

Pediatric Psychiatry ECHO®

Session 4 Notes and Resource Sheet



AUGUST 3, 2022

DIDACTIC PRESENTATION

“Mood Stabilizers in Teens”
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[Recording](#)

[Presentation Slides](#)

CASE SUMMARY

6-year-old female living with maternal grandparents. Born in Maine, moved out of state at 3 days old then back to Maine a year ago. Grandparents (“mom” and “dad”) have guardianship, but it’s believed that biological mother still has parental rights. Family has experienced housing insecurity in the past, however have a more stable living situation currently. Patient has a very strong relationship with her grandparents. She is resilient, intelligent, artistic, funny, and empathetic. Grandparents have always spoken to her honestly about her family. This is both good and bad.

The main concern is always anger issues and tantrums – has not been formally diagnosed with anything other than ADHD (no testing done that can be found), but diagnoses of autism, ADHD, anxiety have all been entertained/ruled out at various times. She is currently on Vyvanse 20 mg daily and clonidine 0.1 mg at bedtime. Patient also has obesity (current BMI is 136% of 95th percentile)

CLARIFYING QUESTIONS

Is there any knowledge of substance use or alcohol use during pregnancy?	Biological mom has said she used tobacco during pregnancy. No indication of other substance use.
Why was the patient on Abilify?	Not sure, records were incomplete.
Has there been weight loss with current meds?	Nothing significant, just a few pounds.
Is the patient in counseling?	Started counseling in June, both individual and family. Mom is also going.
Does the patient have tantrums at school?	She presents more impulsive behaviors at school, struggles with transitions. The extreme tantrums occur at home, except for the tantrum that occurred in the school parking lot with mom. She is very reactive.
Are there any in home or community supports?	Case management started in May and they are trying to put more supports into place. Housing insecurity has made putting any community resources (i.e. Big Brother, Big Sister) in place difficult. However, the child is enrolled in more than one organized activities that are very important to her.
Who has legal guardianship?	Definite grey area, grandparents have guardianship but biological mother may still have legal parental rights. There is no evidence to the contrary.
Does she have any direct contact with biological mother?	No direct contact, but overhears a lot of information that is discussed in the home.
How are the grandparents being supported?	They’ve been given a lot of resources but it’s not followed up on. Case management is helping to put supports in place.
What is the family looking for as a resolution?	Mom wants to be respected. Parents want to be able to simply have a conversation with her w/o outbursts. They want things to be easier for her and them. They want her to be happy.
How is the grandfather/dad involved?	Grandfather comes to 50-75% of appts (he works) – he’s definitely a big part of her life and is supportive and the two are a strong team together as parents.

Key Clinical Recommendations

- Testing needs to happen to get accurate dx (ie ADHD dx)
- Complete medical records are necessary. If unable to obtain, start over with assessments.
- Address anxiety – it could be the root cause of the reactivity.
 - SSRIs might be a better choice rather than mood stabilizers or stimulants. (Mom hesitant to try SSRI)
- In terms of medications...Less is more. Focus on family system first.

Family may benefit from HCT services that helps set limits, boundaries and behavioural supports in the home. Clinician typically works with parents on different methods while BHP works with children on their pieces and following the programs put in place. (Case manager can help with making the referral. However typically with HCT, child cannot be engaging in individual therapy at the same time).

Link: [FINAL HCT Info Sheet c1.10.22.pdf \(maine.gov\)](#)

You may always reach out for a consult through the MPBHP access line: 1-833-672-4711

RECOMMENDATIONS & RESOURCES – Support for Guardians

Legalize guardianship status through probate court. (Case management should be able to help with this)

Connect grandparents with resources/support groups for grandparents raising grandchildren.

- Adoptive and Foster Families of Maine (AFFM) & The Kinship Program: <https://affm.net/>
- GEAR Parent Network: Peer Support Services: <https://gearparentnetwork.org/>
- Maine Parent Federation: <https://www.mpf.org/community-resources/family-support/>
- The GrandFacts state fact sheets for grandfamilies include state-specific data and programs: <https://mainefamilieswc.org/wp-content/uploads/2018/05/Grandfamilies-Fact-Sheet-Maine.pdf>
- National resource: <https://www.grandfamilies.org/>
- Respite: <https://www.namimaine.org/respite>

Take advantage of financial assistance programs, if eligible.

- Basic needs: <https://www.maine.gov/dhhs/ofi/programs-services/general-assistance>

Support for family/child

Consider using picture schedules and visual timers with the child.

Replacing verbal directions with picture schedules and visual timers may assist with processing information, especially if she is a more visual learner to establish routine/predictability, better manage transitions, practice making positive choices, and increase independence.

- <http://weedstowishes.blogspot.com/2012/04/we-so-need-visual-schedule.html>
- https://challengingbehavior.cbcs.usf.edu/docs/Routine_cards_home.pdf

Increase healthy positive natural support connections, like playgroups and camp.

- Let's Go! Program: <https://www.mainehealth.org/lets-go>
- 4-H: [4-H & Youth Development - University of Maine Cooperative Extension \(umaine.edu\)](https://4h.umaine.edu/)