Rethinking Discipline: Innovative program for kids with behavioral challenges gains momentum

We’ve all seen a child’s outburst in the grocery store, at school or in the home. Often the adult will try to deflect the flare-up by ignoring it temporarily, or attempt to encourage or enforce compliance through the promise of a reward or the threat of punishment. But for millions of kids, the inability to cope flexibly with life’s problems can trigger explosive behaviors that are unmanageable and harmful.

A PROBLEM OF SKILLS, NOT WILL
The common view suggests these kids behave badly to “have their way,” and need incentives – or disincentives – to conform to adult wishes and expectations. The Think:Kids program at Massachusetts General Hospital takes a different approach.

“Think:Kids promotes the understanding that ‘challenging kids’ – kids with social, emotional and behavioral problems – lack the skills, not the will, to behave well,” says J. Stuart Ablon, PhD, director of Massachusetts General Hospital’s Think:Kids program and associate clinical professor of Psychology in the Department of Psychiatry at Harvard Medical School.

Originally started in 2003 as the Collaborative Problem Solving Institute, Think:Kids is gaining momentum because of persuasive evidence that its Collaborative Problem Solving (CPS) approach works across a broad range of circumstances, geographies and age groups.

Dr. Ablon estimates that fully 10 to 20 percent of young people exhibit challenging behaviors. In addition, “moderate to severe behavioral problems cross all geographical and socio-economic boundaries,” says Dr. Ablon. “Kids with these issues are found in homes and schools across America, from inner cities to affluent suburbs. It’s a massive problem with staggering costs.”

Opened in 2009, the Think:Kids clinic has helped hundreds of families in the Boston area. Boston also serves as the nerve center for what has become a much broader effort. Here, Dr. Ablon heads up a team of mental health professionals who train more than ten thousand parents, educators and clinicians annually, and who consult with schools and treatment programs across the globe.

(Continued on page 6)
Dear Friends and Supporters,

In lieu of my usual column, we have elected to share the wise words and counsel of our director of the Child and Adolescent Psychiatry Residency Training Program, Professor Eugene V. Beresin, MD, MA. Gene wrote this in response to our national anguish and need to support our children and families after the unbearable news from Newtown, Conn. There are still more questions than answers about the tragedy itself, but Gene’s words are to help us all going forward in supporting the needs of young people everywhere who have been affected.

Jerrold F. Rosenbaum, MD, psychiatrist-in-chief

Helping Children Cope with Violence in the News

The hearts and thoughts of the MGH community went out to those affected by the horrific school shooting in Newtown, Conn., on December 14, 2012. Dr. Eugene V. Beresin developed guidance to help parents, teachers and others talk with children and teenagers about high-profile devastating events. An expanded version of this information was emailed to the hospital’s 20,000 employees.

WHAT WILL CHILDREN ASK?
Children of all ages will ask the primary questions:

• Am I safe?
• Are you, the people who take care of me, safe?
• How will these events affect my daily life?

It’s important to provide answers to these questions, even if your children do not put them into words. You should expect to answer these questions several times over the next few weeks.

HELP PLACE THE EVENT IN CONTEXT
Parents and caregivers should try to address what the child is experiencing by asking, “What are your questions, concerns and what are you worried about?” Kids have different fears. Many will worry about continued school shootings, and others will worry about such events spilling over to other areas, such as their homes, neighborhoods and playgrounds. For kids of all ages, it is really important to let them know that these kinds of events are incredibly rare. They should be told (over and over) that your school and schools nationwide are very safe places. Ask them to think of all the time they have spent in school, the times their older siblings have spent in school and that things like this really do not happen much at all.

‘PUT ON YOUR OWN OXYGEN MASK FIRST’
Simple reassurance in the immediate phase, however, may not be all that calming. Reassurance needs to be given repeatedly over the next number of weeks.

Also, while it may seem counterintuitive to think about taking care of yourself, many studies have shown that in the wake of natural and manmade disasters, the emotional stability and security of parents must come first. It is akin to what we hear from airline attendants: “If the pressure drops, put the oxygen mask on yourself first, then help the child next to you.” While children certainly react to what they have seen or heard, they also are looking carefully at how their parents are reacting.

WHAT TO LOOK FOR IN YOUNGER CHILDREN
It is not uncommon for children (and adults) of all ages to experience features of acute or post-traumatic stress, even for those who witness the event remotely through media. The key features include: remembering, emotional numbing (for post-traumatic stress) and arousal. Many kids will have frightening flashbacks, or sometimes in younger children vague images of horror they cannot describe. These images may interrupt sleep or intrude into the day. Some kids will react by regressed behavior such as clinging, and it is just fine to keep them close. After all, they need to feel attached!

For other kids, they may shut down and avoid contact. While parents should not force physical contact, they should not leave them alone, but stay close and try to engage them in playful and caring ways. Many children and adults will demonstrate signs of “arousal” such as rapid heart beat, feelings of panic or “impending doom,” rapid breathing, nausea, sweating. This is the “fight or flight” response well known in situations of extreme danger. It may, in fact, come on in response to thinking about such an event.

TURN OFF THE TV
In the next few days to weeks some younger children may “re-enact” the event by playing games of shootings, people getting hurt, dying or being taken to the hospital. Such play in younger children is normal and should be allowed, though it is really hard for many adults to tolerate. The important point is that kids work out their emotional conflicts through playing.

For younger children, turn off the TV! Remember, they may think the images and videos that are continually covered by the media may mean these things are happening over and over. It may also increase their emotional distress, just as it will certainly increase the reactions of adults.

The most important thing is to keep conversations open. Concerned parents should contact their pediatrician or a child and adolescent psychiatrist for an evaluation.
Eastern treatment modalities such as acupuncture and aromatherapy have been used since the third millennium BC. Mounting scientific evidence shows that these treatments are effective for medical problems ranging from addiction and anxiety to urinary tract infections and wrist pain.

MIND/BODY TECHNIQUES INTRODUCED IN SCHOOLS

MGH psychiatrist Nada Milosavljevic, MD, JD, is pioneering the use of mind/body techniques, sound therapy, aromatherapy and acupuncture in her treatment of high school students in Massachusetts to address anxiety and stress-related disorders. Through the Integrative Health Program (IHP), she teaches adolescents how to reduce the symptoms of anxiety and stress, and to take more responsibility for their bodies and their health. The program was introduced in Chelsea and Revere high schools last year, and this year in the Rindge and Latin High School in Cambridge.

Anxiety and stress-related disorders are widespread and costly to society. Eighteen percent of U.S. adults and 25 percent of 13 to 18 year olds – one out of every four – are estimated to suffer from an anxiety disorder at any given time. According to the most recent figures available, anxiety disorders cost the U.S. more than $42 billion a year, almost one-third of the country’s $148 billion total mental health bill.

STUDENTS GAIN SENSE OF CONTROL

The students participating in the IHP program bear their share of anxiety and stress, but using the tools and techniques that Dr. Milosavljevic has taught them, they exude newfound confidence and health:

“I felt energized after meeting Nada,” said Wilnalis Mercado (16) with a broad and playful smile, “I had to join track just to burn up the extra energy.”

“I was very much more in control of my emotions [after the treatments with Dr. Milosavljevic],” said 18-year-old Joycelyn Perez.

“I have just started,” said Shuly Sejour, age 18, “but my session with Nada has become the center of my week.”

This is no mean feat in communities like Chelsea and Revere where other pressures can exacerbate emotional problems. Median household income in Chelsea, for example, is two thirds of the state average, with 27 percent of children living below the poverty line compared with the state average of 12.8 percent.

The program consists of eight, 30-minute weekly sessions that include acupuncture; sound therapy, which uses two large tuning forks; essential oils, which are the highly concentrated, volatile extracts of flowers; and mind/body techniques, including breathing and mindfulness exercises. As take-aways, students also learn about pressure points and other techniques to manage mood and modulate their anxiety levels.

PROGRAM SHOWN TO DECREASE ANXIETY, INCREASE WELLNESS

Data on the program’s success are already robust: more than 50 students have participated and there has been a significant reduction in anxiety and stress-related symptoms among participants. Using the Beck Anxiety Inventory and an integrative medicine outcome measure known as the Web of Wellness – both of which are administered pre- and post-intervention – Dr. Milosavljevic has found that anxiety levels decreased on average by almost one third, and wellness increased by an average of 40 percent.

The Integrative Health Program was launched in 2011 with philanthropic support from an anonymous donor. Dr. Milosavljevic is optimistic that the program can expand throughout the state. In Massachusetts, there are 41 school-based health centers, providing plenty of opportunity for replication.

“This is a very doable, portable, potent and cost-effective treatment,” says Dr. Milosavljevic. “It can have a tremendous effect on the health and productivity of high school students.”
Inaugural Grand Rounds Endowed Lectures

**OCTOBER 4, 2012: THE INAUGURAL ANNE W. ALONSO, PHD LECTURE IN PSYCHODYNAMIC PSYCHOTHERAPY**

Donald C. Goff, MD, director, Nathan S. Kline Institute for Psychiatric Research, vice chair for Research, Department of Psychiatry, NYU Langone Medical Center and former director, MGH Schizophrenia Clinical and Research Program; Jerrold F. Rosenbaum, MD, MGH chief-of-psychiatry; Oliver Freudenreich, MD, medical director, MGH Schizophrenia Clinical and Research Program; and speaker Joseph P. McEvoy, MD, professor of Psychiatry and Behavioral Sciences, Duke University Medical Center

**NOVEMBER 8, 2012: THE INAUGURAL DONALD C. GOFF, MD LECTURE IN SCHIZOPHRENIA**

John B. Herman, MD, associate chief of Psychiatry; speaker Dan H. Buie, MD, supervising and training analyst, Boston Psychoanalytical Society and Institute; Marjie Alonso; Sarah Alonso; Ramon Alonso; and Robert J. Waldinger, MD, director, Center for Psychodynamic Therapy and Research

---

**Council Meetings**

**NOVEMBER 2, 2012: 8TH ANNUAL PEDIATRIC PSYCHOPHARMACOLOGY COUNCIL SEMINAR AND DINNER**

Thomas J. Spencer, MD, Elizabeth M. Wingard, Richard Y. Wingard

Frank Esposito, Julia Razook, Joan Razook

Joshua P. Cole, MD, Judith L. Fournier, DO, Timothy E. Wilens, MD

**NOVEMBER 16, 2012: 9TH ANNUAL DEPRESSION CLINICAL AND RESEARCH PROGRAM/ BIPOLAR CLINIC AND RESEARCH PROGRAM COUNCIL SEMINAR AND DINNER**

Andrew A. Nierenberg, MD, director, Bipolar Clinic and Research Program; and Susan J. Noonan, MD, MPH, author of the forthcoming book *Managing Your Depression: What You Can Do to Feel Better*

Elissa Freud; Steven R. Willis; F. Jefferson Stocks; and Maurizio Fava, MD, director, Depression Clinical and Research Program

Emily Bowman; Kostya Lantsman; Matthias B. Bowman; and George Papkostas, MD, director, Treatment-Resistant Depression Studies
Kuwait

OCTOBER 9, 2012: WORLD MENTAL HEALTH DAY EVENT

From left: Julia Carney, program manager, Chester M. Pierce Division of Global Psychiatry (Pierce Division); Gregory L. Fricchione, MD, associate chief of Psychiatry; Maurizio Fava, MD, executive vice chair of Psychiatry; John B. Herman, MD, associate chief of Psychiatry; Alaa Alhomaizi, research intern, Pierce Division; Her Royal Highness Sheika Arwad Al-Sabah, host; Asha Parekh, MD, McLean Hospital; Christina P.C. Borba, MD, MPH, director of Research, Pierce Division; and David C. Henderson, MD, director, Pierce Division. The World Mental Health Day events in Kuwait were organized by the Ministry of Health and SPEAK, an anti-stigma campaign founded by Ms. Alhomaizi and her twin sister Dalal, research interns in the Pierce Division.

Hosted Events

OCTOBER 1, 2012: RECEPTION FOR OLDER ADULT OUTPATIENT PSYCHIATRY PROGRAM

From left: Julia Carney, program manager, Chester M. Pierce Division of Global Psychiatry (Pierce Division); Gregory L. Fricchione, MD, associate chief of Psychiatry; Maurizio Fava, MD, executive vice chair of Psychiatry; John B. Herman, MD, associate chief of Psychiatry; Alaa Alhomaizi, research intern, Pierce Division; Her Royal Highness Sheika Arwad Al-Sabah, host; Asha Parekh, MD, McLean Hospital; Christina P.C. Borba, MD, MPH, director of Research, Pierce Division; and David C. Henderson, MD, director, Pierce Division. The World Mental Health Day events in Kuwait were organized by the Ministry of Health and SPEAK, an anti-stigma campaign founded by Ms. Alhomaizi and her twin sister Dalal, research interns in the Pierce Division.

Jerrold F. Rosenbaum, MD, MGH chief-of-psychiatry; Anthony P. Weiner, MD, director, Outpatient Geriatric Psychiatry; and Randy L. Buckner, PhD, director, Psychiatric Neuroimaging in the Manhattan residence of Marie-Hélène Weill, host

NOVEMBER 12, 2012: RECEPTION AND DINNER FOR THE HARVARD STUDY OF ADULT DEVELOPMENT

Robert J. Waldinger, MD, director, The Harvard Study of Adult Development; Jane Condon and Kenneth G. Bartels, hosts; and Jerrold F. Rosenbaum, MD, MGH chief-of-psychiatry, at the Knickerbocker Club in Manhattan

SAVE THE DATE

The MGH Psychiatry Academy Patient and Family Education Seminar

Saturday, February 23, 2013

Obsessive Compulsive and Body Dysmorphic Disorders in Adults and Children

Sponsored by the Sidney R. Baer, Jr. Foundation

For information, call: 866-644-7792

Erratum

In the Summer 2012 issue of Mindscapes, the caption for the picture at right should have read (from left): Marie Pinizzotto, MD, Lee Cohen, MD, and Carol Ammon

Ways to Give

For information about ways to support the clinical care, research, teaching and community health activities of the MGH Department of Psychiatry, please contact Carol Taylor at (617) 724-8799 or cvtaylor@partners.org or Frank Soldo at (617) 724-0186 or fsoldo@partners.org.

Mindscapes

Winter 2013 Vol. 6, No.1

CHIEF OF PSYCHIATRY
Jerrold F. Rosenbaum, MD

SENIOR MANAGING DIRECTOR OF DEVELOPMENT
Carol W. Taylor

SENIOR DIRECTOR OF DEVELOPMENT
COMMUNICATIONS
Ellen R. Hurley

WRITING
John Hebert

Aidan Parkinson

EDITORIAL MANAGEMENT
Karen Blumenfeld

DESIGN AND PRODUCTION
Arch MacInnes

Aidan Parkinson

PHOTOGRAPHY
MGH Photolab

Mindscapes is published for friends and supporters of the Massachusetts General Hospital Department of Psychiatry.

www.massgeneral.org/psychiatry

To be added to or removed from the mailing list, please contact: Massachusetts General Hospital Development Office 165 Cambridge Street, Suite 600 Boston, MA 02114-2792

Tel: 617.726.2200

Toll-free: 877.644.7733

www.massgeneral.org/give
Solving problems and responding to life’s demands requires thinking skills. If a child doesn’t have the skills to handle problems or expectations adaptively, the likely result will be some form of maladaptive or challenging behavior.

Think:Kids starts by identifying the skills that are lagging, then focuses on teaching these skills, by helping the child and adults learn how to resolve disagreements together and to mutual satisfaction, following three basic steps:

- **Provide empathy/reassurance:** to understand the child’s concern and reassure him or her that the problem will not be solved by imposing the adult’s will.
- **Define the problem:** to identify and express the adult’s concerns with respect to the same issue.
- **Invite the child to brainstorm:** to identify, together with the adult, solutions that are mutually satisfactory and realistic.

**EXTENDING THE MODEL**

In Oregon, CPS principles were first introduced in 2003 at an in-patient psychiatry unit for adolescents at Legacy Emanuel Hospital in Portland, under the supervision of Dr. Ablon. In the first year, the approach was credited with a 70 percent decline in the use of seclusions and restraints.

In 2007, the methodology was extended statewide by the Oregon Addictions and Mental Health Services (AMH) Division of the Department of Human Services. Through their training, all the adults and systems concerned with the care of a particular child – parents, foster parents, schools, residential programs, hospitals, doctors and others – became acquainted with CPS principles and developed a common language for collaboration. Many have adopted these practices and are working to fully implement them.

“The CPS model succeeds as a new approach that people with minimal psychological training can absorb, that doesn’t assign blame to kids or adults ....”
— Ajit N. Jetmalani, MD

Kairos, an organization that provides intensive mental health services at nine settings in Oregon at the direction of CEO Robert E. Lieberman, MA, LPC, was among the first of 40 organizations in the state to adopt the new approach. Of the nine Kairos settings, four have intensive treatment milieus in which restraint and seclusion are used. Implementation of the CPS model with assistance from Think:Kids is credited with cutting the number of emergency safety interventions – restraints, hospital trips or seclusions – from 861 in 2008 to 144 in 2012 through September (see chart).

"the CPS model succeeds as a new approach that people with minimal psychological training can absorb, that doesn’t assign blame to kids or adults ...."
— Ajit N. Jetmalani, MD

SUMMARY CHART

Kairos Emergency Safety Interventions Per Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1,000</td>
</tr>
<tr>
<td>2009</td>
<td>800</td>
</tr>
<tr>
<td>2010</td>
<td>600</td>
</tr>
<tr>
<td>2011</td>
<td>400</td>
</tr>
<tr>
<td>2012</td>
<td>200</td>
</tr>
</tbody>
</table>

Most recently, Drs. Ablon and Jetmalani have forged an alliance between Think:Kids and OHSU, aiming to establish a sustainable presence for the program in Oregon and beyond. Dr. Ablon is also working to establish more “hubs of activity” for Think:Kids across the country and around the world.

And with some experts suggesting that pediatricians now spend 30 to 40 percent of their time dealing with developmental and behavioral challenges, broadly applying Think:Kids principles could be just what the doctor ordered.
Faculty Books

**Getting Control: Overcoming Your Obsessions and Compulsions**

By Lee Baer, PhD, published by Plume, a member of Penguin Group, 2012.

The first comprehensive guide to treating obsessive compulsive disorder based on clinically proven behavioral therapy techniques, Dr. Lee Baer’s Getting Control has been providing OCD sufferers and their families with information and relief for more than 20 years. In the same easy-to-understand format as the original, this newly updated edition includes: cutting-edge behavioral therapy techniques; breakthrough advances in neuroscience; brand new material on hoarding; expanded sections on how families can help OCD sufferers; the latest diagnostic standards as outlined by the American Psychiatric Association; and an updated list of resources.

**Suicide by Security Blanket, and Other Stories from the Child Psychiatry Emergency Service: What Happens to Children with Acute Mental Illness**

By Laura M. Prager, MD and Abigail L. Donovan, MD, published by The Praeger Series on Contemporary Health and Living, 2012

This book takes the reader inside the child psychiatry emergency room at Massachusetts General Hospital. Each chapter highlights both the child’s dilemma and the doctors’ thought processes, and stresses the elements of rapid assessment. The patient stories also offer teaching points about child development and the warning signs of illness, and provide compelling lessons regarding types of interactions with school systems, healthcare systems, and family systems. Each child’s story presents a unique glimpse into the frontlines of a pediatric psychiatric emergency room.

Faculty News

**Eugene V. Beresin, MD, MA,** director of Child and Adolescent Psychiatry Residency Training at Massachusetts General Hospital and McLean Hospital, was appointed associate editor of the Journal of Graduate Medical Education.

**Sarah E. Bergen, PhD,** research fellow in the Psychiatric and Neurodevelopmental Genetics Unit in the Center for Human Genetic Research, was awarded a NARSAD Young Investigator grant from the Brain and Behavior Research Foundation to study genetic influences on and risk factors for schizophrenia.

**Paolo Cassano, MD, PhD,** assistant in research in the Depression Clinical and Research Program, received a NARSAD Young Investigator grant from the Brain and Behavior Research Foundation to test a brain stimulation technique called transcranial laser therapy as a treatment for depression.

**Cristina Cusin, MD,** staff psychiatrist in the Depression Clinical and Research Program, received a grant from the American Foundation for Suicide Prevention to study a novel use for ketamine – commonly used as a general anesthetic – for individuals with treatment-resistant depression and chronic suicidal ideation.

**Corinna Elliott, PhD,** clinical and research fellow in the Obsessive-Compulsive and Related Disorders Program, was awarded a fellowship grant from the Fonds de la Recherche en Santé du Québec to study attention biases, perceptual distortions and organizational strategies in body dysmorphic disorder, obsessive compulsive disorder and social phobia.

**Sharmin Ghaznavi, MD, PhD,** staff psychiatrist in the Bipolar Clinic and Research Program, was awarded a NARSAD Young Investigator grant from the Brain and Behavior Research Foundation to study the neural correlates of rumination in depressed and manic mood states in individuals with bipolar disorder.

**Jeff Huffman, MD,** medical director of the Inpatient Psychiatry Service and director of the Cardiac Psychiatry Research Program, received an award from the Greater Good Science Center to study the effects of gratitude on medical outcomes in patients who have been admitted to the hospital for a heart attack or related condition.

**Rakesh Karmacharya, MD, PhD,** director of Stem Cell Research in the Psychiatry Center for Experimental Drugs and Diagnostics, received an NCDEU New Investigator Award from the American Society of Clinical Psychopharmacology. He also received a Koch Institute Image Award from the Massachusetts Institute of Technology for his work in generating neuronal cultures from human skin cells.

**John F. Kelly, PhD,** associate director of the MGH Center for Addiction Medicine and program director of the Addiction Recovery Management Service, was named a Fellow of the American Psychological Association for “unusual and outstanding contributions to the field of psychology.”

(Continued on page 8)
Faculty News

(Continued from page 7)

Christopher J. McDougle, MD, director of the Lurie Center for Autism, was awarded the 2012 George Tarjan Award for Contributions in Developmental Disabilities from the American Academy of Child and Adolescent Psychiatry.

Snezana M. Milanovic, MD, MSc, assistant psychiatrist in the Center for Women’s Mental Health, received a NARSAD Young Investigator Grant from the Brain and Behavior Research Foundation to use novel cell and molecular brain imaging technology to identify biomarkers that are diagnostic and predictive of the course of depression and its response to therapy.

Tracey L. Petryshen, PhD, associate in psychiatric genetics research in the Psychiatric Neurodevelopmental Genetics Unit of the Center for Human Genetic Research, received a grant from the Stanley Medical Research Institute to identify biomarkers for manic and depressive states using proteomic profiling of a bipolar mouse model.

Jerrold F. Rosenbaum, MD, MGH psychiatrist-in-chief, was a three-time panelist, presenter and dinner host at the Autumn Harvest Renaissance Program in Napa, Calif., on October 19-21, 2012.

Frederick J. Stoddard, Jr., MD, chief of psychiatry at Shriners Hospital for Children and senior attending psychiatrist, MGH Burn Service, received the “Highly Commended” award in the Psychiatry category at the 2012 British Medical Association Medical Book Awards for his book “Disaster Psychiatry: Readiness, Evaluation and Treatment.”

Ann Webster, PhD, health psychologist in the Benson-Henry Institute for Mind Body Medicine, received a distinguished alumni award from the Ferkauf Graduate School of Psychology at Yeshiva University.

Sabine Wilhelm, PhD, director of the Obsessive-Compulsive and Related Disorders Program and director of the Cognitive-Behavior Therapy Program, was elected representative-at-large for the Association for Behavioral and Cognitive Therapies.

Albert Yeung, MD, ScD, director of Primary Care Studies in the Depression Clinical and Research Program and co-medical director of the South Cove Community Health Center, received the 2012 Mayoral Prize for Innovations in Primary Care, in the Innovations in Healthcare Settings category, for his work at the South Cove Community Health Center to address health inequities within Boston’s Asian-American community.