

# Minds Matter Toolkit for You and Your Family



This is the property of \_\_\_\_\_

## About Minds Matter

Minds Matter is a project to help teens, families, and caregivers work with doctors to care for certain types of mental health problems among kids and teens. Problems like poor attention, or being depressed or angry a lot. This toolkit was made to help you make good choices about mental health. It can help kids and teens have a voice in their care, and guide family members, caregivers, and foster parents to help their children. It also helps professionals like doctors and social workers support their patients and clients.

Minds Matter has resources for your family on its website: [www.ohiomindsmatter.org](http://www.ohiomindsmatter.org)

## How to use this toolkit

### Personal Decision Guide

**Use this before, during, and after  
your doctor visit to:**



Prepare for a doctor's visit.



Think through your options.



Make good choices and  
share them with others.



### Medication Side Effects Watch List

**Use this during and after  
your doctor visit to:**



Learn about mental  
health medications.



Discuss possible side  
effects and benefits of  
medications.






## Your Decision Team: **Makes the best choices together**







## Prepare for visit:

### Be ready to describe:

#### Your Family

- ☐ A typical day. 
- ☐ Any blood relatives with mental health problems. 
- ☐ Any alcohol/drug use during the mother's pregnancy. 

#### You or Your Child

- ☐ Things you have already tried or want to try. 
- ☐ Anyone who is important in your life. 
- ☐ Sickness or disability. 
- ☐ Stressful or traumatic events. 

### What behaviors concern you or others the most?

- ☐ Poor attention    ☐ Hyper    ☐ Depressed or sad    ☐ Angry    ☐ Acts out  
☐ Poor listening    ☐ Moody    ☐ Worried or stressed    ☐ Other \_\_\_\_\_

What do you want to get out of your doctor's visit? \_\_\_\_\_

## Personal Decision Guide

### NOTES :

### Who is on your decision team?




### Describe your family

### You or your child

Have you had a complete evaluation? ☐ Yes ☐ No    Should you see a specialist? ☐ Yes ☐ No


Is there a diagnosis? ☐ Yes ☐ No


What is it? \_\_\_\_\_

Discuss Options	 Treatment Option 1	 Treatment Option 2	 Treatment Option 3
Is there a big benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the side effects/risks small?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cost ok?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will it help meet your goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you like this option?	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> Not much	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> Not much	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> Not much

 Check if you and the doctor have the same understanding. \_\_\_\_\_

 Other treatment options. \_\_\_\_\_

 Issues with getting the option you like (travel, cost, time). \_\_\_\_\_

 Will the medications interact with (or affect) each other? \_\_\_\_\_

 Where can you get more information or help? \_\_\_\_\_

## NOTES :

### Evaluation/diagnosis:

### Treatment Options:

## Step 1: Think



**Are you ready to make choices?**

☐ **Yes**

Discuss how to begin with the doctor.



☐ **No**

That's ok.

Take some more time to think. Make a follow-up appointment today.

To ask questions or tell the doctor your choices over the phone, call:

---



---



## Step 2: Choose



**Treatment**

---



---



---



---



---



**Treatment**

---



---



---



---



---



**Treatment**

---



---



---



---



---

# Make Choices

## Step 3: Set Goals



How will you know you are making progress?

---



---



---



---

How long will it take to see results?

---



---



---

How often will you have check-ups?

---



---



---

What should you do to get good results?

---



---

## Step 4: Evaluate



Use the next page to keep track of how the treatment is working out.

Take it to your next appointment.

Date 

---

Time 

---

## NOTES :

### Treatment:

### Goals:



## Symptoms



How are you doing?



Describe \_\_\_\_\_

## Care Plan

How is it going since your last visit?

How many doses  
were missed?

Any side effects?



### Medication



☐ 0-4 ☐ 5-10  
☐ More than 10

☐ Yes ☐ No

Describe \_\_\_\_\_

Why? \_\_\_\_\_



### Counseling



How many times  
did you go?

☐ 0-1 ☐ 2-4

☐ More than 4

Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### School



How many days have  
you missed?

☐ 0-1 ☐ 2-4

☐ More than 4

Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Other (like diet or exercise)



Were you able to  
follow the plan?

☐ Yes ☐ No

☐ Somewhat

Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to talk about today?



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTES :

**What changes are you seeing?**

**Anything going on at home?**

**Questions you have for the doctor:**

## Personal Decision Guide

### Who shares?

You can complete this page and share it with others if you choose to.

### Why share?

Professionals can help you if they know basic information about treatment.

To get more support.

### Who to share with?

School, counselors, caseworkers, family members, doctors, and others.

### How to share?

1. Decide who to share with and what to share.
2. Complete this checklist and make copies.
3. The doctor or nurse can help fill it in.



### Child's Information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_



Diagnosis \_\_\_\_\_

Current treatments (include frequency/dose of medications)



#### Treatment

Goals: \_\_\_\_\_



#### Treatment

Goals: \_\_\_\_\_



#### Treatment

Goals: \_\_\_\_\_



### Needs

How my team can help me succeed:

- ☐ School \_\_\_\_\_
- ☐ Caseworker/care manager \_\_\_\_\_
- ☐ Counselor \_\_\_\_\_
- ☐ Home \_\_\_\_\_
- ☐ Doctors \_\_\_\_\_
- ☐ Others \_\_\_\_\_



### Who to contact about this child

Parent/legal guardian/authorized caregiver \_\_\_\_\_

Relationship to child \_\_\_\_\_ Best way/time to contact \_\_\_\_\_

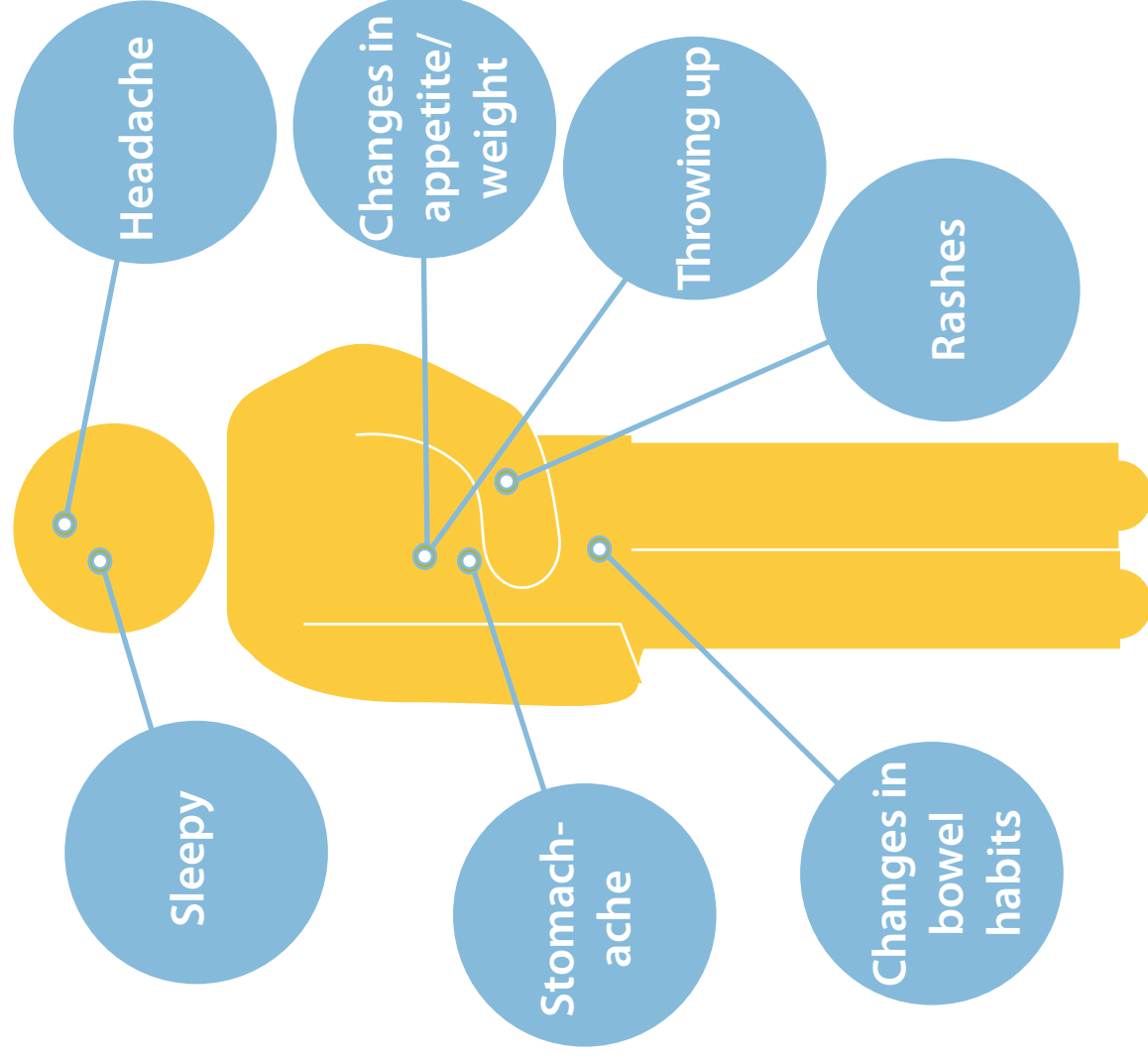
Email \_\_\_\_\_ Cell phone \_\_\_\_\_

## NOTES :

### Treatment:

### Needs:

## Any medications may cause common, general side effects such as:



### About this watch list

Common side effects are listed, but there may be others you want to discuss with your doctor.

### Tips about medications

- Medications treat the symptoms of mental conditions.
- They cannot cure the condition, but they can help you feel and function better.
- Medications work differently for different people.
- Use caution; medications can react with each other.
- There may be other uses for medications which is called "off-label."
- You should have therapy along with your medication.
- Don't take street drugs or medicines not prescribed to you.

### About side effects

Some side effects go away with time. If they happen right after starting medication, they might be side effects.



## Medication Side Effects Watch List

### Symptoms

### Potential Conditions

### Medications

### Common Side Effects

### Rare Side Effects

Hyper  
Poor attention  
Poor listening  
Act without thinking

Attention Deficit  
Hyperactivity Disorder  
(ADHD) and Attention  
Deficit Disorder (ADD)

**Stimulants<sup>1</sup>**  
such as methylphenidate or  
amphetamines  
**Brands:** Ritalin, Adderall  
**Non-Stimulant:** Atomoxetine,  
Strattera

Loss of appetite  
Difficulty falling asleep

High blood pressure and  
heart rate  
Strange feelings on skin or seeing/  
hearing things that aren't there  
Mania (super hyper or moody)

Hyper  
Poor attention  
Poor listening  
Act without thinking

ADHD and ADD

**Alpha-agonist**  
such as clonidine, guanfacine  
**Brands:** Kapvay, Intuniv

Light-headed  
Dry mouth/eyes

Trouble with liver or kidneys  
Changes in blood pressure

Depressed or sad  
Moody  
Worries a lot

Depression, Anxiety,  
PTSD, and Obsessive-  
Compulsive Disorder  
(OCD)

**Antidepressants**  
such as fluoxetine, sertraline  
and escitalopram  
**Brands:** Prozac, Zoloft,  
Lexapro

Dizziness  
Sweating  
Sleeping problems

Depression worsens or suicidal  
thoughts  
Changes in heartbeat, body  
temperature or muscle tone  
Activation (repeated physical actions)

Crying  
Cranky  
Complaints about health  
without a clear cause

Seizure disorders, certain  
cases of severe anxiety  
(like panic attacks)

**Benzodiazepines<sup>1\*</sup>**  
such as alprazolam or clonazepam  
**Brands:** Xanax, Klonopin,  
Ativan  
\*Not usually recommended for children

Dizziness  
Gets annoyed easily

Memory problems  
Seizures (might happen if you  
suddenly stop taking it)  
Dependency (body becomes used to  
medicine)

Extreme moods or  
behavior changes  
Racing thoughts  
Changes in sleep habits

Bipolar disorder

**Mood Stabilizers<sup>\*</sup>**  
such as lithium  
**Brands:** Eskalith  
such as valproic acid  
**Brands:** Depakote  
\*Regular blood work is needed

Tremors  
Thirsty  
Urinate a lot  
Nausea  
Tremors  
Weight gain

Trouble with kidneys  
and/or thyroid  
Easy to bruise/bleed  
Trouble with liver and/or pancreas  
Confusion

## Atypical Antipsychotics

### Medication Type      Potential Conditions      Common Side Effects

### Rare Side Effects

Aripiprazole like Abilify®

Asenapine like Saphris®

Clozapine like Clozaril®

Iloperidone like Fanapt®

Lurasidone like Latuda®

Olanzapine like Zyprexa®

Quetiapine like Seroquel®

Risperidone like Risperdal®

Ziprasidone like Geodon®

Schizophrenia

Bipolar

Irritability with autism

Other ♦

Weight gain

Feeling sleepy

Dry mouth

Constipation

Blurred vision

Restless

Muscle stiffness

Unusual movement like jerking or twitching

Changes in blood sugar and cholesterol

Delay or changes in your period

Breast enlargement in boys or girls

Sudden high fever with confusion

♦ There may be other uses for medications which is called "off-label."

### Key

= Tell a nurse or doctor.

= See a nurse or doctor right away  
and take your medication with you.

### Medication Legend

**bid**=twice a day

**tid** = three times a day

**qid** = four times a day

**i** =one

**ii** = two

**iii** = three

**prn** = as needed

**hs** = bedtime

**po** = by mouth