seling and a master's equivalency in early childhood education before becoming a certified grief therapist. Goldman then opened a private practice in grief therapy.

Currently, Goldman conducts training for schools and universities nationwide, addressing the issue of children and grief. She has taught at the University of Maryland's School of Social Work and Johns Hopkins Graduate University, and she is on the board of the American Death Education and Counseling Association.

Since 1994, Goldman has authored several books: "Life and Loss: A Guide to Help Grieving Children"; "Breaking the Silence: A Guide to Helping Children With Complicated Grief – Suicide, Homicide, AIDS, Violence and Abuse"; "Bart Speaks Out on Suicide"; and "The Grieving Child in the School: Opportunities to Help and Enhance Learning."

Goldman has also served as a Head Start consultant and was a panelist for the national teleconference "When a Parent Dies: How to Help the Child."

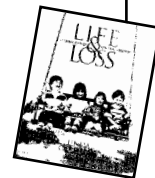
Goldman is a certified grief therapist and educator at The Center for Loss and Grief Therapy, Kensington, MD, where she counsels children and adults.

**Registration fee \$150.00 per person.**

**To place your reservation, please call  
Denise Reeser at (610) 799-8700,  
or send in the coupon below.**

**Accelerated Development  
presents a new  
classic from  
Linda Goldman ...  
LIFE AND**

**LOSS: A Guide to Help  
Grieving Children, 2nd ed.**



The second edition of "Life and Loss" creates a framework for work with childhood grief in the new millennium. With this classic resource, the reader learns to recognize and understand different types of childhood losses while avoiding the stifling clichés that block feeling. A vast amount of information has been added and updated, some especially for educators and for those who work with children and dying, including resource lists of useful web sites, CD-Roms and grief camps. Additional grief resolution techniques have also been added, demonstrating children's written work and artwork, as well. The discussion of two timely childhood losses – the loss of the protection of the adult world and the loss of a future – sets the stage for grief work for today's and tomorrow's children.

149 pgs. Paper: \$24.95 1-56032-861-4  
Available Dec. 1999. Reserve your  
copy today.

Also available, Linda Goldman's  
**BREAKING THE SILENCE:  
A Guide to Help Children  
With Complicated Grief –  
Suicide, Homicide, AIDS,  
Violence and Abuse**

1996, 224 pgs. Paper: \$29.95  
1-56032-434-1



To order these books, please call:

**1-800-821-8312**

Say you saw them advertised in *Healing Magazine*.

■ **Please return this form along with your check or money order made payable to:** ■

■ "KidsPeace 17th National Conference." **Send it to:**

■ **KidsPeace • Attn: Denise Reeser • 3438 Route 309 • Orefield, PA 18069-2418**

■ Attendees, please note: These proceedings will be videotaped and broadcast or distributed at a later date for educational purposes.

■ **YES! I (We) would like to register for the conference.**

■ Number of reservations \_\_\_\_\_ at \$150.00 per person. Total enclosed \$ \_\_\_\_\_

■ Name(s) \_\_\_\_\_

■ Title(s) \_\_\_\_\_

■ Contact name \_\_\_\_\_ Title \_\_\_\_\_

■ Agency/Org./Bus. \_\_\_\_\_

■ Address \_\_\_\_\_

■ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

■ County \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ Fax# ( ) \_\_\_\_\_

■ If you do not want to cut out this coupon, photocopies are acceptable. ■



## Food for thought

Diet and hyperactivity: Is there a connection?



By Jana Hill, RD,  
Clinical Dietitian

KidsPeace National  
Centers for Kids in Crisis

Most of us will agree that the dinner table is frequently a battleground for parents and children. Here-comes-the-airplane and just-one-more-bite-for-Daddy negotiations may progress to defiant peanut-butter-and-jelly jags and resistance to anything green – super-size fries with ketchup being the vegetable of choice.

Then there are the challenges that come with special events such as birthday parties and Halloween, the mere mention of which may fill parents with worry as they anticipate the “sugar shock” that will have their children bolting through the house with wide eyes and clamoring cries.

**C**hild caregivers and teachers can empathize. But before we blame a child's hyperactivity on sweets, we should take a look at what scientific studies say about the relationship between food and behavior.

### Hyperactive or overactive?

A hyperactive child's behavior is typically characterized by restlessness, irritability, aggressiveness and a short attention span. Hyperactivity is a behavior syndrome that generally affects children of normal intelligence and occurs more often in boys than in girls. Most studies report that between 5 and 10 percent of children are hyperactive. Since the syndrome is very difficult to diagnose, some very active children are mistakenly labeled as hyperactive. Nevertheless, overactivity is not hyperactivity but often is a normal condition for some children.

While no one knows for sure what causes hyperactivity, many possibilities – including sugar, food additives, lead poisoning, family problems, fluorescent lighting and allergies – have been suggested. One diet that was popular in the 1970s grew out of the belief that childhood hyperactivity was caused by food colors, artificial flavoring and preservatives. These ingredients, as well as foods containing certain natural chemicals, were eliminated from the diets of individuals following this regime. Almonds, cucumbers, tomatoes, apples and berries – along with many other foods – became off-limits.

Dozens of scientists have put such theories and recommendations to the test. After reviewing the results of seven independent studies involving approximately 200 subjects, the Nutrition Foundation's National Advisory Committee on Hyperkineses and Food Additives concluded in 1980 that there was no evidence linking artificial food colors, flavors or preservatives to hyperactivity or learning disorders.

Theories on the diet-behavior connection contributed to an abundance of

unwarranted negative opinion about various foods, especially sugar. Sugar first became a concern in the United States after the Civil War, when the main worry was its low nutritive value. In the 1970s, sugar reappeared as a major offending agent when the lay literature was replete with coverage on functional reactive hypoglycemia, a low-blood-sugar reaction resulting from a diet high in carbohydrates. Since then, belief in the negative effects of sugar on behavior has become so strong that the "Twinkie defense" was actually used as a defense in court. Reference to this belief has also appeared in cartoons and television shows.

Based on this history, it is easy to see why caregivers and teachers wonder if children's typically restless behavior during holidays and exciting events is due to the consumption of sweets. Children may, indeed, be more active around the holidays, when larger than usual amounts of sugar are available. However, it is important to keep in mind that on special occasions, kids are already overstimulated, and sugar can't be blamed for their behavior.

### Sugar is not to blame

Recent studies have proven that there is no relationship between sugar and hyperactivity in children, despite widespread belief to the contrary. Vanderbilt University and the University of Iowa College of Medicine conducted a study reported in "The New England Journal of Medicine," February 1994, that found absolutely no evidence that sugar triggers hyperactive behavior. Likewise, "The Journal of the American Medical Association" examined the effects of sugar on the behavior and cognition of children by using meta-analytic techniques on studies reported from 1982 to 1994. The 16 studies analyzed gave no support for the negative effect of sugar on behavior. Furthermore, according to Dr. Harvey Anderson, a professor of nutritional studies and

part of the faculty of medicine at the University of Toronto, carbohydrates such as sugar contain high levels of serotonin, a sleep neurotransmitter that controls our appetite and moods, and puts us in a relaxed state.

Even though no scientific evidence supports any link between the intake of sugars and hyperactivity, many parents and caregivers seem reluctant to put this notion aside and continue to believe that a child is less “hyper” when sugar is withheld from the diet. This reaction is known as the “placebo effect.” When sweets are withheld, behavior improves because the child is aware of his or her caregiver’s expectations. If an adult thinks a special, no-sugar diet will solve the behavior problem, then he or she is likely to look for possible changes in the child and believe that the diet is responsible. Caregivers may also pay more attention to the child, as well as to what the child is eating. It is possible that this extra attention will positively influence the child’s behavior.

The placebo effect may also work the opposite way. When sweets are allowed, a child’s behavior can easily become uncontrollable if that is what is expected. Additionally, sugar is part of the fun foods we eat during celebrations and at other times when kids are already delirious with excitement. When kids get together to celebrate, they are definitely not going to fall asleep!

When it comes to eating, sweets or no sweets, the best way to reach children is by example. Children are taught a nutrition lesson each time they eat with an adult. When kids see their caregivers enjoying sweets in moderation, they learn not to view them as forbidden foods but rather as treats that can fit into a nutritious, balanced diet. Labeling foods as “forbidden” typically causes a child to want them more. In teaching by example, you will send a clear message about when sweets are appropriate. Kids become confused when, on some occasions, they are told that they should not eat sweets because sweets are bad for them, and, at other times, candy is offered as a reward for good behavior. Children can be rewarded with affection and attention, rather than food. Using food as a reward or punishment only promotes unhealthy attitudes about food and encourages overeating.

At KidsPeace, sugar is provided as part of a regular diet. Desserts are served during meals rather than after the



main course in an effort to avoid undue focus on sweets. Generally, children who grow up feeling comfortable with their food choices rarely abuse them, and most children can learn to appreciate candy and sweets in moderation. After all, humans are most likely born with a “sweet tooth,” as studies show that newborns respond more quickly to sweet tastes than to bitter, sour or salty tastes. Quite simply, sweetness adds to the pleasure of eating!

So if sweet-tasting foods add considerable pleasure as well as energy for fast-growing, fast-moving children, just how much sugar is appropriate? While a child does not require any added sugar at all in his or her diet, U.S. Dietary Goals recommend that the amount of refined and processed sugar a child consumes equals no more than 10 percent of total calories consumed. There is no real way of knowing how much sugar is “bad” for a child. However, the average level of processed sugar in the diet of U.S. children is 18 percent, which is significantly above the recommendations.

### Everything in moderation

A quick method for determining the sugar allowance for a particular child is to divide calories consumed per day by 200. For example, an individual eating 1,800 calories could have nine teaspoons of sugar. A one-ounce candy bar equals seven teaspoons of sugar; one-half cup of ice cream equals three teaspoons of sugar; and eight ounces of Kool-Aid equal six teaspoons of sugar. But rather than engaging in detailed figuring, common sense tells us to simply keep things in balance. It is not necessary to count every brownie or ounce of Kool-Aid that goes into a child’s mouth and declare an absolute limit on the total intake of sugar. On the other hand, a child also should not be granted free access to the candy jar and soda bottle. Like all pleasures, sugar is fine in moderation.

Typically, the amount of sweets consumed is not as much of a problem as is what the sugar displaces. Sugar provides empty calories and contains little or no nutritional value, other than that of simple carbohydrates. Sweets can ruin a child’s appetite for nutritious meals if offered inappropriately. Furthermore, while sweets do not need to cause a lot of anxiety for parents, they can harm teeth. Because sugar is a proven cause of tooth decay, regular brushing and flossing are especially important.

Caffeine is another common component of holiday treats and festivities. While it is well known that caffeine affects adult behavior, it is not as well known that it can have similar effects on children. Caffeine is a nervous system stimulant that is found naturally in coffee, tea, cola and chocolate. Too much caffeine can result in tremors, nervousness and irritability. The effect of any dosage of caffeine is related to the body size and weight of the person ingesting it. For this reason, a child who drinks one can of cola will experience effects similar to those of an adult who drinks approximately four cups of coffee. Although some children appear to have a greater sensitivity to caffeine than others do, it is best to limit kids’ caffeine consumption and prevent them from becoming more inattentive and restless than usual.

While an overactive child can be very frustrating for both caregivers and teachers, remember that children are naturally active and generally learn to control their behaviors as they grow. If hyperactivity is suspected, a professional diagnosis should be sought from a physician. On the other hand, if a child is simply overactive, the problem may be reduced by ensuring that the child:

- gets adequate sleep
- has quiet time, particularly during holidays and before bed
- receives adequate attention

- gets plenty of outdoor physical activity
- doesn’t watch too much TV
- has regular mealtimes
- eats nutritious foods

Science and common sense tell us that good nutrition is needed for feelings of well-being and competence. To get the most out of life, everyone – child or adult – requires a well-balanced, nutritious diet as well as a reasonable amount of exercise. Whether it’s the holiday season or the months thereafter, keep in mind that blaming sugar or any other food for specific behaviors may simply hide a problem that needs professional help.

*Questions? Please contact Jana Hill at 1-800-25-PEACE, Ext. 8205.*



## Especially for parents

# KidsHealth.org provides parents with the “steam” to keep on “track”

*This issue's “Especially for Parents” column is for the parent who would like to know more about kids' growth and development, health and behavior. We invite you to copy it and pass it along, courtesy of KidsPeace's “Healing Magazine.”*

By Kimberly A. Gasda

## “I think I can, I think I can, I think I can.”

The story of “The Little Engine That Could” is a familiar one. With determination, the diminutive engine overcame great obstacles and made it triumphantly up a seemingly insurmountable hill.

The same could be true for our nation's parents. Faced daily with a mountain of parenting challenges, they must be determined to rise above runaway child-rearing advice and opinion to best fulfill their responsibilities.

Now, more than ever, a trainload of information exists regarding kids' health and development. So much, in fact, that a roadblock of do's and don'ts threatens to derail well-meaning moms and dads.

But one Internet website, KidsHealth.org, is an effective tool in ensuring that parents and their precious cargo – the children and teens in their lives – are not left with an informational ride to nowhere.

### All aboard!

KidsHealth.org, established and maintained by the Nemours Foundation of Wilmington, Delaware – a leader in the field of children's health care – was created to help parents, children and teens delve into the multitude of behavior and development questions that are an inevitable part of growing up.

This award-winning site, one of the World Wide Web's largest, also provides information on youngsters' health conditions, medical and surgical problems, and nutrition and fitness.

Says Jennifer Brooks, project manager, KidsHealth.org “gets millions of hits per month,” which come not only from parents and kids, but also from day care providers, teachers, coaches, physicians and other professionals.

The goal of KidsHealth.org, according to Brooks, is to create and maintain the most comprehensive online guide to

children's health, well-being and development – good news for parents.

And guess what? It's fun, too ... even better news for kids.

Upon entering the site, the user is greeted with a vividly colored train of "go-sign" greens, denim blues and caboose reds. Double-clicking the command "All aboard!" is your ticket into this educational site, loaded with valuable tips, advice and information.

Hop on the railroad car for parents, teens or children, and you are whisked away to literally hundreds of articles, features, games and animations.

Within the parents' section, users can peruse informational tidbits on everything from kids' general health to first aid and safety. Or they can take some time to read up on topics such as behavior, growth and development. These categories alone offer dozens of articles that address such issues as phobias, stress, eating habits, divorce, siblings, suicide and alcoholism.

In addition, the parents' section features "News Parents Can Use" – a database of articles on current advances in kids' health and medicine. To ensure accuracy, the database is updated weekly.

Another useful element is the "Positive Parenting" link. Here, users can find advice on a ton of topics. Choosing the right baby sitter and Internet safety are examples.

### **KidsHealth gives kids the dish on nutrition**

And KidsHealth.org doesn't overlook its other "passengers": children and teens. The site offers all kinds of information and educational activities for both groups.

The teens' section contains categories for body and mind, eating on the run, work and play, and staying safe. The "Health-Conscious Horoscope" gives teens tips on food, friends and fitness while revealing how their astrological

signs "affect" their physical and mental state.

The children's section includes interactive games; Shockwave animations, which even play sounds of the human body functioning; and a link that shares easy-to-make, nutritious recipes with young users – complete with a guide named Deenie, the Dining Car Chef.

"You name it, and it's either already on the site or soon will be," says Brooks.

In all, there are thousands of web pages at KidsHealth.org. The site has won an assortment of awards and recognition, including "Microsoft Pick of the Week," "Best 5 Percent on the Web" and "USA Today Hot Pick."

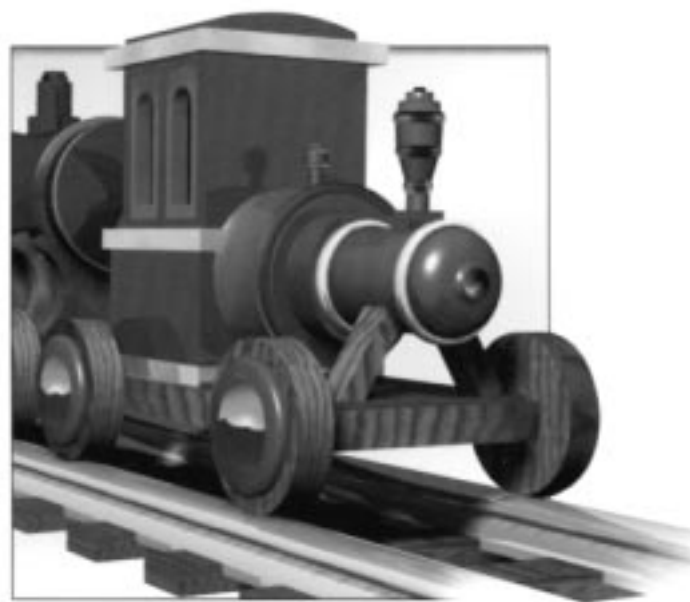
KidsHealth.org was created in February 1996 by the Nemours Foundation's Center for Children's

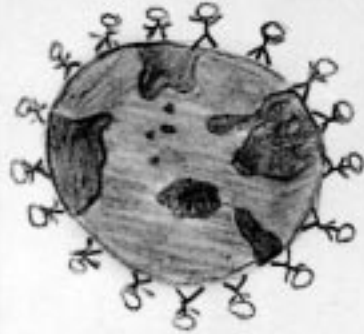
# KIDSHEALTH.ORG

Media, established under the will of philanthropist Alfred I. du Pont.

So, whether you're navigating the site with an express purpose, or your destination is unknown, there's a good chance that KidsHealth.org can take you there.

*John H. Koch contributed to this article.*





**“Nothing you will ever have or do will make you more important than you are right now”**

**KidsPeace  
spirituality  
groups teach kids  
to find hope in  
their faith**

By Janice Curran

When Aaron\* was first hospitalized, all his attempts at creative expression turned out black.

His paintings bore black suns, black trees. Black flowers and grass. Black streams. Over, around and underfoot, Aaron saw only black.

But after about two months, something started to change. Aaron's blacks began to blossom into bold, beautiful colors. The colors of happiness.

Aaron had learned how to capture joy in a vessel of his own creating, and he was sharing it with the world – yellow by green by red by blue.

**M**arian Johnson, one of two spirituality teachers who lead weekly spirituality groups for the kids at KidsPeace's National Hospital for Kids in Crisis and National Centers for Kids in Crisis, is elated by Aaron's progress, but not surprised. "When I meet a group of children for the first time, I look into their wary faces and announce, 'The most

important rule of this group is JOY,'" she says. "I tell them 'We're not going to talk about issues. We're not going to talk about behavior. I'm here to tell you that God wants you to have joy. We're gonna have joy!'"

Johnson, whose background is in psychology and theology, and interfaith minister George Jacobs are part of an effort to offer children and teens residing in KidsPeace treatment programs an outlet for expressing and learning more about their faith. The interfaith spirituality groups are also designed to help kids reconnect with their own value and worth as well as the value and worth of all creation. Education, meditation, prayer and expressive arts – including music, drawing, painting, sculpture and dance/movement – are used to aid the team in its work. All kids are invited to attend, but participation is voluntary. The spirituality teachers run several groups per week. The groups usually average eight to 10 kids.

Johnson says that many of the kids pipe right up when she asks them what joy is. "Being really happy," "being yourself" and "being free to say what you feel" are some of the more common answers. But then there is the child like Aaron who will say, "I don't know."

#### **"I see the beauty in you"**

"I told him, 'Aaron, I'm not surprised that you don't know what joy is. After everything you've been through, that's understandable,'" says Johnson. "I said, 'Let's begin to look for small moments of happiness first.'" When he thought about it, Aaron was able to recall how happy it made him feel to have his little brother look up to him.

That recollection, Johnson says, is how the seed of joy was planted.

Once the kids warm to her introduction, Johnson lays down the foundation for the group: "While we're together, we're going to treat each other with respect.



## How to incorporate spirituality in your groups:

Some activities by  
Marian Johnson, KidsPeace  
spirituality teacher

**EXERCISE:** Begin by playing Jewel's "Hands" (©1998, Atlantic Records). Ask the children to think about how they are God's hands. Then ask them to look at their hands and draw them, filling them with what they would like to give to the world.

**EXERCISE:** To help each child see his or her inherent beauty, give out flowers. With each flower you give, tell the child to whom you are giving it what you think is beautiful about her or him. Let each child take a turn giving another child a flower and expressing how he or she sees that child's beauty.



All spiritual traditions that bring hope, illumination and meaning will be honored here. We're going to listen to each other. And we're going to do lots of different arts and activities all about how you're loved equally and how beautiful you are."

When the kids look at her in disbelief, she continues, "You really are beautiful. You've just lost track of it."

And that is the beginning of what, for some, will become a transformative experience.

Any chance she gets, Johnson works to help the kids recognize – or "re-cognize," as she says – who they truly are beneath the layers of suffering. "In the groups, we use an African greeting that translates to 'I see the beauty in you.' The response is, 'Yes, I see my beauty, and I see the beauty in you.' This is how we greet each other at the beginning of the group and how we say farewell," she says.

"Spirituality, as I teach it, is not about performing, adhering to rules or redirecting behavior," notes Johnson. "It is about children coming into a place of knowing that they are valuable and part of the greater family of humankind, loved by the Creator. That they are not alone. They can come to peace in this knowing." For Johnson, spirituality offers an opportunity for new decision making with dignity, unconditional support and love, transformation and healing – and joy.

One of the greatest challenges for the spirituality teacher is to help the kids "find meaning beyond their pain and hope in the midst of their brokenness." The task is especially daunting because she must take care to avoid conveying that "all that went before was bad." Doing so, she says, would be to reinforce their sense of worthlessness. Rather, Johnson tries to find ways to help them develop respect for themselves and their past experiences, and to show them that the depth of who they are is directly related to their pain.

"Their sadness, their anger, their depression can create a very deep container in which they can hold their joy," Johnson explains.

## Teaching with expressive arts

How can these complicated concepts be translated into language that the kids – some as young as six – can understand? That's where expressive arts come in.

Supervisor of Expressive Therapies Susan Everett, who oversees Johnson's work at the National Hospital, says that the expressive arts are "strength-based" for children and teenagers in that – more than traditional "talking" therapies, which are usually more effective with adult patients – they are the ways in which kids naturally communicate and understand. "One reason that the creative arts have been incorporated into the spirituality groups is so children can have confusing questions answered and addressed," she says.

"The arts not only seek to answer those questions, but also to transform those answers into a sound, a play, a poem, even an actual color or movement. And kids can use their imaginations or creativity to give a powerful message about what they've learned from life and what they hope to achieve."

Something as simple as drawing a butterfly, while tracing its stages of growth from larva to chrysalis to a bright-winged creature fluttering among the flowers, can speak profoundly to a child. "That's one of the exercises I've seen Marian do," Everett says. Even as the butterfly symbolizes transformation, she points out, "it is a transformation experience for the kids when they can hold something that they have created in their hands."

Aaron discovered his true colors hidden away in a vase.

"In one creative exercise, the kids paint a picture of a vase symbolizing the depth of their pain and sorrow," Johnson, who is putting together a handbook for facilitating kids'

spirituality groups using expressive arts, says. “I tell them that the vase is a place to hold their joy. Next, they imagine one tiny flower in it. The flower represents one joyful experience they have had. Every day, they can add another flower and another.” They end up with a big bouquet as a reminder of the joy that they have experienced, flower by tiny flower. And flower by tiny flower was how Aaron’s joy started to grow.

“The last time Aaron did a painting, he filled his vase with one beautiful flower shining out rays of color,” remembers Johnson. “He had found hope.”

The expressive arts have made for a transformative experience for Vanessa, too. She remembers a time when she used to “hate” art. “But now,” she says, “I feel comfortable about doing it. I learned not to believe what everyone says about me because my third-grade teacher told me never to draw in art class again. The groups helped me to have more self-confidence.”

Michael Schappell, a child-care counselor and co-facilitator for the group for KidsPeace’s Intensive Residential Treatment Program, has seen the creative process in action. “After creating something that expresses hope or even despair, the kids can discuss their artwork,” he says. “Our kids have learned that they are all special and that they can use their pasts as strengths in the future. Children with a more developed sense of security and hope seem to help show others who are suffering how to feel better about themselves and their place in the world. It’s a truly remarkable thing to observe.”

Tim, a teen who is in Schappell’s program, brings another perspective. “I feel flattered and honored that I cheer up a lot of people who are depressed.”

Johnson knows just what Tim means. “All the kids, no matter where they are in the process of healing, need to know that they have something worthwhile to offer. As they heal, they begin to help other kids.”

## The responsibility in spirituality

Along with healing comes responsibility. “The kids will hear me say that spirituality is a gift, and with that gift comes responsibility,” Johnson says. “Spirituality allows us new ways to see ourselves, our relationships and our life’s purpose. Through it we realize that we have a responsibility to bring peace to ourselves and our world.”

“The spirituality leaders are teaching reasoning or problem-solving in very appropriate ways,” comments Residential Program Manager Lew Jarrett. Jarrett, who supervises the work of both Johnson and Jacobs in the organization’s residential programs, says the spirituality groups point the kids in the right direction. “The key messages in these groups are the positive values and principles contained in all major religions.”

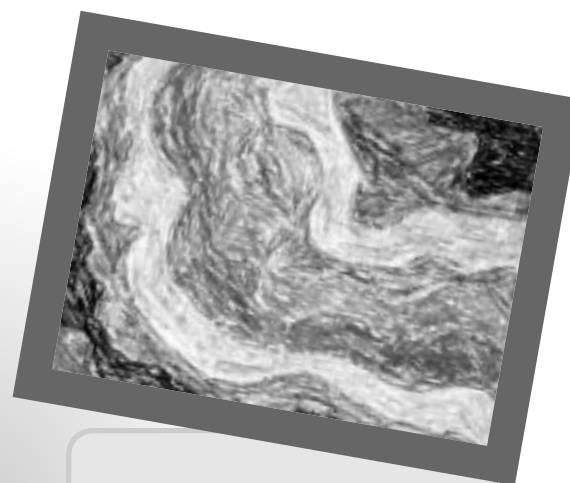
Johnson agrees, saying that she has a responsibility to instruct the children in the traditions that they were brought up in. However, she emphasizes the beliefs that are at the heart of all religions: God is love, the Supreme Being loves them, and they are here to experience that love and to love others. “As their understanding of their faith deepens, they learn what it is to be kind, patient, forgiving and forgiven.”

And how they use what they have learned all comes back to how they view themselves.

“I tell the children, ‘Nothing you will ever have or do will make you more important than you are right now, or make you more valuable to yourself or the Creator,’” Johnson says. “If they feel loved and respected, and they see themselves as worthy and important right now, their soul is stirred. From that stirring springs action. They begin to accomplish their goals. They begin to excel.”

## Meeting kids where they are

Steve Gunn, KidsPeace’s supervisor of quality assessment and improvement,



**EXERCISE:** Ask the children to play the roles of seeker, God and any other roles – for example, God’s assistant or a guardian angel – that might enhance the experience. The seekers imagine that they are standing in a “prayer portal.” Once they step into this portal, they can be transported to where they believe heaven to be and speak to God. Music can be played and bells rung while they are “transporting.” Once the seekers search for and encounter the God character, they engage in a series of questions and answers with her or him.

**EXERCISE:** Ask the children to paint a picture of a beautiful vessel to contain their joy. Next, ask them to picture water in the bottom of the vessel. In that water is one tiny violet representing a moment of their joy. Each day they will fill the vase with more tiny violets as they learn to discover and commemorate their joy, experience by experience. Even if there remains only one violet in the water, there is still one. Even if there is only a seed, there is still hope for life and for joy.



**EXERCISE:** Ask the children to paint something that will bring them closer to God or that will bring them peace. Offer ideas such as healing scenes from nature. Examples: oceans, fish, dolphins, butterflies, animals.

**EXERCISE:** Tell the children that they live within the heart of God. Ask them to draw a big heart – God’s heart – and show themselves inside that heart.

**EXERCISE:** Help the children who find meaning and comfort in prayer to make multicolored clay beads with a sculpting clay made just for kids. Explain that each bead can be a prayer. Bake the beads. Show the children how to string the clay beads together with plastic beads to make a bead prayer necklace. They can say a little prayer with each bead that they string. Then they can hold the necklaces up to the sky and ask God to open their hearts to the possibilities for their lives.

Questions? Please contact Marian Johnson at (610) 799-7930.

finds the kids’ response to the groups encouraging. “I’ve seen the kids in one of our Specialized Community Residential Treatment homes respond enthusiastically to the spirituality groups that Marian Johnson runs. They love the work she does and look forward to her visits.”

It is the experience of Jan Lizotte, an assistant Residential Program supervisor, that “the kids’ response is different based on what they bring to a group.” He explains, “Some use it as a way to socialize with their peers. Some use it as a way to meet their need for some additional positive attention from an adult. Most respond positively, in spite of the fact that they sometimes do not understand, or believe, what the instructor is talking about. I think this is because they are allowed to participate on whatever level they are comfortable.”

Johnson says that the hallmark of both the spirituality groups and KidsPeace’s Model of Care is that they “meet kids where they are.” She keeps that thought in mind when she arranges the group participants in a circle for their meetings. To Johnson, “We’re all equal; we’re just at different points in the journey.”

Gunn adds, “The work of the groups is in relation to a higher power and, therefore, is clearly not related to behavior. It is about who we are, not what we do.”

Some of the children and teens find the prayer and meditation components of the spirituality groups to be especially helpful.

“The kids can pray if they want to,” says Johnson. “Some of them may have prayed for years for release from an abusive situation, but that release didn’t come until they came to KidsPeace. One little girl – she was 11 – told me that she had knelt down and prayed for help every day for five years. Many people would be too angry to come to a spirituality group after that. She was very courageous to come.”

Jose is also confident in the tools that the group has given him: “I know I can turn everything around. Instead of fighting, I’ll meditate and pray. The group makes me think. It’s not about enemies. It’s about overcoming and looking toward the future.”

Peter feels drawn to the meditation. He says, “The meditation was enjoyable. After, I felt refreshed and new.”

Lizotte remembers how Jacobs’ “opening meditation exercise promotes a feeling of calmness that seems to reach most all of our kids.”

And then, there is the music.

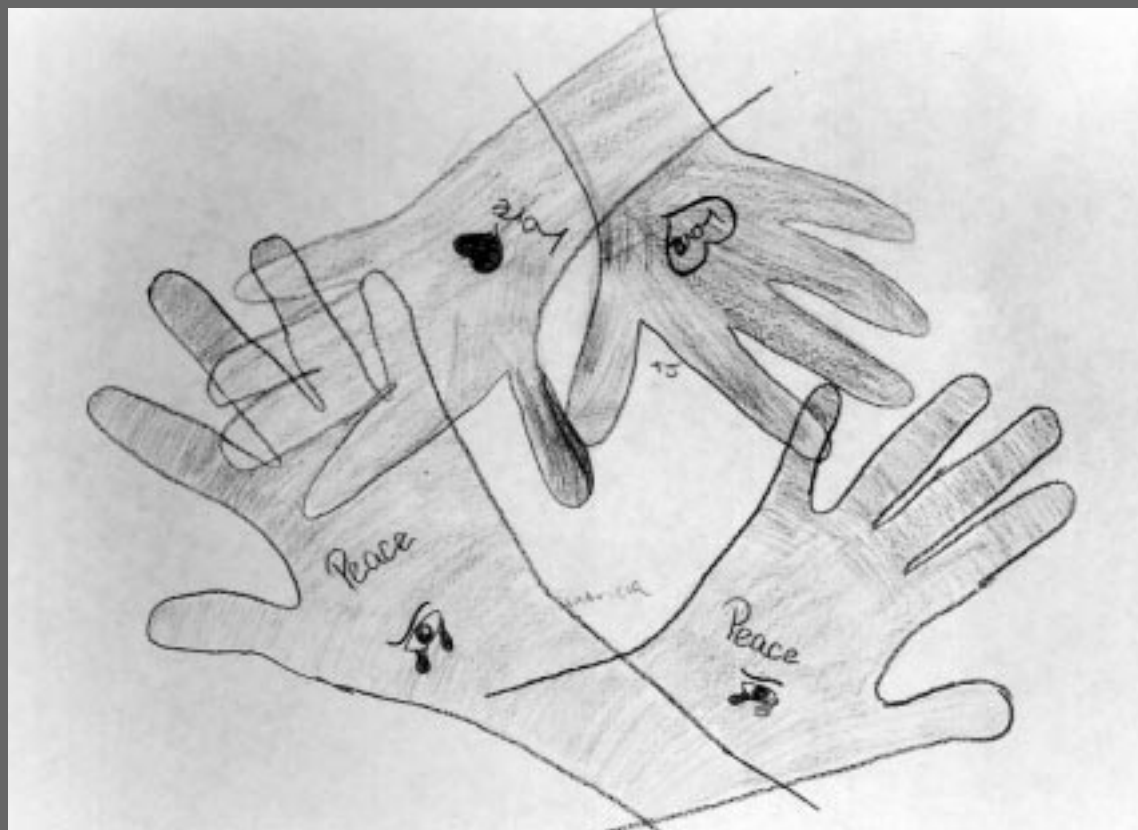
### “There is something to live for”

Susan Everett has been with Johnson when the spirituality teacher has used music as a de-escalation technique in a one-on-one setting. Everett found the experience to be “very spiritually oriented and soothing.” Johnson uses it in her groups, as well.

“I have been a recording artist for many years. Through the years, I have developed a chant that I have found to be particularly healing with the children,” Johnson says. She elaborates: “It is interdenominational and multicultural in nature. It includes elements of various languages and traces of various styles. I sometimes use it when the children are distressed. When a child is having a hard time with depression, the child might ask me to chant for her or him, which I do.”

Johnson says that many kinds of music can enhance healing. “Music is a large part of the spirituality groups. Native American and African songs, inspirational hymns, popular music. In addition, I try to select music with lyrics that depict the Great Spirit as a friend and as someone the kids can lean on.”

Lyrics, according to Johnson, can also create thinking challenges for the kids. “And the group is a safe place to try on new ideas,” she says.



With that safety comes the freedom to speak and be heard, laugh, cry and dream.

Lenny says that “the groups are a place where you can talk about what’s on your mind.”

Vanessa finds illumination and comfort there: “In the groups, I can confide in people I care about and who care about me. I learned things about myself and other people that I wouldn’t have known otherwise.”

Ethan says, “Being in the group helped me through the rough times.”

Peter believes the groups showed him “there is something to live for; everything doesn’t have to be death or suicide.”

KidsPeace program staff recognize the lessons learned, too.

Geoffrey Thomas, a therapeutic recreation counselor for the Residential Treatment Program, says he has witnessed a few regular spirituality-group participants achieve higher self-esteem through participation in

singing/music exercises; a sense of acceptance; relationship-building skills; improved assertiveness; and social skills for talking effectively in front of groups.

Jan Lizotte has noticed others: “Most of our kids have never been exposed to the diversity of spiritual/religious ideas that the instructor brings. The teacher is able to show them the common features that most religions share.”

Lew Jarrett can think of more: “Kids who attend spirituality groups are exposed to another non-judgmental avenue where they may seek comfort or support in the crises they face. Another bonus to this concept could be that if a kid has a positive experience with spirituality with us, he or she may choose to pursue a similar resource upon return to the community.”





Michael Schappell adds, “The kids learn that we are all connected, that kindness to ourselves and each other will bring inner peace.”

Johnson believes that when all is said and done, what really matters is that the kids leave with a deeper appreciation of themselves. Still, sometimes the other insights they come away with are extraordinary.

“One little boy told me, ‘God made everything except our behavior. That’s where WE come in.’ When I heard that, I added another flower to my bouquet of joy.”

\* Kids’ names have been changed.

*For more information about the spirituality groups at KidsPeace, please call Marian Johnson at (610) 799-7930 or George Jacobs at (610) 799-7525.*

*The KidsPeace calendar for 2000 will feature some of the inspirational works from the children and teens in our spirituality groups. If you don’t receive your calendar by December 1999, please write to request one: KidsPeace Fulfillment Department, 1650 Broadway, Bethlehem, PA 18015-3998. Supplies are limited.*

## What it means to be a spiritual mentor at KidsPeace: “allowing kids to be as they are, but keeping the invitation open”

By George Jacobs  
KidsPeace Spirituality Teacher

We are all beings of body, mind and spirit. Just as we benefit greatly from healthy bodies and minds, we also prosper from positive attitudes and beliefs about ourselves, our lives and the universe we live in.

**W**orking within spiritual perspectives gives us the freedom to draw outside the lines of our everyday physical and mental experiences, and allows us to evolve in the discovery of who we are. It gives our kids at KidsPeace the opportunity to explore the biggest questions of all: Who am I? Why am I here? Why do I suffer? What is the meaning of life? Is there a God, and what is he or she like? What is love? How can I find happiness? How can I forgive or be forgiven? The question for the spirituality group leaders then becomes, “How can we – as spiritual mentors – help to provide a doorway into this vital exploration in a positive and life-enhancing way?”

The heart of our work, infusing everything Marian Johnson and I do as spiritual mentors, is essentially teaching by example. Our kids will be most affected not by what we say, but by how we are with them. If we want to teach them how to love unconditionally, for example, then unconditional love is what we must display toward them. Of utmost importance is the way we hold these children in our hearts, how we see them. To strive to see them, every one of them, as perhaps a god of love sees them, is such a powerful way to be with them, whatever specific activities we may plan. So many of our kids have an unfulfilled need to be loved and accepted exactly as they are. Those who have a parent, grandparent or friend who has been able to give them this kind of unconditional love are the lucky ones. So many others express feelings of abandonment, along with deep disappointment in their life experiences.

We can actively create an aura of love and acceptance in our interactions with each child to penetrate the walls of distrust and defensiveness that may surround him or her. I say "actively" because it is not something that always comes naturally to us or to them. We must choose to take this attitude. In making this choice, we are creating a sacred space in which to be together with them. The room in which our spiritual groups meet may not have stained glass windows, but we can create the atmosphere of a church, synagogue, mosque or ashram simply by choosing to hold ourselves, and hold them, in this way.

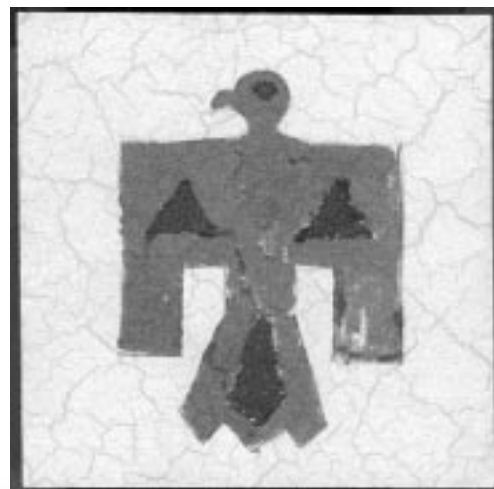
Only the most resistant children do not respond to this attitude. And even those resistant ones we continue to hold in the same loving, accepting, nonjudgmental light, allowing them to be as they are, but keeping the invitation open.

It is so important to see these children as if they were our own flesh and blood, which in a larger sense they are.

They are fellow souls, each on its own individual life path, not unlike our own. Just like them, we make mistakes; we struggle with our own pain and problems; we are sometimes angry, bitter, depressed or hopeless. And just like them, we are sometimes joyful and full of love. Perhaps the only real difference is that their life path has been a little steeper or more difficult to negotiate than ours has, and help and guidance were not there for them when they needed it.

A part of this loving, accepting attitude is a special way of listening. Because we are concerned that our kids learn appropriate behavior, we spend a lot of energy getting them to listen to us. If we can first listen to them in a loving, accepting, nonjudgmental way – if we are truly willing to hear them without interruption, without our own agenda interfering and without putting our spin on what they are saying – they will open to us and tell us who they are. Then we can begin to learn the secret passageways to their hearts. If we give them the gift of listening, they will in turn listen to us in earnest when it is our time to be heard. Consider these examples:

Joe\*, a young boy who had just attended one of our spirituality groups at the hospital, stopped to talk. Although he had an edge of agitation and anger about him, I simply listened in an accepting and nonjudging way. Among other things, he told me that when he got out of KidsPeace, he intended to seek revenge against the people who had murdered one of his parents. I remained compassionate and full of love for this child, wondering what I would have done if someone had killed my own parent. I did not judge his action. I did finally suggest in a calm, matter-of-fact tone that, although the depth of his anger was understandable, he might do more



*"'Uni' means 'one' and 'verse' means 'song.' We are part of the one song ... of life throughout the universe."*

harm than good to himself and to his mother if he followed through with his plan. Would his mother really want him to endanger his future in this way? He heard every word I said. Weeks later, Joe showed up at one of my groups in the Residential Program. He indicated that he had come a long way in a short time, and I knew by his progress through the continuum of care that it was true. He hugged me and thanked me for listening to him that day.

Wyatt, a child of Native American descent who had been to the group a few times appearing isolated and depressed, was awakened, perhaps, by some Native American chants or our discussion on dreams. He approached me after one group, wanting to talk about a dream and a vision he was having. He described a recurring dream of an old man dressed as a chieftain who was trying to tell him something, but it was in a language he could not understand. Sometimes, fully awake, Wyatt would see the old chieftain's

face appearing through a window.

This seemed to me to be a classic experience of Native American spirituality. We explored together what it might mean and what action he might take to understand this mystery.

Today, Wyatt is doing very well and still working on the mystery. I believe that, for him, owning that experience was terribly important, and the validation I provided was helpful.

The spirituality groups are culturally, religiously and racially diverse. Our kids bring with them a spectrum of religious and not-so-religious beliefs and attitudes – from godless to God-fearing, from total confusion to dogmatic certainty. They have experienced various forms of Christianity, Islam, Judaism, Native American spirituality and so on. Every child of whatever

belief or nonbelief is welcome in our groups, and each tradition is honored. We sing gospel hymns; tell tales from the Baal Shem Tov of Jewish Hasidism; explore the tenets of Islam; celebrate Hanukkah, Christmas, Ramadan, and other spiritual holidays; learn Native American chants. Interestingly, one of the kids' favorite stories is of the Buddha as a teenager and of how he grew from a young prince into "The Enlightened One." One of their favorite songs is a Hindu chant accompanied on the harmonium, but their absolute favorite composition is "Kwahare," a farewell song from Africa sung in Swahili. It has become impossible to end a service without a request for a very energetic "Kwahare" – drums, clapping, dancing and all.

Honoring and experiencing the many forms of religious tradition are wonderful ways to teach tolerance and understanding, and help build peace on earth from the inside out. I often remind the kids that they will have to take over after we are dead and gone, and tell them that I have great confidence that they will build a world of peace.

It is also important to step out of the context of religious form and content, and take a more universal spiritual perspective. Shelby, one of our group members, gives her explanation of why: "I like the group services because George doesn't teach about God. He teaches us, and especially me, about the beauty of life and nature. ... He lifts my spirits and makes me happy about myself. ... Every time I'm down, I will think of the things he has taught me."

Much of what we do in the groups is aimed at nurturing an appreciation for simply being alive and developing a sense of gratitude for what is so often taken for granted. Many of our kids have brushed closely with death. With a little encouragement, they begin to recognize and appreciate that they still possess the gift of life and feel a degree of gratitude for the simple opportunity to live and learn. They begin to feel a



*"And even the great sun itself could not hold its head up without the other millions of stars, without the entire web of the universe that holds it in balance."*

little better about themselves and at least consider the possibility of seeing their lives as a blessing and each of their experiences as an opportunity to learn and grow. Many of them have received such a large dose of criticism in their lives, and their focus has so often been on what's wrong or bad. It is very healing to focus on what is good and affirm that they are essentially good, that they are truly the light of the world.

We use everything from Buddhist philosophy to the teachings of Jesus to Native American chants to help them develop this awareness. (My daughter introduced me to a wonderful little book, which I highly recommend, full of stories and examples that have helped me to teach gratitude and appreciation for life. It's called "Peace Is Every Step"\*\*\* by Thich Nhat Hanh, a Vietnamese Buddhist monk.) Many of the kids respond. Lydia says, "I've learned that my days would probably be more positive if I appreciated things more than I do and thanked God and was grateful to be here, and if I smiled more often." Darnell adds, "I'm realizing how special things really are and also how to appreciate them."

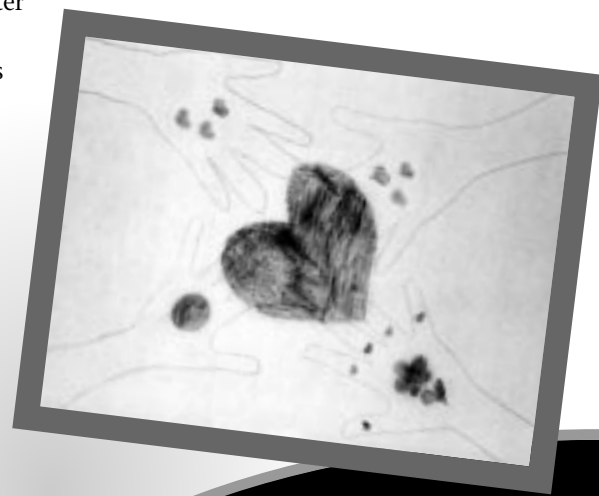
It is so terribly important for these kids to be able to say "Yes!" to life once again. On the subject of heaven and hell, many hold the belief, based on their experiences, that this life – their life – is hell. They have witnessed so much of the ugliness and darkness of existence that they need to be reminded of the light in every way possible. They need to rediscover it within themselves and learn to let it shine forth. I will often bring a bouquet of wildflowers, sometimes introducing each flower by name, and every kid leaves the group clutching a flower. Even the most aloof are moved to do this, often smiling in the process.

Sometimes we do an outdoor walking meditation in which we silently observe the trees, plants, birds and animals. We listen to the sound of the wind and the flowing water. Once on a windy day, we stopped near a cluster of pine trees and listened to them whistle. I informed the kids that this sound contained many pitches and vibrations, and was recognized as a healing sound. I told them they could come to the pines whenever they needed to hear it. James said it reminded him of the ocean sound. James was from a coastal town. He said he remembered that when things became unbearably painful at home, he would walk to the ocean and find solace listening to this sound.

So many of our kids have become disconnected and alienated – not only from society, but also from the natural world of which they are a part. Although some may never know the closeness of a human mother, they can learn to appreciate their connection to their Earth Mother.

Inevitably, the kids will ask me what religion I am and what my point of view is. I say I was raised as a Protestant, am married to a Jew, have lived extensively in Muslim countries, love to sing Native American and Hindu chants, and often tell Buddhist stories. Or I might tell them about Mahatma Gandhi when he was in the midst of trying to dissolve religious hatred and unite the Hindus and Muslims into a free nation. The story goes that Gandhi was confronted by an outraged Hindu who asked how he, Gandhi, a Hindu by birth, could be good to the Muslims. Gandhi replied, "I am a Hindu, I am a Muslim, I am a Christian, I am a Jew. What difference does it make?"

And I share with them an analogy that I borrow from the Huston Smith book, "The World's Religions": Imagine a



*"... our lives will continue to unfold like flowers opening to the light of the sun."*

beautiful stained glass window. Each religion of the world is a different shape and color in the window, but the light that illuminates the window and all of the individual shapes and colors is the same light.

It is this light that we endeavor to teach.

\* Kids' names have been changed.

\*\* © 1992, Bantam Books

*You may contact George Jacobs at (610) 799-7525.*

***“We come just as we are right now, and we are fully accepted and loved, exactly as we are. ... ”***



## **A meditation**

By George Jacobs  
KidsPeace Spirituality Teacher

I begin almost every group with a meditation. I am always amazed at the peacefulness and silence throughout this meditation. Although some of the kids find it boring at first, there is rarely a whisper or a snicker. Typically, the kids tell me afterward, “It relaxed me”; “It calmed me down”; “I feel peaceful.” They are beginning to learn that they can return to this quiet presence whenever they need to. Usually, we start by dimming the lights and coming into silence. Then I begin to guide them. ...

Put your feet firmly on the floor, and feel your connection to the earth. Feel that you are solid on the earth, solid as a rock. Close your eyes and visualize yourself as a mountain sitting firmly on the earth. We are made from the dust of the earth, from the same atoms, from the same elements. We belong here, you belong here – each one of you. We belong here as children of the earth.

(pause)

Now feel yourself sitting up straight. Feel how good it is to be human and be able to sit up straight. Most of our fellow creatures on the earth cannot do this. We are humans, and it is a joy to be able to sit and stand upright, for we are connected to the energy of the heavens as well as the earth.

(pause)

Imagine the energy of the heavens moving down through the top of your head, down through your body and out through the bottoms of your feet. Imagine the energy of the earth coming up through the bottoms of your feet, traveling up your spine and out the top of your head. We are part of the flow of energy of the universe. “Uni” means “one,” and “verse” means “song.” We are part of the one song, the one vibration of life throughout the universe.

(pause)

Now begin to notice your thoughts. You may be thinking about something that happened in the past. You may be thinking about what you are going to be doing later today or next month, or when you get out of KidsPeace, or what you will do with your life. You may be wishing you were somewhere else, or you may be wondering what you are doing here now. Just notice these thoughts, and know that they are just thoughts. They are not necessarily good or bad. They are not you. Just notice them and let them go.

(pause)

Now come into the present moment, right here, right now. Nowhere to go, nothing to do. Just be here in this room, on your seat. Now begin to notice your breath. Notice that your chest and abdomen are rising and falling. We are always breathing, but we don't usually notice it. Now we are giving ourselves time to notice it. Visualize the breath coming into your lungs, being carried to the heart and flowing through the bloodstream to every one of the billions of cells that make up your body – feeding, nurturing, loving each cell like a caring mother loves her child. Now visualize the breath going out, carrying away the impurities.

(pause)

We know that the trees and green plants breathe in what we breathe out, cleansing and returning it so that we may continue to breathe in the breath of life. Without the trees and plants, we would soon use up the supply of oxygen, and we would not be able to live. We are in an intimate circle of life with all of nature. The trees and flowers are our brothers and sisters. They are family, and they care for us.

(pause)

Likewise, the rain that grows the plants and flowers is also our family. Our physical bodies are over 90 percent water by weight. The rain literally flows through our bloodstream. We are the rain, and the rain is us. We are inseparable.

(pause)

And likewise with the sun. It is through the energy of the sun that the green plants are able to create the food that gives us life. We take this energy into our bodies when we eat. The energy of the sun flows within us. The rain and the sun, too, are our brothers and sisters. And even the great sun itself could not hold its head up without the other millions of stars, without the entire web of the universe that holds it in balance. So we are connected to and supported by the most distant of stars.

(pause)

And so we come together in this moment, in this circle of human beings. And we come just as we are – with our issues, with our problems, with our pain and suffering, with our confusion and doubt, and with our hope, our love and our joy. For each one of us contains all of these things. We come just as we are right now, and we are fully accepted and loved, exactly as we are, by the universe, by the Creator, by God. And we, in turn, accept and love ourselves, just as we are right now, knowing that we will continue to grow and to learn, that our lives will continue to unfold like flowers opening to the light of the sun.

*George Jacobs may be reached at (610) 799-7525.*





Look for these articles from KidsPeace's "Healing Magazine" at our award-winning website: [www.kidspeace.org](http://www.kidspeace.org)

## Healing MAGAZINE

### Spring/Summer 1999

"A Cause for Paws: Animal-Assisted Therapy Extends Beyond the 'Meet and Greet' and Into the Therapist's Office"

"An Insider's View of the Invisible Challenges: Understanding Parents of Children With Mental, Emotional and Behavioral Disorders"

"Cognitive Therapy With Depressed and Suicidal Adolescents': a National Hospital Seminar Presented by Cory F. Newman, Ph.D. – Part I of a Two-Part Series"

"Effecting Change in Children and Adolescents Through Dance/Movement Therapy"

"The Family Resource File" (includes listings from Spring/Summer 1997 and forward)

"The New KidsPeace Model of Care: a Universal Archetype for the Treatment of Kids in Crisis"

"The Results Are In: 'Healing Magazine,' Helpline and Parenting Kit Studies Reveal Need for Resources"

"Why Young Teens Whistle: KidsPeace Survey Examines Confidence Level, Fears, Resources of 13- to 15-Year-Olds"

### Fall/Winter 1998

"Doing 'Whatever It Takes': KidsPeace Family-Based Service"

"Girlware: Computers Aren't Just for Boys"

"Life Space Crisis Intervention: New Skills for Reclaiming Students Showing Patterns of Self-Defeating Behavior"

"Our Special Mom' and 'Our Special Dad' Books Teach Kids How to Deal With Special Challenges"

"Self-Injurious Behavior in Children and Adolescents – Part II: Now What? The Treatment of SIB"

"What the Non-Psychiatrist Clinician Needs to Know About Medication for Violent Youth"

### Spring/Summer 1998

"A Time to Grieve, a Time to Grow: KidsPeace Student Assistance Program Helps School Children Mourn, Move On"

"Children and Death: Simple Journal Bridges Gap Between Past and Present"

"Helping the Grieving Child in School"

"Hospice of Lancaster County Offers Children a Retreat From Grief"

"KidsPeace Ropes Course Helps Kids, Staff and Community Teams Reach New Heights"

"KidsPeace Schools: Educational 'Care Across Boundaries'"

"Safe Instead of Sorry: Teaching Children Self-Protection"

"Self-Injurious Behavior in Children and Adolescents – Part I: What Is SIB?"

### Fall/Winter 1997

"Adoption in the Global Village: U.S. Parents Find It's a Small World After All"

"Groups, Gangs and Teenage Growing Pains"

"Helping Pregnant Teens 'Dare to Dream Dreams' – Envision a Better Life; Learn Skills to Succeed"

"KidsPeace Goes Worldwide With the Web"

"Sticking With Therapy: Kids Use Tape Art to Tell Their Stories"

"Students Attain 1.1 Grade Level Increase for Each Year at KidsPeace Schools"

### Spring/Summer 1997

"I Do Not Believe That Children Fail': Governor's Advisory Panel on the Education of Exceptional Children Member Dr. Bill Breton Develops Educational Program for Special Kids at KidsPeace-New England"

"Let's Talk ... About Your Child's Medication"

"National Hospital for Kids in Crisis Continuing Education Seminar Examines How Violence and Trauma Affect Our Children"

"Parents and Educators Can Avert Crisis by Tuning in to Kids': Preventing and Managing Violence in Our Schools"

"We Help Kids Face Themselves': There's No Way to Dodge Reality in the KidsPeace Dual Diagnosis Program"

### Fall/Winter 1996

"Diagnostic/Acute Care Service: the Beginning of Success"

"National Hospital Continuing Education Series Addresses Teen ADD"

"Parenting ... the Second Time Around"

"Partial Hospitalization Program Offers New Extended Hours, Levels of Service"

"Top Notch' Care for Foster Kids"

### Spring/Summer 1996

"Clients 'Make Every Day Count' in Intensive Program"

"Kids Look to Parents First: Study Reveals Age 12 As a Turning Point; KidsPeace Takes News to Washington, DC"

"Model Organization' Helps Give Peace of Mind to Parents"

"National Hospital Announces Acute Partial Hospitalization Program"

"Presenters Address Child Abuse, Family Treatment at PCPA Conference"

"Therapeutic Value of Play Therapy for Children"

"Your Child's Unique Abilities Can Complicate Life – for Both of You"

# KidsArt™

It serves as an outlet for pain, fear, hope. It reflects progress, resolution, success.  
The art of kids. The art of healing at KidsPeace.



Discovering – and expressing – the answers  
to life's complex questions in a sound, a play,  
a poem, a color, a movement

SEE PAGE 24

# The Family Resource File

## Are you a resource for children and families?

If you provide a unique service to children and families, KidsPeace will consider including your listing in "The Family Resource File." Please send a 25-word description of your product or program to Janice Curran, Editor, KidsPeace Creative Services, 4125 Independence Dr., Suite 4, Schnecksville, PA 18078. Space constraints may prevent us from using all submissions. KidsPeace reserves the right to edit all submissions.

### Group Work With Adolescents: Principles and Practice

**Andrew Malekoff, Director of Program  
Development, Author**

North Shore Child and Family  
Guidance Center  
480 Old Westbury Road  
Roslyn Heights, NY 11577  
(516) 626-1971  
Fax: (516) 626-8043

Publication providing principles and  
guidelines for conducting group work with  
adolescents in a wide variety of settings.  
Special emphasis is given to violence,  
sexuality, substance abuse, cultural diversity,  
isolation and scapegoating.

### Homemade Books to Help Kids Cope: An Easy-to-Learn Technique for Parents and Professionals

**Robert Ziegler, MD, Child Psychiatrist,  
Boundaries Therapy Center, and  
Co-Director, Child Outpatient Services,  
Cambridge Hospital, Harvard  
Medical School**

Magination Press  
19 Union Square West  
New York, NY 10003  
1-800-825-3089

This information is provided solely as a  
free resource for families and professionals.  
This listing is not a referral by KidsPeace,  
nor an endorsement or recommendation  
of any organization or its services. KidsPeace  
receives no remuneration for any listing,  
nor does it conduct a review of any listing  
or the services provided.

Publication for parents and professionals  
that demonstrates how to create personalized  
books to help kids address difficult situations  
such as moving to a new home or grieving  
the death of a loved one.

### Mental Health/Developmental Disabilities Consultative Services

**Elizabeth M. Fitzgerald, Ed.D., ARNP, CS,  
CMFT, President and Owner**

P.O. Box 221345  
Louisville, KY 40252-1345  
(502) 429-0064  
Fax: (502) 426-9743

Guidance for organizations and individuals  
who provide or oversee the care of persons  
with developmental disabilities, emotional  
problems or related special needs.  
Advocacy, assessments, family services,  
technical training and continuing  
education.

### The Sidran Foundation

**Judith Lerner, Publications Manager**

2328 West Joppa Road, Suite 15  
Lutherville, MD 21093  
(410) 825-8888  
Fax: (410) 337-0747

E-mail: [sidran@access.digex.net](mailto:sidran@access.digex.net)  
[www.sidran.org](http://www.sidran.org)

National nonprofit organization  
offering support for children and adults  
who are victims of psychological  
trauma. Educational materials, reference  
database, clinic, funding, workshops and  
informational telephone service.

### Youth Hope

**Lee Moore, Director**

12000 Moores Vineyard Road  
Columbus, IN 47201  
(812) 342-2615  
Fax: (812) 378-6719

Private, nonprofit residential program  
promoting holistic improvement in the lives  
of abused, neglected or delinquent girls  
ages 6 to 18 and their families. Home-based  
aftercare, parenting education and support,  
higher education scholarships for graduates  
of the program.



1650 Broadway  
Bethlehem, PA 18015-3998

Non-Profit Org.  
U.S. Postage  
PAID  
Permit No. 1587  
Cleveland, OH