SAP COUNTY COORDINATION UPDATE
March, 2016

Prepared by: PA Network for Student Assistance Services (PNSAS)
www.pnsas.org

PENNSYLVANIA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

Dennis Marion, Deputy Secretary, Department of Human Services, Office of Mental Health & Substance Abuse Services announced four key staff changes within the Department of Human Services, effective March 7, 2016:

Ellen DiDomenico, currently OMHSAS' Director of the Bureau of Policy, Planning, and Program Development, will transition to a new role as Special Assistant to the Secretary. In this position, Ellen will team up with OMHSAS Medical Director, Dr. Dale Adair, in the pursuit of Pennsylvania's Certified Community Behavioral Health Center (CCBHC) initiative. In addition, she will play an integral role in other initiatives related to better integration of behavioral health and physical health strategies, including medical homes. Ellen will also continue to work on other evidence-based practices and recovery-centric services and supports.

Sherry Peters has been appointed to fill the position of OMHSAS' Director of the Bureau of Policy, Planning, and Program Development. She most recently served as Senior Policy Associate at the National Technical Assistance Center for Children's Mental Health at Georgetown University. Prior to this role, Sherry was a Division Chief in OMHSAS' Bureau of Children's Behavioral Health Services, where she focused on policy, planning, and program development. Earlier in her career, Sherry held positions as Statewide Child and Adolescent Services System Program Coordinator (CASSP) and Student Assistance Program (SAP) Coordinator and Statewide Mental Health SAP Coordinator at OMHSAS. Sherry holds a bachelor's degree in Psychology and a master's degree in Social Work, both from Wilfrid Laurier University.

Shannon Fagan has been appointed to fill the position of OMHSAS Director of the Bureau of Children's Behavioral Health Services. Most recently, Shannon served as the Director of the Youth and Family Training Institute in Monroeville, PA. Prior to beginning at the Institute in 2008, Shannon worked as a Child and Adolescent Services System Program Coordinator (CASSP) in Westmoreland County; Child Life Specialist at Children's Hospital of Pittsburgh; supervisor of an early intervention program; and counselor for a foster care/ juvenile probation program. Shannon holds a bachelor's degree in Human Development and Family Studies from Penn State University, and a master's degree in Child Development/ Child Care from the University of Pittsburgh.

In addition to these three appointments, **Shanna Klucar** joined OMHSAS as Executive Assistant to the Deputy Secretary on January 30, 2016. Shanna comes to OMHSAS with over ten years of experience in the non-profit sector, specializing in communications, stakeholder engagement, policy, and development. She holds a bachelor's degree in Psychology from Millersville University and a master's degree in Social Work from the University of Michigan. Shanna's responsibilities will include fostering internal and external communications, facilitating project management, and cultivating relationships with our diverse stakeholders.

SAP BACK TO BASICS

Family Engagement

SAP teams across the Commonwealth routinely involve parents/guardians in the SAP process. They understand the significant role of parents/guardians in the decision-making process, as well as their active participation throughout the process. To enhance this important aspect, below is information on family engagement for your review.

There are many research-based reasons to increase family engagement in schools. Thirty years of research confirms that family involvement is a powerful influence on children's achievement in school. Research clearly points to a strong correlation between parent involvement and student achievement. When schools implement intentional and intensive parent and family engagement strategies, there is a significant rise in student achievement. *U.S. Department of Education, 1994. 2 Epstein, 2005; Furger, 2006; Henderson & Berla, 1994; Henderson & Mapp, 2002.*

Benefits of family involvement:

- Reduced absenteeism and drop-out rates.
- Greater occurrence of post-secondary education.
- Increase in homework completion.
- Increase in students' positive attitudes and behaviors.
- Improved relationships between home and school.
- Reduced conflicts.

Schools and families should engage in consistent, two-way, meaningful exchanges about student learning. This helps in establishing and maintaining healthy family/school partnerships. To increase family and community engagement:

- Be sure the first contact with parents is a positive one.
- Communicate with parents straightforwardly and simply, avoiding educational "jargon."
- Ensure that all parents have regular access to clear, concise, and easily readable information about their children's school and classroom.
- Ask parents to share their concerns and opinions about school, and then address those concerns.
- Accommodate parents' work schedules.
- Accommodate language and cultural differences.
- Vary the method of delivering correspondence such as using technology, sending letters home with students, or putting information on the school website.
- Establish regular, meaningful communication between home and school.
- Promote and support parenting skills.
- Encourage active parent participation in student learning.
- Welcome parents as volunteer partners in schools.
- Invite parents to act as full partners in making school decisions that affect children and families.
- Reach out to the community for resources to strengthen schools.

RESOURCES

9 Steps Parents Can Take to Curb Medicine Abuse, February 15, 2016 by Shannan Younger

With cold and flu season in full swing, the medicine cabinet sees a lot of attention, housing medications that are prescribed or available over the counter (OTC). Most people get the relief they need and put the drugs away without giving them a second thought. However, medicine abuse is on the rise so parents should know its dangers and take steps to ensure all household medicine is monitored and stored safely.

After marijuana and alcohol, prescription drugs are the most commonly abused substances by Americans age 14 and older. Teens and young adults are chugging cough medicine to get high, pilfering pills for ADHD to stay awake to complete homework, becoming addicted to opioid painkillers and even taking parents' medications in suicide attempts. In 2014, an estimated 267,000 adolescents between the ages of 12 and 17 and 978,000 young adults between the ages of 18 and 25 self-identified as nonmedical users of pain relievers, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services. "These numbers may not be epidemic, but they are alarming if you are a parent," says Frances Harding, Director of SAMHSA's Center for Substance Abuse Prevention.

In addition, approximately one in 30 teens reports using OTC cough medicine containing Dextromethorphan (DXM) to get high. "Prescription and over-the-counter medications are fast becoming the new 'party' drugs for many teenagers," says IdaLynn T. Wenhold, Executive Director of KidsMatter. "This is a critical area that parents need to become more aware of because current stats indicate that 66 percent of teens who report abusing prescription medications admit getting them from family and friends." There are many actions parents can take to address medicine abuse and keep their kids safe.

1. Parents should keep the lines of communication open and talk with their kids about medicine abuse. "We have documented over and over that young people, teenagers and young adults really do listen to their parents," says Harding. While parents have likely talked to their kids about saying no to drugs, not all kids see medicine as drugs and they fail to apply the same rules. Parents should specifically address medicine abuse with their kids.

   "Half of teens do not see a great risk in abusing prescription or OTC drugs since they are viewed as 'medicine' prescribed by a doctor. Teens believe that abuse of prescription and OTC medicines is safer than street drugs. Communication is the key to helping them understand the dangers of OTC drugs," says Wenhold. How parents talk to kids matters too. "It's critical for parents not to use scare tactics — but rather to equip kids to know the dangers associated with prescription and OTC drugs," Wenhold adds.

2. Safeguard medicine: Be aware of medications, amounts and ingredients. It's reasonable that people will have at least some medications that they keep in the home, and parents should be aware of what items are on their shelves. The experts say when it comes to medications, parents should monitor, secure and dispose. Take inventory of your medicines. Have a list of all medication in one place and keeping a list of the medicines and the quantity of each. She also recommends that parents remove medications from the obvious "medicine cabinets" and secure them in a lock box or safe.

3. If you don't need a medication, don't keep it. Dispose of it. The experts all agreed that parents should not keep unneeded medicines in their homes. While it is common for people to have more medication that they need, particularly with prescription medication, keeping it on hand "just in case" is not wise.

   Communities commonly offer opportunities like drug take-back days that make it easy to safely dispose of medications. Parents can find the nearest American Medicine Chest Challenge Disposal drop-off locations at, www.americanmedicinechest.com. Also, National Prescription Drug Take-Back Day, organized by the Drug Enforcement Agency, is April 30, 2016.

4. Parents should teach their kids to be informed patients. All medications have side effects, and teenagers taking medications should be aware of them and be informed about their treatment plan and the impacts, both good and bad, that medications can have.

5. Tell kids that sharing isn't okay, even with the best of intentions. Harding notes that many kids have the best intentions of helping a friend in pain when they share prescription medicines, but they need to understand that doing so is not okay.

6. Know the terminology. "CCC, skittling, robotripping, dexting are all terms that refer to abuse of OTC cough medicine and parents need to be aware," says Roberson. Be aware of what kids are talking about.

7. Know the symptoms of medicine abuse. In addition to obvious signs such as empty cough medicine bottles and missing prescriptions, parents should also be on the look-out for subtler changes, including declining grades, loss of interest in hobbies and favorite activities, and changes in eating and sleeping patterns. If your child is exhibiting symptoms, seek help. Be sure to share your suspicion with your child's primary care physician. You can find more information on treatment on the Partnership for Drug-Free Kids helpline and the SAMHSA treatment locator.

8. Monitor internet usage. Many parents track their children's online activities and typically keep an eye out for inappropriate content or oversharing, but online behavior can also tip parents off to a problem with medicine abuse. Parents should monitor online activity to ensure kids are not visiting one of the roughly 40,000 active rogue websites pushing counterfeit or otherwise illegitimate medicines to U.S. consumers, often without requiring a doctor's evaluation in accordance with U.S. state and federal laws. Kids can also visit websites or social media pages that promote medicine abuse, some of which even offer instructions on how to go about it and advice on achieving certain levels of highs.

9. Talk with other parents. "It's important that parents talk with other parents about OTC medicine abuse," says Roberson. Doing so is particularly important because kids often abuse medicine in their own home or their friends' homes, and hopefully those households are also taking steps to prevent medicine abuse, which is more likely to happen when it's a topic of discussion at school meetings, sports events, and other gatherings of parents.

Click here to access the full article on-line. Click here to access Pennsylvania drug take-back locations.

9 Tips for Talking With Kids About Alcohol, November 30, 2015 by Shannan Younger

When it comes to kids and alcohol, the news is mixed. The bad news is that 66 percent of kids have consumed more than just a few sips of alcohol by the end of high school, and over a quarter have done so by eighth grade, according to a clinical report by the American Academy of Pediatrics (AAP) published in September. The good news is that number represents a decline in the number of kids drinking, and research shows that kids are less likely to drink if a parent has spoken with them about not doing so.

Eighty percent of adolescents say their parents are the biggest influence on their decision to drink or not, according to the AAP. "Kids now are a little more forthright than we were," says Anne Murdoch, Evanston mother of two teens and a tween. "My perspective is that parents are more involved today than when we were kids."

These tips from the experts can help guide conversations with kids about alcohol.

1. Start early, by age 9. Parents should start talking with kids early, by age 9. That may seem young, but the AAP says that kids are very aware of alcohol by that age but also start to think positively about alcohol between ages 9 and 13.

2. Take drinking seriously. Underage drinking is something that parents should not just accept as a rite of passage given the risks that come with doing so. The AAP report shows that alcohol use is associated with the leading causes of death and serious injury at this age, including motor vehicle accidents, homicides and suicides. The adolescent brain is not fully developed until approximately age 22, and can be more vulnerable to the effects of drugs and alcohol. "Parents can't afford to treat teen drinking lightly," cautions Besson.

3. Connect with your child. "Showing your child you care may seem simple, but it's one of the best ways to keep your kids drug free," says Besson. "Simple gestures such as an unexpected hug, saying I love you every day, and being supportive of your child can help her to become a confident person."

4. Use your pediatrician as someone who can reinforce the message that kids should not drink alcohol. It's not just parents who are involved in the conversation with kids about alcohol. "Our pediatricians have open conversations with our kids about drinking and drugs, after they excuse parents from the room," says Murdoch. The AAP also urges pediatricians to discuss the dangers of alcohol use during visits with children as young as age 9 and throughout the teenage years.

5. Be prepared and take advantage of teachable moments. "You never know when your kid will open up," says Ralph Blackman, CEO of the Foundation for Advancing Alcohol Responsibility. "Always be armed with the right tools to keep the conversation going." "Our biggest piece of advice for parents looking to talk to their teen about not drinking underage is to be on their toes and look out for moments when you can chime in organically," he says.

6. Role-play with your kid. Besson says that when parents discuss possible scenarios with kids, it increases the likelihood that teens will make safe decisions.

7. Talk, and also text. Although face-to-face discussion about alcohol is essential, the experts suggest that text messages can also be a good way for parents to reinforce positive messages about making good choices, especially for kids who spend a lot of time on their phone. It's a good way to chime in even when kids are out for the evening. The Illinois Liquor Control Commission website offers several suggested texts, including "Be careful tonight. If your friends offer you a drink, just say you promised me no."

8. Model responsible behavior as an adult. Kids are watching, and they're likely to do as parents do, not as they say. "Parents need to model good drinking behavior. They shouldn't describe alcohol as something they need to relieve stress or have fun, and they should avoid drinking to excess in front of their children," says Besson.

9. Remember that each child is unique. What works with one child may not work with another, as kids from the same family often react to the conversation about alcohol differently, says Blackman.

Click here to access the full article on-line.

Dating Matters: Strategies to Promote Healthy Teen Relationships

Dating Matters: Understanding Teen Dating Violence Prevention helps educators, school personnel, youth leaders, and others working to improve the health of teens. Based on insights from teachers, this free, online, accredited course uses expert interviews, creative visuals, interactivity, and compelling storytelling to communicate the relevance of teen dating violence prevention to anyone working with youth. This training is designed for anyone interested in learning more about how to stop teen dating violence—before it happens. This training will take approximately 60 minutes to complete. Access the training and additional resources here.

Bullying Prevention Continuing Education Course

StopBullying.gov is proud to announce that the Bullying Prevention Continuing Education Course is now available! The free, self-directed training provides you with the tools necessary to promote bullying prevention research and best practices in your community. The course features the newest research on bullying prevention, quizzes throughout to test your knowledge and the ability to earn course credits quickly and easily.

After completing the course, you will be able to:

- Define bullying, the many forms it takes, and its effects.
- Discuss best practices in bullying prevention and responding to bullying.
- Highlight compelling examples of prevention strategies that work.
- Create an action plan and execute your community event.

Take the course, earn continuing education credit and make a difference! Earning course credit is as simple as playing the video and clicking the link that takes you to the post-course assessment once the video is complete. Discover your role in bullying prevention today! Click here to take the course.

FUNDING OPPORTUNITIES

Fiscal Year 2016 Grant Announcements and Awards
SAMHSA announces grant funding opportunities through Funding Opportunity Announcements (FOAs). Each FOA contains all the information you need to apply for a grant.

You should become familiar with all the components of the FOA before you apply. When you find an opportunity for which you would like to apply, be sure you meet all the eligibility requirements. To apply for a grant, you must register on Grants.gov.

TRAINING OPPORTUNITIES

Creating a Safe Space for LGBTQ Students
March 17, 2016
Presented by Louie Marven, Executive Director, LGBT Center of Central PA.
In this session, we will: work toward creating a common language around LGBTQ youth in schools; discuss the environment faced by LGBTQ youth in schools; and learn strategies for creating a safe learning environment for LGBTQ youth on individual and institutional levels. Register now.

Youth Mental Health First Aid
The Pennsylvania Department of Education, Bureau of Special Education is pleased to announce this training opportunity at:
PaTTAN Pittsburgh – May 2 & 3, 2016 (9 a.m.-1:30 p.m.)
Hershey Lodge and Convention Center – May 4, 2016 (8 a.m.-5:30 p.m.)
PaTTAN King of Prussia – May 11, 2016 (8 a.m.-5 p.m.)
PaTTAN Harrisburg – May 24 & 25, 2016 (9 a.m.-1:30 p.m.)

Youth mental health first aid is an 8 hour; introductory training designed to teach school teams the early-warning signs and symptoms of possible mental health issues of youth ages 12-18. This training event is being offered to school teams consisting of five members to ensure ample support is available to students. Suggested team members are listed below. Please note: You must register as a school team, individual registration is not available.

Target Audience:
This training is only open to LEA school-based teams consisting of FIVE members. LEAs are public, private, approved private and Charter schools. The five team members must include one or more of the following: classroom teachers, coaches, administrators, social services staff, bus drivers, volunteers, paraprofessional and/or family members.

Registration is NOT available on-line. To register, interested participants should contact:

- Pittsburgh - Kristen Olszyk, 800-446-5607 ext. 6848 or kolszyk@pattan.net or Dona Alvino, 800-446-5607 ext. 6870 or dalvino@pattan.net
- Harrisburg - Wendy Weary, 717-901-2273, wweary@pattan.net or Nikole Hollins, 717-901-2283 or nhollins@pattan.net
- King of Prussia – Debra Jordan, 800-441-3215 ext. 7224 or djordan@pattan.net or Amy Smith, 610-265-7321 ext. 7262 or asmith@pattan.net

PA Positive Behavior Support Implementers Forum, "Keys to a Successful PBIS Framework"
May 5-6, 2016
Hershey Lodge and Convention Center
Hershey, PA
Click here for more information and to register.

Services for Teens at Risk (STAR-Center) Conference
Friday, May 6, 2016
William Pitt Union, University of Pittsburgh Campus
Pittsburgh, PA
Go here for more information and to register.

Identifying Peer Abuse and Clearing the Haze: Eliminating Hazing from Our Schools Webinar, Center for Safe Schools
May 19, 2016 from 3:00-4:15 PM
Presented by Dr. Brian Crow, Professor, Sports Management, Slippery Rock University.
In this session participants will also be provided with a clear definition of hazing and identify how it is different from bullying. While most research on hazing has been conducted among college students, more recent studies have focused on hazing at the high school level. Strategies for teachers, administrators, coaches, students, and parents to recognize and eliminate hazing from schools will also be discussed. Register now

NEWS

Millions of young people in U.S. and EU are neither working nor learning
By Drew DeSilver, Fact Tank News in the Numbers, PEW Research Center, January 28, 2016
Teens and young adults were among the groups hit hardest by the global financial crisis. And while many young people have since regained their footing – as employees, students or both – there are still millions in the U.S. and abroad who are neither working nor in school. Though sometimes referred to as "disconnected" or "detached" youth, globally those young people often are called "NEETs" – because they are neither employed nor in education or training.

In 2015, there were nearly 10.2 million NEETS ages 16 to 29 in the U.S., or 16.9% of that age bracket's total population, according to a new Pew Research Center analysis of data from the Bureau of Labor Statistics. That represents a modest decline over recent years: In 2013, there were just over 11 million NEETs in the U.S., representing 18.5% of the 16-to-29 population, according to our analysis.

What does the nation's NEET population look like? According to our analysis of the 2015 data on 16-to-29-year-olds, they're more female than male (57% to 43%), and two-thirds have a high school education or less. Blacks and Hispanics are most likely to be NEETS: 22% of young black people ages 16-29 are neither employed nor in school, versus 16% of young whites. About 20% of young Hispanics are NEET.

Noting that “disconnected youth come overwhelmingly from communities that have long been isolated from the mainstream,” the researchers identified six factors associated with high rates of youth disconnection: high rates of disconnection a decade earlier, low levels of human development (as measured by an index combining health, education and income indicators), high rates of poverty and adult unemployment, low levels of adult educational attainment, and a high degree of racial segregation.

Click here if you would like more information.

The ACE Study Center for Disease Control and Prevention, Injury Prevention & Control: Division of Violence Prevention Centers for Disease Control.
The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.

The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.

Each study participant completed a confidential survey that contained questions about childhood maltreatment and family dysfunction, as well as items detailing their current health status and behaviors. This information was combined with the results of their physical examination to form the baseline data for the study. The prospective phase of the ACE Study is currently underway, and will assess the relationship between adverse childhood experiences, health care use, and causes of death.

More detailed scientific information about the study design can be found in "The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction", published in the *American Journal of Preventive Medicine* in 1998, Volume 14, pages 245–258.
Click here if you want to access this article on-line.

Teens and E-Cigarettes, National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.
Teens are more likely to use e-cigarettes than cigarettes. Past-month use of cigarettes was 3.6 percent among 8th graders, 6.3 percent among 10th graders, and 11.4 percent among 12th graders. Past-month use of e-cigarettes was 9.5 percent among 8th graders, 14.0 percent among 10th graders, and 16.2 percent among 12 graders. Two times as many boys use e-cigs as girls.

Teen e-cig users are more likely to start smoking- 30.7 percent of e-cig users started smoking within 6 months, while 8.1 percent of non-users started smoking. Also, 25.2 percent of e-cig users started smoking within 12 months, while 9.3 percent of non-users started smoking. Smoking includes combustible tobacco products (cigarettes, cigars, and hookahs).

What do teens say is in their e-cig? According to the study, 66.0 percent say “just flavoring”, 13.7 percent “don’t know”, 13.2 percent say “nicotine”, 5.8 percent say “marijuana”, and 1.3 percent say “other”. Manufacturers don’t have to report e-cig ingredients, so users don’t know what’s actually in them.

There is high teen exposure to e-cig advertising. According to the study, 7 in 10 teens are exposed to e-cig ads. Among middle school students, 52.8 percent are exposed to retail ads, 35.8 percent to internet ads, 34.1 percent to TV and movie ads, and 25.0 percent to newspaper and magazine ads. Among high school students, 56.3 percent are exposed to retail ads, 42.9 percent to internet ads, 38.4 percent to TV and movie ads, and 34.6 percent to newspaper and magazine ads.

Click here to access the full article.

Review article reinforces support for brain disease model of addiction.
January 28, 2016, NIH National Institute on Drug Abuse, The Science of Drug Abuse and Addiction.
The concept of addiction as a brain disease is still being questioned. The review article summarizes recent scientific advances in the neurobiology of addiction, including prevention and treatment strategies, as well as related developments in public policy.

The authors clarify the link between addiction and brain function, including: (1) the desensitization of reward circuits; (2) addiction's contribution to the increasing strength of conditioned responses and the brain's reaction to stress; and (3) the weakening of brain regions involved in executive functions. The authors describe three stages of addiction, including binge and intoxication; withdrawal and negative affect; and preoccupation and anticipation (or craving). Each stage is associated with the activation of specific neurobiologic circuits with behavioral responses and clinical consequences, characterized by people who continue to take drugs even though they are no longer pleasurable. The scientists also emphasize that the brain does not fully develop until a person's mid-twenties, making the adolescent brain less able to modulate strong emotions and desires.

The authors conclude that neuroscience continues to support the brain disease model of addiction. Neuroscience research in this area not only offers new opportunities for the prevention and treatment of substance addictions and related behavioral addictions (e.g., to food and gambling), but may also improve the understanding of the fundamental biologic processes involved in voluntary behavioral control.

For information on *Drugs, Brains, and Behavior: The Science of Addiction* click here.

For more information, contact the NIDA press office at media@nida.nih.gov or 301-443-6245.

Click here to view the full article on-line.

Fifty Percent of Teens Visiting Emergency Department Report Peer Violence, Cyberbullying
A study from Hasbro Children's Hospital has found that nearly 50 percent of teens seen in the emergency department for any reason report peer violence and nearly 50 percent also report being the victims of cyberbullying. Almost one-quarter of teens in the emergency department also report symptoms consistent with post-traumatic stress disorder (PTSD). The study, led by Megan Ranney, MD, MPH, shows that cyberbullying, physical peer violence and PTSD are common and inter-related, and that early identification and treatment are crucial.

Currently published online in *General Hospital Psychiatry*, the study examined 353 adolescents in the Hasbro Children's Hospital emergency department. Regardless of chief reason for emergency room visit, 23.2 percent of the teens reported current symptoms consistent with PTSD, 13.9 percent had moderate or higher depressive symptoms and 11.3 percent reported suicidal thoughts within the past year. The adolescents commonly reported physical peer violence (46.5 percent), cyberbullying (46.7 percent) and exposure to community violence (58.9 percent).

"PTSD in adolescents has been associated with long-term functional impairment, including poor physical health, academic failure and increased need for medical services," said Ranney. "But, despite the availability of effective treatment, PTSD is currently underdiagnosed, underreported, and undertreated, especially among children and adolescents." The study found that the PTSD symptoms strongly correlated with a variety of co-occurring risk

exposures, such as being a victim of cyberbullying or physical peer violence, exposure to community violence and alcohol or drug use. Few of the teens with PTSD reported receiving any mental health care in the past year.

"These results should serve as a reminder to parents, schools and physicians that these problems are prevalent in our community," said Ranney. "This study also highlights that teens with a history of cyberbullying or peer violence are more likely to have PTSD, which is a very treatable disease if properly identified and addressed." "Existing literature on PTSD in adolescent emergency patients describes its development after an acute assault or motor vehicle crash," said Ranney. "But, this study highlights the need for improved efforts at more standardized mental health evaluation, possibly even screening for PTSD regardless of the reason for a teen's visit to the emergency department."

Read this article on-line by clicking here.

Victimized Adolescents More at Risk of Thinking about Suicide or Attempting Suicide at 15

A study published in the February 2016 issue of *the Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP) reports that adolescents chronically victimized during at least two school years, are about five times more at risk of thinking about suicide and 6 times more at risk of attempting suicide at 15 years compared to those who were never victimized.

This is the first study to show a predictive association between victimization, suicidal ideation and suicide attempt in mid-adolescence. It also takes into account a variety of factors, including previous suicidality, mental health problems (by the age of 12 years) such as depression, opposition/defiance and inattention/hyperactivity problems, as well as family adversity.

The authors point out that although victimization predicts suicidality it does not necessarily cause it, and this prediction does not apply to all individuals. Only a minority of victims will later develop suicidal ideation or make a suicide attempt. Why these adverse experiences affect individuals remains to be investigated.

Adolescence is a crucial period for suicide prevention. As a result, the authors suggest that effective interventions may require a multidisciplinary effort involving parents, schoolteachers, principals, and mental health professionals. All adolescents, victimized or not, who think often and/or seriously about suicide should see a mental health professional such as a psychiatrist, a psychologist, or an accredited psychotherapist.

Read more here.