



# Changing Minds

www.cincinnatichildrens.org/about/fcc/fan/psych/changing-minds-newsletter

Winter 2009

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“To educate, inform, advocate, and empower people in order to affect positive change in attitudes and treatment for psychiatric illnesses.”

## How *Not* Taking Drugs Can Harm You

By Pamela Campbell, MD

Health professionals struggle everyday with an alarmingly common problem—patients not taking their medications. Studies suggest that only 60-70 percent of people take their medication as prescribed, and the statistics worsen for psychiatric drugs. To complicate matters, people will also mislead their physicians as to how compliant they are with their medications, with potentially catastrophic results. There are many reasons for medication noncompliance. Some of the more common reasons include:

### 1. “My medications don’t work.”

Frequently, people don’t understand how medications work, especially psychiatric drugs which can take weeks or months to work. To minimize potential side effects, many physicians start with small doses that gradually increase. This reduces the chance of problems, yet delays the relief of symptoms, so many patients give up prematurely. Waiting for medications to work can be very frustrating; however, the benefit cannot be rushed.

### 2. “I don’t need my pills any more.”

When people start to feel better, many decide to stop the medication. Unfortunately, the usual result is a return of the symptoms. Just like other illnesses, such as high blood pressure, diabetes or seizure disorders, when medication is stopped, the problem may or may not return. There is not a lot of information about when to stop treatment for a psychiatric illness, but a general rule is six months to a

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## Shared Story: Adoption? There’s Something (to Love) About Mary!

People ask me all the time: “If you knew then what you know now, would you do it all again?” They are referring to adopting my daughter Mary because they have seen the trials and tribulations we have endured. When I got the call from Children’s Services just over six years ago to take my first respite placement, I was hesitant but figured I could handle anything for two weeks. I didn’t know my life was about to be turned upside down when I fell in love with a 10 year old

Mary had a horrific first five

years of life and then bounced

through the foster care system five more years before I got that call. She came with a laundry list of mental health diagnoses and I was told she was severely retarded and would never read, write, or care for herself.

I saw a light in her and chose not to believe anything I had been told and give her the one thing she never had—a fresh start. We wiped the slate clean of all diagnoses and labels and weaned her from all medications. With a little encouragement and a lot of determination on her part, she blossomed. The road was not an easy



one. For every accomplishment there were many struggles, but not nearly as challenging as the one we were about to embark upon. As Mary entered high school, I was full of hope and pride. She was excelling in her academics and for the first time had genuine friends. She seemed to be doing well emotionally and I saw an independent, fulfilled future for her. Late into the fall, she started to slip. I was concerned, but this was a usual

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**INSIDE: Boys to Men—Shaping boys lives**

## Connect The Dots: A Resource

Child Focus Inc. oversees programs to support individuals and families in Clermont County through their Behavioral Health Care and Early Childhood Divisions. Their **Clermont County Crisis Response Team** offers crisis intervention, education, referrals and follow-up services. Find out more at [info@ChildFocus.org](mailto:info@ChildFocus.org). The address is 555 Cincinnati-Batavia Pike Cincinnati, OH 45244  
**PH: 513-752-1555**  
Fax: 513-688-8155

### P.I.R.C. – Psychiatric Intake Response Center – Acute Crisis

Admission & evaluation center for children & adolescents in acute crisis. Professional mental health assessments & Emergency Department (ED) evaluations are available at two locations; Cincinnati Children's Main Campus (ED); 3333 Burnet Ave, Cincinnati, Oh 45229 and Cincinnati Children's Liberty Campus (EED); 7777 Yankee Rd, West Chester, OH 45044.

Call first to inquire about inpatient, Neuropsychiatry, Partial Hospitalization, Outpatient Care, Post-Traumatic Healing Center, Outreach, Research & Support Services.  
**Inquiries: 513-636-4124 – 24 hours/7 days a week**

### Substance Abuse / Chemical Dependency

Crossroads: 513-475-5300

Department of Youth Services: 513-396-5345

Talbert House CRISIS HOTLINE : **281 – CARE or 513-281-2273**

NorCen Behavioral Health Systems: 513-761-6222

Teen Challenge: 513-248-0452

## Support Groups

Mondays, 11 am – noon, Team Achieve, The Phoenix Place, 37 Main Street Amelia, Contact; 513-752-6170

Fourth Monday of each month, 7-8 pm, NAMI, Northern Kentucky, Share and Care Support Group, Erlanger Baptist church, 116 Commonwealth Rd, Erlanger, Contact; Kathy Keller – 859-866-0270

Thursdays 6:30 – 8 pm. HELP for Young Adults (ages 18 – 30) with mental health issues. St Monica/St George Church, 328 W. McMillan, Clifton, Contact Pat Brown, NAMI-HC 513-351-3500

Third Thursday 7 pm NAMI of Butler County, 2052 Princeton Rd, Hamilton Contact; Sally Fiehrer, 513-860-2130 ext; 12

First Saturday of each month 1– 2:30pm; 5642 Hamilton Ave, Cincinnati Children's Hospital College Hill Campus. Parent of children up to age 18 with emotional disorder or symptoms of neurobiological brain disorder/mental illness.

**The Arc Hamilton County**, 801 W. 8<sup>th</sup> St, Suite 400, Cincinnati, OH 45203. 513-821-2113: Provides information, education and advocacy services to people with autism, cerebral palsy, epilepsy, mental retardation, and childhood brain injury.  
[www.archamilton.org](http://www.archamilton.org)

**Beech Acres Parenting Center**; 6881 Beechmont Ave, Cincinnati, OH 45230

513-231-6630. Offers a wide range of educational and support programs as well as innovative mental health services to children, parents, families and schools.  
[www.beechacres.org](http://www.beechacres.org)

## Not Taking Drugs.....

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year, symptom free. When it is time to go off the medication, the decision should be made with the physician to ensure the best chance of a successful discontinuation. Some medications can cause serious problems if stopped suddenly and need to be gradually discontinued. The risks of the illness returning can be decreased by gradually stopping the medication.

### 3. "I don't like the side effects of my medications."

Unfortunately, medications do have side effects. Some are minor and many will discontinue after a few weeks. Some are serious and interfere with the quality of life. Because there are many medication options now, alternatives may be found. It can take several tries to find the medication that will work best for an individual. Patients need to inform doctors about concerns and work together to find the best options.

### 4. "I am tired of taking pills."

Everyone gets tired of taking pills, particularly if they have to take a lot of different pills or take them many times per day. Some illness will go away with a course of medication treatment, like a bacterial infection or an ulcer. Some problems don't go away, but can be controlled, like diabetes or arthritis. Psychiatric illnesses tend to be of longer duration, but frequently can be managed with medication and other treatments.

### 5. "I can't remember to take my medication."

Consistently remembering to take medication can be a challenge. A routine should be established, which includes specific times of day to take medication. People are most likely to forget medication when their routine is interrupted, such as the weekends or holidays. Doctors can advise patients on what to do if a dose is missed or any other specific facts about taking it.

### 6. "I don't want to be dependent on my medication."

Physicians hear this concern often and this issue is connected to the stigma of psychiatric disorders. Someone who needs glasses, a hearing aid, or a walker, is dependent on these items to see, hear or walk, but the dependency is generally not considered a character weakness. No one would suggest that a diabetic or asthmatic is an "addict" because they take insulin or use an inhaler. Psychiatric disorders are real, biologically based illnesses that can be managed, if not cured, with medication and therapy. Children with ADHD cannot sit still or focus, not because they are bad or lazy, but because their brains are not able to function as needed. If a child cannot see the board because of poor vision, should he or she just try harder? Of course not. The goal of medication in the treatment of psychiatric disorders is to reduce symptoms and maximize enjoyment and success in life.

### Key Points:

**Talk to your doctor.** Your doctor is your guide, your information source and your team mate. This is a joint trip. Your doctor is not a mind reader and cannot help you with problems if you don't share them.

**Never lie to your doctor about compliance with your medication.** Sometimes, people are afraid their doctor will be angry with them if they are not being compliant. Yes, it is frustrating for the doctor, but he or she will base decisions on the information you provide. If your doctor thinks you are taking the medication when you are not, the dosage of the medication could be

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# Boys to Men: How to Help Males Succeed

How boys develop into well-balanced men of good character is a source of many research projects and lively debates. Eli H. Newberger, MD, renowned author, lecturer, and researcher, presented the topic “The Men They Will Become” at the recent *For the Love of Kids Parenting Conference*.

Dr. Newberger, noted that although behavioral tendencies can be genetically inscribed, boys can be greatly influenced by relationships and role models to guide them in the face of moral challenges. At his workshop, parents learned methods to form and maintain healthy relationships with boys in an ever-changing world. What follows is a synopsis of key points, as outlined in the seminar program:



1. **First, and most important, a male in childhood needs at least one adult in his life who is crazy about him.** This person needs not to be related, but is the one who will sustain him and assure him of his worth, and always respect him and give priority to his needs and views.
2. **Beginning as babies, males need to learn words to express a full range of emotions.** Boys can be taught, quite literally, words to characterize, sense, and identify a wide range of feelings.
3. **Boys need to be protected from exposure to violence.** Research suggests that aggression can affect development quality as much as intelligence, and it can start as young as two years old. These are boys that need to be pulled away from violent movie posters, video games, and other images. They become the young men who continue to see the world as a hostile place and can often misconstrue

every social relationship as carrying a portent of threat.

4. **Boys need to give back.** Males greatly benefit from service activities that build a sense of reciprocity in relationships.
5. **Boys need to learn self-control and “inductive discipline” appears to be the best approach.** This method does not place priority on punishments. Research and experience suggests that it is more effective to build self-control in boys by working toward agreements on the standards of behavior. Dr. Newberger suggests that parents be specific about standards of behavior and neither harsh nor hurtful in their perspectives and actions toward the child. Rather, he says, be kind and interactive, focusing on how breaking rules hurts others and is not how one copes within or outside of a family unit. He gave a common example of when siblings hit each other—most often the par-

ent demands that the child offer an apology. Inductive discipline would mandate restitution that restores the injured relationship. For example, doing something special for the injured party, not just say “sorry.”

Young boys need strong mentors and partnerships to support and nurture their emotional development, to protect them and heal them from exposures to violence, to practice positive discipline and cultivate a sense of responsibility and respect for others.

*Dr. Newberger has teaching appointments at Harvard Medical School and the Harvard School of Public Health. His book is entitled *The Men They Will Become: The Nature and Nurture of Male Character*.*

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[www.cincinnatichildrens.org/about/fcc/fan/psychic/changing-minds-newsletter](http://www.cincinnatichildrens.org/about/fcc/fan/psychic/changing-minds-newsletter)

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# The Power of One

Lisa Eccles

*Changing Minds is thrilled to introduce our new clinical reviewer, Sergio Delgado, MD, and heartily welcome him to our newsletter family. Dr. Delgado is the chair of the Cincinnati Children's Hospital Medical Center's Child Psychoanalytic Program and an associate professor of clinical psychiatry and pediatrics. We are thankful for his participation.*

The front page story by Dr. Campbell is astounding—that 30-40 percent of people do not take their medications as prescribed. I can understand how this happens. People with psychiatric illnesses want quick relief, and give up before the drug reaches its therapeutic dosing level. Others quit taking their drugs when symptoms subside, which can cause dangerous, if not lethal, consequences. In still other cases, people feel they can handle their mental illness on their own and sadly do not understand the nature of their disease and how prescriptions could greatly transform their lives.

In his editing review, Dr. Delgado brought up another critical point—affordability. This is so relevant in the current economy. He notes that doctors can work with patients by changing to less expensive medications or trying to procure samples. They can also assist with financial and co-pay issues, so that the medication is not discontinued.

We are lucky to live in a time when science seeks much safer and effective medications to combat common mental health issues. The public must stop stigmatizing their use — judging patients as having character weakness—instead of real diseases. Patients need to adopt the same attitude. Doctors need patients to be truthful and to work together to find the right formula. Perseverance is key to successfully navigating some very rough waters. It is not easy. Education on the medications and illness is critical. Patients must take their drugs religiously as prescribed by their physicians, and realize that they will aid in maintaining mental health.

## How *Not* Taking Drugs Can Harm You

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pushed into a toxic range with potentially serious side effects, including death. Or, the doctor might decide the medication is not effective and switch to another that has more potential side effects. The doctor-patient relationship only works if everyone is being open and honest about the treatment.

*Pamela Campbell, MD, is Associate Professor at Southern Illinois Medical School, former clinical reviewer for Changing Minds and its first Person of the Year.*

## There's Something About Mary

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pattern for her and I assumed we would ride it out like we had in years past.

This time was much different. After the holidays she became increasingly paranoid, delusional, and aggressive. Just into the new year we made our first trip to our local ER. Taller than me, she sat curled in my lap, sobbing and terrified. No one knew what to do but we all agreed she needed help.

Help, (in Dayton area), was not easy to find. There was no psychiatry department in our local hospital and Mary soon became a number - her IQ. While her IQ was too high to qualify for any help from the Board of Mental Retardation and Developmental Disabilities, it was also too low to qualify for any help within the mental health community. No hospital would take her. After nearly 10 hours and many

phone calls, she was transported via ambulance to my last choice of facilities. She spent five days virtually secluded there and received no actual treatment.

Nothing had changed, but she was discharged and we became prisoners in our own home for the next month until she suffered another psychotic break, this time in public. I wasted no time with our local ER and drove her directly to Cincinnati Children's where there was no question of admitting her. She stayed at an inpatient unit for three weeks and then started residential treatment at College Hill where she remained for over a year.

That year was a roller coaster to say the least. I felt I had already lost my daughter mentally and it was unbearable to also not have her physically at

home. Ironically, I was just as scared to bring her home when the time came. While she had improved, she was still not the same person she was before all this started. I didn't know what to expect or how I was going to handle it alone.

She has been home over five months now and while it's not without hardship, she is doing better than anyone could have predicted. I revel in the small victories - reading a book, making it through a full day of school, playing in a soccer game, things I was unsure she would ever do again. We are rebuilding and will continue to do so. We just celebrated our five year adoption anniversary and I'm sure someone will ask me once again if I knew then what I know now, would I do it all again?

**The answer is absolutely!**

*Tammie Rafferty is many things, but in this article, Mary's Mom!*