

SAP COUNTY COORDINATION UPDATE

May, 2017



Prepared by: PA Network for Student Assistance Services (PNSAS)

www.pnsas.org

PENNSYLVANIA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

“You Are Not Alone”: Pennsylvania’s 2017 Mental Health Awareness Fair

Wednesday, May 3, 2017, 10:30 AM – 2 PM

Strawberry Square, 320 Market Street, Harrisburg, PA 17101

Do you or a co-worker, friend, or loved one struggle with attaining mental health and wellness?

You are not alone! On May 3, 2017, boost your mental wellness through connection with others, and tap into a statewide community of support.

Presenters (Strawberry Square Atrium, 12 PM-1 PM):

[Representative Mike Schlossberg, 132nd Legislative District, Lehigh County](#)

Stompers Project unveiling ([Jana Marie Foundation](#)/ [Youth M.O.V.E. PA](#)

[NAMI-Southwest PA](#)

Personal Stories of Recovery

[Stephanie Grace](#)

Free Workshops (People’s Place Community Room, 2nd Level Strawberry Square, 11 AM-2 PM; no pre-registration necessary!):

[QPR Suicide Prevention Training, Pat Cambri: 11 AM – 12 PM](#)

[Tai Chi/ Michael Rothermel, Harrisburg Kung Fu Center: 12 PM – 1 PM](#)

[Guided Meditation, Cheri Roth, Spiritual Entry: 1 PM – 2 PM](#)

Exhibitors (Strawberry Square Atrium, 10:30 AM – 2 PM):

[Adult/Older Adult Suicide Prevention Coalition](#)

[PA Behavioral Health and Aging Coalition](#)

[Consumer Satisfaction Services](#)

[Daniel Vangeli Watercolors](#)

[Disability Rights Pennsylvania](#)

[Health Insurance Navigator Consortium](#)

[NAMI-Southwest PA](#)

[PA Peer Support Coalition](#)

[Pennsylvania Youth Suicide Prevention Initiative](#)
[PA Mental Health Consumers' Association](#)
[York Probation Services \(York Co. Judicial Center facility dog\)](#)
[Youth M.O.V.E. PA](#)

....And more!

This event is sponsored by the Pennsylvania Department of Human Services' Office of Mental Health and Substance Abuse Services, PA System of Care Partnership, PA Healthy Transitions Partnership, and Youth M.O.V.E. PA.

Suicide Prevention at the Ballpark Nights!

PreventSuicidePA and the Pennsylvania Garrett Lee Smith Youth Suicide Prevention in Schools and Colleges Grant are excited to announce the dates for our annual Suicide Prevention at the Ballpark nights. This year there will be a total of three games across the Commonwealth, and a portion of the proceeds from each ticket purchased through the links below will go to suicide prevention in Pennsylvania. The first game was held on April 22 in Philadelphia when the Philadelphia Phillies hosted the Atlanta Braves. Dates and ticket information for the remaining two games can be found by clicking on the following links.

May 19 – Pittsburgh (Pirates host the Phillies). For tickets visit www.pirates.com/stopsuicide

June 9 – Harrisburg (Senators host Binghamton). Click [here](#) to purchase tickets. Use code SPA17 and \$4 of your ticket price will be donated towards suicide prevention in PA.

All information and updates can be found at www.payspi.org/2017ballpark.

Watch the Awareness Day 2017 Live Webcast

Join the Substance Abuse and Mental Health Services Administration for the live webcast of the National Children's Mental Health Awareness Day event in Washington, DC!

The webcast ... also known as *Awareness Day Live!* ... is your chance to experience the interactive panel discussion taking place onstage, hear from Olympic medalists and Awareness Day 2017 Honorary Chairpersons Michael Phelps and Allison Schmitt and join the conversation via digital media.

During the event, you will receive step-by-step instructions on how to share your insights or submit questions for the panelists on Twitter using #HeroesofHope or through the webcast messaging portal. By participating in *Awareness Day Live!* you will be part of a national conversation about the integration of primary care and behavioral health for children, youth, and young adults with mental and/or substance use disorders and their families.

Consider bringing colleagues, friends, youth, and families together to watch the live webcast! Simply [register](#) and tune in Thursday, May 4 at 7 p.m.

SAP BACK TO BASICS

Data Collection and SAP

All students deserve a great education, one that affords every opportunity for them to grow into knowledgeable and successful adults. But every student has a unique background, unique strengths, and a unique path to college and a career. Everyone who has a stake in education—especially families and educators—needs the right data in the right format at the right time to serve our students along their unique journeys.

When students, parents, educators, child serving agencies, and partners have the right information to make decisions, students excel.

When used effectively, data on children's health and well-being can be a powerful tool to educate stakeholders, inform decision makers, and motivate and track improvement. Accomplishing these goals requires strategic communication of data results. Using data effectively is tantamount when planning the supports, supplemental services and programs in school to ensure student success.

For the Student Assistance Program (SAP) reporting - all students who were referred to SAP should be included in the reporting, even those referrals that did not complete the SAP process. After all SAP data is entered online via the PDE 4092, by all districts, the aggregate results will be available for schools to download and begin the process of digging deeper.

There are reports for each building, as well as district and state-wide SAP reports. Other than state authorized staff, only those with approved access from the district will be able to view the reports. The end of year SAP reports for your school can be accessed at the [SAP reporting site](#). The process of evaluating the end of year data should be established to review adherence to benchmarks and indicators for effective team functioning. This information can assist in making adjustments to services and strategies and assist schools in identifying areas for further training and support.

Here are some questions to guide the data review process, and remember you can always contact your Regional SAP Coordinator for assistance.

1. List the number of students referred.
2. List the three grades levels with the highest number of referrals.
3. Compare the number of male and female referrals.
4. What are the top 2 incoming referral sources? <ul style="list-style-type: none"> •Compare all of the categories of referral sources listed. •Does it appear that the SAP team/teams have done a good job of in-servicing/educating students, faculty, families, child serving agencies and the community about SAP? •Are there adequate numbers of referrals from school staff, students, and parents? •If answered “Yes” what strategies were used? •If answered “No” what strategies could be used to help in-service or educate others about SAP?
5. List the top three reasons for referral. <ul style="list-style-type: none"> •Does there appear to be a need for a specific training to be offered to the SAP team/teams and staff? •Is there a need to implement a new prevention/education program for students or education groups?
6. List the month with the most referrals? <ul style="list-style-type: none"> •Is there anything significant about this? (Is this the anniversary of any significant school event?) •Is this near the time of additional stress for students; i.e. tests, etc.?
7. List the total number of students that have been referred more than once this school year.
8. How many parents/guardians were contacted? <ul style="list-style-type: none"> •Compare the number of parents/guardians contacted to the number of contacts completed?
9. Review that outcome data of students who violated school D&A policy since current referral. <ul style="list-style-type: none"> •Is there a need for more support /prevention programs for those students who violated D&A policy since current referral? •Is the core team aware of the district’s current D&A policy? •Does the district’s D&A Policy need to be reviewed and/or revised?
10. List the number of parents/guardians that gave approval for the SAP process and compare it to the number of parents/guardians that refused.

<ul style="list-style-type: none"> •How are parents/guardians informed about the SAP program?
<p>11. List the number of parents/guardians that participated in the SAP process.</p> <ul style="list-style-type: none"> •How does this compare to the number of parents/guardians that gave approval for the SAP process? •List any strategies that the SAP team/SAP teams use that have been successful involving parents/guardians in the SAP process. •List any suggestions to help increase the number of parents/guardians participation in the SAP process.
<p>12. List the number of students that refused to participate in SAP.</p> <ul style="list-style-type: none"> •List any successful strategies that the SAP team has implemented to help increase the number of students that participate in the process. •If the number of student refusal is high, what strategies could the team implement to increase student participation? •Are all students informed or in-serviced about the SAP program? •How does the student population view the SAP program? •Has the team received training in this area recently?
<p>13. What are the two school services that are utilized the most?</p> <ul style="list-style-type: none"> •List all the in-school support services that are offered by the school. •Are there any other in-school support services that are offered that are not being utilized that may be beneficial to students?
<p>14. List all of the community/agency resources recommended.</p> <ul style="list-style-type: none"> •What are the top two resources that are utilized most? •Are there any community/agency resources that are not being utilized that would be beneficial to students? Why? •Does your core team need a refresher/update regarding about community/agency resources that are available? •Are students following through with recommendations? •Why or why not? •If not, are there any strategies that can be used so that more students follow through with recommendations?
<p>15. Review the outcome data of students that were referred for attendance.</p> <ul style="list-style-type: none"> •Is there a need for more support/prevention programs for those students referred for attendance?
<p>16. Review the outcome data of students that were referred for academic performance.</p> <ul style="list-style-type: none"> •Is there a need for more support/prevention programs for those students referred for academic performance?
<p>17. Review that outcome data of students who violated school D&A policy since current referral.</p> <ul style="list-style-type: none"> •Is there a need for more support /prevention programs for those students who violated D&A policy since current referral? •Is the core team aware of the district's current D&A policy? •Does the district's D&A Policy need to be reviewed and/or revised?

RESOURCES

National Prevention Week

Mark your calendars! SAMHSA's next National Prevention Week will be from **May 14 to 20, 2017**. National Prevention Week is an annual health observance dedicated to increasing public awareness of, and action around, substance abuse and mental health issues. Each year around this observance, communities and organizations across the country come together to raise awareness about the importance of substance use prevention and positive mental health. The theme for NPW 2017 is: Making Each Day Count. Learn more about National Prevention week [here](#).

Resources for Educators and Parents on the Netflix Series “13 Reasons Why”

Netflix just released its highly publicized series “13 Reasons Why”, an adaptation of the popular 2007 novel of the same name by Jay Asher. The series consists of 13 episodes that tell the tale of Hannah, a high school student who tragically ended her own life, but not before recording 13 sides of audio cassette tape implicating 13 individuals in her death. For those who may struggle with similar challenges as Hannah or live with their own vulnerabilities, the overall message of this series may get distorted into a sense that suicide is a natural way of solving life’s struggles. It is not.

It is with near certainty that many of your students will be talking about this series in school. Being armed with appropriate and positive messages will help students struggling with their own emotional response to this series to put the dramatized content into realistic perspective and afford you with new opportunities for engaging these youth and providing necessary support and resources.

Here’s how leading experts say parents should talk to their kids about the controversial series. (The following information is from “How to Talk to Your Child About Suicide and Bullying After Netflix’s 13 Reasons Why” located [here](#).)

Educate Yourself First

“Make it okay to talk about these issues,” says Phyllis Alongi, clinical director of [The Society for the Prevention of Teen Suicide](#). “Be confident and competent. It makes them feel comfortable talking to us about it. Remind your kids that the show was based on fiction and that that’s not the norm. Her behavior was not the norm.” Alongi adds “A parent has to be able to look at themselves, and they need to be aware of their own feelings about the topic. They need to put those feelings aside and talk to their teen. Be direct, but have the information. By talking to yours kids about suicide you are not putting the idea in their head. “

Watch with Your Kids

“The thing to do is make parents aware of [the show] and urge them to watch with them to get a sense of what is at hand” says Dr. Victor Schwartz the chief medical officer for the JED Foundation, which focuses on preventing suicide in teenagers and young adults. “Parents and families should try to watch the show with their kids, explaining it as a cautionary tale” he advises. “Explain that this is a story that was produced as a way to get kids to think about consequences of behavior and choices.”

Don’t Binge-Watch the Series

“These are dense, dark themes,” advises Dr. Christine Moutier, chief medical officer of the American Foundation for Suicide Prevention. Spacing episodes out provide the opportunity to have a healthy conversation and gives the child time to process the information in a helpful way.

Is Your Child Feeling Anxious After Watching?

“Then they should immediately stop,” says Dr. Victor Schwartz. “The concern is with some small groups of young people who are vulnerable—they are really at risk and impressionable kids may not get the fictional element of this. There is potential for kids to become so distraught by it that they see this is an appealing thing, to end your life. “ He adds: “There is an undercurrent that this is what happens when people wrong you. A lot of kids out there who feel their friends, families have mistreated them might see this as an outlet.”

Know Your Resources

The JED Foundation, a non-profit that aims to prevent suicide in teens and young adults, has developed <https://www.jedfoundation.org/13-reasons-jed-point-view/>.

The foundation also partnered with Suicide Awareness Voices of America (SAVE) to develop [Talking Points](#) to help clinicians and mental health professionals discuss the show with parents, young people and the media. The JED Foundation has a hotline number 1-800-273-TALK (8255).

The [American Foundation for Suicide Prevention](#) developed a video for parents found [here](#). You may contact their Crisis Text Line by texting TALK to 741-741.

The [Society for the Prevention of Teen Suicide](#) also offers helpful information on how to know if suicide is a risk for your family [here](#).

[13 Reasons Why Netflix Series: Considerations for Educators](#)—authored by the National Association of School Psychologists (NASP)

SAMHSA’s AlcoholFX App

Check out SAMHSA’s AlcoholFX app! It provides fifth- and sixth-grade classroom teachers with a science-based curriculum to help students develop positive behaviors and social skills that can protect them from underage alcohol use at a critical transition point in their lives. Read more about the app [here](#). The app is available from [Google Play](#) or [Apple iTunes](#).

Interactive Tool Helps People Participate in Decisions about Their Treatment for Opioid Use Disorder

As a part of its comprehensive strategy to address the opioid use crisis and overdose epidemic in the United States, SAMHSA has launched a new interactive tool for consumers. ***Decisions in Recovery: Treatment for Opioid Use Disorder*** supports people with opioid use disorder in making informed decisions about their care and treatment choices. The online tool and accompanying [handbook](#) were developed to help people with opioid use disorder learn about [medication-assisted treatment](#) (MAT), explore and compare treatment options, and discuss treatment preferences with their healthcare provider. To read more about the resources available go [here](#).

Free Specialized Training Package--Understanding Educator Resilience & Developing a Self-Care Plan

An educator’s role is not limited to teaching concepts in a classroom. When emergencies occur at school, or even in the community, educators are often the ones interacting with affected students the most during the recovery process. In this caring role, educators may experience secondary traumatic stress. To support educators in this role, the **Readiness and Emergency Management for Schools (REMS) TA Center** has developed a new specialized training package to offer a better understanding of resilience strategies and compassion fatigue, and to consider the impact of these things on self-care and the learning environment. Through this 60-minute training module, educators can learn key concepts aimed at helping them practice self-care so they can more effectively work with the students they serve.

The training package comes with the following supporting documents:

- PowerPoint Presentation;
- Handout on the “BASIC Ph” (Beliefs, affect, social, imagination, cognition, and physical) model of coping and resiliency;
- Worksheet for building a self-care action plan; and
- Resource Guide.

The recommended audience for this self-paced training includes educators or other staff who play a role in providing support to students and who may experience stress, burnout, or compassion fatigue because of these interactions; those who work with anyone who may provide this support; or those who are responsible for planning the recovery and mental health aspects of a school’s or district’s EOP.

Visit the [Specialized Training Package](#) web page on the REMS site to download the entire package, and to view the list of additional training topics with a similar format.

20 Actions that Strengthen Family Relationships

Most of us know that quality relationships are important in the lives of youth. And families play big roles in positive youth outcomes, preparing them for success in school, work and life. In fact, the quality of the relationships in the family predict thriving and build character strengths much more than demographic factors. A large number of strong relationships in a young person’s life correlate with a decrease in high-risk behaviors, such as alcohol and tobacco use. And youth with strong family relationships tend to be more resilient in the face of stress and trauma.

Go [here](#) to download “A Family Relationship Checklist” which is adapted for families from Search Institute’s Developmental Relationships Framework. The checklist identifies 5 key strategies and 20 actions for building strong relationships.

Using Developmental Relationships to Help Teens Navigate the Internet

In the past, moms, dads, and other parenting adults could focus on ensuring that kids were spending their time in safe, healthy, and supportive places in their homes and neighborhoods.

But today’s young people live in a world where digital media—websites, social media, cell phones, video games, and others—are parts of everyday life. This reality opens up new challenges and opportunities for parents, teens, and families. Like all parts of life, online environments have both benefits and risks.

How do you make the best of the online benefits and minimize the risks? The Search Institute has provided some strategies you can use. The strategies, which are tied to Search Institute’s Developmental Relationships Framework, can be found [here](#).

Community-Based Approaches to Suicide Prevention: New Resources and Future Directions

A recording of the recent National Action Alliance for Suicide Prevention ([Action Alliance](#)) webinar on community-based approaches to suicide prevention has been archived [online](#). The webinar provides an overview of two new community-based suicide prevention resources: (1) the forthcoming Action Alliance paper, [Transforming Community: Key elements for Comprehensive Community-Based Suicide Prevention](#), and (2) the Centers for Disease Control and Prevention’s [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#).

PDE, Bullying Prevention Website

The PDE’s website contains downloadable resources to support bullying prevention in schools and communities. Please visit <http://www.education.pa.gov/K-12/Safe%20Schools/Pages/Bullying-Prevention.aspx> to access helpful resources such as the PA Bullying Prevention Toolkit.

Bullying Prevention Consultation Line

The Pennsylvania Department of Education’s Office for Safe Schools has implemented the PA Bullying Prevention Consultation Line. The Bullying Prevention Consultation Line is a toll-free number to allow individuals experiencing chronic and unresolved bullying to discuss effective strategies and available resources to deal with school-based bullying. This supportive resource has been developed in collaboration with the Center for Health Promotion and Disease Prevention (CHPDP), and is available at no cost to students, parents/guardians, and school districts across the state. Users can leave a message 24 hour a day, seven days a week, and will be returned Monday-Friday during normal business hours. The Consultation Line number is 1-866-716-0424.

TRAINING OPPORTUNITIES

STAR-Center's 30th Year Anniversary Research Symposium

An Update on Suicidal Behavior in Youth: Causes, Treatment, Prevention

May 3 & 4, 2017

The University

Pittsburgh, PA

Registration information available [here](#).

2017 STAR-Center Conference

Treatment of Suicidal Youth: A Glimpse into the Future

Friday, May 5, 2017

8:30 a.m. – 3:30 p.m.

(Registration: 8 to 8:30 a.m.)

William Pitt Union

University of Pittsburgh Campus

3959 Fifth Avenue
Pittsburgh, PA 15260
Registration information available [here](#).

2017 Pennsylvania Positive Behavior Support (PAPBS) Implementer's Forum

Hershey Lodge and Convention Center

Hershey, PA

May 16-17, 2017

Registration information is available at www.papbs.org and www.pattan.net

Center for Safe Schools - 2016-17 Third Thursday Online Learning Series

Implications of the Recently Released National Academies Report Preventing Bullying through Science, Policy and Practice: How to Use the Report to Further Your Bullying Prevention Efforts

May 18, 2017

3:00 PM – 4:15 PM

Go [here](#) to register.

2017 Safe Dates Implementation Training

May 25, 2017

Hosted by: Women Against Abuse, Inc. and Lutheran Settlement House

Lutheran Settlement House

1340 Frankford Ave

Philadelphia, PA 19125

Administrative Conference Room

Philadelphia, PA

The Center for Safe Schools, in partnership with Women Against Abuse, Inc., is pleased to announce the availability of **Safe Dates Implementation Training** for Pennsylvania educators and community partners. Safe Dates is an evidence-based program for preventing dating abuse among adolescents and can be used as a dating abuse prevention tool for both male and female middle and high school students.

The registration fee of \$350 includes training, curriculum (a \$245 value) and lunch.

Click [here](#) for additional information and to register.

2017 Pennsylvania Suicide Prevention Conference – June 19 and 20, 2017

The Pennsylvania Adult/Older Adult Suicide Prevention Coalition and the Pennsylvania Youth Suicide Prevention Initiative are hosting the 2017 Pennsylvania Suicide Prevention Conference to meet the needs of professionals, survivors, and interested parties who would like to learn more about suicide prevention, intervention, and meeting the needs of suicide survivors. The keynote speaker, breakout sessions, and workshops will be held on the first day of the conference, June 19th. Participants are invited to stay for the second day of the Conference, June 20th, if they're interested in attending a suicide prevention training.

The registration fee includes sessions, handouts, continental breakfast, breaks, and lunch. Rates are per person unless otherwise specified. Registration deadline is June 12, 2017. Conference registration fee is \$150 per person.

[Click here to register for the conference.](#)

Youth Conference & Rally at This Year's Commonwealth Prevention Alliance Conference!

Wednesday, June 21, 2017

Penn Stater Conference Center and Hotel

State College, PA

The Commonwealth Prevention Alliance (CPA) is excited to announce an opportunity for school and/or community prevention groups/programs/clubs across the Commonwealth to attend the youth portion of CPA's 27th Annual Prevention Conference and showcase their local initiatives in front of hundreds of prevention specialists and state organizations across Pennsylvania. The Youth Conference and Rally will be held on Wednesday, June 21st in State College, PA at the Penn Stater Conference Center and Hotel.

The cost of the CPA Youth Conference and Rally is generously covered by sponsorships from across the Commonwealth, and includes breakfast, lunch, snacks, conference fees, and youth rally fees. Go [here](#) for details and registration information. Registration deadline is May 5, 2017.

7th Annual Commonwealth Prevention Alliance Conference
"Leading the Challenge"

Penn Stater Conference Center
State College, PA
June 20-23, 2017

Go [here](#) for more information and registration.

Recognizing and Responding to Children at Risk: Suspected Child Abuse & Neglect Education for School Nurses

July 18, 2017

9 a.m. -12:00 p.m.

Central Susquehanna Intermediate Unit 16
Milton, PA

Overview: A FREE, three-hour training program for professional licensees (Act 126 and Act 31 approved)

Intended audience: School nurses in Pennsylvania

Learning Objectives:

- Identify the role of child protection
- Understand categories of child abuse in the law
- Recognize potential risks/indicators of child abuse/neglect
- Describe role of mandated reporter
- Explain the referral process and follow up

Training materials: Attendees will receive a Child Abuse Office Kit.

Presentation Team: The Suspected Child Abuse & Neglect Program of the PA Chapter, American Academy of Pediatrics has been providing training to medical providers throughout the state since 1999. Child abuse pediatricians as well as other physicians with expertise in child abuse assessments serve as presenters along with county Children & Youth workers. The Children & Youth presenter is a caseworker, supervisor or director with expertise in the law and the investigative process.

Registration deadline: June 7, 2017

To register: Contact Audrey Jows ajows@csiu.org or 570-523-1155, ext. 2324 with the following information required to register:

- Last Name (exactly as listed on license)
- First Name (exactly as listed on license)
- Middle Name or Middle Initial (exactly as listed on license)
- PA Nursing License Number (must be 15 characters)
- Phone Number (best number to contact you to confirm registration)

You will be contacted to confirm registration and to provide additional information required by the PA Department of Health to ensure acquisition of training hours.

2017 National Autism Conference

July 31-August 3, 2017

Penn Stater Conference Center Hotel
State College, PA

For more information and registration go to <http://autism.outreach.psu.edu/registration.htm>

2017 Pennsylvania Community on Transition Conference
Pathways to Success: Transitioning into Tomorrow Together

August 9 – 11, 2017

Penn Stater Conference Center and Hotel

State College, PA

Conference registration will be available online after May 15, 2017 at www.pattan.net.

SAVE THE DATE

2018 PASAP-PAMLE Conference

February 25-27, 2018

Penn Stater Conference Center

State College, PA

NEWS

Smoking Slows Recovery from Drug Abuse

People recovering from illicit drug abuse are more likely to be successful if they don't smoke cigarettes, a new study finds. Most illicit drug users also smoke cigarettes, but many substance abuse programs do not include treatment for nicotine dependence, the study authors said. However, the investigators found that smokers were twice as likely as nonsmokers to relapse within three years.

"The thinking in clinical settings has been that asking patients to quit cigarette smoking while they try to stop using drugs is 'too difficult', or that smoking may be helpful in remaining abstinent from alcohol and drugs, but it is not related whether or not one remains abstinent from illicit drug use over the long term," said study leader Renee Goodwin.

For the study, Goodwin, of the department of epidemiology at Columbia University's School of Public Health in New York City, and colleagues analyzed U.S. government data on nearly 35,000 adults enrolled in the National Epidemiologic Survey on Alcohol and Related Conditions.

The study's lead author, Andrea Weinberger, pointed out that "quitting smoking will improve anyone's health." She is an assistant professor in the Albert Einstein College of Medicine department of epidemiology and population health in New York City.

"But our study shows that giving up cigarettes may be even more important for adults in recovery from illicit substance use disorders, since it may help them stay sober," Weinberger explained in the news release.

Goodwin added, "If research continues to show a relationship between smoking and relapse to substance use among those in recovery, making tobacco treatment a standard part of treatment for illicit substance use disorders may be a critical service to provide to adults toward improving substance treatment outcomes over the long term." Read about the study [here](#).

Abuse Accelerates Puberty in Children

While it has long been known that maltreatment can affect a child's psychological development, new Penn State research indicates that the stress of abuse can impact the physical growth and maturation of adolescents as well.

Jennie Noll, director of the Child Maltreatment Solutions Network and professor of human development and family studies, and Idan Shalev, assistant professor of biobehavioral health, found that young girls who are exposed to childhood sexual abuse are likely to physically mature and hit puberty at rates 8 to twelve months earlier than their non-abused peers. Their results were published recently in the *Journal of Adolescent Health*.

"Though a year's difference may seem trivial in the grand scheme of a life, this accelerated maturation has been linked to concerning consequences, including behavioral and mental health problems and reproductive cancers," said Noll.

The body is timed so that physical and developmental changes occur in tandem, assuring that as a child physically changes, they have adequate psychological growth to cope with mature contexts. "High-stress situations, such as childhood sexual

abuse, can lead to increased stress hormones that jump-start puberty ahead of its standard biological timeline," Noll explained. "When physical maturation surpasses psychosocial growth in this way, the mismatch in timing is known as maladaptation."

"Due to increased exposure to estrogens over a longer period of time, premature physical development such as this has been linked to breast and ovarian cancers. Additionally, early puberty is seen as a potential contributor to increased rates of depression, substance abuse, sexual risk taking and teenage pregnancy," Noll stated.

In the past, there have been studies loosely linking sexual abuse to maladaptation and accelerated maturation, but the longitudinal work completed by Noll and her team has been the most conclusive and in-depth to date, beginning in 1987 and following subjects throughout each stage of puberty.

Their findings add to the body of work highlighting the role of stress in puberty, and it is the hope that the research will lead to increased preventative care and psychosocial aid to young women facing the effects of early maturation. Read more about the study [here](#).

Fewer U.S. Kids Overdosing on Opioids but Suicides Involving These Drugs are Up

The number of U.S. kids who overdose on prescription painkillers each year may be declining -- but the incidents remain a major public health problem, new research says. And in certain ways, the study found, things have gotten worse: Among teenagers, for example, the rate of suspected suicide by opioid overdose is rising.

"That's an alarming finding," said Dr. Marcel Casavant, one of the researchers on the study. He is chief toxicologist at Nationwide Children's Hospital in Columbus, Ohio. It suggests, he said, that a growing number of teens may be suicidal -- and have easy access to fatal opioid doses.

The findings, published March 20, 2017 in *Pediatrics*, offer the latest glimpse into the U.S. prescription opioid epidemic.

The new study focused on calls to U.S. poison control centers by people seeking help for children or teenagers who'd ingested a prescription opioid. Between 2000 and 2015, it found, there were roughly 12,000 such calls each year, on average. That amounts to about 32 calls per day. The most common scenario involved a child younger than 5 who'd gotten hold of an adult's opioids -- legitimately prescribed or not.

But 30 percent of the time, it was a teenager who'd taken the drug to get high or for self-harm, Casavant said. Overall, 175 kids died -- 55 percent of whom were teenagers. Half of the deaths were deemed intentional, the study said.

Through much of the study period, the problem grew steadily worse: From 2000 to 2009, the rate of incidents per 100,000 U.S. children climbed 80 percent. After that, the trend began to reverse, with the rate dipping by about 30 percent through 2015. This study can't show why, Casavant said. But, he said, growing awareness of the nation's opioid problem is a likely factor.

But the study also found some patterns that aren't going in the right direction. From 2000 to 2015, the rate of suspected suicide-by-opioid rose nearly 53 percent. "Parents should keep the medication not just out of reach, but locked up," Casavant said. And any leftover pills should be promptly discarded, he added.

Dr. David Rosen, a professor of anesthesia and pediatrics at West Virginia University in Morgantown who co-wrote an editorial accompanying the study agreed. "Never keep extra medication around so you can 'self-prescribe' the next time you have back pain," he said. "If it's lying around the house, it's available to everyone." Read more [here](#).

New HHS Research Brief: Well-being of Young Children after Experiencing Homelessness

The U.S. Department of Health and Human Services recently released a new research brief entitled Well-being of Young Children after Experiencing Homelessness.

About the Brief

Using data from the U.S. Department of Housing and Urban Development's [Family Options Study](#), the brief examines the well-being of young children 20 months after staying in emergency homeless shelters with their families. It draws comparisons between children who experienced homelessness and national norms for children of the same age. The brief also examines housing instability, child care instability, and enrollment in center-based care and Head Start, and associations between housing and child care stability and child well-being.

Summary of Findings

The brief finds that twenty months after staying in an emergency shelter with their families, young children scored worse in pre-reading skills and had higher rates of overall behavior problems and early development delays compared to national norms for children their age. However, they displayed only small disadvantages in pre-math skills, and for some types of behavioral challenges their rates were similar to national norms. Unstable housing arrangements remained common during the 20 months following a stay in emergency shelter, with children who had more stable recent living situations and more stable child care arrangements displaying fewer behavior problems 20 months after a shelter stay than those who did not. In addition, enrollment in early education and center-based care was lower for families who had experienced housing instability in the past six months compared to those who had been stably re-housed. However, housing instability did not appear to be associated with lower enrollment in Head Start programs. Moreover, children ages three and four who were enrolled in Head Start or other early education and center-based care displayed stronger pre-math and pre-reading skills than those who were only in parental care.

Download the Brief

Well-being of Young Children after Experiencing Homelessness, along with two other research briefs that are part of the same series, are available for downloading [here](#).