

Introduction
Sharing Our
Concerns: For
Health Care
Providers, Parents,
and Patients

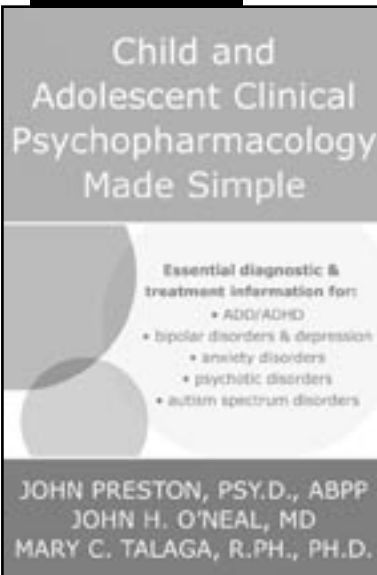
Chapter 1
Issues in
Psychopharmacological
Treatment in
Children

New book tells therapists everything they need to know about the most commonly prescribed psychiatric medications for children

We live in a time when an unprecedented number of kids are taking medication for psychological and psychiatric conditions. While many of these medications are effective avenues of treatment, they are not without risk or side effects. In addition, these risks and side effects are often different for children than for adults. *Child and Adolescent Psychopharmacology Made Simple* demystifies the most commonly prescribed medications for kids. It is a must-have book for any mental health practitioner who works with kids on medications.

Authored by a psychiatrist, a psychologist, and a registered pharmacist, *Child and Adolescent Psychopharmacology Made Simple* offers mental health clinicians:

- A comprehensive explanation of the risks, side effects, and benefits of medications prescribed for depression, bipolar disorder, anxiety disorders, psychotic disorders, ADHD, autism spectrum disorders, and more
- Help for addressing parental fears and concerns about medications
- Treatment guidelines for the most common psychiatric and psychological conditions among children and adolescents
- Signs and symptoms of the most common psychiatric disorders in children and adolescents
- Facts and myths about controversial medications



Chapter 2
Depression

Chapter 3
Bipolar Disorder

Chapter 4
Anxiety Disorders

Chapter 5
Psychotic Disorders

Chapter 6
Attention-Deficit/
Hyperactivity
Disorder

Chapter 7
Autism Spectrum
Disorder

Chapter 8
Miscellaneous
Disorders

References

ABOUT THE AUTHORS

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Child & Adolescent Clinical Psychopharmacology Made Simple
by John Preston, Psy.D., ABPP; John O'Neal, MD; and Mary Talaga, R.Ph., Ph.D.
Published in February 2006, New Harbinger Publications ISBN: 1-57224-435-6 \$14.95 137 pages
800-748-6273 www.newharbinger.com

Suggested Interview Questions

1. If you had to pick three things that all clinicians should know about psychiatric medications and children what would they be?
2. If you had to pick three things that all parents should know about psychiatric medications and children what would they be?
3. In *Child and Adolescent Psychopharmacology Made Simple* you dedicate a chapter to each of the most common psychiatric conditions seen in children and adolescents. In the chapter on depression you say that "although there are similarities between childhood-onset and adult-onset major depression there are also notable differences." What are some of these differences?
4. Do psychiatric medications have different side effects and risks for children than for adults?
5. What do we know about why certain medications work? For example, why does Ritalin, a stimulant, work for hyperactive kids?
6. How common is it for psychiatric conditions to manifest themselves differently in adults and children and what problems does this present for clinicians?
7. In the introduction of your book you talk about a number of concerns you have regarding children and medication. At one point you say "in the current era of managed care it is common for insufficient time or attention to be given to conducting a comprehensive history and diagnostic evaluation." What impact do you think this has on kids who have a psychiatric condition?
8. You talk about how the media impacts the opinion and understanding of psychiatric medications. If you had to give the popular media a grade on how they've handled some of the recent controversies regarding antidepressant medication and children and ADHD medications what would it be and why?
9. So if I'm a parent who's child has been prescribed a medication that's received bad press, like Ritalin or antidepressants what are a few things I need to know to make an intelligent decision about this course of action?
10. Medications given for psychotic disorders like schizophrenia have historically had some pretty difficult side effects. Has that changed and if so, why?
11. You say that "the knee-jerk reaction to too many providers may be to reach for the prescription pad whenever they see psychological symptoms." First, why do you say this and second how would you like to see clinicians responding?
12. In the chapter on autism spectrum disorders you talk about the use of antipsychotics and beta-blockers, medications typically used to reduce blood pressure. What particular symptom of what variety of autism spectrum disorders do these medications help with?

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