



# Brain Pages



The Newsletter of NAMI Greater Bloomington Indiana Area

Family and Friends Together Providing Support and a Voice on Mental Illness

Issue No. 8

May 2008



## Calendar of Events

May 5: TLC Support Group Meeting (First United Methodist Church, 7pm)

May 8: Depression/Bipolar Support Group (St. Marks Methodist Church, 7pm)

May 15: Community Treatment Options for Children and Adolescents with Mental Illness (MCPL Room 1B/1C, 7pm)

May 19: NAMI-GBA Support Group Meeting (First United Methodist Church, 7pm)

May 22: Depression/Bipolar Support Group (St. Marks Methodist Church, 7pm)

June 2: TLC Support Group Meeting (First United Methodist Church, 7pm)

## Community Treatment Options for Children and Adolescents with Mental Illness

by Beth Sluys

NAMI-GBA will host a forum on Community Treatment Options for Children and Adolescents with Mental Illness.

The Greater Bloomington Area affiliate of the National Alliance on Mental Illness (NAMI) is hosting a panel presentation about Community Treatment Options for Children and Adolescents with Mental Illness, to be held at the Monroe County Public Library on Thursday, May 15, from 7-8:30 pm, in Rooms 1B and 1C.

The panelists include Kurt Isaacson, CEO of Bloomington Meadows Hospital; Joan Hart, Coordinator for the Monroe County Chapter of Children and Adults with Hyperactivity/ Attention Deficit Disorder (CHADD); Bronwyn Shroyer, Therapist with Oak Tree Counseling (a service of the Family Services Association); Sarah Hunt, a parent and participant in NAMI's Family-to-Family Education Program, and Diana Hastings, Manager of Child and Adolescent Services at the Center for Behavioral Health.

Jill Bolte Taylor, NAMI-GBA Board President stated, "It is our hope that through this presentation, the community will gain a better understanding of some of the resources available for the treatment of children and adolescents with mental illness and how best to access those services."

If you need more information about this panel presentation, please contact NAMI at 812.335.0459 or email us at [info@namibloomington.org](mailto:info@namibloomington.org) or visit our website at [www.namibloomington.org](http://www.namibloomington.org).

See "About the Panel" on page 2 for specific information on the organizations represented on May 15.

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*Brain Pages* is the official newsletter of the NAMI local affiliate in the Greater Bloomington Area.

For information or questions, please contact Kat Domingo, this issue's newsletter editor.

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*NAMI-GBA wishes to thank the Center for Behavioral Health for helping to underwrite this issue of the newsletter.*

## About the Panel

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Kurt Isaacson, CEO: The Bloomington Meadows Hospital offers residential treatment programs that are longer-term programs for children and adolescents ages 8-18. The programs offer physician-led, multidisciplinary treatment that addresses the overall medical, psychiatric, social, and academic needs of the child. These residential treatment center programs offer a balance of therapies and activities in a safe, structured setting.

Joan Hart, Coordinator: Monroe County Children and Adults with Attention-Deficit/Hyperactivity Disorder is a national organization that provides education, advocacy, and support for individuals with ADHD. In addition to an informative website, CHADD also publishes a variety of printed materials to keep its members and professionals current on research advances, medications and treatments affecting individuals with ADHD. These materials include *Attention!* magazine, the CHADD Information and Resource Guide to ADHD, News From CHADD, as well as other publications of specific interest to educators, professionals, and parents.

Bronwyn Shroyer, Counselor: Oak Tree Counseling, a service provided through the Family Service Association, serves

children (4 yrs of age and up) who struggle with issues surrounding anxiety, depression, family stress, divorce, school resistance, adjustment concerns, and peer relationships.

Sarah Hunt, Parent and Participant: NAMI's Family-to-Family Program is for families of individuals with serious and persistent mental illness. The program is distributed and supported by NAMI and it balances education and skill training with self-care, emotional support, and empowerment. The 12-session program is taught by trained volunteers and is at no cost to participants. This is one of the most important programs offered by NAMI and pre-registration for the fall class is currently being taken by calling the coordinator, Lee Strickholm, at 812.339.5440 or via email at [leestrick@aol.com](mailto:leestrick@aol.com).

Diana Hastings, Manager: Children and Adolescent Services at The Center for Behavioral Health offers specialized programs for both children and adults, including the treatment of depression, anxiety, drug and alcohol addiction, attention deficit and hyperactivity disorder, and severe and persistent mental illnesses.

*Please join us on Thursday, May 15 at 7pm in the MCPL Room 1B/1C.*

# Advocating for Your Child: 12 Tips for Parents

by David Fassler, M.D.  
Child & Adolescent Psychiatrist

reprinted from  
www.nami.org

According to the Surgeon General, 1 child in 5 experiences significant problems due to a psychiatric disorder. The good news is that we can help many, if not most, of these youngsters. The real tragedy is that so few, less than 1 in 3, are receiving the comprehensive treatment they really need.

Children and adolescents with emotional and behavioral problems deserve access to the best possible mental health care. Unfortunately, such services are often difficult to obtain. Parents can help by being informed, involved and persistent advocates on behalf of their children.

1. Get a comprehensive evaluation. Child psychiatric disorders are complex and confusing. A full assessment often involves several visits. Effective treatment depends on a careful and accurate diagnosis.

2. Insist on the best. Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified?" Push schools, in-

surance companies and state agencies to provide the most appropriate and best possible services, not services that are deemed sufficient or adequate.

3. Ask questions about any diagnosis or proposed treatment. Encourage your child to ask any questions he or she may have as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.

4. Insist on care that is "family centered" and builds on your child's strengths. Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what alternatives are available?

5. Ask about comprehensive "wrap around" or individualized services, geared specifically to the needs of your child and family. Are such services available in your state or community?

6. Be prepared. One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. In-

sist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.

7. Feel free to seek a second opinion. A responsible mental health professional will be glad to help with referrals or by sharing information. If you have questions about your child's diagnosis or the proposed course of treatment, arrange an independent consultation with another clinician.

8. Help your child learn about their condition. Use books, pamphlets and the Internet. Make sure the information is age appropriate. Answer questions with honest and consistent information, but don't overload children with more detail than they want or need.

9. Know the details of your insurance policy, and learn about the laws governing insurance in your state. For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's network, you may be able

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# Brain Matures a Few Years Late in ADHD

*NIMH: November 12, 2007*

In youth with attention deficit hyperactivity disorder (ADHD), the brain matures in a normal pattern but is delayed three years in some regions, on average, compared to youth without the disorder, an imaging study by researchers at the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH) has revealed. The delay in ADHD was most prominent in regions at the front of the brain's outer mantle (cortex), important for the ability to control thinking, attention and planning. Otherwise, both groups showed a similar back-to-front wave of brain maturation with different areas peaking in thickness at different times.

"Finding a normal pattern of cortex maturation, albeit delayed, in children with ADHD should be reassuring to families and could help to explain why many youth eventually seem to grow out of the disorder," explained Philip Shaw, M.D., NIMH Child Psychiatry Branch, who led research team.

Previous brain imaging studies failed to detect the developmental lag because they focused on the size of the relatively large lobes of the brain. The sharp differences emerged only after a new image analysis technique allowed the researchers to pinpoint the thickening

and thinning of thousands of cortex sites in hundreds of children and teens, with and without the disorder.

"If you're just looking at the lobes, you have only four measures instead of 40,000," explained Shaw. "You don't pick up the focal, regional changes where this delay is most marked."

Among 223 youth with ADHD, half of 40,000 cortex sites attained peak thickness at an average age of 10.5, compared to age 7.5 in a matched group of youth without the disorder.

The researchers scanned most of the 446 participants – ranging from preschoolers to young adults – at least twice at about three-year intervals. They focused on the age when cortex thickening during childhood gives way to thinning following puberty, as unused neural connections are pruned for optimal efficiency during the teen years.

In both ADHD and control groups, sensory processing and motor control areas at the back and top of the brain peaked in thickness earlier in childhood, while the frontal cortex areas responsible for higher-order executive control functions peaked later, during the teen years. These frontal areas support the ability to suppress inappropriate

actions and thoughts, focus attention, remember things from moment to moment, work for reward, and control movement – functions often disturbed in people with ADHD.

Circuitry in the frontal and temporal (at the side of the brain) areas that integrate information from the sensory areas with the higher-order functions showed the greatest maturational delay in youth with ADHD. For example, one of the last areas to mature, the middle of the prefrontal cortex, lagged five years in those with the disorder.

The motor cortex emerged as the only area that matured faster than normal in the youth with ADHD, in contrast to the late-maturing frontal cortex areas that direct it. This mismatch might account for the restlessness and fidgety symptoms common among those with the disorder, the researchers suggested.

They also noted that the delayed pattern of maturation observed in ADHD is the opposite of that seen in other developmental brain disorders like autism, in which the volume of brain structures peak at a much earlier-than-normal age.

The findings support the theory that ADHD results from a delay in cortex maturation. In

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# Forum to Help Families of Mentally Ill

by Matt Oliver,  
CBH Emergency Services

Across our community, there are numerous families affected by the devastating effects of mental illness. Unfortunately, stigma and isolation often keep individuals and their families from finding support. In an effort to reach out to community members in search of support and information regarding treatment resources, the Center for Behavioral Health (CBH), Bloomington Hospital, NAMI-GBA, and the Monroe Chapter of Mental Health of America recently sponsored a Family Forum to provide an opportunity for family members to talk directly to treatment providers and mental health advocates. The forum was held on April 24 at CBH from 5:30-6:30 pm. The forum is held bimonthly, and the next meeting is scheduled for June 26. The forum is free and open to the public.

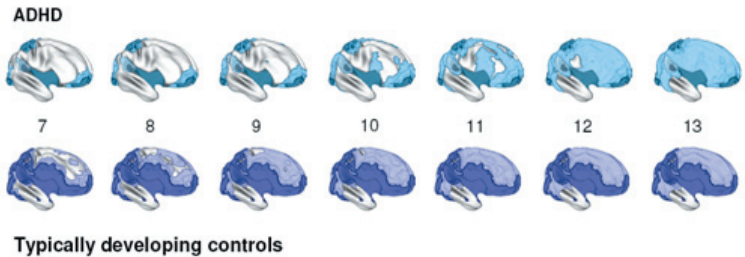
The forum provided information on how to help family members access needed mental health services. Greg Clark, Manager of Community Support Services at CBH, spoke about the kinds of residential services offered to those with serious mental illness and discussed how case managers assist consumers to use resources in the community to find work, maintain housing, and maintain better physical health. Julie

Chapin, Behavioral Health Program Supervisor at Bloomington Hospital, spoke about what patients can expect once they are admitted to the hospital as well as the types of concerns for which people are admitted to the hospital voluntarily and involuntarily. Donna Graves, Mental Health of America Ombudsman, and Cathy Spiaggia, NAMI Family Advisory Advocate, shared information about

support groups and advocacy resources in the community.

One attendee felt the forum “was very informative and let me understand some of the resources available and where to go.” Another wrote, “Very helpful...I want to come often.” I think it is great to see the direct dialogue occurring between multiple care providers, advocates, family members, and individuals with mental illness.

## Brain Maturation in ADHD



future studies, the researchers hope to find genetic underpinnings of the delay and ways of boosting processes of recovery from the disorder.

“Brain imaging is still not ready for use as a diagnostic tool in ADHD,” noted Shaw. “Although the delay in cortex development was marked, it could only be detected when a very large number of children with the disorder were included. It is not yet possible to detect such delay from the brain scans of just one individual. The diagnosis remains clinical, based on taking a history from the child, the family and teachers.”

Maturation of the brain, as reflected in the age at which a cortex area attains peak thickness, in ADHD (above) and normal development (below). Lighter areas are thinner, darker areas thicker. Light gray in the ADHD sequence corresponds to the same thickness as dark gray in the normal development sequence. The darkest areas in the lower part of the brain, which are not associated with ADHD, had either already peaked in thickness by the start of the study, or, for statistical reasons, were not amenable to defining an age of peak cortex thickness.

# Advocating for Your Child by David Fassler, M.D.

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to receive treatment from a provider of your choice, with the insurance company responsible for full payment.

10. Work with the schools. Insist on access to appropriate mental health consultation services. You can also suggest inservice training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings

held to discuss your child.

11. Learn about the reimbursement and funding systems in your state. The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a Medicaid "waiver program" which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?

12. If necessary, use a lawyer. Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues regarding services for your child.

## Sen. John McCain's Mental Health Statement

*NAMI-GBA does not endorse any candidate. This information is provided for educational purposes only.*

The next president will face a great challenge due to the rising cost of health care of all types. America has the finest doctors and medical science, and the treatment of mental health has shared in these advances. However, spending on mental and behavioral health

treatments is rising rapidly. The challenge is to ensure high quality care, establish incentives to control the growth of costs, and permit greater affordable choices.

Mental health is a necessary complement to physical health in all aspects of our daily lives. Fortunately, the path to greater quality and lower costs is to recognize this fact and where possible provide incentives to treat physical and behavioral health together. A sensible goal is to design reimbursement for taking care of the whole patient and recognize the essential role mental health treatment plays in the overall health of the patient and the reduction in physical health needs.

I have a strong record fighting for the needs of America's most vulnerable including those seeking better mental health. I have consistently supported public housing programs that play a significant role in helping meet the housing needs of many seriously mentally ill Americans, and have been a leader in the effort to eradicate homelessness among our Nation's veterans – many of whom are fighting mental illness. I believe America needs strong leadership and a commitment to bold solutions to address the challenges that it faces. We can provide quality mental health that is more responsive to our needs and is delivered to more people at lower cost.

### HARVARD BRAIN BANK

Did you know that when you sign the back of your driver's license to donate your organs, the brain is NOT included?

Sign up as a brain donor!

1-800-BRAINBANK  
[www.brainbank.mclean.org](http://www.brainbank.mclean.org)

# E. Fuller Torrey's Treatment Advocacy Center

by Lee Strickholm

The Treatment Advocacy Center (TAC) is a national non-profit organization that advocates timely and effective treatment of severe mental illnesses. It is dedicated to eliminating barriers that family members often encounter when seeking help for their mentally ill loved ones. Many current laws, both state and federal, often require the presence of an "imminent danger" to self or others before allowing treatment without consent of the ill client.

TAC president, Dr. E. Fuller Torrey, wrote in a recent op-ed article in the Wall Street Journal:

"Mentally ill individuals have a civil right to receive treatment, even when their brain disease precludes awareness of their illness. And the public has a civil right to be protected from potentially dangerous individuals. We are failing both the patients and the public."

Marc Fisher, a columnist for the Washington Post writes, "But the pendulum has swung so far in the opposite direction, protecting the mentally ill at the expense of the broader community, that caring people find themselves stymied at every turn." And Rich Lowry writes in the National Review, "There is,

of course, a balance to be struck between civil liberties and treating the mentally ill. But that balance is now badly off-kilter."

Lobbying efforts of TAC have resulted in 23 states departing from the "imminent danger" standard to include a "need for treatment" to determine whether someone should get court-ordered treatment, either outpatient or inpatient. Indiana is not one of the 23.

More information about the work of the Treatment Advocacy Center can be found in their free periodic newsletter, "Catalyst" or on the website [www.treatmentadvocacycenter.org](http://www.treatmentadvocacycenter.org).

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## Not yet a member of NAMI-GBA? Join today!

Your annual membership includes newsletters from NAMI National, NAMI Indiana, and NAMI Greater Bloomington Area, as well as access to NAMI's wealth of resources and information.

- \_\_\_\_\_ \$25.00 Individual
- \_\_\_\_\_ \$35.00 Family
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- \_\_\_\_\_ I want to support NAMI-GBA with a tax-deductible gift of \$ \_\_\_\_\_

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I am interested in:

- \_\_\_\_\_ Learning about volunteer activities
- \_\_\_\_\_ Arranging for speakers for my organization, church, or other group
- \_\_\_\_\_ Being a speaker about mental illness

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_

# *In Our Own Backyard...*

We have reason to celebrate here at NAMI-GBA!

Our fearless leader, Dr. Jill Bolte Taylor has been chosen as one of TIME Magazine's 100 Most Influential People of 2008! See for yourself in this week's (May 2, 2008) issue of the magazine, now available at a newsstand near you.

If you have not heard about Jill's now famous TED video, you can view it for yourself by going to [www.ted.com](http://www.ted.com) and search for Jill Bolte Taylor. This video has been around the world several times in the last two months, and Jill's level of popularity on the planet has exploded in very positive ways.

Since the video became public, she has been interviewed by the likes of Deepak Chopra and Oprah Winfrey. You can hear Jill's four-part Oprah interview as part of the "Soul Series" aired on XM Radio on May 12, May 19, May 26, and June 2. Parts of her interview will also be aired on Oprah's weekly webcast, *A New Earth* with Eckhart Tolle, on Monday, May 12 ([www.oprah.com](http://www.oprah.com)).

We thank Jill for her ongoing efforts as our NAMI-GBA President and celebrate her good fortune.

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