

Thao Nguyen Foundation Inc. Newsletter

11th Issue December 2017

TOGETHER, WE BRING LIGHT TO MENTAL HEALTH AWARENESS

Greetings from the President

Nhung Hendy

I hope this Newsletter finds all of you well. It is hard to believe that another year has come to an end. In this issue, you will find a blog post written by one of the recipients of the Thao Nguyen Memorial Scholarships from Drexel University, Sara Aykit. Sara is majoring in English Language and Literature in the College of Arts and Sciences.

Continuing with the mission of promoting mental health awareness, you will find that we included in this issue recent research review on mental health treatment.

Since our last newsletter published on July 1st 2017, we have participated in two Out of the Darkness Walks: in Howard County on October 8th, 2017 and in Baltimore County on October 22nd 2017. We were also a bronze donor to the American Foundation for Suicide Prevention (AFSP) in sponsoring the Out of the Darkness Walk in Howard County this year. We believe that their mission of saving lives and bringing hope to those affected by suicide is aligned with our Foundation's mission of promoting mental health awareness and suicide prevention.

As the holiday season is upon us, please consider making your year-end taxdeductible donation to TN Foundation. Donations can be made securely on our web www.tnscholarshipforthearts.org. site There are also two other ways to support the Foundation. First, when you shop for holiday gifts on Amazon, make sure you use the smile.amazon.com link. When you first shop using this link, you can choose TN Foundation as the charity of your choice. Each time you shop, Amazon will donate .5% of the proceeds to our foundation. For those of you wondering about the price differences, rest assured that there are absolutely no price differences between the amazon.com and smile.amazon.com sites.

Second, when you buy or sell on eBay, you can designate a portion of your proceeds to TN Foundation. We could not have achieved this much without your donations and support. On behalf of the Board of Directors, please accept my heart-felt thanks for your continued support. Have a healthy holiday season and a blessed 2018!



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I am a masochist: I am a writer By Sara Aykit '19

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I identify as a writer. Which means, I guess, that I like to write, and I do a lot of it. But I'll be honest: writing is my go-to form of masochism. Half the time, eyes straining over my laptop, I wonder why I love to torture myself with writing. My wastebasket is a graveyard for halfwritten thoughts and abandoned drafts buried among crumbled paper and pencil shavings. Sometimes it feels like it takes a thousand years to discover what I want to write, and my expectations for how it should sound cripple my hand from writing freely, or writing at all.

It can be tortuous to write when that beautiful, magical river of writing flow seems hidden in the jungle of your mind. The worlds play Marco Polo with you but cheat by jumping out of the pool of your thoughts. The backspace seems to be my favorite button most nights. But I slave over my screen nonetheless.



After I finish a first draft, the pain is in sharing. I think I love the bottom-lipbiting, stomach-knotting nerves I get letting someone else read my works.

Half the time, I'm so insecure about my writing that I have no faith it'll be liked, so I smile when they smile; I nod when they nod. I float when someone compliments by writing. However, criticisms, and the more I love my piece of writing, the more vulnerable I am and the more difficult it is to accept criticism.

Writing is hard. The nights where the damn dam has dried up the river of my muse make me want to stop altogether. I don't. I admire the difficulties of writing. It makes me admire the writing of others even more.

I'm balding from trying to find the right words – but when I find those words it's like uncovering buried treasure: priceless. Writing is painful. Its full of honesty, violent pen scribbles, and the moans of a suffering writing (me!). Writing has made me a masochist. I love it.

This blog post first appeared in May 2016 on 5027mac.

Sara received the Thao Nguyen Memorial Scholarship Fund in 2016-2017. Keep up the great work!



IF YOU WANT TO CONTRIBUTE AN ARTICLE

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Medication and Cognitive Behavioral Therapy for Pediatric Anxiety Disorders: No Need for Anxiety in Treating Anxiety Summarized by James Manley from Journal of the American Medical Association, 2017

After her work tabling at events on behalf of the Foundation, Nhung mentioned that materials on anxiety seem to go quickly, so these recent articles in the Journal of the American Medical Association caught my eye. The main study (Wang et al.) focuses on anxiety among children: specifically, among children aged 5-16, with a mean age of 9. Some 32% of youth are affected by anxiety prior to adulthood (Asarnow et al.) and it seems to be a little more common among girls (Wang et al.). While the illness is not linked to suicide it can be quite debilitating, and the affliction can continue into adulthood and in some cases get worse over time.

The good news is that effective treatments are available. Based on a review of the evidence from 115 studies (Wang et al.) the most effective treatment is the combination of cognitive behavioral therapy with some medicines (SSRIs). The largest study reviewed found that while 24% of patients were better after 12 weeks of placebo treatments, that number can be pushed up to 68% with the combination of therapy and medication (Asarnow et al.). Medication alone is effective, and is less timeconsuming, but psychotherapy is also highly effective, particularly in conjunction with the medication.

The less good news is that anxiety, while treatable, often becomes chronic. As Asarnow et al. conclude, "[A]nxiety disorders may be best viewed as conditions that can be effectively treated in the short term, but characterized by continuing long-term risk.... There are acute treatments that work. Still, roughly 40% to 50% of anxious children who receive gold-standard CBT or [medication] remain symptomatic following acute treatment.... [F]ull remission is not expected for many children, even with our best treatments."

However, the best chances for remission do come with getting prompt treatment. Ginsburg et al. find that, "[E]arly clinical improvement provides protection against reoccurrence of anxiety disorders and associated disability," and that is true regardless of whether the treatment consisted of CBT, medication, or both. Also importantly, while mental illness can and does arise in all types of circumstances, having a supportive family makes a big difference. "[Y]ouths whose parents reported that their family had clear rules, more trust, and higher-quality interactions when they entered [the study] were more likely to be in remission at this 6-year follow-up."

So love them; your love matters!

Works Cited

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