

# The Children's Voice

Fall 2004

A publication of the Mental Health Services Division of the Oklahoma Department of Mental Health and Substance Abuse Services

## WHAT CAN YOU DO ABOUT CHILD ABUSE?

by Martha Buchanan, ODMHSAS trauma specialist

Though most persons do not want to acknowledge it, CHILD ABUSE does occur. It is not restricted by race, creed, economic level or any other line on a demographic map. It occurs in your city, my city or any other town in the United States.

Adding insult to injury, CHILD SEXUAL ABUSE is reaching epidemic proportions. The latest statistics estimate one out of every three girls, and one out of every five boys, will experience some type of sexual abuse before reaching the age of 18 years. That is too many kids experiencing something that can change their lives forever!

So, what can you do, gentle reader, to help the children? First, be alert! Recognize the reality of the situation. Children next door, across the street, in your church or in your school need you to be vigilant. Look for indicators and signals, and take appropriate action.

Secondly, the Oklahoma child abuse laws state that ANYONE witnessing, hearing about, or having ANY reason to suspect child abuse or neglect must report these instances. This means, in Oklahoma, every person is a "mandated reporter." If you know about or suspect abuse or neglect and fail to report, then you can be charged with "failure to protect."

Two agencies, local police and DHS, need to receive a report if you witness, hear about or have reason to suspect child abuse or neglect. You may reach each as follows:

Dial 911 and make a police report. The police investigate whether or not a crime has been committed.

Dial 1-800-522-3511 and make a DHS referral. Child Protective Services investigate whether a child is safe and/or protected in their environment.

Many people hesitate to report because they are unsure and do not want to cause problems for their family, friends or neighbors. But, who can kids turn to if the adults around them do not act? A report is not a verdict. It is alerting the authorities who know how to professionally investigate a possible problem. Adults are supposed to protect children. We need to take that role very seriously!

## LONG-TERM CONSEQUENCES OF CHILD ABUSE AND NEGLECT

An estimated 903,000 children were victims of child abuse or neglect in 2001. While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families and society that last lifetimes, if not generations.

The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral and societal consequences. Physical consequences – such as damage to a child's growing brain – can have psychological implications such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-

risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or illicit drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer and obesity.

Reprinted from the National Clearinghouse on Child Abuse and Neglect Information



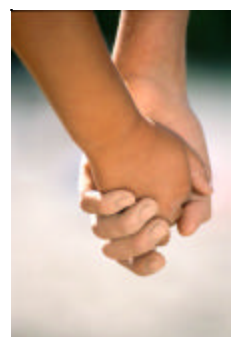
**As many as 80 percent of young adults who are abused in childhood meet the diagnostic criteria for at least one psychiatric disorder at the age of 21. These include depression, anxiety, eating disorders and suicide attempts. Other conditions associated with abuse and neglect include panic disorder, dissassociative disorders, attention-deficit/hyperactivity disorder, post-traumatic stress disorder and reactive attachment disorder.**

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**SPECIAL INSERT**  
The Early Childhood Mental Health  
Network News





# Family Driven: What Does it Really Mean?

**The Child, Adolescent, and Family Branch of the Federal Center for Mental Health Services promotes and ensures that the mental health needs of children and their families are met within the context of community-based systems of care. Systems of care are developed on the premise that the mental health needs of children, adolescents, and their families can be met within their home, school, and community environments.**

**November is National Family Caregivers Month, an annual national observance that recognizes the unselfish and loving devotion of caregivers who devote their time, energy, and support to help loved ones with disabilities or chronic illnesses live in their communities. The first National Family Caregivers Month was observed in November 2000, as a result of a proclamation issued by the President of the United States.**

The President’s New Freedom Commission Report, *Achieving the Promise: Transforming Mental Health in America* identifies six goals to better the status of mental health programs and services nationwide. These include:

- Americans understand that mental health is essential to overall health.
- Mental health care is consumer and family driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment, and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

Implementing the vision expressed by these goals has become the major responsibility of the Substance Abuse and Mental Health Services Administration (SAMHSA), and all SAMHSA work must relate to these goals.

To align our work most effectively, we need to understand the new language being used. In particular, what does “family driven” really mean and how will we know when it is being practiced?

The Federation of Families for Children’s Mental Health has been tasked with developing a working definition of “family driven.” This work is being led by Trina Osher and David Osher, who facilitated an expert panel meeting during the June Training Institutes in San Francisco. The panel was composed of family members, youth, providers, and administrators from system of care communities. In this article, we report on the status of this work and invite your response and comment.

## **Defining Family Driven Systems of Care**

In making decisions, a family-driven system of care gives precedence to family and youth.

Family-driven systems of care actively demonstrate their partnerships with all families and youth by sharing power, resources, authority, and control. Family and youth experiences, their visions and goals, perceptions of strengths and needs, and guidance about what will make them comfortable steer decision making about all aspects of service and system design, operation, and evaluation. Family-driven systems of care are culturally competent environments in which family and youth voices are heard and valued, everyone is respected and trusted, and where families and youth feel it is safe for them to speak honestly. Family-driven systems of care ensure that families and youth have access to sound professional expertise so they have good information on which to base the choices they make.

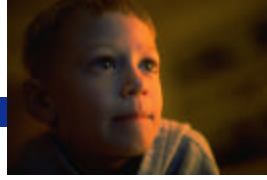
All aspects of the SOC environment will be involved in providing assurance that these objectives are met. Measures to be undertaken include:

### Valuing Families and Youth

- Voices of families and youth are welcomed, heard, and responded to.
- EVERY family is included.
- System leaders, programs, and providers hear the ideas, concerns, and needs of families, and use families’ input to make decisions and service changes.
- Families and youth are in the driver’s seat and have a voice at the table.
- Youth and their families have a safe environment in which they can disclose their experiences, concerns, and ideas.

### True Partnership with Families and Youth

- There is a genuine respect for families and youth.
- Power, resources, authority, control, and responsibility for outcomes are shared equally with youth and their families.
- Partnership is standard operating procedure: continual and routine.
- No decisions are made without input from families and youth.
- Family and youth participation is supported and funded.
- Formal credentials get respect, but not special privilege.
- Comfort and trust zone for families, youth and professionals are established.



Throughout the Systems

- Family-driven practice is evident in all systems, programs, teams, and services.
- Everyone takes responsibility for transforming systems to be family-driven.
- Risk management is a collective responsibility and aims to do what is in the best interest of families and youth.
- Procurements require, and treatment approaches incorporate, family-driven practice.

Training and Support

- Everyone gets initial and ongoing training and support to participate in a family-driven system of care.
- Family-driven practice is infused in pre-service training in all disciplines.

Cultural Competence

- Family-driven practice and cultural competence are inextricably linked.
- The cultures of families and communities provide the overarching framework for operating family-driven systems of care.

Conditions necessary to make the shift to family-driven systems of care

- Families and youth have accurate, understandable, and complete information to make choices for improved planning for individual children.
- Families and youth are organized to collectively use their knowledge and skills as an engine for systems change.
- Families and youth embrace the concept of sharing decision-making and responsibility for outcomes with providers, and dare to risk doing it.
- Providers embrace the concept of sharing decision-making and responsibility for outcomes with families and youth, and dare to risk doing it.
- Providers take the initiative, and give themselves “permission” to change practice from provider-driven to family-driven.
- Administrators allocate staff, training, and support resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families.
- Peer support reduces isolation and strengthens family and youth voice.
- Change in community attitude removes barriers created by stigma.

These initial definitions, themes, and conditions support a continued discussion for further defining and shifting to family-driven systems of care. We would like to invite you to provide input toward defining family-driven systems of care. Please let us know the perspective you are coming from (e.g., family member, youth, provider, public official, or administrator).

**At least one in five children has a mental health disorder.**

**“Oklahomans want our children to remain at home in their own communities, safely and successfully, with hope for the future.”**

**Governor Brad Henry**

**The Caring for Every Child’s Mental Health communications campaign is a public information and education program to:**

**Increase public awareness about the importance of protecting and nurturing the mental health of young people.**

**Foster recognition that many children have mental health problems that are real, painful, and sometimes severe.**

**Encourage caregivers to seek early, appropriate treatment and services.**

**For more information call Jackie Shipp at 405-522-3908.**



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### UPCOMING EVENTS

For information regarding training events and other activities, contact the ODMHSAS training division at 405-522-8300. You may also look on the department's website at [www.odmhsas.org](http://www.odmhsas.org).



### Let's Talk About It: Healing Children and Families Through Cross-Cultural Understanding

December 2-3, 2004

University of Central Oklahoma  
Nigh Center  
Edmond, Oklahoma

#### OVERVIEW

Participants will hear nationally acclaimed speakers discuss cross-cultural communication, elements of healing, servant leadership and elements of change. Cultural activities and blessings will enrich the experience and encourage a celebration of diversity.

Upon completion of the program, the participant will be able to:

- Identify key issues in cross-cultural communication.
- Recognize cross-cultural elements to enhance the helping relationship and produce positive outcomes.
- Explain increased sensitivity to cultural strengths of families and ways to incorporate these strengths in the healing process.
- List the four laws of change.
- Define servant leadership and list the steps involved.

For more information concerning lodging, agenda, continuing education credits, registration, fees, or to request a conference brochure with a registration form, please contact **ODMHSAS Training at 405-522-8300**.

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The Oklahoma Department of Mental Health  
and Substance Abuse Services

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## JOY OSOFSKY COMING TO OKLAHOMA

Mark your calendars - April 1, 2005 the Oklahoma Association for Infant Mental Health (OAIMH) will bring Joy Osofsky, PhD to Oklahoma for its annual all-day workshop. Dr. Osofsky is a leading expert in the fields of prevention, early intervention, working with foster and adoptive families, attachment, and the effect of domestic violence on young children. The Early Childhood Mental Health Network (ECMHN) is a co-sponsor of this event and will offer scholarships to mental health consultants in child care and other clinicians who work with young children in community mental health centers.

Dr. Osofsky is professor of pediatrics, psychiatry and public health, and the head of the division of pediatric mental health at Louisiana State University Health Sciences Center in New Orleans. She is the president of Zero To Three/National Center for Infants, Toddlers and Families and a member of the Pew National Commission on Children in Foster Care.

Dr. Osofsky is also a member of the executive committee of the World Association for Infant Mental Health, chair of the Violence Study Group Zero to Three and a member of the research committee of the International Psychoanalytic Association.

Dr. Osofsky has published hundreds of articles and books, including: *Handbook of Infant Development; Perspectives on Infant Mental Health; The Effects of Domestic Violence on Children; Perspectives on Attachment and Psychoanalysis; Children in a Violent Society;* and, *Helping Young Children and Families Cope With Trauma and Violence in the Lives of Young Children.* The last three are used as texts in the Mental Health Consultation in Child Care (MHCCC) project. All of her published works serve as great resources to us in the mental health field and many are found on our bookshelves and as handouts from various training sessions in which we have participated.

OAIMH has not confirmed the location yet but the date is firm and it will be either in Oklahoma City or Norman. Dr. Osofsky will present a day that will be of interest to not just mental health practitioners but to many people affiliated with DHS, CASA, OSPS, Domestic Violence Programs, Foster Care and Adoption families and workers and people specializing in Parent-Infant practice. Brochures and registration materials will be mailed at a later date so please go ahead and reserve April 1, 2005 on your calendar.

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## REMINDERS OF UPCOMING TRAINING OPPORTUNITIES

**19th NATIONAL TRAINING INSTITUTE: A CHANGING WORLD FOR BABIES.** Sponsored by Zero To Three. To be held **December 3-5, 2004** at the Sacramento Convention Center in Sacramento, California. A special "Pre-Institute" will be offered December 2, 2004. Access additional information and registration assistance at [www.zerotothree.org](http://www.zerotothree.org).

From THE CENTRE FOR CHILD MENTAL HEALTH, London, England:

**January 22, 2005:** "Out of Control Child: Treating ADHD and Other Wild States Without Drugs or Punishment"

**February 19, 2005:** "Autism and Asperger's Disorder: Is There Really Hope?"

**June 25, 2005:** "Children With Broken Hearts: From Loss and Separation to Psychological Disturbance"

For more information, please visit [www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org) or email your request for a catalog to [info@childmentalhealthcentre.org](mailto:info@childmentalhealthcentre.org). You'll enjoy reading the catalog and learning about cinematherapy, massage in schools, etc.





## CONSULTATION TO THE CONSULTANTS

Those of you who subscribe to ZERO TO THREE may have noticed, in the July 2004 issue, an article entitled “Consultation to the EHS Consultants.” It is about an Early Head Start (EHS) program in Mill Valley, California called Pathways to Prevention (PTP). The program includes a regularly scheduled telephone conference call providing consultation to the mental health consultants who are working with various young children and their families.

The article includes an excellent description of three models of consultation:

1. Consultants who use the scientific-technological model, who view problems as deficits, with the goal of providing information;
2. Consultants who use the social-political model, who see problems from a partisan perspective, with the goal of changing organizations;
3. Consultants who use the human development model, who see problems as a reflection of the subject’s personal and professional development needs.

Dale Wares and Fran Morris, MHCCC coordinators who have previously considered a regular conference call with MHCCC consultants, decided to adopt the human development model and implemented the plan in August. Every CMHC that participates in MHCCC has taken part in this process.

The conference calls occur the second Friday of each month and will continue through this calendar year. In January, Fran and Dale will conduct a survey. If participants have found the calls useful, they will continue next year. Our stated purpose is to reflect on challenges, frustrations and feelings as well as share success stories and sometimes humorous experiences so that eventually we will develop supportive and productive relationships among all the consultants.

Whether or not you are currently doing MHCCC work, if you would like a copy of the article, send your request to [fran.morris@cox.net](mailto:fran.morris@cox.net).

## OKLAHOMA SELECTED FOR STRATEGIC PLANNING



The Center for the Social and Emotional Foundations of Early Learning was recently created through a cooperative agreement with the Child Care Bureau and Head Start Bureau. This initiative offers an important opportunity to promote best practices in responding to challenging behaviors and mental health needs.

Oklahoma was selected as one of 10 states the Center invited to engage in the strategic planning process during the first year of the project. The first step was a two day retreat held October 18-19 in Oklahoma City and co-facilitated by Eva Carter, former ODMHSAS coordinator of children’s services. Several members of our Early Childhood Mental Health Network participated, including co-chairs of the Mental Health Work Group of the Better Baby Care Forum, Dale Wares and Fran Morris.

Following completion of the strategic plan, our state will receive copies of publications which the Center is developing and become part of a network that includes some of the country’s leading authorities on promoting the social and emotional well-being of children in Head Start and child care. We have Nancy VonBargen, DHS Division of Child Care Administrator, to thank for this opportunity. Her outstanding work on behalf of Oklahoma’s children is recognized across the country.