

# Unhealthy Drinks For Kids



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One of the more disturbing trends I see today in treating kids and teenagers with mental illness is the amount of high sugar and high caffeine drinks they consume. From "regular" soda to the more popular "energy drinks," this alarming trend has been evident in our clinics and ER's nationwide.

The bottom line is that these drinks are marketed towards kids and teens. With names like "Rock Star," "Red Bull," and even "Cocaine" companies are marketing products towards kids and teenagers.

Sodas, energy drinks, and coffee are dangerous for kids for two main reasons: caloric/carb intake and caffeine intake. The large amounts that kids are drinking is a concern to parents and physicians alike. Just one Extra Large soft drink from your favorite convenience store or fast food restaurant contains as much high fructose corn syrup (i.e., sugar) and calories as EIGHT PIECES of white bread. With America's youth obesity and Type II diabetes at epidemic proportions, it is essential that these type of drinks be monitored closely and used in moderation, if at all. In addition, kids with behavioral issues such as ADHD should not consume large amounts of sugar.

Caffeine in excessive amounts has led to heart palpitations, arrhythmias, and "Caffeine Toxicity," a state of racing heart and extreme sickness often requiring hospital visits. ER's across the country have seen a rapid rise in caffeine related visits, including from children under 10. While a small amount of caffeine is safe for most adults, the cardiovascular and nervous systems of children are not equipped to handle large amounts, even just ONE can of some energy drinks. Kids with ADHD are especially susceptible to the behavioral manifestations of these types of drinks. Coffees and Teas also contain large amounts and are not recommended for children. I inquire about these with every patient and parent I treat.

Parents should monitor what their child are drinking and switch to water, DIET/CAFFEINE FREE soda (if any at all), and small to moderate amounts of 100% juices in order to keep their kids mentally and physically healthy.



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[www.forthethechildrenmo.org](http://www.forthethechildrenmo.org)

## Do You Know?

- ☠ 61.1percent of Missouri youth, ages 12-18 have drank alcohol?
- ☠ The alcohol industry made \$197 million profit from underage alcohol consumption in 2005?
- ☠ One out every three alcoholics is an adolescent?
- ☠ Half of the deaths of 15-24 years are related to alcohol?
- ☠ On average, Missouri youth are three to sevenpercent higher than the national average for underage drinking?

As you read the statistics above, you probably were shocked to learn that underage drinking is such a problem across Missouri. Unfortunately, it is true and the consequences can be devastating for our communities. Luckily, the issue is being addressed across the state in a variety of ways. Pathways CBH Inc. through the Pathways to Prevention Department is actively working with many community coalitions to implement services, activities, and programs for our youth to prevent, reduce, or delay underage drinking. Through a State Incentive Grant and using the Strategic Prevention Framework, the community coalitions are forging new partnerships and creating a network that "wraps around" the youth and increases their ability to make healthy life choices. If you or your local community group would like more information about the services offered through Pathways to Prevention, please contact our department at (660) 885-8131 and ask for Tina Williams.

# ADVISOR

*“With you every step of the way.”*

September 2008

By: **Suzanne Taggart, MAW, CLEW & Dennis Canote, MSW**  
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Do you remember touring the futuristic exhibits of TomorrowLand at Disney Land or Disney World, where making a phone call meant you could see your grandma as you spoke with her? As children, our minds raced, imagining actually using this great technology during our lifetime. Well, fast forward to 2008 and visualize your local mental health center colliding with George Jetson's world and you have telepsychiatry.

This past January, Pathways Community Behavioral Healthcare, Inc. began delivering psychiatric services via telecommunications systems that enable two-way interactive 'real-time' communication between the patient and the doctor. Telepsychiatry is not new, but it is new to rural Missourians. It is rapidly becoming an effective way to deliver high-quality mental health care to under-served areas that do not have easy access to specialists. George Hardester receives telemedicine services and comments that getting to the new day and age and using new technology helps to save money on gas.

While it had been an accepted practice that doctors might spend up to three hours per day on the road to reach remote clinic sites to see their patients, things are beginning to change. By utilizing the latest technology and medical assistants located on site, doctors can deliver many more hours of service in a single day to offices further and further away. Dr. Nigar Sultana agrees, "Telepsychiatry helps to provide service to people who need to see a doctor and might not have transportation to get there otherwise. It allows us to provide service to many more areas." Joe Jeffers, foster parent of a participating youth explains, "It's the only doctor in our area unless we drive, so we like it."

So what does this doctor's appointment look like? When patients arrive for their appointments in remote locations, they meet with a Medical Assistant or case manager who plays an important role by taking vital signs and educating patients about their upcoming session. The patient sits in front of a large computer screen where they speak directly to the psychiatrist and answer questions during the medication management appointment. The Medical Assistant or case manager is available during the appointment to assist in sharing information and facilitating the interaction between patient and psychiatrist.

Only periodic face-to-face encounters will be necessary for patients with certain diagnosis or limited sensory abilities that might make telepsychiatry an inappropriate choice. Some of the benefits of telepsychiatry include improved access and more timely appointments becoming available as a result of reduced travel time by psychiatrists. Risks associated with extensive driving will also be reduced. Telepsychiatry makes use of electronic medical records, considered essential for effective management of information.

A recent grant has provided funds for Pathways to upgrade telephone lines in order to achieve the quality of transmission needed to provide this service to under-served areas. MO Health Net, (previously Division of Medical Services), and many managed care companies will now reimburse providers for telepsychiatry services. Pathways is also in the process of connecting to Missouri Telehealth Network (MTN) which will connect us to over 150 other organizations including all the Federally Qualified Health Centers (FQHCs) in the state. Nine Pathways clinics already have the necessary wiring upgrades and equipment to provide telepsychiatry. More clinics will be added in coming months with a second grant. Stay tuned for progress updates and discussion of new issues as we learn more from the increased use of telepsychiatry.



Dr. Nigar Sultana (seated) and Dr. Kaleem Syed, consult on a current telepsychiatry session.



*“Telepsychiatry is not new, but it is new to rural Missourians. It is rapidly becoming an effective way to deliver high-quality mental health care to underserved areas that do not have easy access to specialists.”*

# Pre-Teen Suicide



By: **Sylvan E. Ward MS, LPC, CASAC**  
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I, like many other adults, tend to look back at my adolescent preteen years as a carefree time when the stressors of life were non-existent. However, recently I have come to realize that those years were turbulent times filled with self-doubt, fear, uncertainty and a range of emotions that I was just learning to cope with. There was the stress of social acceptance and academic performance as well as learning to manage family events like: moving, divorce, death of family members, etc. What brought about this objective look at my childhood? The recent articles and news reports on "Bullycide," "Cyberbullying," "Suicide Pacts," "Copy Cat Suicides" and the recent jump in the suicide rate among preteens -- at its highest level in 15 years -- has raised my awareness that adolescent preteen years are not as carefree as I would have liked to remember.

Like other parents I want to think of my children as stress-free, happy and confident, but the reality is that adolescent years are full of challenges and transitions and young people can be especially vulnerable to self-destructive emotions. For many, suicide may appear to be a solution to their problems. Thousands of young people commit suicide every year, making suicide the fourth leading cause of death for juveniles older than age six. The death of a child is one of the most tragic experiences a family can go through and can be especially severe when it is the result of a suicide. Suicidal behavior among adolescent youth is often a complex and impulsive reaction to specific circumstances rather than an actual wish to die. While much emphasis has been placed on the teen years, parents need to be especially vigilant in their child's adolescent years to identify the risk factors and signs that may indicate the possibility of suicidal thoughts.

Adolescent suicide is a multidimensional and complex problem and parents are bound to have trouble understanding the confusing signals. While there is no single factor or indicator but any combination of the following should be a concern. Factors that tend to increase the risk of suicide include:

- **History of mental illness. (Mood disorders (e.g., depression) and substance abuse are among the most common. A combination of depression, substance abuse, and lowered impulse control is often a fatal combination.)**
- **Family dysfunction and relationship problems.**
- **No available model of healthy coping techniques from which to learn. (This can lead to difficulty dealing with the problems of life. e.g., breakup of a romantic relationship, failure in school, witnessing family turmoil.)**

Indicators to look for include:

- **Unhappiness**
- **Gradual withdrawal into helplessness and apathy**
- **Isolated behavior**
- **Drop in school performance**
- **Loss of interest in activities that formerly were sources of enjoyment**
- **Feelings of worthlessness, hopelessness, helplessness**
- **Fatigue or lack of energy or motivation**
- **Change in sleep habits**
- **Change in eating habits**
- **Self-neglect**
- **Preoccupation with sad thoughts or death**
- **Loss of concentration**
- **Increase in physical complaints**
- **Sudden outbursts of temper**
- **Reckless or dangerous behavior**
- **Irritability; restlessness**
- **Obsession with death**
- **Poems, essays and drawings that refer to death**
- **Dramatic change in personality or appearance**
- **Irrational, bizarre behavior**
- **Overwhelming sense of guilt, shame or reflection**
- **Giving away belongings**

Adolescent suicide remains an especially tragic problem because lives are lost just as they're really beginning. Children who talk about suicide often commit suicide. Therefore, all discussions regarding suicide should be taken seriously. If there are suicidal factors or indicators and you have any concerns that your child may be considering suicide please seek help. While I still like to remember my childhood as untroubled, I am aware that were times of stress and that children are especially susceptible to the pressures of life that can lead to suicidal thoughts. For more information about suicide prevention visit [www.yellowribbon.org](http://www.yellowribbon.org) or [www.afsp.org](http://www.afsp.org).

# Are you ready?

By: **Theresa Presley, MSW**  
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The transition from August to September can be difficult for children and parents. Even children who are eager to return to school must adjust to more activity, structure, new teachers, new classmates and new routines.

Each transition into a new school year is greeted with mixed feelings of excitement, fear and anticipation. It is an adjustment not only for the child but the family as a whole. Sleep schedules must be rearranged; eating schedules adjusted; homework done and checked and curfew rules enforced. The list goes on and on. The entire family must make a transition!

The degree of adjustment depends on the individual child and family but parents can help by doing a little planning, being realistic, being consistent and modeling a positive attitude. Going back to school doesn't have to mean homework fights and bedtime protests. A big part of a successful school year is establishing a routine which usually becomes non-existent over the summer months.

Start by having a family meeting. Let your child participate in designing the rules and routine and focus on the following areas:

✓ **Bedtime:** Create and enforce a bedtime schedule. Warning! This is not for the faint of hearts. For the majority, this may not be easy but your efforts will be well worth it.

✓ **Eating Schedules:** Over the summer months, my family eats later and later and we often fend for ourselves. During the school year, make it a habit to sit down as a family for dinner. It is a wonderful way to connect as a family and learn what happen during the school day.

✓ **Homework and curfew:** Sit down with your child and discuss the rules: Is the TV allowed on? What time is homework started? What are the time limits on video games? What is the curfew on school nights?

✓ **Mornings:** Make it a habit to get outfits laid out, backpacks ready, and lunches prepared the night before to create a more positive experience in the morning.

Finally, it's easy to remember children's physical needs when getting ready for back to school but their mental and emotional needs may not be as obvious, but they are just as important. Spend time each day talking to your child about what happened in school.

As parents we know that anxiety and stress about starting school is normal and will usually pass in a few days or weeks but if your child continues to appear anxious or stressed, you may want to seek help. Talk to your child's teacher. If problems persist, consider a referral to a mental health professional. Remember, with a little planning, a lot of consistency and a positive attitude, your family can make a smooth transition into another successful school year.



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# To Be Or Not To Be - A Bully



By: **Dee Overton, RN**  
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**B**ullying behavior affects nearly 30 percent of youth in the United States, either as victims of a bully or as participants. Some of my more vivid memories of childhood are associated with bullying. In elementary and middle school, I was often a victim of bullying.

Later in high school, I am ashamed to say, I bullied a young man who had previously considered me a friend. The bullying I endured ranged from name calling and taunting to acts of violence. I used to wonder what I did to cause such contempt, but I am now pretty sure I know. I was somewhat immature,

distractible, impulsive, emotional, imaginative, clumsy, and overweight. I loved to interact with my teachers and related poorly to the majority of my classmates. To put it simply, I was different. I stood out from the crowd and not

in the way you want to stand out. It took years for me to figure out that my differences were not truly the cause of the bullying it simply made me a target.

A child who bullies often does so to exert coercive control over others. Because of this need for control, they are likely to target those who will be easiest to control: children who have few friends, are smaller, weaker, or otherwise unable to defend themselves. These same children who are targeted are likely to fearfully tolerate the behavior, rather than reporting it to authority figures, and will often assume responsibility for the conflict. The bully is often, but not always, the victim of some sort of abuse or lives in an unstable or chaotic family environment. Bullying is sometimes considered a normal process in childhood and adolescence. Dealing with a bully is often portrayed as a right of passage in television and movies. At the climax, the victim often triumphs over the bully, befriends or vanquishes him, then lives happily ever after. In reality, the emotional harm done by bullies is often severe and long lasting. Ongoing vic-

timization can cause low self esteem, depression, anxiety disorders, and substance abuse. It has even been linked to acts of violence and suicide.

If you believe your child is being bullied, respond to your child in a positive and accepting manner. Assure them that what is happening is not their fault. Question them as to the nature of the bullying. If you believe your child to be in imminent danger, you will need to contact school authorities or perhaps law enforcement: Discuss with your child how they would like to handle the situation. Find out from him what has been tried and what has been effective. Encourage your child to be assertive, but not to fight back. Help them to recognize a support group of classmates and school staff members. (Bullying often occurs when the victim is isolated from others). Reinforce that it is okay to seek help from a teacher, coach, or other adult.

If you believe your child is bullying other children, question your child concerning the reasons behind the behavior. Set firm limits to bullying behavior and enforce the limits set. If the bullying behavior persists, seek professional help. The school counselor may be an appropriate first step in finding resources



for helping your child. If you believe your child to be at imminent risk of harming others, then you should immediately contact a mental health professional. Children who bully

are not bad kids; but, often there are underlying problems which need to be treated.

Back to the young man I bullied. For the sake of this article I'll call him Ron. Ron was a lot like me: he was overweight, did not have a lot of friends and just didn't seem to fit in with the "in crowd" in our high school. Through our freshmen year I discovered football and started to run with a different crowd. My relationship with Ron disintegrated. We went from being running buddies to being mere acquaintances. At some point -- why I don't know, probably to impress my new friends -- I began to greet him with a punch in the arm. One day he stood up for himself and told me he would not be anyone's punching bag. I responded by knocking him to the ground, laughing at him, and having little to do with him throughout the rest of high school. I have been disgusted with my behavior ever since. I still see Ron from time-to-time and I hope to someday let him know how sorry I am to have hurt him and to tell him that the error was mine, not his.

# Reflections on ... GUILT



By: **Dee Kempker, CASAC**  
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**T**here is a famous line taken from a book by Erich Segal called "Love Story," which was later made into a movie. The quote is "Love means never having to say you're sorry." I remember how often this line was quoted as being the ultimate definition of love. Yet, being the skeptic that I am, I always thought that definition was a bunch of hokey. No matter how much love we have for someone, we are still human and as humans, we make mistakes. Love means you better darn well say you're sorry or the relationship isn't going to last very long. Of course, you should try not to hurt those you love, or anyone else for that matter, but it happens whether it is intentional or not.

When you do hurt someone, you also hurt yourself, because most of us have a conscience that tells us right from wrong. When we do wrong, guilt sets in. If the guilt isn't resolved, it can nag at us for years and follow us around like a ball and chain. Sometimes guilt can cause us to make unwise decisions, such as allowing others to take advantage of us because we feel like we need to be punished for our bad behavior. Other times guilt can be a motivation for change to better our lives. By vowing to do the right thing, we set ourselves up for a clear conscience and a guilt-free life. Now this may sound like a pie in the sky idea, but it is certainly not a new one. The Catholic Church has long held that confession is good for the soul and confessing your sins or wrong actions to a priest shows that you are acknowledging your mistakes and asking forgiveness for them. Making amends is so important for recovering alcoholics, that Bill W. and Dr. Bob included it in the 12 steps of Alcoholics Anonymous. They knew that guilt could lead to relapse and that in order to remain sober, you have to clear your conscience and open yourself up for a spiritual awakening. We have to clean up the past before we can start a new future.

Sometimes, it takes years for us to clean up the past. I'll never forget an incident that happened a few years before my mother died and she lived to be 90. She and my sister had been visiting me at my home in Sedalia and were getting ready to leave. As we stood outside by the car, saying our goodbyes, my mother turned to me and said, "Do you remember the time when you were 15 years old, and I slapped you? I have been sorry for doing that all these years and I wanted to say I'm sorry." I was so surprised that she still remembered that slap. I was a bratty, rebellious 15-year-old who deserved to be slapped in order to wake me up and call attention to my bad behavior. I had forgotten all about it until she brought it up that day. But she carried the guilt of that slap for 35 years. Wonderful mother that she was, she still questioned her actions and parenting skills. Today, the more I think about it, it was I who should have apologized to her for causing her all that worry and grief.

As I reflect on my own behavior with my children during their early years and even today, I can think of many instances where I was wrong and could have been a better parent to them. I still carry some of the guilt from those actions. Whether or not my children remember these times, I don't know. I guess I will have to ask them. Knowing my kids, they will probably make a joke of it and exaggerate it beyond all proportion. They will probably say that I have damaged them for life and they will have to seek therapy. But I hope they will say, as I truthfully said to my mom when she apologized for a 35-year-old slap, "Mom, I forgot all about that long ago."