KidNews Today

The Catholic School Edition

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When to Make the Call

Some of us (including mental health professionals, educators and bank tellers) are what Florida calls a "mandatory reporter." We must report suspected cases of abuse, neglect and/or exploitation of any minor, disabled person or senior (age 60 and above). Anyone else may make an anonymous report to the abuse hotline (1-800-96-ABUSE).

While healthcare professionals are apt to hear, or see, evidence of abuse, and teachers may also see day-to-day signs that something is wrong. Bank tellers are in a position to see if a senior may be being financially exploited, such as might be the case when the senior begins withdrawing large amounts of cash or otherwise spending money in an unusual way.

Tragically, we read again and again in the paper about neighbors, friends and even family members who knew, or suspected, something was going terribly wrong within a family but chose not to make the call—even though it is anonymous, free, and could be the difference between life and death.

Why don't people make those calls? For reasons that simply don't make sense in the harsh light of day:

"I can't prove anything…" Well, you're not the legal system; no one expects you to prove anything. Your moral responsibility is to make the call and describe what you hear and see happening; that is all. The experts will make an assessment, which may take some time. They will interview family members and others involved in the life of the family to determine if anyone is at risk, and usually implement a plan to help the family. If there has been criminal activity, law enforcement will be actively involved.

"I don't want my (friend/child/etc.) to lose their kids." If the abuse is happening, the child needs to be protected. If there is not abuse uncovered, but a problem with alcohol, family relationships, or parenting skills is revealed, the family will be provided with support systems, counseling, etc., to help. This is also the case with abuse; first the child has to be safe, and then the family can work towards healing. Not all abusers regain custody of a child; the child's safety and well-being must be kept as the ultimate good.

"The family will figure out who made the call and hold it against me." If you're a mandatory reporter, you know all about having to acknowledge – and sometimes let the family know in advance—that you must make that call. For others, you can be anonymous and refuse to participate in the discussion of whose "fault" it is that the authorities are involved in the family's life. This excuse sounds a lot like putting your own comfort at a higher premium than the well-being of the child, disabled person or senior. *Think hard about making such a choice. A child is being hurt, or a senior being robbed of lifesavings, and you're worried about being shunned by a neighbor?* If you feel unsafe, contact law enforcement and get guidance on dealing with threats.

If you need to make the call and are anxious, have a friend or colleague with you for moral support. Stick to the facts; what you've seen, what you've heard. Do not deliver "hearsay," or what others have shared with you. If other people have observed problems, they must make their own calls or talk to the hotline personnel separately within the same call. The hotline staff will help you through the steps.
Someone's life, or long-term well-being, may be counting on you.
- Dr. Lori Puterbaugh, LMHC, LMFT

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Sister Flo Marino, School Administrator

Holy Family Catholic School

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SEPTEMBER HOLIDAYS

Labor Day 9/5

Patriot's Day 9/11

Grandparents' Day 9/11

Autumn begins 9/23

Rosh Hashanah 9/29

September resources for parents & professionals

Great Safe and Bully-Free resources for students of all ages are available through Positive Promotions at http://www.positivepromotions.com/safe-bully-free-schools/c/S_1001_46/ for anti-bullying resources, and at http://www.positivepromotions.com/healthy-kids/c/TO_1001_8/ for other safe-environment materials such as anti-child abuse, good touch/bad touch and similar resources. This section also includes basic health & safety information at a variety of age levels. Many types of materials are available. The coloring/activity books that allow parents and teachers to walk small children through the concepts at age-appropriate levels are very helpful in explaining what can be very uncomfortable ideas. These may be personalized with your school or organization's information for a small fee, or ordered plain.

The official "Child Abuse Prevention Month" is April, but it's always child abuse prevention day! Here is a link to a 94-page booklet on preventing child abuse that can be helpful for organizations and individuals. http://www.preventchildabuse.org/publications/cap/downloads/2011CAPMguide.pdf
This pdf file is published by Prevent Child Abuse America, founded in 1972.

HEALTH NEWS: While Tardive Dyskinesia is a relatively well-known effect of many psychiatric medications, particularly anti-psychotic medications such as those that may be taken for schizophrenia, a phenomenon only recently making headway in the scientific literature is Tardive Dysphoria. Tardive Dysphoria is a chronic form of depression that is believed to be caused by antidepressant medications. Long-term use of such medications may be affecting the actual structure and functioning of the brain such that the patient is not able to be un-depressed—whether or not he is on medications. Some early research indicates that gradually weaning off medication with medical supervision may help with this condition.
The problem arises, apparently, not just because of chemical changes in the brain from the medications but because the medications in some way affect the neuroplasticity of the brain. This refers to the brain's ability to build new connections and change in response to the demands placed upon it. This is what makes learning anything possible. When you focus and learn, you are literally building connections inside your head! It is unclear how frequently tardive dysphoria occurs. Tardive Dyskinesia is more commonly recognized, because its effects are so apparently different from the problem that brought the client to seek medical care. Outward signs of Tardive Dyskinesia such as permanent tremors and muscle twitches are painful, demoralizing and very obvious to others; the other sensations, such as feeling as if things are crawling under your skin, or electricity-like shocks, are hardships, too. Tardive Dysphoria looks like, and feels like, more depression—a heavy, unrelenting depression. Often psychiatrists would try a different medication if the depression does not seem to respond to the first prescription. This research indicates that sometimes, the drug may be the problem. *Warning: never discontinue a powerful medication such as an antidepressant without medical supervision and a plan for comprehensive self-care and support.*—Dr. Lori Puterbaugh, LMHC, LMFT

Sleep Apnea in Returning Troops: Sleep disturbances, anxiety, irritability, depression…signs of stress, and, if the person is a veteran of war, perhaps indicators of Post Traumatic Stress Disorder, or PTSD. There is another potential problem, which may occur with PTSD or on its own: Sleep Apnea. You may think of Sleep Apnea as something more common for senior citizens or the very overweight, and this has traditionally be thought to be the case. There has been an increase in the number of returning troops from the Iraq and Afghanistan fronts with sleep apnea. This condition can respond very well to treatment, and improved quality of sleep will make coping with trauma, external injuries, and other challenges much easier. If you are in the military, or have a friend or family member who has returned from Iraq, Afghanistan, or other deployments, urge them to discuss with their physician whether a sleep study is indicated. It's not always necessary, but it may make a tremendous difference! - Dr. Lori Puterbaugh, LMHC, LMFT

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Relationship Corner: Tips for Grandparents

In honor of Grandparent's Day this month, let's talk about being a grandparent. If you're not a grandparent, perhaps this will be helpful in terms of understanding the grandparent's point of view and improving relationships.
If you're a parent, you truly "get" how your parents feel about you—the willingness to make sacrifices, the frustrations, the abiding desire to love and be helpful. They feel that way about you, and about your child—their grandchild.
However, grandparents—that child is not yours.
So:
Hold back on the comments. Things really change quickly in the world of infant and child care, and even new parents in the trenches who do lots of research can't keep up with everything.

Be open to learning. Sure, our kids slept on their bellies and ate mashed potatoes at six months old—but that was then, this is now.

However, your house can be different. Don't be different on safety issues and don't challenge parent preferences about nutrition and bedtimes, but you can set limits on things like curfew/bed time, use of electronic devices, manners, etc., in your home. This is the setting to model options outside of, and still retain respect for, your child's parenting style.

If something is truly a danger or concern, bring it up in terms that are gentle and not accusing. Saying, "I'm worried because Joey is so tired every time he visits...have you noticed him seeming cranky/sleepy/restless?" By describing what you see and hear, and inviting feedback, you are not being the accusing, "know it all" parent that will bring out your child's defensive inner twelve-year-old. - Dr. Lori Puterbaugh, LMHC, LMFT

If something is truly a danger or concern, bring it up in terms that are gentle and not accusing

Something to Talk About: My Friend has Trouble at Home

Your friend makes you promise not to tell. Now you have a bad secret—a secret that makes you feel upset, angry, and helpless. Your friend has trouble at home. Someone is hitting, kicking, or otherwise hurting your friend. Your friend is afraid to tell a grownup because it will cause problems at home; maybe the police will be involved. However, your friend is in danger. Helping your friend get help has to be more important than keeping this bad secret, or keeping your friend from being mad at you for telling the secret. You have to remember your friend's safety is more important than whether your friend is mad at you.
So, tell a grownup! Tell your grownups, tell a grownup at school, tell a police officer. If someone doesn't believe you, tell a different grownup. If you can, have your grownups help you call the abuse hotline at 1-800-96-ABUSE and let the staff person there take the information. They will decide whether, or when, to send someone to investigate. You don't have to give your name or address; as a child or teenager, you can be anonymous. It's something to take very seriously, because filing false reports of abuse or neglect is a crime. —It's something to talk about! - Dr. Lori Puterbaugh

Grownup Tip: When You Wonder If You're Being Abusive...

In this month's expanded tip, we're addressing what to do when you wonder if you're the one with an abusive pattern of behavior. Here are some questions to ask yourself:

Do I use alcohol or any kind of mood-altering drug on a daily or regular basis? Even a prescription drug can change your perceptions and behavior. Abuse, reliance or addiction lead inevitably to further problems. If you are prescribed the drugs for a specific purpose, discuss possible side effects with your physician.

Do I tend to take things personally? If you think two-year-olds are trying to give you, personally, a hard time, or tend to think everything is a personal insult or gesture of disrespect, you have an attitude that can be the foundation for the kind of reactive anger that leads to abusive words and deeds.

Do I act out of anger? If you find yourself yelling, slamming things, throwing things, or raising your hand to strike someone in anger, you are acting out of anger. When acting out of anger, it's easy to slip out of control. Discipline is best handled when you can be calm and think through what the main message should be. Being scared of you should never be lesson your child learns!

Has anyone close to me suggested, either directly or with hints, that I might have an anger problem? Unless the other person is controlling and manipulative, take such suggestions very seriously. Even if the other person may have control issues, it's worth running this past someone you trust, too. A good-hearted person has probably weighed over the decision of whether or not to address this with you for a while before deciding to take the leap.

If you've answered yes to any of these questions, consider getting help. That help could be:

A self-help group such as Alcoholics Anonymous, Narcotics Anonymous, or other recovery program to figure out whether you have an addiction that is driving your behavior.

Parenting classes, such as those offered free, or at little cost, by community centers and churches, or one-on-one coaching in parenting techniques with a counselor.

Anger-management training. This will probably involve either individual or group counseling, and will focus on stress management techniques, behavior strategies, and relearning how to think through things so that old, auto-pilot habits of thoughts stop running your emotions. This will help with issues such as taking things personally, trying to control situations, and other potentially very negative thought habits.

A physical examination to rule out health problems that can affect mood: endocrine system disorders, blood disorders such as anemia that can lead to depression, fatigue and irritability, and nutritional problems.

you suspect you have an anger problem, please seek help. Your family is counting on you!-Dr. Lori Puterbaugh, LMHC, LMFT

It's the right time to...start gathering information on family members' patron saints to make All Saints' Day special. Remember, too, to make All Souls' Day a special day by remembering in prayer and in conversation family members, friends and others important to your family who have died, especially those who died in the past year.

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