

**Child & Adolescent
Texas Implementation of
Medication Algorithms**

Patient & Family Education
Program

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CA-TIMA is a disease management approach to treating serious emotional disturbances.

It includes:

- Medication Algorithms (specific treatment guidelines)
- Education, Technical Assistance and Support for Physicians
- Patient and Family Education
- Uniform Clinical Documentation (including standardized outcome measurement)

Why is Patient/Family Education Key to Successful Disease Management?

To promote

- ▶ Partnership/therapeutic alliance
- ▶ Treatment adherence
- ▶ Better clinical decisions
- ▶ Better coping, symptom and lifestyle management



Better Outcomes

Education Promotes...

Partnership/Therapeutic Alliance

- “Alliance not Compliance” and active participation should be goals of patient education
- When patient/family takes active role in treatment process, more invested in treatment plan and achieving outcomes
- Education provides “tools” to assist patients in becoming effective participants in treatment
- Education also provides a forum for fostering trust and building treatment alliance

Education Promotes ... Treatment Adherence

- “Best” treatment worthless if pill stays in bottle or patient doesn’t attend sessions
- Adherence is major problem in mental illness, as with most chronic diseases
- Patients often do not take their medications when they don’t understand why they should and how meds can help

Education Promotes... Better Clinical Decisions

- For best outcomes, treatment should be matched to individual patient's needs.
- Physicians require information from patient and family to make the best match.
- When patients and families can communicate about their symptoms, side effects, and progress, the physician can tailor treatment to needs.
- Education assists the patient in becoming more aware of symptoms and side effects and in developing a “vocabulary” to communicate with treatment providers.

Education Promotes ... Better Self-care

- Treatments often do not alleviate all symptoms, all the time. Most children and families will continue to struggle with some aspects of the disorder.
- Life stressors can precipitate symptoms, even while on treatment.
- Patient needs to establish healthy strategies to adhere to treatment regimen and effectively manage symptoms and side effects.
- Education can provide patients and families with a sense of self-efficacy.

Collaborative Development of Patient and Family Education Program

Development team included many advocacy group representatives from:

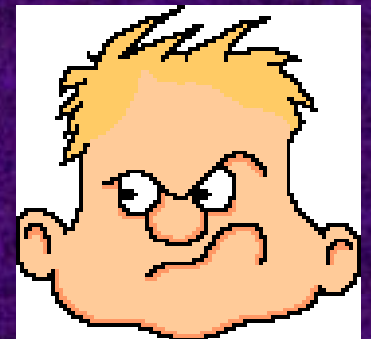
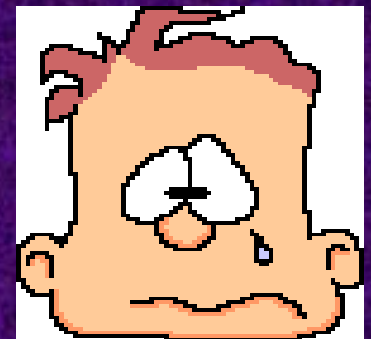
- National Alliance for the Mentally Ill - Texas
- Mental Health Association in Texas
- Federation of Families for Children's Mental Health
- Attention Deficit Disorder Association - Southern Region
- Texas Mental Health Consumers

Process of Development

- Identified needs and desired characteristics of education materials/program for ADHD and depression
- Reviewed and selected available materials from a variety of sources
- Developed materials when not available
- Created manual to guide implementation of program

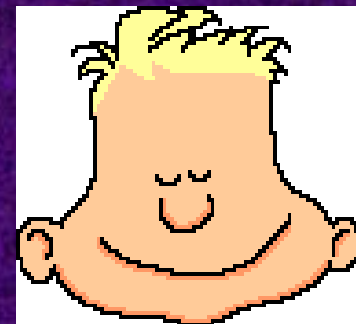
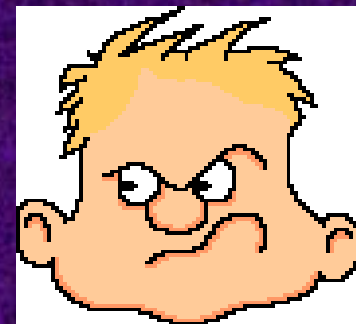
Characteristics of Program

- Specialized materials for families and children of different developmental levels
- Materials for “collateral providers” - teachers and primary care physicians
- Phased from basic to in-depth
- Individualized for family needs and interest



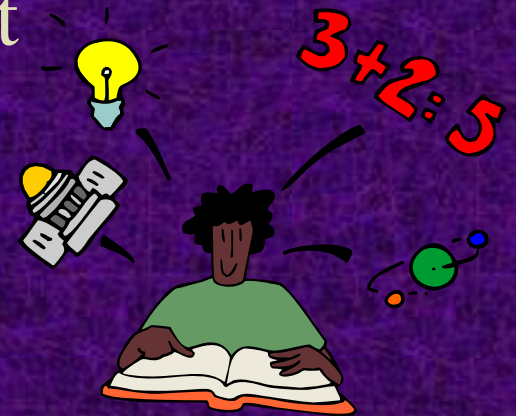
Characteristics of Program

- Multiple learning modalities:
 - written, aural, visual, experiential
- Repetition of key information
- Individual and group formats
- Consumer/family participation as educators
- All materials available in Spanish



Components of PFEP

- Introductory Information about Illness
- Medication Treatment Information
- Symptom & Side Effect Monitoring
- Collateral Provider Information
- Coping & Lifestyle Management
- Videotape Groups



Current Status of Materials

- Available for ADHD & Depression
- Under development for:
 - Bipolar Disorder
 - Anxiety Disorders
 - Conduct/Oppositional Defiant Disorder

General Considerations

- The provider should assess the family and patient's educational interests, needs, and optimal ways of learning.
- The family should be encouraged to include key family members in educational meetings.
- If the child has comorbid diagnoses, the provider should decide which diagnosis to address first.
- The provider may want to provide a folder for the patient and/or family to keep educational materials.

General Considerations

- The provider should try to provide initial education with families and patients separately, to allow for confidential questions.
- The provider must discuss with the family what information they are willing to share with their child(ren).
- The provider should remain sensitive to the role of cultural and ethnic factors.

Introductory Information

TEENAGERS AND ADHD



Maybe you just found out you have something called Attention Deficit Hyperactivity Disorder (ADHD). It used to be known as ADD. Maybe you were diagnosed when you were younger. Either way, this handout is to give you some basic information about what this means and how it can affect you at home, at school and with your friends.

WHAT IT MEANS

- ADHD affects 3 to 5 out of every 100 kids in America.
- There are three separate types: inattentive type, hyperactive-impulsive type, and combined type. More boys than girls are affected. No one knows why.
- Usually signs appear when you are younger and may include:
 - having a hard time concentrating or paying attention,
 - acting impulsively or without thinking
 - sometimes, being hyperactive.
- Nobody really knows what causes ADHD. Recent studies have shown that differences in parts of the brain that control these activities may be the cause.
- One thing is for sure, having ADHD is not a choice and the problems are real. Often, people don't really understand ADHD. They get mad, they blame, and they feel frustrated or annoyed with you. You may feel annoyed and frustrated with yourself!
- That's why it is important to understand more about this disorder, how it affects you and others around you, and how it can be treated. After all, you are still responsible for the choices you make.



AT HOME

Almost all teenagers struggle with stuff like chores, keeping their rooms clean, following the rules. But if you have ADHD, these things can be especially hard. You start cleaning up your room, and next thing you know, instead of putting away those video games, you're playing one. You're always getting busted for being late. Sometimes it feels like you can't get anything right. The good news is there are things that you can do to help you cope.

AT SCHOOL

Besides the basic problems caused by having trouble sitting still and paying attention, school brings lots of other challenges. You may lose your homework, forget to study for the test, or not have the book you need. You may act without thinking, skip a class, blurt something out in class, break a rule. Reading and writing may be a real struggle. You may feel like no matter how hard you try, it doesn't seem to help. But there is real help available.



FRIENDS

You feel like you don't fit in. You are not included in activities. You feel mad, and they don't understand why. You lose your temper. There are times when even your best friend doesn't want to be with you. Sometimes, you feel sad and alone. You want things to be different, but you don't know what to do.



WHAT CAN HELP

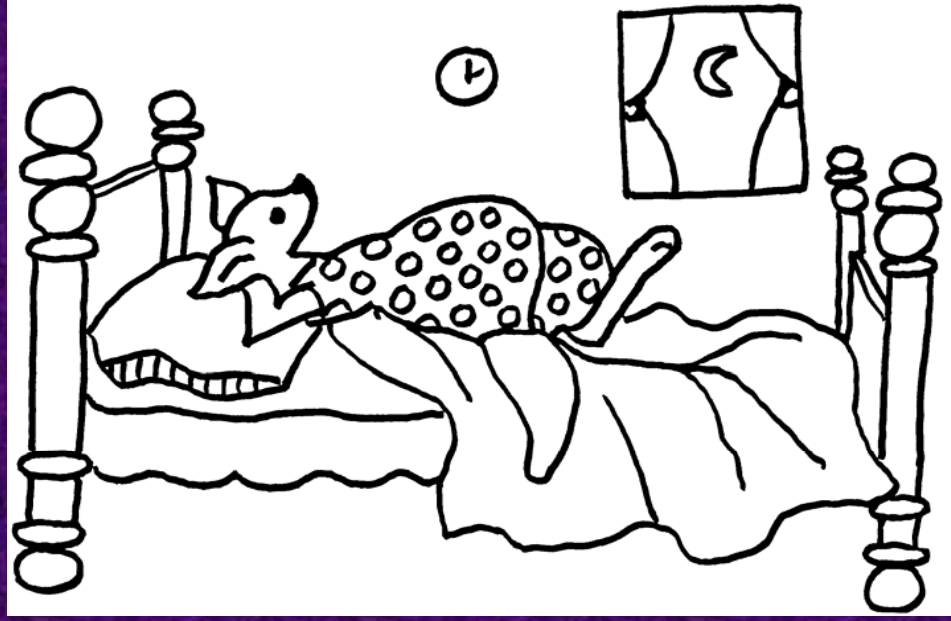
There are effective medications and treatments for ADHD. Talking to the people on your treatment team can really make a difference. Your counselor can help you and your family to come up with ideas that work at home. These people can also work with you to develop solutions for the problems you have at school.



Kris didn't
feel like
eating—not
even the
dessert!



Kris had trouble sleeping.



Introductory Information on Illness

Who Uses: Physician, nurses, therapists, skills trainers, case managers

Key Objectives:

- Discuss diagnosis and key symptoms
- Provide information about treatment options
- Begin development of treatment partnership
- Provide sense of hope

Introductory Information

Suggestions for Use:

- ✓ Created for physicians and other providers to use when discussing diagnosis
- ✓ Use with new patients and when changing diagnosis
- ✓ Use with long-term patients to check understanding of diagnosis or provide more information as they age
- ✓ Encourage discussion and questions throughout

Introductory Information

Suggestions for Use:

- ✓ Review the symptoms, focusing on those that are demonstrated by the patient
- ✓ Discuss possible etiologies, emphasizing that no one is to blame
- ✓ Emphasize that the disorder can be successfully treated
- ✓ Discuss psychosocial and/or medication treatment options
- ✓ Point out resources for information or support

*Medication Treatment
Information*

A Kid's Guide to Asking Questions about Medication



You may have questions about the medication your doctor has given you. The questions you have are very important. Asking questions will help you know how the medication works and help you feel better about taking it.

Here are some questions you might have about medication.

- What is the name of the medication?
- Where does the medication go when it is in my body?
- When do I take my medication?
- How will the medication help me?
- How long will it take before the medication begins to work?
- Will the medication make me sleepy or feel sick?
- How will my doctor know the medication is working?
- How long will I have to take medication?
- What should I do if I forget to take my medication?
- Will the medication make me feel weird or stupid?
- Will other people know I am taking medication?
- Can I share my medication with my friends or family?



On the lines below, write some questions you have about your medication.

My List of Questions about My Medication:

☆ _____

☆ _____

☆ _____

☆ _____

☆ _____

Ask your doctor, pharmacist, or parents to help you find the answers.

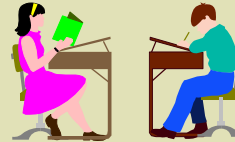
Adapted from A Kid's Guide to Asking Questions about Medicines, U.S. Pharmacopeial Convention, Inc., www.usp.org.

ADHD Medication and YOU

How will the medication help me?

When you take medication for ADHD, it works your brain to help you be able to:

- Slow down
- Pay attention better
- Think before you act
- Get along better with others



How does the doctor know that the medication is working?

Your doctor will talk with you, your family and your teacher to know if the medication is working right. He may need to change the amount or what kind you get to make sure it works the best for you.



Will the medication make me feel bad?

Probably not, but sometimes medications can cause side effects, which can make you feel strange. Some side effects are:

- Trouble falling asleep or being too sleepy
- Not feeling hungry
- Stomach ache
- Blurry vision
- Feeling thirsty a lot



If you notice any of these or if you are having any other problems, tell your parents and doctor. Most of the time side effects are not serious and will go away.

What is my role?

- Learn what medication you are taking, how much to take, and what it is for.
- It's very important to take your medication when your mom, dad or teacher tells you.
- It's up to you to help remember when to take your medication.
- Even if you feel okay, you need to take your medication every day.
- You are responsible for the things you do – taking medication doesn't change this.
- You should never share your medication with anyone else. It can be dangerous and it's against the law.

Medication Treatment Information

Who Uses: Physician, nurses, therapists, skills trainers, case managers

Key Objectives:

- Encourage open communication and questions
- Discuss medication benefits
- Discuss medication side effects
- Develop realistic expectations for medication treatment
- Highlight any precautions about medication use

Medication Treatment Information

Suggested Questions to Ask about Medications

Suggestions for Use:

- ✓ Emphasize that the treatment providers want the family to ask questions about their treatment
- ✓ Encourage the patient or family member to write out questions before appointments
- ✓ Help young children identify several questions

Medication Treatment Information

Introductory Medication Information

Suggestions for Use:

- ✓ Discuss mechanisms for medication effect
- ✓ Point out “wait period” before benefits noticed
- ✓ Emphasize importance of taking meds regularly, as prescribed, to get effects
- ✓ Emphasize importance of continuing to take med until discontinuation discussed with physician
- ✓ Encourage questions/expression of concerns

Medication Treatment Information

Specific Medication Fact Sheets

Suggestions for Use:

- ✓ Selected for use by physicians when prescribing new medications
- ✓ Point out proper use, precautions, side effects
- ✓ Point out what to do if dose is missed
- ✓ May need to remind patient or family member of medication benefits
- ✓ Point out that pharmacist can be another source of information

Medication Treatment Information

Algorithm Schematics

Suggestions for Use:

- ✓ Physician can use as tool for discussing options when starting/changing med
- ✓ Use to emphasize that there are a number of stages to try
- ✓ If prior history, may choose to review medications stages they've been through
- ✓ Note that previous medications may need to be tried again if dose not high enough or not taken for long enough

Strategies for the Treatment of Attention Deficit/Hyperactivity Disorder (ADHD)

Stage 0

Diagnostic Assessment and Family Consultation Regarding Treatment Alternatives

Any stage(s) can be skipped depending on the clinical picture.

Non-Medication Treatment Alternatives

Stage 1

Monotherapy:
Methylphenidate, Amphetamine

Response

Continuation

Partial Response or Nonresponse

Stage 2

Monotherapy:
Stimulant not used in Stage 1

Response

Continuation

Partial Response or Nonresponse

Stage 3

Monotherapy Alternate Class:
Atomoxetine

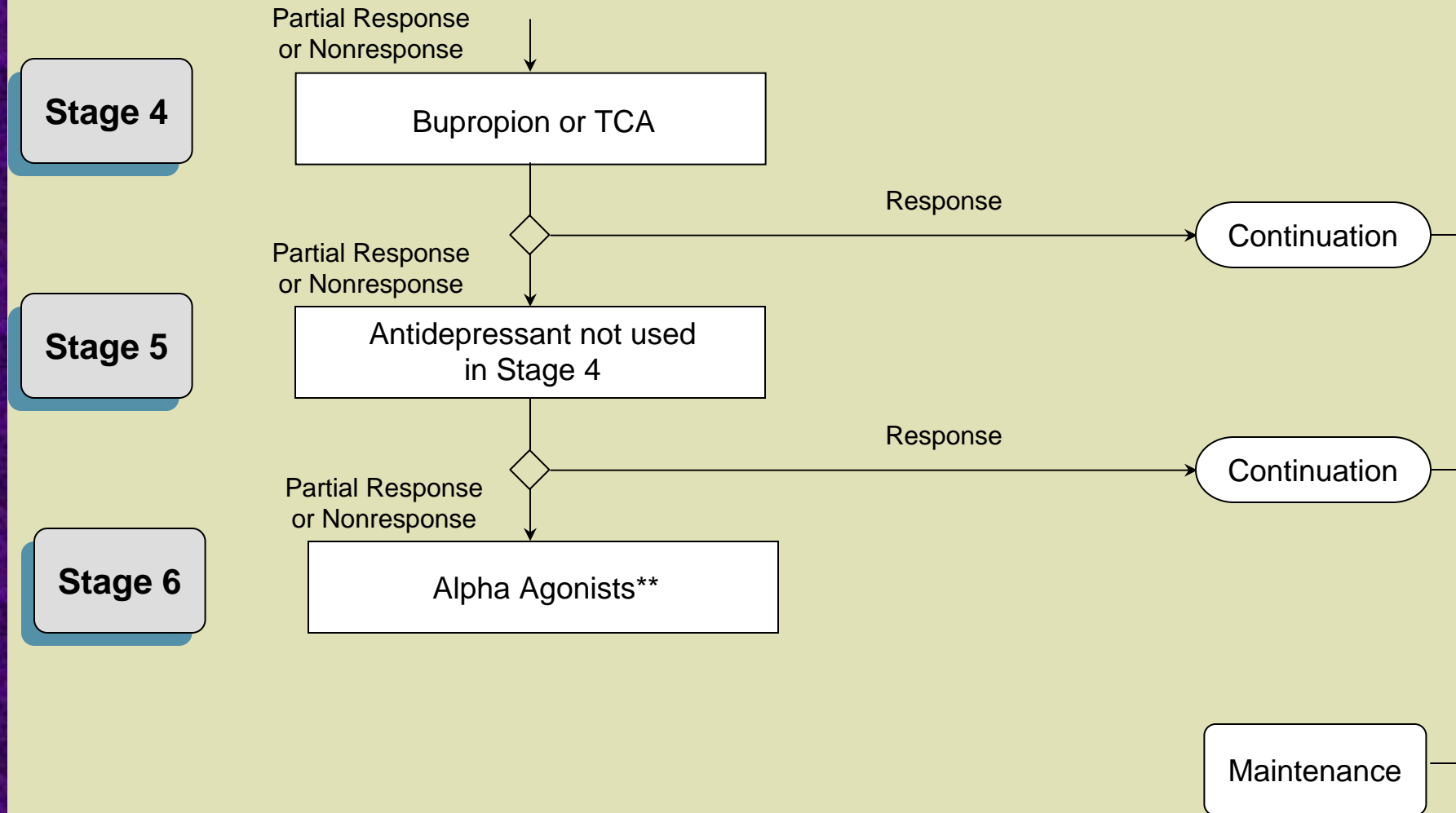
Response

Continuation

Stage 1A (Optional)
AMP not used in Stage 1

Stage 2A (Optional)
AMP not used in Stage 1

Strategies for the Treatment of Attention Deficit/Hyperactivity Disorder (ADHD) (cont.)



*Symptom and Side Effect
Monitoring Sheets*

Name: _____

Date: _____

Monitoring Sheet Bipolar Disorder

SYMPTOMS

For each symptom, circle the number describing how much of a problem it was this week.
1=Not a Problem 3=Somewhat a Problem 5=Severe Problem



1 2 3 4 5

Feeling extra special – like you can do things no one else can



1 2 3 4 5

Not needing to sleep very much



1 2 3 4 5

Talking a lot or louder and faster than usual



1 2 3 4 5

Trouble paying attention or easily distracted



1 2 3 4 5

Doing things that could be dangerous or harmful



1 2 3 4 5

Feeling sad a lot



1 2 3 4 5

Feeling grouchy or angry



1 2 3 4 5

Feeling restless or not being able to sit still



1 2 3 4 5

Thinking about death or suicide

👍 👍 Good Job 👍 👍

Things I (my child) did well this week: _____

BIPOLAR DISORDER

MEDICATIONS

These are the medications to take:

Name	Take When?			How Much?
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____

SIDE EFFECTS

For each side effect, circle the number that describes how much of a problem it was this week.
 1=Not a Problem 3= Somewhat a Problem 5=Severe Problem



1 2 3 4 5
Feeling sleepy



1 2 3 4 5
Upset stomach



1 2 3 4 5
Weight gain



1 2 3 4 5
Trouble with eyes



1 2 3 4 5
Tremors or shaking



1 2 3 4 5
Rash

Other: _____

Symptom & Side Effect Monitoring

Who Uses: Physician, nurses, therapists, skills trainers, case managers

Key Objectives:

- Discuss diagnosis and key symptoms
- Identify common medication side effects
- Notice changes in symptom and side effect severity
- Provide tool for communicating with physician

Symptom & Side Effect Monitoring

Suggestions for Use:

- ✓ Discuss each symptom and provide examples for clarification.
- ✓ Try to use examples from symptoms described by the patient or caregiver
- ✓ Explain symptom rating
- ✓ Point out section to record things they did well

Symptom & Side Effect Monitoring

Suggestions for Use:

- ✓ Point out section to record medications –
LEARN NAMES!
- ✓ Discuss each side effect and provide examples for clarification.
- ✓ Explain side effect rating.

Symptom & Side Effect Monitoring

- ✓ Rate form together initially.
- ✓ Discuss difficulty of identifying side effects - note that side effects appear or change **after** a new med started or med dose changed
- ✓ Give sheet to take home at each visit, ask patient to bring back next visit
- ✓ If patient doesn't complete sheet, react neutrally and complete in meeting

Collateral Provider Information

IMPORTANT INFORMATION FOR THE TEACHER ABOUT MAJOR DEPRESSIVE DISORDER

Your student has been diagnosed with a major depressive disorder (MDD). The brochure that you have received along with this handout will explain details about this illness.

As his/her teacher, you will play an integral role in this student's treatment. In the classroom, you will be in a unique position to observe him/her. What you observe will be very important information to share with the treatment team, including the student's family and the staff of your local mental health center.

Your observations and input can help this student and his/her family gauge the impact of treatment and determine when medication adjustments are needed. Because of this, you may be asked to periodically complete a behavioral survey on this student.

Respecting the confidentiality of your student is critical. Please remember that you are being entrusted with personal, private information. Don't discuss anything about his/her diagnosis, treatment, medication, etc. with someone else unless you have written permission from your student and his/her family to talk to that person.

IN THE CLASSROOM

You may notice the following symptoms of MDD in the classroom. The student may:

- Start work, but not finish it
- Appear "resistant," "lazy" or lethargic
- Be unable to focus or concentrate on work
- Respond poorly to any changes in routine
- React with aggression, especially when frustrated or disappointed
- Withdraw from social interactions with other students
- Lose interest in activities at school that he/she used to participate in and enjoy

HELPFUL SUGGESTIONS

There are specific strategies that teachers have found to be helpful when working with students who are experiencing major depression. If your student is receiving Special Education or Section 504 services, you will have more flexibility in implementing some of these approaches.

- Adjust assignments.
- Provide individual assistance to help student begin his/her work.
- Set up the student for success. Assign him/her an empathetic buddy.
- Have a consistent method of guidance and expectations for behavior.
- Be flexible about the child's workspace and movement in the classroom.
- Grade student's work on the basis of production, not completeness. Ex: Student completes 6 of the 10 problems assigned. Grade the 6 completed problems.
- Each day is a new beginning. Try not holding incomplete work over from the previous day.
- The calmer you can be when your student is frustrated or experiencing intense emotions, the better.
- Be patient and consistent. He/she may engage in behaviors designed to push you away.
- Offer choices whenever possible. "You can do your assignment orally or in writing. You decide."
- Give public positive feedback when appropriate.
- Maintain open communication with the student's family.

RISK OF SUICIDE

Suicide is the third leading cause of death for adolescents. Many people believe, mistakenly, that younger children are not at risk for suicide. However, according to the National Center for Injury Prevention and Control, the fourth leading cause of death in 1995

Collateral Provider Information

Who Uses: Nurses, therapists, skills trainers, case managers

Key Objectives:

- Encourage open communication with teachers and physicians
- Provide common informational understanding
- Provide effective school interventions
- Provide teachers basic information about medication treatment

Collateral Provider Information

Letter to the Physician

Suggestions for Use:

- ✓ Designed to accompany introductory parent handout
- ✓ Encourage parent to bring to appointment but may also be mailed (with authorization)

Collateral Provider Information

Teacher Introductory Information

Suggestions for Use:

- ✓ Help child/adolescent and/or caregiver recognize possible benefit of sharing education with one or more school staff
- ✓ Identify teacher(s) that both the parent and child feel could be ally
- ✓ Encourage parent to bring to teacher but may also be mailed (with authorization) or staff can meet with teacher
- ✓ Designed to accompany introductory parent handout

Collateral Provider Information

Teacher Medication Information

Suggestions for Use:

- ✓ Provided with other teacher materials
- ✓ Can be useful if seeking assessment information

Coping and Lifestyle Management

Tricks for Coping with Your ADHD

At Home

- ☞ Develop a routine for the things you have to do every day. Get yourself ready for school or work, take your medications, or do your homework, at the same time and in the same way every day. Remembering to do something is much easier when it becomes a habit.
- ☞ Take care of your health. Eat well, exercise, and get the right amount of sleep.
- ☞ Make a list of things you need to do and carry it with you. Check off items as you complete them.
- ☞ Spend some time organizing where things belong. Have a place identified where you will store important material. For example, always leave school books in the same place or have a place where you hang house keys.
- ☞ Use timers or alarm clocks to keep yourself on time. For example, if you have 30 minutes to play a video game, set a timer so you will be sure to know when the time is up.
- ☞ Keep a list of household chores and when they need to be done. Check your list daily to be sure you have remembered.
- ☞ Remember to give yourself a reward when you finish something. Take a little time to do something fun and feel good about what you have accomplished.

School Work

- ☞ Make sure you understand the assignment before you leave school. Ask the teacher to repeat the instructions or write them on the board if you are unsure.
- ☞ Have a classmate for each class that you can call to check assignments or ask questions.
- ☞ Have an assignment notebook where you write each day's assignments. Check your list at the end of each day to be sure you have the books and materials you will need.
- ☞ Find a quiet space that you use just for homework. Do your homework in the same place every time.
- ☞ Work on one assignment at a time. Break long assignments into shorter tasks to be completed.
- ☞ Assign an approximate amount of time you should spend on each task. If one task takes too long, consider moving to a different assignment and returning to the long one later.
- ☞ Give yourself short breaks when you need them.
- ☞ Reward yourself when you get a task done! For example, take 30 minutes to play games on the computer after finishing an assignment. But remember to stay on your time schedule.

Rewards for Children

Material:

Small toys
Books
Rent video game
Games
Meal at favorite restaurant



Go to movie
Ice cream or treat
Rent movie
Stickers

Activities



Trip to park
Have friend over
Have sleep over
Stay up later
Watch TV

Choose dinner menu
Play time with caregiver
Sleep late on weekend
Play video games
Trip to swimming pool

Social

Attention
Hugs or pats
Verbal praise ("good job")

Head nods
Kisses
Smiles



Rewards for Teenagers

Material:



Clothes
Books
Music CDs or tapes
Meal at restaurant
Money

Make-up
Inexpensive jewelry
Rent movie
Rent video game

Activities or Privileges

Stay up late
Have friends over
Use of car
Later curfew
Take friends to movie

Take friends to mall
Time on phone
Time off from chores
Date during week

Sleep late on weekends
Watch TV

Social

Attention
Hugs or pats
Smiles

Head nods
Kisses
Verbal praise ("good job")



I'm Worried: What Will Other People Think?

What is stigma?

Stigma occurs when people form negative opinions of others because of some characteristic they have. Mental illness can have a stigma that causes people to assume hurtful things about a person. This stigma occurs because society has not understood mental illness very well. You have probably heard people put someone down by calling them "looney", "crazy", or "nuts". People may also assume that a person with mental illness is dangerous, not very smart, can't hold a job, or won't succeed in life. Because we now know that many mental illnesses are caused by the brain working in an unusual way, people are now beginning to understand that mental illness is no different than diabetes, arthritis, or any other medical problem. And as more people talk about their own problems with mental illness, society can begin to see that mental illness can affect anyone. Did you know people like Abraham Lincoln, Charles Dickens, Mark Twain, and Princess Diana have all experienced mental illness in their lives?

If people may be hurtful to me, do I have to tell anyone about my mental health problems?

You have a right to keep your diagnosis and the fact that you are getting mental health treatment private. "Confidentiality" is the rule that says your psychiatrist and other people on your treatment team will ask for permission before talking with anyone outside your family about you. People on your treatment team should follow this rule unless they feel you might be getting hurt by someone or might hurt yourself or someone else.

Who needs to know about my mental health problem?

Although you have the right to keep information private, there are some people that may need to have information so that you have the best chance for getting better. Your family and anyone else who helps care for you will probably need to know about your illness. If you need to take medication, your school nurse will need to know what you take and how much. It might be helpful for your teachers to know about your illness. With information, they can help you arrange to take your medication and make any changes in the classroom that might help you perform better at school. Because mental health problems frequently lead to problems in school, such as missing classes, trouble finishing work, or getting in trouble, your teachers may need to work with you and the treatment team to find the best way for you to succeed in school. Other school staff, such as a counselor or school psychologist, may also help you feel better about yourself or work with your teachers on your behalf. Your pediatrician or family doctor will need to have information so that they can make sure they are diagnosing and treating other problems correctly. For example, some medication you might take for an infection should not be given with medication you might take for a mental health problem.

Can I tell other people?

You have the right to tell anyone you would like. Announcing it to your entire class may not be a good idea, but talking with trusted friends can be very helpful. Before deciding whom you would like to tell, consider the pluses and minuses of sharing information with that person. Some things you may want to consider:

- Will they keep the information to themselves?
- (Some people may have a hard time with this.)
- Will they tease me or treat me differently?
- Have I been able to share personal information with them before?
- Will they be helpful to me if I need support or just someone to talk to?

You may want to talk with your parents or someone on your treatment team about how you will talk to people about your illness and how you will respond if they ask questions or don't respond like you want.

Remember, everyone is different in some way!

Suicide: What Should A Parent Know?

Suicide is one of the most serious symptoms associated with depression. Although not everyone with depression thinks seriously about suicide, depression and suicide frequently occur together. If someone in your family has depression, you should learn more about the warning signs of suicide and what to do to prevent suicide from happening.

Some Facts about Suicide

- ☞ Suicide is the third leading cause of death for 15- to 24-year-olds and the fourth leading cause of death for 10- to 14-year-olds.
- ☞ Boys are more likely to commit suicide but girls attempt suicide more frequently than boys.
- ☞ The rate of reported suicide has increased dramatically among 15- to 19-year-old males over the last four decades; but remained stable among females and 10- to 14-year-olds.

Warning Signs

Depression and suicidal feelings are treatable problems. Therefore, it is very important to recognize the warning signs that someone may be considering suicide. Be aware of the following signs or risk factors of young people who may try to kill themselves:

- ☞ Depression
- ☞ Drug or alcohol use or abuse
- ☞ Previous suicide attempt
- ☞ Withdrawal from friends, family or activities
- ☞ Neglect of personal appearance, how they look
- ☞ Running away from home or unusual rebelliousness
- ☞ Engaging in risky behaviors (e.g., reckless driving, running in street)
- ☞ Pregnancy or other significant life changes
- ☞ Drastic change in eating or sleeping patterns
- ☞ Putting things in order, such as giving away valued possessions or cleaning their room
- ☞ Hints such as "I'd be better off dead" or "You won't have to worry about me much longer"
- ☞ Writing about death or drawing morbid pictures

Suicide attempts sometimes occur when the depression improves somewhat, as the young person gets more energy to act out on these thoughts. Some young people will also seem to be more cheerful because they experience the decision to kill themselves as a relief from their suffering and emotional pain.

What Can I Do?

If you suspect that your child may be considering suicide, take it very seriously. Most suicides can be prevented. The warning signs cannot be ignored.

- ☞ Talk to your child or teenager. Talking about suicide does not put ideas in the child's head or make them more likely to act on their thoughts. Instead, it lets him or her know that you care and that you want to help them feel better.
- ☞ Listen to your child's concerns or problems. Remember that even minor concerns can be very important to a young person. Don't dismiss their feelings or try to solve the problems. Be a good listener.
- ☞ Discuss a plan with your teen about what they will do if they feel suicidal. Help them make a list of people they can talk to when they are feeling suicidal. Have an agreement that they will not be alone when they are feeling very depressed or out of control.
- ☞ Take responsibility for giving your child their medications and watching to make sure they don't have access to more than one dose.
- ☞ Remove all lethal objects from the home, including guns, medications, razors and knives. Don't trust that hiding these objects in the home is adequate.
- ☞ In crises, call your child's counselor or psychiatrist or 911. They will help you decide what needs to happen to keep your child safe. Remember, nothing is more important than making sure your child remains safe through this time.

Coping and Lifestyle Management

Who Uses: Nurses, therapists, skills trainers, case managers

Key Objectives:

- Provide additional strategies to manage symptoms
- Provide additional information to meet patient or family's needs
- Identify strategies to reduce negative impact of disorder on child or family

Coping and Lifestyle Management

Suggestions for Use:

- ✓ Intended to be used after initial treatment phase
- ✓ Information should be provided based on the patient or family's identified needs and/or interests.
- ✓ Information may be used to reinforce other treatment approaches
- ✓ Information may supplement other treatments when appropriate

Videotape Groups

Videotape Groups

Who Uses: Staff group leader, parent peer facilitator

Key Objectives:

- Enhance idea that others have similar experience
- Reinforce and expand knowledge of disorder and treatment
- Receive and give peer support
- Provide alternate method of learning

Videotape Groups

Suggestions for Use:

- ✓ Diagnosis-specific videos
- ✓ Real people discussing their experience
- ✓ One session, “gentle” introduction to group education and peer support
- ✓ Video serves as stimulus for discussion
- ✓ Discussion materials (handouts) available for each video
- ✓ Tape stopped at designated points - facilitator leads discussion - then starts video again

Videotapes

Jumping Johnny: Get Back to Work

Claire's Story

Teen to Teen: The ADD Experience

Implementation of Educational Groups:

- Child and adolescent groups are run by staff
- Parent groups are led by trained parents of children (or adult children) with mental health problems (preferably the same as the video topic)
- Provide stipends for each group session facilitated (highly recommended)
- Videotapes can be used in individual format as well

State and Local Support and Advocacy Group Listing

Create listing of state and local
area support and advocacy groups
and share with patients and
families

Diagram of Education Flow

I. First Educational Visit(s)

- Discuss diagnosis
- Discuss self-monitoring
- Discuss medications
- Answer questions

Materials

- Symptom and Self-Monitoring Sheets
- Introductory Medication Information Handouts
- Specific Medication Information Handouts

Optional

- Introductory Information Pamphlets

II. Second Education Visit(s)

- Discuss introductory information on symptoms, treatment options, and additional resources.
- Review assessments of symptoms and side effects.
- Discuss importance of communication with psychiatrist.

Materials

- Introductory Information Pamphlets
- Suggested Questions Handout

Optional

- Videotapes

III. Third Education Visit(s)

- Review assessments of symptoms and side effects
- Review previous information.
- Discuss information for collateral providers

Materials

- Introductory Information Pamphlets
- Physician Introductory Information Sheet
- Teacher Introductory Information Handout
- Teacher Introductory Medication Information Handout

Optional

- Videotapes

IV. On-going Educational Visits

- Continue to review assessments of symptoms and side effects
- Discuss more in-depth information about illness and treatment as appropriate
- Provide opportunities to relate to and learn from others who have experience with the illness

Materials

- Coping and Lifestyle Management Materials
- Videotapes

Elements of Fidelity

- CA-TIMA PFEP Coordinator
- Staff Trained in CA-TIMA PFEP
- Individual Education on the Disorder
- Individual Education on Medication Treatment
- Individual Education on Self-Monitoring
- Individual Education on Coping with Disorder
- Videotape Information Used to Supplement

Elements of Fidelity

- Physician Involvement in CA-TIMA PFEP
- Education is Incremental & Individually Tailored
- Education is Developmentally Appropriate
- Educational Techniques are Used
 - Interactive Teaching
 - Checking for Understanding
 - Breaking Down Information
 - Reviewing Information
 - Making Information Relevant

Elements of Fidelity

- Educational Information is Offered to Collateral Providers and Other Caregivers
- Referral to Family Education or Support Groups

Materials are available at:

www.dshs.state.tx.us/mhprograms/CMAPed.shtm

Medication Fact Sheets: MICROMEDEX

<http://www2.mhmr.state.tx.us/>