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Psychiatric Medication For Children And Adolescents

Reprinted with permission from the American Academy of Child & Adolescent Psychiatry Facts for Families No. 21

Medication can be an effective part of the treatment for several psychiatric disorders of childhood and adolescence. A doctor’s recommendation to use medication often raises many concerns and questions in both the parents and the youngster. The physician who recommends medication should be experienced in treating psychiatric illnesses in children and adolescents. He or she should fully explain the reasons for medication use, what benefits the medication should provide, as well as possible risks and side effects and other treatment alternatives.

Psychiatric medication should not be used alone. The use of medication should be based on a comprehensive psychiatric evaluation and be one part of a comprehensive treatment plan.

Before recommending any medication, the child and adolescent psychiatrist interviews the youngster and makes a thorough

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From the Director.....Becky Price-Mayo, MSW, LBSW

Even though there are still 30 degree nights, trees are beginning to sprout new leaves and the narcissuses are blooming. Spring is here, and we are gearing up for the 12th Annual Region 5 Foster and Adoptive Training Conference and the Youth Leadership Conference! Both conferences will be held April 18th on the campus of Stephen F. Austin State University. Registration information will be mailed in March. We hope to see everyone there!

Judy Crone, Region 5 Council FPA Representative, is chairperson for the planning committee, which meets monthly. She reports that Grace Manor has committed to provide tote bags and many other private agencies are being contacted to sponsor and participate in both conferences. Along with numerous CPS staff, there are three SFA Master Social Work interns, Linda Johnson, Ronnie Cauley, and Benjamin Glade, who are very involved in organizing the conferences. Ronnie and Ben were awarded Title IV-E stipends in exchange for their commitment to work for CPS, specifically with children living in out-of-home care. This is just one of the professional development opportunities offered through the SFA School of Social Work, Child Welfare Professional Development Project (CWPDP).

In addition, education opportunities for East Texas foster/adoptive parents are provided in this newsletter! This issue features articles on Psychotropic Medications – the potential uses for psychiatric disorders of childhood and adolescents, types of medication and

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diagnostic evaluation. In some cases, the evaluation may include a physical exam, psychological testing, laboratory tests, other medical tests such as an electrocardiogram (EKG) or electroencephalogram (EEG), and consultation with other medical specialists.

Medications which have beneficial effects may also have side effects, ranging from just annoying to very serious. As each youngster is different and may have individual reactions to medication, close contact with the treating physician is recommended. Do not stop or change a medication without speaking to the doctor. Psychiatric medication should be used as part of a comprehensive plan of treatment, with ongoing medical assessment and, in most cases, individual and/or family psychotherapy.

When prescribed appropriately by a psychiatrist (preferably a child and adolescent psychiatrist), and taken as prescribed, medication may reduce or eliminate troubling symptoms and improve the daily functioning of children and adolescents with psychiatric disorders.

Medication may be prescribed for psychiatric symptoms and disorders, including, but not limited to:

**Depression**—lasting feelings of sadness, helplessness, hopelessness, unworthiness and guilt, inability to feel pleasure, a decline in school work and changes in sleeping and eating habits.

**Eating disorder**—either self-starvation (anorexia nervosa) or binge eating and vomiting (bulimia), or a combination of the two.

**Bipolar (manic-depressive) disorder**—periods of depression alternating with manic periods, which may include irritability, “high” or happy mood, excessive energy, behavior problems, staying up late at night, and grand plans.

**Psychosis**—symptoms include irrational beliefs, paranoia, hallucinations (seeing things or hearing sounds that don’t exist) social withdrawal, clinging, strange behavior, extreme stubbornness, persistent rituals, and deterioration of personal habits. May be seen in developmental disorders, severe depression, schizoaffective disorder, schizophrenia, and some forms of substance abuse.

**Autism**—(or other pervasive developmental disorder such as Asperger’s Syndrome)—characterized by severe deficits in social interactions, language, and/or thinking or ability to learn, and usually diagnosed in early childhood.

**Severe aggression**—which may include assaultiveness, excessive property damage, or prolonged self-abuse, such as head-banging or cutting.

**Bedwetting**—if it persists regularly after age 5 and causes serious problems in low self-esteem and social interaction.

**Anxiety** (school refusal, phobias, separation or social fears, generalized anxiety, or posttraumatic stress disorders)—if it keeps the youngster from normal daily activities.

**Attention deficit hyperactivity disorder (ADHD)**—marked by a short attention span, trouble concentrating and restlessness. The child is easily upset and frustrated, often has problems getting along with family and friends, and usually has trouble in school.

**Obsessive-compulsive disorder (OCD)**—recurring obsessions (troublesome and intrusive thoughts) and/or compulsions (repetitive behaviors or rituals such as handwashing, counting, checking to see if doors are locked) which are often seen as senseless but which interfere with a youngster’s daily functioning.
Psychiatric medications can be an effective part of the treatment for psychiatric disorders of childhood and adolescence. In recent years there have been an increasing number of new and different psychiatric medications used with children and adolescents. Research studies are underway to establish more clearly which medications are most helpful for specific disorders and presenting problems. Clinical practice and experience, as well as research studies, help physicians determine which medications are most effective for a particular child. Before recommending any medication, the psychiatrist (preferably a child and adolescent psychiatrist) should conduct a comprehensive diagnostic evaluation of the child or adolescent.

Parents should be informed about known risks and/or FDA warnings before a child starts any psychiatric medication. When prescribed appropriately by an experienced psychiatrist (preferably a child and adolescent psychiatrist) and taken as directed, medication may reduce or eliminate troubling symptoms and improve daily functioning of children and adolescents with psychiatric disorders.

ADHD Medications: Stimulant and non-stimulant medications may be helpful as part of the treatment for attention deficit hyperactive disorder (ADHD).

Examples of stimulants include:
- Dextroamphetamine (Dexedrine, Adderall)
- Methylphenidate (Ritalin, Metadate, Concerta)

Non-stimulant medications include
- Atomoxetine (Strattera)

Antidepressant Medications: Antidepressant medications may be helpful in the treatment of depression, school phobias, panic attacks, and other anxiety disorders, bedwetting, eating disorders, obsessive-compulsive disorder, personality disorders, posttraumatic stress disorder, and attention deficit hyperactive disorder. There are several types of antidepressant medications.

Examples of serotonin reuptake inhibitors (SRI’s) include:
- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Fluvoxamine (Luvox)
- Venlafaxine (Effexor)
- Citalopram (Celexa)
- Escitalopram (Lexapro)

Examples of atypical antidepressants include:
- Bupropion (Wellbutrin)
- Nefazodone (Serzone)
- Trazodone (Desyrel)
- Mirtazapine (Remeron)

Examples of tricyclic antidepressants (TCA’s) include:
- Amitriptyline (Elavil)
- Clomipramine (Anafranil)
- Imipramine (Tofranil)
- Nortriptyline (Pamelor)

Examples of monoamine oxidase inhibitors (MAOI’s) include:
- Phenelzine (Nardil)
- Tranylcypromine (Parnate)

Antipsychotic Medications: These medications can be helpful in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches (“tics”) or verbal outbursts as seen in Tourette’s Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior.

Examples of first generation antipsychotic medications include:
- Chlorpromazine (Thorazine)
- Thioridazine (Mellaril)
- Fluphenazine (Prolixin)

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- Trifluoperazine (Stelazine)
- Thiothixene (Navane)
- Haloperidol (Haldol)

**Second generation antipsychotic medications** (also known as atypical or novel) include:
- Clozapine (Clozaril)
- Risperidone (Risperdal)
- Quetiapine (Seroquel)
- Olanzapine (Zyprexa)
- Ziprasidone (Geodon)
- Aripiprazole (Abilify)

**Mood Stabilizers and Anticonvulsant Medications:**
These medications may be helpful in treating bipolar disorder, severe mood symptoms and mood swings (manic and depressive), aggressive behavior and impulse control disorders.

Examples include:
- Lithium (lithium carbonate, Eskalith)
- Valproic Acid (Depakote, Depakene)
- Carbamazepine (Tegretol)
- Gabapentin (Neurontin)
- Lamotrigine (Lamictil)
- Topiramate (Topamax)
- Oxcarbazepine (Trileptal)

**Anti-anxiety Medications:** These medications may be helpful in the treatment of severe anxiety. There are several types of anti-anxiety medications: benzodiazepines; antihistamines; and atypicals.

Examples of benzodiazepines include:
- Alprazolam (Xanax)
- lorazepam (Ativan)
- Diazepam (Valium)
- Clonazepam (Klonopin)

Examples of antihistamines include:
- Diphenhydramine (Benadryl)
- Hydroxyzine (Vistaril)

Examples of atypical anti-anxiety medications include:
- Buspirone (BuSpar)
- Zolpidem (Ambien)

**Sleep Medications:** A variety of medications may be used for a short period to help with sleep problems.

Examples include:
- Trazodone (Desyrel)
- Zolpidem (Ambien)
- Zaleplon (Sonata)
- Diphenhydramine (Benadryl)

**Miscellaneous Medications:** Other medications are also being used to treat a variety of symptoms.

For example:
Conidine (Catapres) may be used to treat the severe impulsiveness in some children with ADHD and guanfacine (Tenex) for "flashbacks" in children with PTSD.

**Long-Acting Medications:** Many newer medications are taken once a day. These medications have the designation SR (sustained release), ER or XR (extended release), CR (controlled release) or LA (long-acting).
Psychiatric Medication For Children And Adolescents Part III: Questions To Ask

Medication can be an important part of treatment for some psychiatric disorders in children and adolescents. Psychiatric medication should only be used as one part of a comprehensive treatment plan. Ongoing evaluation and monitoring by a physician is essential.

Parents and guardians should be provided with complete information when psychiatric medication is recommended as part of their child’s treatment plan. Children and adolescents should be included in the discussion about medications, using words they understand. By asking the following questions, children, adolescents, and their parents will gain a better understanding of psychiatric medications:

- What is the name of the medication? Is it known by other names?
- What is known about its helpfulness with other children who have a similar condition to my child?
- How will the medication help my child? How long before I see improvement? When will it work?
- What are the side effects which commonly occur with this medication?
- Is this medication addictive? Can it be abused?
- What is the recommended dosage? How often will the medication be taken?
- Are there any laboratory tests (e.g. heart tests, blood test, etc.) which need to be done before my child begins taking the medication? Will any tests need to be done while my child is taking the medication?
- Will a child and adolescent psychiatrist be monitoring my child’s response to medication and make dosage changes if necessary? How often will progress be checked and by whom?
- Are there any other medications or foods which my child should avoid while taking the medication?
- Are there interactions between this medication and other medications (prescription and/or over-the-counter) my child is taking?
- Are there any activities that my child should avoid while taking the medication? Are any precautions recommended for other activities?
- How long will my child need to take this medication? How will the decision be made to stop this medication?
- What do I do if a problem develops (e.g. if my child becomes ill, doses are missed, or side effects develop)?
- What is the cost of the medication (generic vs. brand name)?
- Does my child’s school nurse need to be informed about this medication?

Treatment with psychiatric medications is a serious matter for parents, children and adolescents. Parents should ask these questions before their child or adolescent starts taking psychiatric medications. Parents and children/adolescents need to be fully informed about medications. If, after asking these questions, parents still have serious questions or doubts about medication treatment, they should feel free to ask for a second opinion by a child and adolescent psychiatrist.

For additional information on Facts for Families, go to the AACAP Web site at

http://www.aacap.org/cs/root/facts_for_families/facts_for_families
Fostering and adopting can be very rewarding, however it is not always easy to manage the difficult challenges of parenting foster and adoptive children. Dealing with child and adolescent psychiatric disorders can also be challenging, as can understanding the medications and other treatments. Knowing the resources available to you and your child is the first step in helping your child develop and work through his or her issues.

The Child Welfare Information Center (CWIC) has resources that will help foster/adoptive parents and children of all ages in coping with the struggles of being a foster and/or adopted child. CWIC also has several new and exciting resources that will enhance foster/adoptive parents’ parenting skills in various areas.

**Resources on Parenting Foster Children**


To add to our Foster Parent College collection, “Children with Autism” offers insight into Autism Spectrum Disorder (ASD). This DVD examines the core deficits of autism: communication, social skills, and play. Also covered are developmental delay, Functional Behavior Assessment, Asperger syndrome, and medical issues commonly experienced by children with autism.

**Reviews on New Resources**

We have received new copies of “Anger Outbursts” and “Fire-Setting” in our Foster Parent College collection. Many foster parents had difficulty viewing these DVDs before, so if you are still interested in these resources we can send you the new copies. “Anger Outbursts” addresses some of the toughest child anger behavior problems. There is no simple solution to anger, but this easy-to-view interactive program will help parents identify problems and think about “out-of-the-box” solutions. “Fire-Setting” gives parents a clear understanding of four distinctly different types of fire-setting behavior, and presents some unique and effective ways parents can respond.

New to our Foster Parent College collection is “Kinship Care.” One out of every four children placed in foster care now lives with relatives. Kinship care can be very challenging to both the relative caregivers and the children – it is usually unplanned and arises out of a crisis situation requiring major adjustments in space, priorities and attitude. This DVD addresses these issues and offers many useful insights and practical steps for caring for children of relatives. Feel free to call for a complete listing of DVDs in the Foster Parent College Series.

From all of us in the Child Welfare Professional Development Project, thanks for your patronage. Please do not hesitate to call our toll free number if you have any questions or would like to receive some of our resources.

We look forward to hearing from you soon!
Learning Objectives

- The participant will recognize the importance of understanding a child’s psychiatric treatment plan.
- The participant will identify psychiatric symptoms and disorders.
- The participant will describe the uses of psychiatric medications.
- The participant will understand the risks of psychiatric medications.

Learning Activities

Activity One

What should be done before a psychiatrist recommends medication for a psychiatric disorder?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

When should parents and guardians ask questions about the prescribed medication?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Activity Two

List and describe four psychiatric symptoms and disorders which may have medications prescribed for them:
1. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
2. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
3. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
4. _________________________________________________________________________________________________
   _________________________________________________________________________________________________

Activity Three

List four types of psychiatric medications and describe their uses.
1. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
2. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
3. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
4. _________________________________________________________________________________________________
   _________________________________________________________________________________________________
Psychiatric medication should only be used as part of a comprehensive treatment plan. (Circle the best answer)

True              False

Parent and guardians should be informed about ____________________________ and/or ____________________________ before a child starts any psychiatric medication.

Evaluation

Trainer Child Welfare Professional Development Project, School of Social Work, SFA           Date __________

Name (optional)___________________________________________________________

Newsletter presentation and materials:

1. This newsletter content satisfied my expectations.
   ___Strongly agree   ___ Agree   ___ Disagree   ___ Strongly disagree

2. The examples and activities within this newsletter helped me learn.
   ___Strongly agree   ___ Agree   ___ Disagree   ___ Strongly disagree

3. This newsletter provides a good opportunity to receive information and training.
   ___Strongly agree   ___ Agree   ___ Disagree   ___ Strongly disagree

Course Content Application:

4. The topics presented in this newsletter will help me do my job.
   ___Strongly agree   ___ Agree   ___ Disagree   ___ Strongly disagree

5. Reading this newsletter improved my skills and knowledge.
   ___Strongly agree   ___ Agree   ___ Disagree   ___ Strongly disagree

6. What were two of the most useful concepts you learned?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

7. Overall, I was satisfied with this newsletter.
   ___Strongly agree   ___ Agree   ___ Disagree   ___ Strongly disagree

Comments: __________________________________________________________________
   _______________________________________________________________________
questions to ask the physician – from the American Academy of Child & Adolescent Psychiatry. We hope you find this information useful in your care and supervision of foster and adopted children. Remember to complete the enclosed learning activities and evaluation and give to your case worker for ONE HOUR of foster parent training.

Often times it can be a financial challenge to obtain training. The Child Welfare Information Center also offers education opportunities for foster and adoptive parents from the convenience of their homes. Be sure to read about new DVDs and books that can be checked out for training hours (p. 6). We have added the most recent DVDs in the Foster Parent College series, which continues to be our most popular resource for parents. While Diane Sizemore, student assistant, is completing her last semester for a MSW degree, Fateemah Helaire will be returning your calls for assistance in finding the most appropriate resource for helping you parent your foster child. Tulasi Dhulipalla is also a new graduate assistant. She is from India and is studying abroad at SFA in the Kinesiology department and has plans to become a physical therapist. This spring, Tulasi will be working behind the scenes on the conference and many other CWPDP activities.

Our staff encourages your feedback and recommendations for new training topics. Feel free to call our toll free number at (877) 886-6707 and let us know how we can support your parenting efforts.

Foster and adoptive and kinship caregivers, you are the EVERYDAY HEROES!

Sincerely
Becky Price-Mayo

Save the Date!
12th Annual Region 5 Foster and Adoptive Training Conference

APRIL 18, 2009
Stephen F. Austin State University
Nacogdoches, Texas 75962

Peter Alsop, Ph.D.
Keynote Speaker

CEUs for LSW, LPC, TAADAC and LCDC
Foster Parent Training Hours

Conference Partners
SFA School of Social Work
Texas Department of Family and Protective Services
Region 5 Foster Parent Council

Child Welfare Professional Development Project Staff

Linda Johnson
MSW Intern
(936) 468-1846

Fateemah Helaire
Graduate Assistant
(936) 468-2705

Becky Price-Mayo, MSW, LBSW
Director
(936) 468-1808
bmayo@sfasu.edu

Tulasi Dhulipalla
Graduate Assistant
(936) 468-2228

Diane Sizemore
Student Assistant
REACHOUT NEWS

Spring 2009

Earn One Hour of Foster Parent Training

Child Welfare Professional Development Project
School of Social Work, Stephen F. Austin State University