“Bullies are always cowards at heart and may be credited with a pretty safe instinct in scenting their prey.”

Anna Julia Cooper

“I was bullied in school, and it affected me so much I decided to be home schooled.”

-Demi Lovato

Childrens’ Mental Health Week celebrations across the State remind us of the challenges faced by these young people and their families. Not the least of these is “bullying”, the focus of this years campaign. Each day in this country, 160,000 kids stay home from school because they are afraid of being bullied. There are approximately 90,000 children in Nebraska with diagnosable behavioral health disorders. We know that 17% of all kids are frequently bullied, and we believe that proportion is higher amongst kids with behavioral health challenges.

I was at one of my grandson’s soccer games not long ago, and was interacting with some of the players, ages 7-8. One in particular caught my attention when, in response to my comment that I didn’t like bullying, he responded, “I am a bully”. I asked why. His response? “I like it”. Theories abound about why a child crosses over into such behavior. Like most, I have my own. But, regardless of where you come from as to causation theory, one fact is irrefutable: bullying exists. And, it exists because it provides some form of “reward” for the often cruel behavior. So if we’re ever going to meaningfully impact the issue as a society, we’d better recognize that if bullying behaviors are taken away from these persons, we’d better replace it with something else, or else they’ll resort back to the anti-social behaviors so destructive to the victims.

Years ago, a wise friend taught me an old saying: “the louder the mouth, the more scared the man”. If that’s true, and if it applies to some or all who bully, we have to ask ourselves what they are afraid of. And that fear has to be broached. Bullying behavior can be so destructive that many times it’s hard for folks to muster even the slightest sympathy for the perpetrator. Believe me, I understand this difficulty more than most. I’m not suggesting that the bully needs understanding; I’m saying we need to understand bullying to an ever greater clarity so as to be able to impact it. It’s that important.

Frequently stories appear in the media about persons who have committed suicide at least in part due to having experienced bullying. Psychological autopsies of some mass murderers in school settings often reveal that the perpetrator(s) was (were) a victim of bullying.

Many suicides are directly related to agonizing bullying. The tragic consequences of bullying should lead us all to say: Enough is enough.

HUSKERS ARE HIT AT CHILDREN’S MENTAL HEALTH EVENT!

We are extremely grateful to Jessie Gardner, Life Skills Coordinator at UNL for her support of children’s mental health activities. Through her persistent efforts, three members of the Cornhusker football team attended and participated in activities at the Champions Fun Center in Lincoln. Three remarkable young men, Alonzon Whaley, Will Compton, and Stanley Jean Baptiste were the absolute “hit of the party” at a social/recreational event for the kids and their families. Activity leaders and attendants universally remarked how grateful they were for the way these young men comported themselves, and in the way they made the kids feel good about themselves. Many touching anecdotes emerged and one caught my attention. One young man could not participate in one of the fun activities due to some limitations, so one of the Huskers went on the ride with him, making it possible for the child to do something he had never done before. My deepest appreciation goes out to Ms. Gardner, the UNL Athletic Department, and the young athletes. And we say to the young men: you may never know how much impact you had on these kids, but I assure you that none of them will ever forget that on one beautiful day in June they were accepted by Husker football players. Wow! Beats the heck out of being bullied!
E very May is designated as “mental health month” by the National Federation of Families for Children's Mental Health, and one week of that month is devoted to focusing on the mental health challenges and happenings regarding children’s mental health.

To increase public awareness of this critical subject, Parent to Parent Network annually produces a local event for families in the region. Additionally, we also participate in the statewide celebration held in Lincoln.

Ta-Ha Zouka Park in Norfolk was the site designated “Children’s Mental Health Awareness Pot Luck Picnic”. This well attended on Friday, May 11 and ended about 8:30. A dozen or more children were in attendance with ages ranging from in strollers. 41 people attended the event, families participating in such an event are with a very positive experience. Comments “I like that it's a regular event”, “family great!”, “kids had fun in the park, and in “there was lots of food”, “I enjoyed the fellowship”, and many other statements of support for the event.

To make folks aware of this event, flyers were distributed electronically and throughout the area. Staff took them with whenever they travelled. All clients and former clients were contacted and invited. All service providers and other resources were also contacted. Ads were placed in the Norfolk daily newspaper.

“Bullying Stops Here” Theme of Statewide Celebration

Approximately 500 parents, children, family members, and staff attended the Statewide children's mental health celebration in Lincoln June 1—3. The event was sponsored by the Nebraska Federation of Families for Children’s Mental Health with contributions from Parent to Parent Network, and other family organizations throughout the State.

A motorcycle caravan crossed the State to highlight the issue, and to gather letters to the Governor to urge continued support of programs and services for children and their families. The letters were delivered to representatives of the Governor's office on the steps of the Capitol building. The caravan stopped in every major town in Nebraska, including Norfolk. They visited a variety of service providers, such as residential treatment, group homes, etc.

Buses provided by the organizers provided transportation to families across the State, making attendance possible for some that would not have otherwise been possible. Three University of Nebraska student-athletes from the football team attended the event courtesy of UNL. Candy Kennedy, Executive Director of the Federation remarked, “This event was successful on many levels, one of the most important of which is the collaboration that occurred between my office and the Family Peer Support organizations of Nebraska.”
A well-deserved “People’s Choice” Award was given to Candy Kennedy, Executive Director of the Nebraska Federation of Families for Children’s Mental Health (NFFCMH) at a behavioral health conference in Lincoln. The statewide Behavioral Health Conference, entitled “Success, Hopes, and Dreams 2012” brought service providers, consumers, and State leaders together for training, fellowship, and networking. Attending from parent to parent were: Robert Gereaux, Tonda Cranor, and James Horn.

Executive Director Robert Gereaux commented, “No one was more deserving than Candy, and it is so appropriate that she would win the “People’s Choice Award”, since she has located her mission about and within families struggling to find answers regarding behavioral health issues”. “I’m proud to have nominated her for this award, and even prouder to know her”. Candy has been instrumental in helping assure the very existence of family organizations like Parent to Parent Network and we all owe her a debt of gratitude”, added Gereaux.

Known for her commitment and compassion, Kennedy has strived to improve the lives of children and families, and has brought the conversation about services to life in Nebraska. She sits on several governmental committees and workgroups, and has been the recipient of numerous awards. Kennedy poignantly shares her struggles to find help for her son and seems almost tireless in her work to assure that families don’t have to suffer as she once did. Those who know her are struck by her knowledge and skills, not the least of which is to engage whomever she contacts with cheer and value.

The two-day conference featured keynote speaker Patricia Deegan, Ph.D., known for her work with disability rights. She is an adjunct professor at Dartmouth College School of Medicine and at Boston University Sargent College of Health and Rehabilitation Services. She is the creator of the Common-Ground, a web application to support shared decision making in psychopharmacology consultation.
PARENTING CLASSES

Parenting classes were provided by James Horn, Kimberly Dye, and Tonda Cranor utilizing the “Active Parenting Now” curriculum. James provided one class in Spanish Language version. Tonda has begun a class utilizing the “Love and Logic” curriculum.

FAMILY SUPPORT GROUP

Family support groups were held in Norfolk on a monthly basis. The June group will be a picnic at Parent to Parent and outdoor showing of the movie E.T. About 15 people on average attend this monthly event. For more information contact Teri or JoAnn at 402-379-2268.

CLINICAL CONSULTATION

Since Advocates often encounter situations requiring thoughtful consideration, Parent to Parent Network has expanded support available to the staff. Skie Peltier-Anderson, M.A is retained on a contract basis to provide consultation and training services to the staff. We’re fortunate in that she is housed in the same building as our program, so communication is exceptionally easy! Skie is a graduate of the University of South Dakota, holding a Master’s degree in Counseling. She is licensed in the state of Nebraska. Skie also has significant experience working as an Advocate, so brings with her very useful understanding of our functions.

DIRECTORS MEETING

Executive Director Robert Gereaux attended a meeting of Nebraska peer support family organizations’ Directors on June 18 in Kearney. Contracts for the next fiscal year were discussed, and the group also met with Candy Kennedy, Executive Director of the Nebraska Federation of Families for Children’s Mental Health. There are six family organizations that contract to provide family peer support services in Nebraska.

TRAINING

Tonda Cranor and Robert Gereaux recently authored and produced a training video entitled “Advocate Strengths” that was used for a recent training of Family Advocates across the State. The one hour video highlighted critical skills needed for effective advocacy. It will be used to train all new Advocates in Nebraska. Anyone wishing to view the video should contact Robert at 402-379-2268. Plans are underway to produce a video simulating typical situations an Advocate might encounter, to be used as part of new Advocate training at Parent to Parent Network.

STAFF CHANGES

Family Advocate Andrea Prior resigned her position in April to become a case worker for Nebraska DHHS. Her skills and experience will be missed, but we wish her well with her new job.

CFSR

Teri Schlecht, Family Services Coordinator continues to participate in quality assurance activities for Nebraska DHHS. She participates in file reviews to monitor services provided and assure quality of care is provided by DHHS.

COMMUNITY ACTIVITIES

Parent to Parent Network staff participate in a cacophony of community activities and organizations. Here are just some examples: Cliff Hogancamp and JoAnn Pieper are active in the League of Human Dignity ADA group. Tonda Cranor and Teri Jarecki-Schlect are active in the Norfolk Family Empowerment Council. James Horn participates in the Norfolk System of Care group. Kim Dye has provided volunteer services to the Food Pantry in Norfolk. These are but examples. If an organization is interested in learning more about us, or would like to involve the family voice, contact Robert at 402-379-2268.

“Action expresses priorities.”

Mahatma Gandhi
Medicaid Clients Urged to Enroll in Health Plans

More Medical Providers Being Added

Lincoln – Medicaid clients in 83 Nebraska counties have until June 26 to enroll in one of two expanded Medicaid Managed Care health plans and choose their primary care provider.

More providers are being added to the Arbor Health and Coventry Care health plan networks every day. Medicaid clients are urged to see if their medical provider is listed and then select one of the health plans.

Clients can get updates by checking the health plan websites at www.arborhealthplan.com and www.CoventryNebraskaMedicaid.com. Clients without access to a computer can call the Medicaid Enrollment Center toll-free at 1-888-255-2605 from 8 a.m. to 6 p.m. (CDT), Monday through Friday.

Medicaid clients in 10 southeast Nebraska counties are already enrolled in Managed Care and are not affected by this change. These counties are Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward and Washington. All other 83 counties are moving to managed care effective July 1, 2012.
CHILDREN’S MENTAL HEALTH RESOLUTION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

Adopted by the APA Council of Representatives, October 2003

(For ease of presentation the term child is used to refer to infants, children, and adolescents.)

Whereas psychology has been in the lead in demonstrating the importance of mental health in child development (Burns, Hoagwood, & Mrazek, 1999; Coie et al., 1993; Mrazek, & Haggerty, 1990; Marsh & Fristad, 2002; Wolchik & Sandler, 1997);

Whereas psychology is committed to providing the highest quality mental health care to children based on the best available evidence derived from ecologically valid research and evaluation of promotion, prevention, and treatment interventions (Biglan, A., Mrazek, P. J., Carnine, D., & Flay, B. R. 2003; Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. 2003; Weisz, J.R., Jensen, A.L., & McLeod, B.D. in press);

Whereas there are various types of useful evidence of the effectiveness of interventions, including clinical consensus, program evaluations, research using randomized experimental and quasi-experimental designs, single-subject designs, and successful replicated demonstrations of effectiveness in real world settings (Chamberlain, P., & Smith D.K. in press; Durlak, J. A. & Wells, A. M.1997; Durlak, J.A., Wells, A.M., Cotton, J.K., & Johnson, S. 1995). For the purposes of this document, "evidence-based practice" involves the integration of best research evidence with clinical expertise and patient values (Institute of Medicine, 2001);

Whereas psychology has taken a leadership role in developing mental health promotion, prevention, and treatment interventions that meet high standards of effectiveness (Christopherson, E. R. & Mortweet, S. L. 2001; A. E. Kazdin & J. R. Weisz, Eds., 2003);

Whereas there is inadequate access to appropriate evidence-based promotion, prevention, and treatment services for children with, or at risk for, mental disorders (Paavola, 1994; Weisz, Donenberg, Han, & Weiss, 1995);

Whereas stigma regarding mental health imposes risk for children, and impedes understanding of mental health issues and access to needed mental health services (Corrigan & Lundin, 2002);

Whereas there is a disparity of access to appropriate evidence based promotion, prevention, and treatment services based on poverty, ethnicity, race, and special needs of children (Leong, 2001; Rollock & Gordon, 2000; U.S. Department of Health and Human Services, 2001);

Whereas there is inadequate financing for culturally competent, appropriate, evidence-based promotion, prevention, and treatment services (Bazelon Center for Mental Health Law, 1999; Sturm et al., 2000);

Whereas there is a need for increased research on the translation of evidence-based practices into promotion, prevention, or treatment services that are appropriate for children, families, schools, and communities in real world settings (Burns, 1999; Burns & Friedman, 1990; Burns & Hoagwood, 2002; Clarke, 1995; Kazdin & Weisz, 1998; Schoenwald & Hoagwood, 2001);

Whereas there is a need for increased research on the effectiveness of promotion, prevention, and treatment services for children, families, schools, and communities that are developed by practitioners dealing with problems and varied contexts in the community (Weisz, Donenberg, Hans, & Weiss, 1995);


Whereas there is a shortage of trained providers to deliver culturally competent evidence-based promotion, prevention, and treatment services for children (U.S. Department of Health and Human Services, 1999; U.S. Public Health Service, 2000);

Therefore, bit resolved, that:
The American Psychological Association (APA) take a significant leadership role to support and advocate that it
(APA resolution continued) is every child's right to have access to culturally competent, developmentally appropriate, family oriented, evidence-based, high-quality mental health services that are in accessible settings.

APA take a leadership role in ensuring that the utilization of promotion, prevention, and treatment interventions for child mental health meet the highest standards of available evidence.

APA collaborate with other organizations, consumers, and policy makers to develop and implement a primary mental health care system for children that integrates culturally competent, evidence-based, high quality, promotion, prevention, and treatment services for children, families, schools and communities.

APA provide leadership, support, and advocacy for basic and applied research to develop culturally appropriate knowledge on the promotion of mental health and the prevention and treatment of mental health problems, to translate findings from research into effective services and to evaluate services that are developed at the community level.

APA support and advocate for developing adequate funding sources that are coordinated and efficient for supporting a primary mental health care system.

APA support, advocate, and provide leadership for education and training that builds upon culturally competent, evidence-based promotion of mental health and prevention and treatment of mental health problems for all children, and reduces economic, racial, ethnic and gender disparities.


Don’t forget to sign up to get the newsletter electronically by emailing JoAnn at jpieper@parent-parent.org

If you no longer want to be on Parent to Parent’s newsletter mailing list please contact JoAnn at 402-379-2268 or jpieper@parent-parent.org
Parent to Parent Network is a private, non-profit, community based organization devoted to strengthening families. Organized in 1998, the program has grown substantially through the years, including the provision of outreach services to several communities in Northeast Nebraska.

We hire people who are or have been primary care-givers for children with behavioral health, emotional, or school issues. Our Advocates are trained to help, but their strength lies in having “been there”, and having found ways to navigate the systems affecting their child.

We charge no fees for our services. We’re members of the Nebraska Federation of Families for Children’s Mental Health and the National Federation with the same name.

Services are provided confidentially. The philosophical underpinning of our organization is “Family Centered Practice”. No one has more expertise about the family than its members. You determine what services you want. We may make suggestions, but you have the final say!

Advocacy on behalf of the families we serve is an integral part of the services we provide. We look upon those to whom we advocate as being partners rather than opponents. We prefer what we call collaborative advocacy. We know that our families are best served when we make and strengthen partnerships with other helping organizations. Our advocacy is done with regard for one overriding principle: that the family voice be heard.

AFFILIATIONS

Parent to Parent Network is affiliated with the Nebraska Federation of Families for Children’s Mental Health

Members of:
National Alliance for Mentally Ill (NAMI)

OUR WEB ADDRESS IS:
WWW.PARENT-PARENT.ORG

Staff:
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Cliff Hogancamp, Information Systems Specialist
Kimberly Dye, Family Advocate
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Tonda Cranor, Family Advocate
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