The vast majority of mental illnesses start in adolescence or early adulthood: 50% of major mental illness begins before age 14, and 75% before age 25. According to Dr. Doug Robbins, Director of the Division of Child and Adolescent Psychiatry at MMC and Chair of the Glickman Family Center for Child and Adolescent Psychiatry at Spring Harbor Hospital, most people with serious disorders such as bipolar disorder, schizophrenia, and severe depression, do not get treatment until they have been ill for months to years.

“Making a diagnosis and starting intervention early can really make a difference in people’s lives,” explained Dr. Robbins. But how do you distinguish a serious mental illness or mood disorder from normal moodiness common in adolescence? The turbulence of normal childhood and adolescence can now be distinguished much more clearly from serious illness that needs treatment. “We used to be taught not to diagnose these disorders until people were in their twenties, but now we know that it can be done reliably.”

Those at high risk, but showing less distinct symptoms, can now be identified and early treatment makes a difference. Teens and young adults usually respond much better to treatment in the first stages. A combined approach using psychotherapy, family therapy and education, school and vocational support, and care coordination, as well as evidence-based psychopharmacology, all delivered by a well-trained team, has been shown to be effective.

The Portland Identification and Early Referral (PIER) model, which was developed at Maine Medical Center in 2001 by Dr. William McFarlane and his multidisciplinary team, was replicated in five other sites around the country. The PIER Program showed positive effects with young people at very high risk.
FROM THE CEO

With the holidays upon us and a new year on the horizon, this is a time of contemplation and renewal. In this third issue of the Mind & Body Connection, we are focusing on Child and Adolescent behavioral health, examining some incredible programs and studies across the organization. I could not think of a better focus for the end of the year as we celebrate the past and rejoice in the new.

We are fortunate to have two major grant programs funded by SAMSHA* here in Maine. Now Is The Time: Healthy Transitions into Adulthood focuses on the importance of early detection during the critical years of adolescence and early adulthood, while the Trauma-Focused Therapy program provides more training, outreach and prevention education in our communities.

During a time when many young people struggle with the challenges of social media and peer pressure around drug and alcohol use, it is more important than ever to address these concerns as a community. Resources are available to help families cope with these stresses, including the placement of clinicians in school systems (see Building a Bridge in Schools). No family should ever feel alone.

While some face challenges adjusting to adulthood, other families know the face of autism. There is much needed research to better understand the genetics and other influencing factors of this pervasive disorder. Our Autism Inpatient Collection Study focuses on children who are most severely affected by autism — those with intellectual disabilities and challenging behaviors.

Please consider giving to Maine Behavioral Healthcare this holiday season. Your gift will help us continue providing outstanding care to our clients and patients, and provide real hope for friends, family and loved ones living with mental illness. Together, we can give hope for a brighter future.

Happy holidays to you and yours.

An In-depth Look: Successful Trauma Therapy for Kids

The trauma services program began at Maine Behavioral Healthcare in 2007 with a SAMSHA* grant as part of the National Child Traumatic Stress Network. “The program increases access to services for kids experiencing what’s known as traumatic stress reactions,” said Allegra Hirsh-Wright, LCSW, RYT, clinical implementation coordinator, “as well as increasing awareness about what traumatic stress looks like and how to support kids.”

“We are increasing awareness by providing outreach to various children’s services,” she said. Providers are trained in how to identify traumatic stress reactions in children, including changes in mood and behavior, regression to younger behavior (temper tantrums or bed-wetting), changes in daily functioning, or the outward signs of hyper-vigilance – constantly being on the lookout for something bad to happen.

One important way to increase access to services for kids is by training clinicians in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This evidence-based therapy was developed for kids 3 to 21 years old, and has been through multiple random controlled trials. Through the Children’s Initiative, over 90 clinicians at MBH, and over 300 statewide, have been trained in TF-CBT. The Learning Collaborative model is used to provide clinical training, along with education and tools for effective implementation and sustainability within an organization.

TF-CBT includes 20 one-hour sessions to provide education about trauma, teach coping skills, and support re-processing the traumatic event(s) to improve functioning. Clinicians can help kids identify negative reactions and manage those reactions by teaching them relaxation techniques like deep breathing, progressive muscle relaxation and visualization.

“Research shows us that visualization can decrease stress levels, or cortisol levels, that are risk factors for physical problems. The stress reaction of hyper-vigilance, or constantly living in survival mode, can cause brains to become less elastic,” explained Hirsh-Wright. “Over time, if a brain has been stretched too much, it can be harder to come back to a normal relaxed place.”

In the current Learning Collaborative, there are 14 agency teams and five private practitioners, with a total of close to 100 participants. “Five of these teams are made up of MBH outpatient, integrated, and CADD clinicians,” said Hirsh-Wright.

“Additionally, in looking at how to reach more kids, especially those in rural areas, we decided to train not just agency-based clinicians, but also private practitioners.”

To learn more about the Maine Children’s Trauma Response Initiative, contact Allegra Hirsh-Wright at (207) 661-6510.

*Substance Abuse Mental Health Services Administration
Helping Kids Learn to Self-Regulate: 
Social Media and Adolescents

There are many risks associated with social media today. Technology is moving quickly, new applications are developed at warp speed, and most kids are way ahead of their parents. What do you do? “Keep an open dialogue and monitor what your children are doing,” said Erin Belfort, Child and Adolescent Psychiatrist, MMC.

Parents have to be careful to set limits, but there’s a balance. For instance, parents can require children be their “friends” on Facebook, with the agreement they will not meddle in their business, but check in periodically. “Set up clear ground rules with your kids, that you will be monitoring the page but you may, for instance, agree not to post or like any of their posts,” said Dr. Belfort.

Social media outlets like Facebook can become compulsive and disrupt sleep, and other activities. Who likes yours posts? What is the latest gossip? Skills parents can help kids develop include settling disagreements face-to-face. “It is natural to avoid conflict,” she explained. “But helping kids learn how to settle an argument and work through disagreements is an important lifelong skill.”

Teens can misread intentions. “Be careful not to exclude others by not inviting them to a party and then posting pictures on Facebook,” said Dr. Belfort. Girls, in particular, are pressured into activities like sexting, and that is stressful. “Unfortunately, not until there’s a crisis do kids and families come in seeking help.”

Helping adolescents learn to self-regulate is important to their overall health, and to prepare them for college. “Kids need to know how to set their own limits. Shutting off the Wi-Fi at night and keeping devices out of bedrooms are a few good strategies,” she suggested. Good sites for parents: www.commonsensemedia.org http://educateempowerkids.org

Building a Bridge in Schools

Peer pressure, stress, broken families, drug abuse and cyber bullying are just a few of the many issues surrounding kids today. The National Institute on Mental Health (NIMH) reports one in five children aged 13-18 have, or will have, a serious mental illness. Suicide is the 3rd leading cause of death for those between 10 - 24 years, and an underlying mental illness was present in 90% of those deaths.

These stark figures highlight the importance of providing quality behavioral healthcare in schools. Through a partnership with Lincoln County Healthcare, Erin Barter, LMSW-CC, a Maine Behavioral Healthcare clinician, works with students in the Boothbay Region school system. According to Barter, the importance of connecting with students and engaging in meaningful relationships cannot be underestimated.

“Kids are dealing with adult stuff today,” Barter explained. “Sometimes there are several major things going on – post traumatic stress, anxiety, agoraphobia, self-harm, or eating disorders. I’m often the only trusting adult who’s neutral, allowing them to share anything.”

Barter sees herself as a bridge between school staff, parents and kids. “Sometimes the school blames the parent, or the parent blames the school. I get to help bring everyone together to meet the needs of the child.” It is not uncommon for Barter to hold joint sessions with students and parents. “Kids are a gift. I learn something new from them every day. I feel so privileged and honored they allow me into their world.”

Maine Behavioral Healthcare provides school-based programs to students in Portland and Boothbay. To learn more about student-based health, contact Kristy Worster, director of outpatient therapy at 701-4439.

Continued from page 1

of or early conversion to psychosis, using a comprehensive and coordinated treatment model including community outreach, individual and family therapy, multifamily group psychoeducation, medication management, and employment and education support.

Recognizing the importance of early treatment and the fact that in the “transition” years, the late teens and early twenties, access to services decreases and young people become more difficult to engage, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored the Now Is The Time: Healthy Transitions (NITT-HT) initiative. Based on experience with PIER and other programs for transition-age youth in the state, Maine was one of 16 states that were successful in applying for this support.

The NITT-HT program is funded for five years, treating people age 16-25 with early psychotic disorders or high risk of developing such disorders. Based at Maine Medical Center, the team includes a program manager, social workers, vocational specialist, psychiatrist, case manager and peer support specialists. The grant supports treatment of 25 patients annually, and 19 have been enrolled in the first six months.

“We do outreach and prevention education with schools, primary care practices, and mental health organizations, to extend the reach,” said Dr. Robbins. “A new component of the program includes a group called YouthMove Maine, a peer support group of young people who have previously gone through treatment helping to engage those who are new to the program.”

From primary care integration to bridging services between high school and beyond, creating the right access to services is crucial. “By developing skills in the interventions we know to be effective, and by working to make that treatment available throughout Maine,” said Dr. Robbins, “we know we can make much better use of healthcare resources and make major differences in people’s lives.”

To request an outreach presentation or make a referral to NITT-HT or PIER, contact Sarah Lynch, Program Manager, at 207-662-3162.
Children who are severely affected by autism have been understudied. The AIC multi-site study focuses on this segment of the disorder, and Spring Harbor Hospital has led the effort to enroll over 400 participants in the study thus far. In contrast to outpatient samples, this group includes over 50% who are nonverbal, 40% who have an intellectual disability, and 25% who exhibit self-injurious behavior.

This inpatient autism group is also predominantly male, has a higher rate of challenging behaviors, and often has a co-occurring disorder, including anxiety or ADHD. Studying this group in the outpatient setting has proven difficult because of communication challenges, along with complicated schedules for families who have to coordinate more appointments and cope with unpredictable behaviors.

“The hospital environment provides an opportunity to study this lower functioning, often nonverbal group,” said Dr. Matthew Siegel, lead investigator of the study. “There is also fantastic potential here to find and identify more genetic variations tied to autism.” The medical community is trying to understand how genetics relate to autism; investigators currently can only tie about 20% of autism to specific genetic causes.

The study will create a repository of data available to any investigator in the world – a unique resource that has the potential to dramatically advance discovery. “If this AIC group is richer in genetic variations, we can participate in building small groups that have the same variation. That may allow people to develop more targeted treatments and have an enormous impact,” said Dr. Siegel.

Matthew Siegel, M.D., the Director of the Developmental Disorders Program of Maine Behavioral Healthcare, is the principal investigator. Kahsi A. Smith, Ph.D. and Susan Santangelo, Sc.D., both with the MMC Research Institute (MMCRI), are co-investigators, and Mary Verdi, M.A. is the Project Research Coordinator. Dr. Santangelo is the Director of Psychiatric Research at MBH.