

Tips for Working with Children

General Considerations

1. Do not take it upon yourself to diagnose mental illness. This task is for professionals.
2. Educate yourself about local mental health resources and how to penetrate the system.
3. Maintain extensive documentation. You may end up having the most complete history and most consistent information related to the child's mental health.
4. Be aware of warning signs that may affect the health or safety of the child so that you can alert the caseworker about your concerns. See Dr. Richard Adams's editorial on p. 3 for a list of behaviors to watch for.
5. Recommend a mental health assessment of a child (or parent) if you see any of these warning signs.
6. Request consultations with a child's (or parent's) mental health care providers if you need to know more about their situation. Talk to your volunteer supervisor about confidentiality concerns and gaining access to information.
7. Educate yourself about ethnic and cultural considerations related to mental health labels, diagnoses and treatments.



Questions to Ask when a Child Is Receiving Mental Health Treatment

1. What psychiatric diagnosis has been formally applied? (Your CASA program may have a *Diagnostic and Statistical Manual of Mental Disorders* in the office.)
2. What are the goals for treatment, and how does this intervention make these goals more likely to be achieved?
3. How do these goals fit into the client's culture, motivation and expectations?
4. What criteria are we looking at to determine what a "success" would be?
5. What are the possible negative impacts and risks of this intervention?
6. When and how will these questions be reviewed and the success of treatment be reassessed?

When a Child Is Prescribed Psychotropic Medication

1. Understand that many people are very positive about their experiences with psychotropic drugs. They are a useful tool.
2. Consider asking the following questions of the provider, within the child's care team or even in court:
 - A. What psychiatric diagnosis has been formally applied?
 - Was the diagnosis based on multiple observers' input or on a single, brief assessment?
 - Who prescribed the medication? What are this person's qualifications?
 - Are there valid questionnaires that can be used to track improvement or worsening over time?
 - B. What target symptoms are identified for change, and are there rating scales that can be used to best track behavioral outcome goals?
 - C. Are the present or proposed medication doses considered to be in a low range or a high range?
 - D. What co-existing developmental disabilities are present, and how do they and their treatments affect mental/behavioral health care plans?
3. If a new drug is started, or if a dosage is changed, watch for immediate behavior changes, positive and negative, and document them. Have caregivers do the same when possible.
4. Make certain any medical follow-ups are happening (heart check, lithium levels).
5. Make sure that caregivers, attorneys, social workers and the judge are informed about intended benefits and possible side effects. Children should also be informed at a level they can understand.
6. Check any new problems that emerge against the list of possible adverse effects, and discuss any concerns with your volunteer supervisor.
7. If there is any indication that a child is suffering significant side effects of the medication, talk to the child's social worker, caregiver and medical provider as needed and express your concerns.
8. If your concerns are not addressed, talk to your volunteer supervisor about further strategies. Outside evaluations and second opinions can be ordered by the court as needed.

Adapted from materials by this issue's two guest editorialists, Stephen McCrea and Richard C. Adams, MD.