



Frequently Used Resources and Information for Primary Care Providers (and their patients)

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Web-Based Resources – Frequently Used Websites for Physicians

→ CanREACH Website – Alumni Area

As CanREACH participants, you can access the restricted area of our website which contains the medication cards, tons of resources, added extra training modules, and so much more. Note: the credentials are case sensitive.

Username: CanREACH Password: PPP123

<http://www.hmhc.ca/canreach/Canreachrestricted.html>

→ CAPPCC – Child and Adolescent Psychiatry for Primary Care

This is an excellent website for finding the rating scales we review during CanREACH

<http://www.cappcny.org/home/clinical-rating-scales/>

→ Collaborative Mental Health Care

This Canadian based website has fantastic “toolkits” organized by diagnostic area

<http://www.shared-care.ca/toolkits>

→ GLAD-PC

Guidelines for adolescent depression in primary care tool-kit

<http://glad-pc.org/>

→ CADDRA

Canadian ADHD Resources Alliance has resources, forms, and practice guidelines

<http://www.caddra.ca/>

→ CAMESA

CAMESA guidelines provide parents and doctors information about side effects of antipsychotic drugs in children.

<http://comesaguideline.org/>

→ T-MAY

Treatment of maladaptive aggression in youth guidelines tool-kit

<http://www.t-may.org/>

→ Alberta Health Services – Addictions and Mental Health Services, Calgary Zone

A comprehensive guide to AHS programs and services for both pediatric and adult populations

<http://insite.albertahealthservices.ca/amh/tms-amh-calgary-zone-service-index.pdf>

→ KELTY Mental Health, BC Mental Health

Medication Overviews that can be saved/printed as PDF re: various medications and classifications

<http://keltymentalhealth.ca/treatment/medications>

→ Choosing Wisely Canada

Guidelines and recommendations to ensure high-quality care covering all areas of medicine. Psychiatry Specific:

<http://www.choosingwiselycanada.org/recommendations/psychiatry/>

→ Cultural Competency

<http://fcrc.albertahealthservices.ca/publications/>

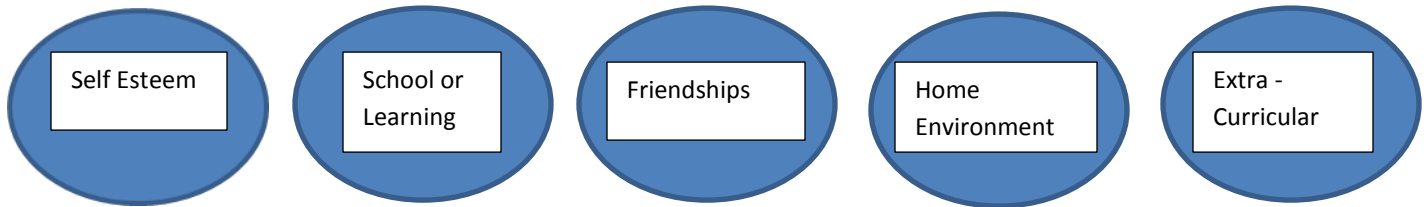
Main Principles

<p>Developmental / Contextual Assessment</p> <ul style="list-style-type: none">→ Assess children and adolescents' networks (i.e., family, friends, neighbourhoods, schools, etc.)→ Do a thorough diagnostic and bio-psycho-social evaluation→ Medications cannot replace needs for family support, safety, parenting skills, friends, meaningful hobbies, self-esteem, etc.→ Diagnostic systems (DSM & ICD) have limitations in assessing children and their contexts→ Diagnoses may unfold over time and initial symptoms and diagnoses may differ from later adult diagnoses→ Psychiatric medications are generally just one part of a meaningful, effective treatment plan→ Children are not just little mini-adults→ Ensure case formulation precedes prescription	<p>Team Formation, Communication, and Decision Making</p> <ul style="list-style-type: none">→ Fully involve family and child in the decision-making (shared decision making) process.→ Collaboration, conscientiousness, and communication→ Develop an effective working alliance.→ Medication approaches must recognize chronicity of childhood neuropsychiatric disorders by providing:<ul style="list-style-type: none">→ Parental and youth support, empowerment, self- management, and patient activation to promote recovery and hope→ Sustained therapeutic alliance and problem-solving→ Treat primary diagnosis (or most urgent or impairing problem) with indicated medication first→ Use systematic rating scale to measure agreed-upon target symptoms at baseline and throughout treatment→ Identify references, resources, readings etc. to help patients and their families
<p>Do No Harm</p> <ul style="list-style-type: none">→ Children and youth are different than adults and these developmental differences not only inform assessment, but also efficacy and side effects with treatment→ Children may require proportionately higher doses due to faster metabolism, kidney clearance, and liver-to-body size ratio→ Use medications at appropriate Randomized Controlled Trial (evidence) documented dose and duration before changing or augmenting→ Start low, go slow, taper slow (exception to this is stimulants which can be discontinued more quickly)→ Use systematic rating method to measure side effects	<p>Evidence-Based Prescribing Practices</p> <ul style="list-style-type: none">→ Evidence-based prescribing practices→ Whenever possible, use medications supported by double-blind randomized controlled trials for this age group and diagnosis→ Minimize use of multiple medications→ When making changes make only one medication change at a time and monitor the results→ Always consider environmental strategies as alternative or complement→ Evaluate iatrogenic effects of multiple medications→ When unclear, consider tapering or discontinuing most worrisome medication or the one with the least amount of RCT evidence

Adapted from The REACH Institute PPP mini-fellowship training

Impairment – “Spheres of Functioning”

Is there a sense that emotions, behaviors and/or inattention is affecting:



Assessment: Colder Mnemonic

- C** Characteristics
- O** Onset
- L** Location
- D** Duration
- E** Exacerbation
- R** Relief

Assessment: Risk Assessment, Sad Persons Mnemonic

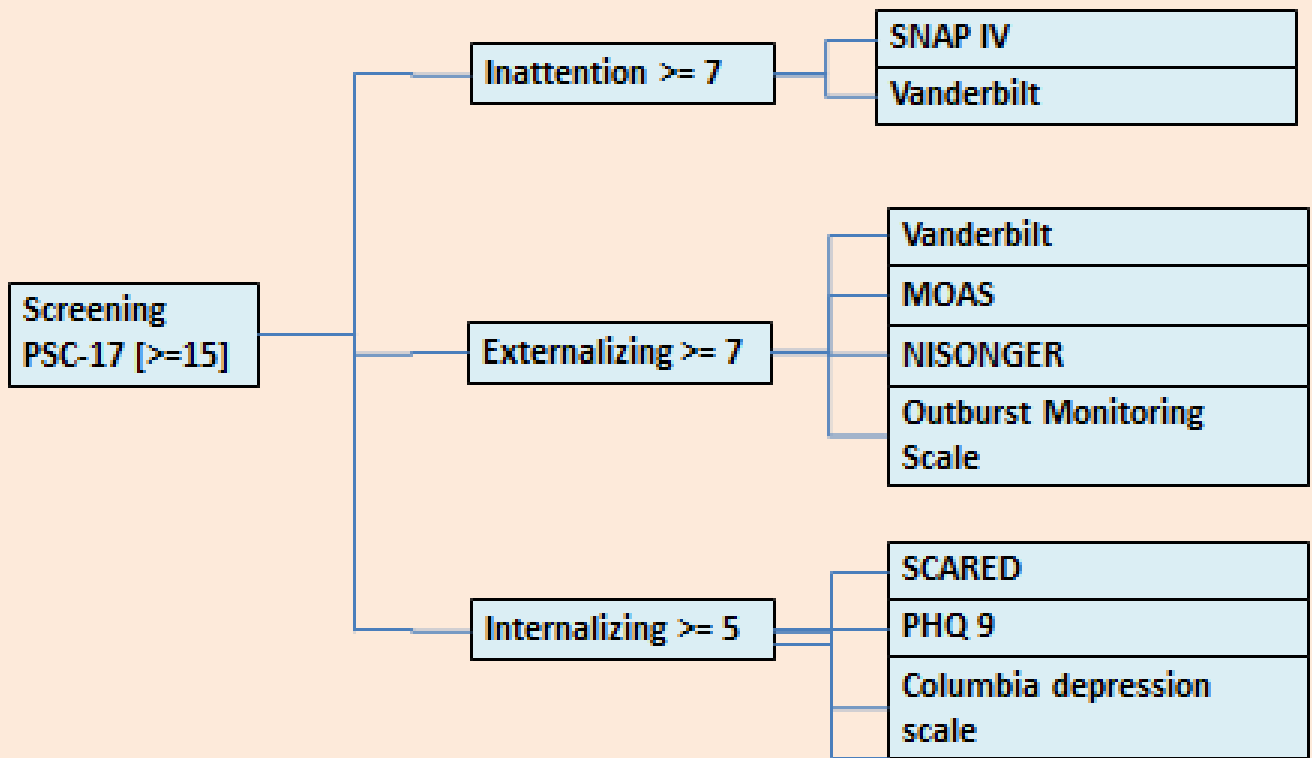
- | | |
|---------------------|--|
| S Sex | P Previous Attempts |
| A Age | E Ethanol Abuse |
| D Depression | R Rational Thinking Lost |
| | S Social Supports Lacking |
| | O Organized Plan |
| | N No significant others / peers |
| | S Sickness / Stressors |

Assessment: Commonly Used Screening Tools *all found for FREE online at cappcn.org or by google search

General	PSC-17
Adverse Childhood Experiences	ACEs
ADHD	SNAP ; Vanderbilt
Aggression	Outburst Monitor Scale
Anxiety	SCARED
Depression	PHQ ; Columbia Depression Scale; KADS
Eating Disorders	EAT-26
Functional	WEISS
OCD	YBOCS
PTSD	CPSS
Substance	CRAFFT
Safety Risk	TASR OSI (Ottawa Self Injury Inventory)

Mental Health Screening Evaluation

Mental Health Screen Evaluation



www.cappcnny.org

Assessing For Adverse Childhood Experiences (ACEs)

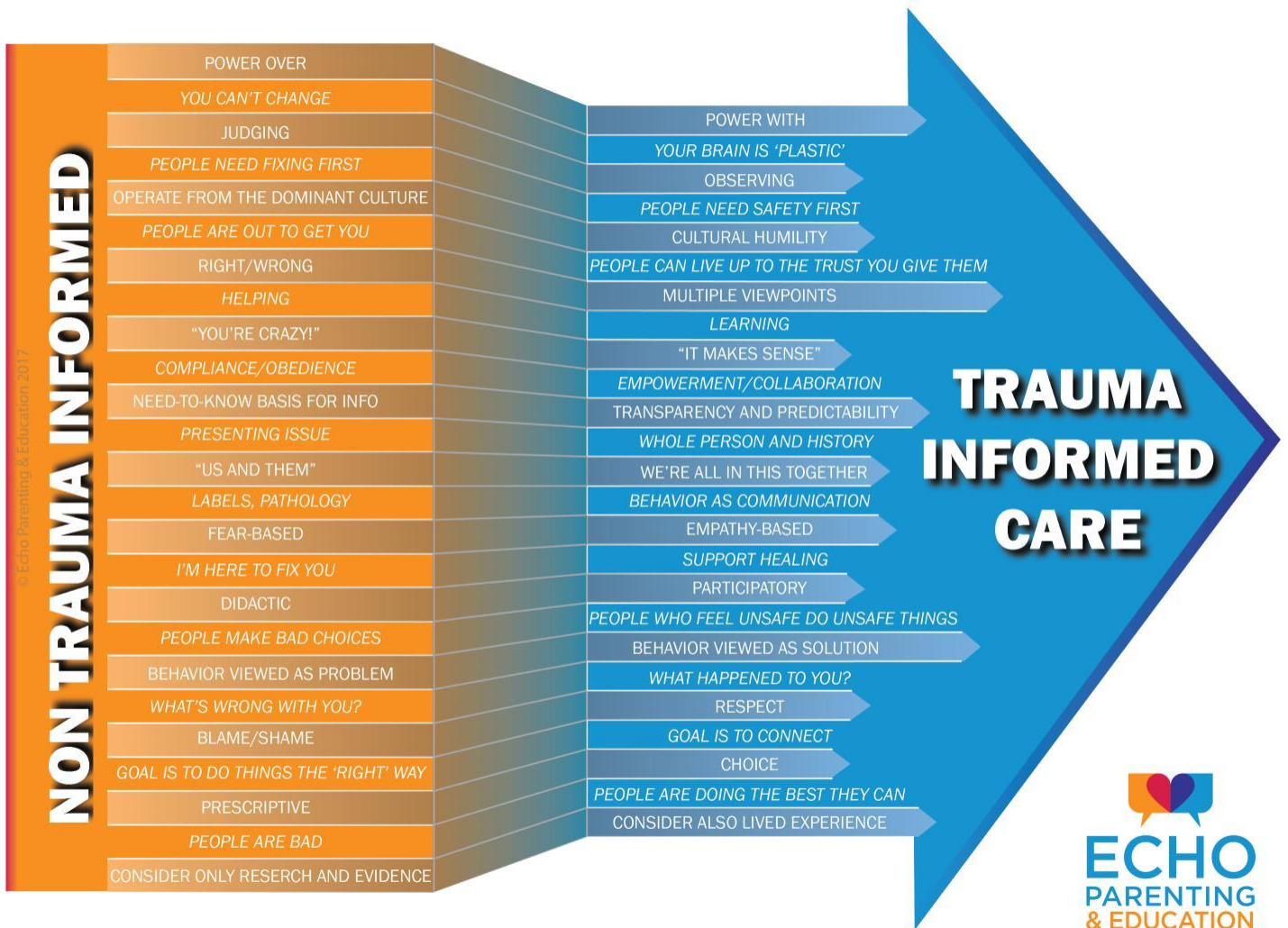
Adapted from the CAAMHPP Resource Guide <http://www.albertafamilywellness.org/assets/Resources/CAAMHPP-ACE-TIC-Resource-Guide-Nov-2016.pdf>

Finding Your ACE Score

	While you were growing up, during your first 18 years of life:	Yes	No
1.	Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did an adult or person at least 5 years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Were your parents ever separated or divorced?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Was a family member: Often or very often pushed, grabbed, slapped, or had something thrown at him/her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Was a household member depressed or mentally ill, or did a household member attempt suicide?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Did a household member go to prison?	<input type="checkbox"/>	<input type="checkbox"/>
	TOTAL ACE SCORE Each answer of 'Yes' is scored as a '1'. Count the total number of 'Yes' responses.		

Your ACE Score is: _____

Trauma Informed Care:



Adapted from the Echo Parenting and Education series

CHILDREN'S GLOBAL ASSESSMENT SCALE

For children 4–16 years of age

David Shaffer, M.D., Madelyn S. Gould, Ph.D.

Hector Bird, M.D., Prudence Fisher, B.A.

Adaptation of the Adult Global Assessment Scale

(Robert L. Spitzer, M.D., Miriam Gibson, M.S.W., Jean Endicott, Ph.D.)

Rate the subject's most impaired level of general functioning for the specified time period by selecting the *lowest* level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g., 35, 58, 62).

Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

Specified time period: 1 month

- 100–91 Superior functioning** in all areas (at home, at school, and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likeable, confident, “everyday” worries never get out of hand. Doing well in school. No symptoms.
- 90–81 Good functioning in all areas.** Secure in family, school, and with peers. There may be transient difficulties and “everyday” worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasional “blow-ups” with siblings, parents, or peers).
- 80–71 No more than slight impairment in functioning** at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70–61 Some difficulty in a single area, but generally functioning pretty well,** (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.
- 60–51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas.** Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50–41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area,** such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
- 40–31 Major impairment in functioning in several areas and unable to function in one of these areas,** i.e. disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not sufficient criterion for inclusion in this category).
- 30–21 Unable to function in almost all areas,** e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20–11 Needs considerable supervision** to prevent hurting others or self, e.g. frequently violent, repeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10–1 Needs constant supervision** (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

CanREACH Conceptualization Chart

We put together this chart to help you in conceptualizing your patient's experience once you have completed your comprehensive assessment, to help you develop a working narrative to guide your treatment interventions.

Individual Factors

	Biological	Behavioural	Cognitive	Dynamic
Pre-disposing	Family history Genetics Development	Reinforcement Punishment Conditioned	Irrational Beliefs Assumptions Self-Talk	Attachment Sense of Self Development
Precipitating	Trauma ACEs	Loss	Thoughts	Events Situations
Perpetuating	Chronic Illness ACEs	Environment	Thoughts	Insight Repetition
Protective	Health	Variety of conditions	Capacity	Insight Actions

Systemic Factors

	Family	School	Social
Pre-disposing	Family history Family Structure Communication	IQ Learning Difficulties Environment	Availability
Precipitating	Individual or Family Crisis	Loss or changes	Loss of social support
Perpetuating	Chronic illness Stress Conflict	Chronic struggles	Individual and Environmental
Protective	Adaptability Flexibility	Satisfaction Achievement	Individual and Environmental

CanREACH – Tips for Interviewing Children

1) Children are NOT little adults –

Children understand and use speech differently than adults, often not mature linguistic, cognitive, and pragmatic skills.

2) Young children do NOT initiate speech with strangers –

Use techniques that encourage young children to speak, act as the communication assistant of the young patient.

3) Children do NOT elaborate on conversation topics –

Non-discursive speech (one- to two-sentence responses) is age appropriate in young children.

4) Children are concrete thinkers –

Monitor your speech to ensure you are using concrete action-based words (verbs) when talking with young children. Learning how to interpret children's concrete use of language is key to understanding the message they are conveying.

5) Children have poor perception of Chronology and Time –

Parents are better informants of chronology/evolution/duration of symptoms, avoid asking young children these questions.

6) Children try to please adults –

Children try to please an interviewer by answering the interviewers questions (even incorrectly) and inability to answer makes children tense and resistant (i.e.: repeated "yes/no, maybe, I guess, a little, because, and not sure" responses).

7) Children figure out what the Interviewer WANTS to hear –

Watch for leading questions, Children respond to such with the information the interviewer seems to want to hear.

8) Children talk IF they feel comfortable –

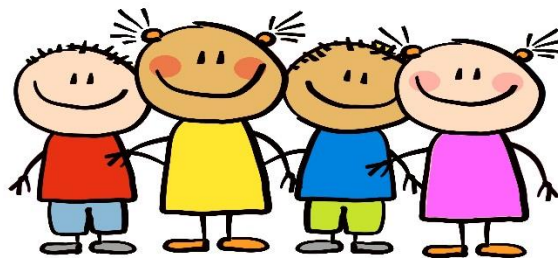
Use developmentally appropriate language, allow the child to continue an activity while talking, only introduce sensitive topics after rapport is built, reformulate unanswered questions, empathize, normalize, give positive feedback, provide hope.

9) Regarding Questions ... Remember: Children do NOT like "why" questions, "Yes/No" questions yield minimal information, and use simple sentences to ask short, focused questions. –

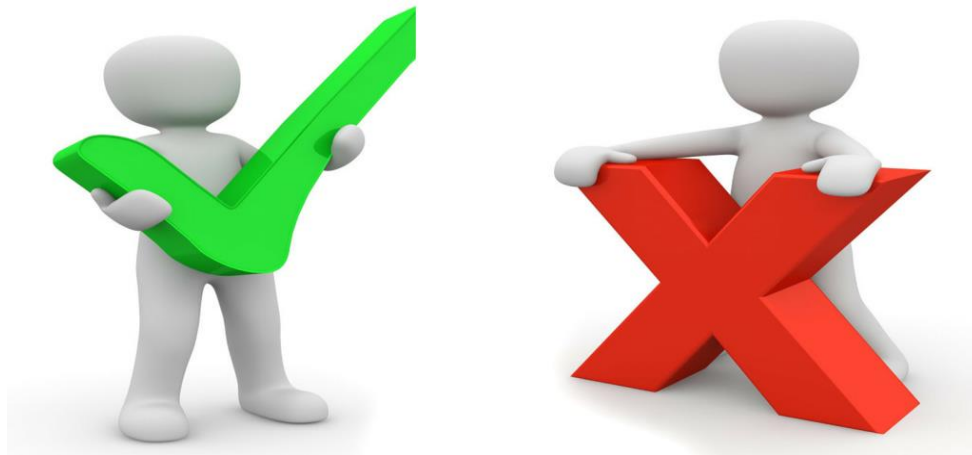
Younger children respond well to questions made of short simple sentences. Ask "what" and "how" questions, not "why".

10) Work on Understanding –

Listening to every word, make effort to clarify, recruit the child's help when needed, and consolidate rapport.



Adapted from book "How Many More Questions"



	Action DO	Action DON'T
Setting	Interview the child without the parents	See the child with the parents only
Introduction	Tell the child that you want to learn more about them	Tell the child that you will be asking questions
Activities	Encourage non-distracting activities during interview	Ask the child to stop activities and focus
Hyperactive/Behaviour	Ignore	Comment
Encouragement	Provide periodic positive feedback	Challenge them on not answering
Sensitive Topics	Only bring up once good rapport is established	Say parent told you about the child's "negative"
Questions	Provide options where possible. Check child's understanding, reformulate question, or move on.	Bias questions towards pathology or ask leading questions. Do not repeat questions
Interpretation	Base on information obtained from the child	Do not put words in the child's mouth

Modified Motivational Interviewing (Leap)

<p style="text-align: center;">“L”</p> <p style="text-align: center;">LISTEN</p>	<ul style="list-style-type: none"> → Active Listening → Ask about their view of the problem → Don't worry about your response; there is nothing else to do when you are listening than to listen and try to see the problem from their perspective → Be curious – Use COLDER → Open ended questions → Avoid parental blame of lecturing
<p style="text-align: center;">“E”</p> <p style="text-align: center;">EMPATHIZE, then EDUCATE / ENCOURAGE</p>	<p><u>EMPATHIZE</u></p> <ul style="list-style-type: none"> → Allow yourself to feel the feeling that is transmitted along with the words → Ask “what has this been like for you” → Identify and restate what they said, and restate the feeling → Recognize their efforts and the challenges they face <p><u>ENGAGE/EDUCATE/EXCHANGE/ENCOURAGE</u></p> <ul style="list-style-type: none"> → Look for shame, stigma, parental mental health → Engage and invite them to work together to find solutions – get permission → Educate and encourage in “first principles” <ul style="list-style-type: none"> Child Basic needs: To FEEL loved (not just “be” loved) To be IMPORTANT to someone To be GOOD AT something To BELONG to a group of others <p>→ Exchange information, share ideas of what might work, “what do you think”</p>
<p style="text-align: center;">“A”</p> <p style="text-align: center;">AGREE</p>	<ul style="list-style-type: none"> → Exchange information, share ideas of what might work, “what do you think” → Be sure you have done psycho-education → Find areas that you both agree on to focus first → Enhance child self-monitoring → Enhance parental support, advocacy; write it out as their “prescription” → “I can't do this without you”
<p style="text-align: center;">“P”</p> <p style="text-align: center;">PARTNER, PLAN and PROCEED</p>	<ul style="list-style-type: none"> → Parent is the vial, most-important team member. Mentoring and building parent's advocacy skills → Shared decision –making → Multiple problems require multiple solutions → Facilitate finding other team members → Ongoing problem solving, modify as needed. → Medication alone is rarely adequate

A Physician's Guide to Eating Disorders

DETECTION

- Eating disorders can be difficult to detect because patients may keep their behaviours a secret and deny their illness.
- Some patients appear thin and emaciated while others are normal to heavy.
- Eating disorders occur in a wide range of ages in both males and females.

SIGNS AND SYMPTOMS OF A POSSIBLE EATING DISORDER

- Significant weight loss
- Failure to gain weight during a growth period (adolescent)
- Disturbances in the way body weight and shape are experienced
- Severe food/fluid restriction
- Binge eating
- Caloric compensations such as vomiting, laxatives, diuretics and/or fasting
- Amenorrhea or unexplained infertility
- Syncope
- Dehydration
- Electrolyte disturbances
- Lethargy
- Ketones on breath
- Stress fractures and repeated injuries
- Bradycardia
- Postural hypotension
- Parotid hypertrophy
- Chronic abdominal symptoms
- Constipation
- Lanugo hair
- Hair loss
- Blue fingernails
- Feeling cold

RED FLAGS THAT CAN INDICATE A SERIOUS DISORDER

- Rapid and persistent weight loss
- Primary or secondary amenorrhea
- Body temperature less than 36°C
- Abnormal ECG (e.g. QT interval greater than 450)
- Bradycardia less than 40 bpm
- Tachycardia more than 110 bpm
- Marked hypotension
- Electrolyte imbalances
- Hematemesis
- Changes in mental status such as forgetfulness, reduced concentration, irritability
- Poor performance in school/work
- Seizures
- Loss of energy
- Overuse of laxatives
- Calloused knuckles

EATING DISORDER SCREENING TOOL

1. Are you terrified about being overweight?
2. Have you gone on eating binges where you feel you may not be able to stop?
3. Do you feel extremely guilty after eating?
4. Do you vomit or have the impulse to vomit after meals?
5. Do you feel that food controls your life?

A **YES** to any question indicates need for further screening.

[Questions adapted from EAT-26 D.M. Garner & P.E. Garfinkel (1979) D.M. Garner et al., (1972)]

MEDICAL MANAGEMENT

1. **Monitor frequently:** body weight, heart rate, blood pressure and postural changes, temperature, hydration, electrolytes, repeat ECG if deterioration in weight, vitals or severity of symptoms.
2. **Refer** patient for mental health therapy and nutrition counseling.
3. **Assess** need for hospitalization:
 - A. Rapid and persistent decrease in intake and/or weight, despite outpatient treatment
 - B. Additional stressors that interfere with the ability to eat
 - C. Co-morbid psychiatric problems, suicidality
 - D. Medical problems such as metabolic abnormalities, hematemesis, vital sign changes, uncontrolled vomiting

SUGGESTED TESTS

- ECG
- BUN
- CBC
- Chest X-Ray
- Electrolytes
- Creatinine
- Thyroid Function
- Pregnancy Test

BONE DENSITY if patient has been underweight for some time

FOR MORE INFORMATION AND HELP YOU CAN CONTACT

1. **Calgary Eating Disorder Program:**
To speak with a Program Consultant call **(403) 955-8700**
To Refer:
Please complete a physician referral form on the CEDP website below.
2. **University of Alberta Hospital**
Eating Disorder Program
Edmonton **(780) 407-6114**

WEBSITES

Calgary Eating Disorder Program
www.albertahealthservices.ca/info/page4208.aspx
National Eating Disorder Information Centre
www.nedic.ca

CRITERIA FOR HOSPITAL ADMISSION

CHILDREN AND ADOLESCENTS

- Weight less than 75% of standard or acute weight decline with food refusal
- Heart rate less than 45 bpm
- Blood Pressure less than 80/60
- Orthostatic hypotension with systolic BP change more than 20
- Orthostatic HR change more than 20
- Hypokalemia
- Hypophosphatemia

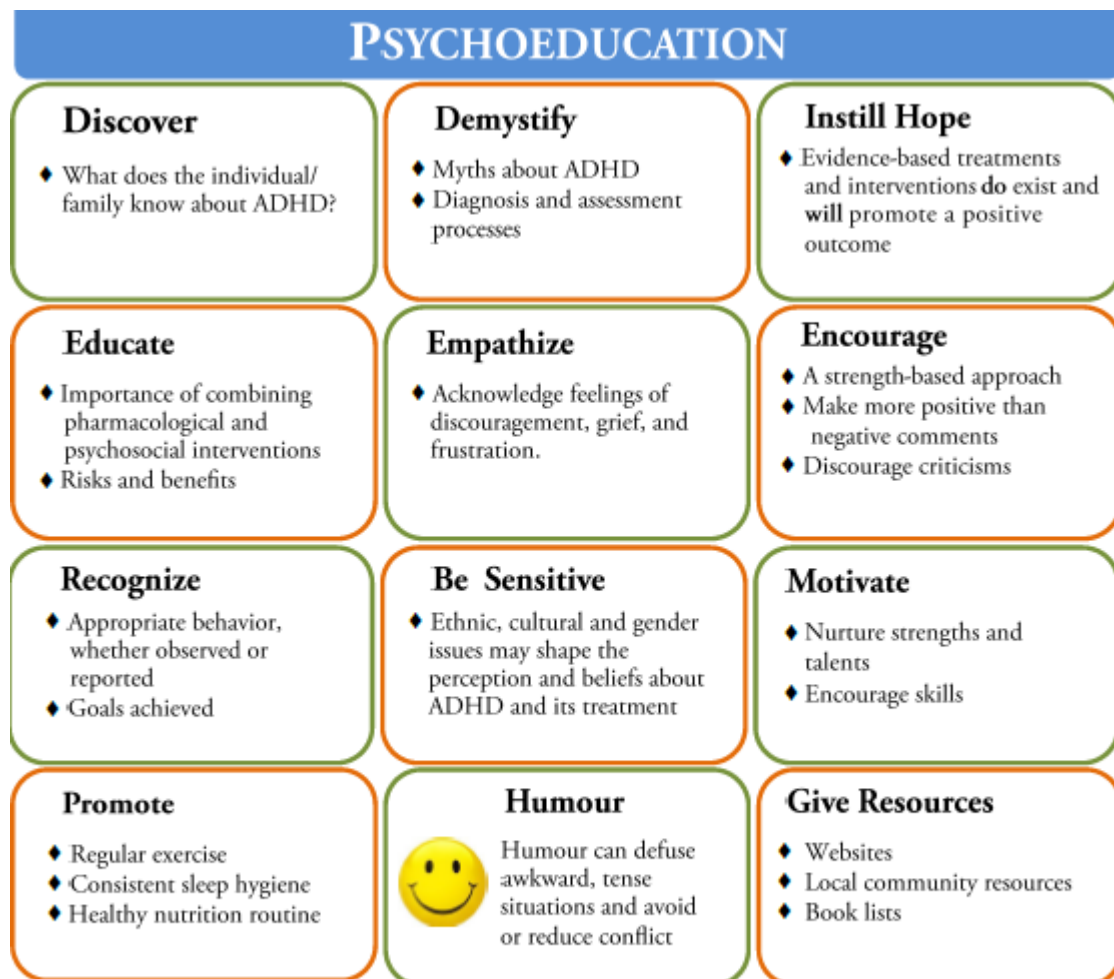
ADULTS

- Weight less than 75% of standard
- Heart rate less than 40 bpm
- Blood Pressure less than 90/60
- Hypoglycemia
- Hypokalemia (K < 3 meq/L)
- Inability to maintain temperature
- Dehydration
- Hepatic, renal or cardiovascular compromise requiring acute treatment



Psychoeducation

Psychoeducation is an important component to any diagnosis. While the following is taken from the CADDRA website specific to ADHD, it is a good visual to remind you how to connect and education around any mental health issue



For further information, please refer to the Psychosocial Interventions and Treatments chapter, Canadian ADHD Practice Guidelines at caddra.ca

GUIDE TO ADHD PSYCHOSOCIAL INTERVENTIONS

At Home

Instructional

- Make eye and/or gentle physical contact before giving one or two clear instructions. Have instructions repeated back, or confirm they were understood, before proceeding

Behavioral

- Use a positive approach and calm tone of voice. Teach calming techniques to de-escalate conflict
- Use praise, catch them being good (playing nicely)
- Set clear attainable goals and limits (homework and bedtime routines, chores) and connect them to earning privileges, special outings etc.
- Use positive incentives and natural consequences: *When you..., then you may...*
- Empathy statements can be useful, such as *I understand*
- Adults should model emotional self-regulation and a balanced lifestyle (good eating and sleep habits, exercise and hobbies)
- Choices should be limited to two or three options

Environmental

- Structure and routine are essential. Parents/partners must be united, consistent, firm, fair and follow through
- Encourage prioritizing instead of procrastination
- Post visual reminders (rules, lists, sticky notes, calendars) in prominent locations
- Use timers/apps for reminders (homework, chores, limiting electronics, paying bills)
- Keep labeled, different coloured folders or containers in prominent locations for items (keys, electronics).
- Find the work area best suited to the individual (dining table, quiet area)
- Break down tasks
- Allow movement breaks
- Allow white noise (fan, background music) during homework or at bedtime

- Psychologist
- Tutor, Family Therapist
- Parenting Programs

Other referrals may be needed:

- Social Skills Program
- Organizational Skill Course
- Occupational Therapist
- Speech and Language
- Audiologist
- Learning Strategist
- ADHD Coach
- Vocational Coach

At School

Instructional

- Keep directions clear and precise
- Get student's attention before giving instructions
- Check understanding and provide clarification as needed
- Actively engage the student by providing work at the appropriate academic level

Behavioral

- Provide immediate and frequent feedback
- Use direct requests – *when...then*
- Visual cues for transitions
- Allow for acceptable opportunities for movement- "walking passes"

Environmental

- Preferential seating
- Quiet place for calming down

Accommodations

- Chunk and break down steps to initiate tasks
- Provide visual supports to instruction
- Reduce the amount of work required to show knowledge
- Allow extended time on tests and exams
- Provide note taker or access to assistive technology
- Supports can include the CADDRA psychoeducational and accommodations template
- Request school support services

At Work

Accommodations

- Identify accommodation needs
- Provide CADDRA workplace accommodations template

Counsel

- Suggest regular and frequent meetings with manager and support collaborative approach
- Set goals, learn to prioritize, review progress regularly
- Identify time management techniques that work for the client, e.g. using a planner, apps
- Declutter and create a work-friendly environment

Tools

- Organizational apps and/or productivity websites caddra.ca/medical-resources/psychosocial-information

Relationships

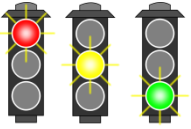
- Understand the impact ADHD can have on relationships with partners, family, friends, teachers, peers and co-workers.
- Recognize and accept ADHD can cause unintended friction and frustration between parent and child as well as between partners (e.g. difficulties with self-regulation, time management difficulties)
- Learn how to listen and communicate effectively
- Organize frequent time to communicate (don't just talk) to discuss goals and plans (what works, what doesn't) within home, educational and work environments
- Schedule regular fun with family, partner, friends
- Practice relaxation and mindfulness techniques caddra.ca/medical-resources/psychosocial-information
- Stay calm, be positive, recognize/validate and celebrate strengths!



For further information, please refer to the Psychosocial Interventions and Treatments chapter, Canadian ADHD Practice Guidelines at caddra.ca

Version: October 2016

Ten Tips for Impulse Control



- Establish a verbal and visual sequence of “STOP-CALM-THINK” that is used at home/school/after-school to assist child to remember to think.
- Allow child to have “impulse or fidget” toy with them at all times so their hands are “busy” and less likely to be used to throw something, etc.
- Watch for signs/indicators of increasing arousal which can lead to impulsive behavior and intercede before impulsive reaction occurs. With this, cut down / limit distractions where possible.
- Teach and encourage “self-talk” so child can use internalized language for self-regulation. Many impulsive children do not have internalized language.
- Create a “self-control song” to help with memory and internalization of rules. Here’s a simple one to the tune of “Row, Row, Row Your Boat” – Stop, Think, Use your words, When you’re feeling mad, ask your teacher for some help, then we’ll all feel glad.
- Play Freeze/Go games such as Red light/Green light, so children can practice stopping quickly and pausing before moving. This is fun and helps them learn to adapt to sudden changes.
- Role play situations i.e.: “what could happen if ____”. Some children learn by experiencing or “seeing” the consequences of their actions on others.
- Do not set up situations that are impossible for impulsive children. Evaluate your expectations. IE Impulsive children don’t do well in china stores. Don’t take them there.
- Impulsive children need to be taught to think. It does not come naturally to them. Thinking is abstract. You cannot see it or feel it. Make “thinking” as concrete as possible. Use facial expressions, body language to show thinking. Model thinking by thinking aloud: “HmMMM. I think I need to use the bathroom before I leave the house.”
- Praise and encourage all “thinking” behavior. “I like the way you were thinking just now. That was good thinking and it helped you keep your body in control!”

Adapted from www.shared-care.ca

Promoting Healthy Sleep Practices

Sleep is important to your physical and mental health. It allows your mind to digest and make sense of the day's events. It prepares your brain for learning new things the next day. During sleep your brain even cleans itself! Simply put, sleep is essential for life and getting the proper amount of sleep helps us cope better with whatever life brings our way. Getting enough sleep is essential for your emotional health. You may start to feel out of sorts and like you are not yourself if you're not sleeping well. Noises can seem louder, and colours too bright; small irritations feel like big problems, and even thinking can become a chore. It can get harder to solve problems and you may experience more aches and pains, less energy, and less interest in life. The less you sleep, the more anxious you can become about getting enough sleep, and this might make it even harder to fall asleep. You can end up in a vicious cycle – at the mercy of your over-active mind, feeling unwell, and feeling out of control. But there are things you can do to help break that cycle! Here are a few tested and true strategies that can help!!

<p>YOU CAN CONTROL WHAT YOU EAT AND DRINK</p> <p>FOOD: Don't eat too much food too close to bed time, but also, don't go to bed hungry. A light pre-bed snack can be good, especially one with milk in it.</p> <p>CAFFEINE: Caffeine is found in coffee, tea, energy drinks, soda, cocoa, some over-the-counter medications. In general caffeine should be avoided within 8 hours of sleep.</p> <p>NICOTINE – While it's not a good idea to smoke because of the harmful health effects anyway, nicotine has a stimulating effect on the brain.</p> <p>ALCOHOL – Alcohol can interfere with sleep patterns and should be avoided within 4 hours of going to sleep.</p>	<p>YOU CAN CONTROL YOUR SLEEP ENVIRONMENT</p> <p>Make your bedroom a good place for sleeping – low noise, dark and comfortable, with a cooler temperature.</p> <p>Use your bed for sleep only; do not use the bed for homework, talking on the phone, watching TV etc. This helps your brain to link being in the bed with sleep.</p> <p>Keep electronic gadgets out of the bedroom. Remove things like phones, computers, and any other screens from the bedroom at bedtime.</p> <p>Avoid sleeping in other places (i.e., couch, car), making the regular use of the bed in the bedroom your consistent place of sleep.</p>
<p>YOU CAN CONTROL WHAT YOU DO DURING THE DAY AND BEFORE BED</p> <p>Get at least 30 minutes of exercise each day, but avoid vigorous exercise prior to bedtime.</p> <p>Have a regular set and enforced bedtime! This sets your body's inner clock for sleep.</p> <p>Have a pre-bedtime routine that calms you and prepares you for sleep. This should not include looking at bright screens and electronic devices should be a no-go zone for the last 30-minutes at minimum before bed</p> <p>Avoid napping.</p> <p>Increase light exposure in the morning.</p>	<p>YOU CAN CONTROL WHAT YOU DO WHILE YOU'RE FALLING ASLEEP</p> <p>Reduce cognitive and emotional stimulation before bedtime.</p> <p>Keep a pen and paper by the bed; if something is nagging you jot it down for the next day, which may help your mind to be freer to relax.</p> <p>Incorporate relaxation / calming activities in to the bedtime routine (i.e., warm bath, relaxation imagery, deep breathing, and muscle relaxation).</p> <p>Do not look at the clock – place it somewhere you cannot easily see from the bed.</p>

Mood Enhancing Prescription

Practically, the clinician can review the MEP with the patient, complete the form and then review it at the next office visit. It is useful to provide the young person with a simple outline developed collaboratively with them (and caregiver if appropriate) that clearly specifies what self-regulatory activities they should pursue during the diagnostic and treatment phases of their contact with their health provider. The Mood Enhancing Prescription is a useful and time efficient tool that can be used to help the young person identify and plan their daily activities.

Mood Enhancing Prescription

There are many things that you can do to help your mood. Sometimes these activities by themselves will help you feel better. Sometime additional help (such as psychotherapy or medications) may be needed. This is your prescription for what you can do to help your mood. For each activity write in your plan (include what you will do, how often and with whom)

ACTIVITY	PLAN (what, how often, and with whom)
EXERCISE	
EATING WELL	
SLEEPING WELL	
PROBLEM SOLVING	
BEING SOCIALLY ACTIVE	

Preventing Suicide in Depressed Adolescents

Some Ways to Help Prevent Suicide in Depressed Adolescents

(Adapted by GLAD-PC with permission from materials prepared by Families for Depression Awareness: <http://www.familyaware.org/parentandteenguide.php>)

- 1. Encourage adolescents and parents to make their homes safe.** In teens ages ten to nineteen, the most common method of suicide is by firearm, followed closely by suffocation (mostly hanging) and poisoning. All guns and other weapons should be removed from the house, or at least locked up. Other potentially harmful items such as ropes, cords, sharp knives, alcohol and other drugs, and poisons should also be removed.

- 2. Ask about suicide.** Providers and parents should ask regularly about thoughts of suicide. Providers should remind parents that making these inquiries will not promote the idea of suicide.

- 3. Watch for suicidal behavior.** Behaviors to watch for in children and teens include:
 - expressing self-destructive thoughts
 - drawing morbid or death-related pictures
 - using death as a theme during play in young children
 - listening to music that centers around death
 - playing video games that have a self-destructive theme
 - reading books or other publications that focus on death
 - watching television programs that center around death
 - visiting internet sites that contain death-related content
 - giving away possessions

- 4. Watch for signs of drinking.** If a child has depression, feels suicidal, and drinks a lot of alcohol, the person is more likely to take his or her life. Parents are usually unaware that their child is drinking. If a child is drinking, the parent will need to discuss this with their child and the clinician.

- 5. Develop a suicide emergency plan.** Work with patients and parents to decide how do proceed if a child feels suicidal. It is important to be specific and provide adolescents with accurate names, phone numbers and addresses.

Suicide - Patient Hand- Out

Suicide/Suicidal Thoughts – What Should I Know

Why am I having these thoughts?

Many young people with depression think about hurting or killing themselves at some time. In fact, thoughts about death and dying are one of the symptoms of depression. Just like depression is treatable if you recognize it and get help, these feelings and thoughts can be treated and you can feel better. But it is up to you to let people know when you are feeling very depressed or out of control and it is up to you to let people help you through this time.

What are the warning signs?

Learn to recognize your own warning signs. Everybody is different and the things you notice when you begin to feel very depressed may be different from those other people report. But here is a list of some things that may signal a problem:

- ✓ Feeling very hopeless, like nothing will ever get better
- ✓ Not wanting to be around friends or family or take part in fun activities
- ✓ Not caring about anything anymore, like school or how you look
- ✓ Drinking or using drugs
- ✓ Doing risky things, such as driving recklessly or getting into fights
- ✓ Having lots of thoughts or dreams about death and dying
- ✓ Having a lot of stresses or life changes that seem hard to handle
- ✓ Feeling like you have a little more energy than usual

What can I do?


If you feel like things are getting out of control, you need to let someone know. Talk to your parents, your doctor, teacher, counselor, or a good friend! Don't keep these feelings inside. There are things you can do to help yourself get through these tough times. Don't be afraid to ask others to help you do these things as well.

- ✓ Keep your doctor or counselor informed about symptoms. Get symptoms treated early before they become worse.
- ✓ Keep in regular contact with someone on your treatment team. Set up a weekly (or even daily) time to check in with them and let them know how you are doing.
- ✓ Do what you can to reduce stresses. Learn what stressors are likely to really bother you and try to manage those first.
- ✓ Avoid alcohol and drugs. They may make you feel better temporarily but they will eventually make your depression and suicidal feelings worse.
- ✓ Let your parents have responsibility for giving you your medications and keeping all medications in a safe place.
- ✓ Develop a plan with others about what you will do if you feel suicidal. Carry phone numbers of people you can contact and who will stay with you until you are safe.
- ✓ Always try to find something to look forward to.

Suicide is a serious subject. Although it can be difficult, talking about it is an important step to getting better. By letting people know when you are thinking about death or hurting yourself, you can begin to get the help you need.

PEOPLE CAN AND DO GET BETTER!


Self-Care Plan



Stay Physically Active

Each week during the next month I will spend at least ____ days doing the following physical activity for ____ minutes.


(Pick a specific date and time and make it reasonable!)



Schedule Pleasant Activities

Even though I may not feel motivated I will commit to scheduling ____ fun activities each week for the next month. They are _____


(Specify when and with whom.)



Eat Balanced Meals

Even if I don't feel like it, I will eat ____ balanced meals per day to include _____

(Choose healthy foods.)




Spend Time With People Who Can Support You

During the next month I will spend at least ____ days for at least ____ minutes at a time with:

_____ doing: _____

_____ doing: _____

(Who?) (What?)
(e.g. talking, eating, playing)



Spend Time Relaxing

Each week I will spend at least ____ days relaxing for ____ minutes by participating in the following activities. _____

(e.g. reading, writing in a journal, deep breathing, muscle relaxation)



Small Goals & Simple Steps

The problem is: _____

My goal is: _____

Step 1: _____

Step 2: _____

Step 3: _____

How likely are you to follow through with these activities prior to your next visit?

Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

What might get in the way of your completing these activities prior to your next visit?

Solution(s) to the above barriers

Patient Monitoring For SSRI – Depression / Anxiety

<u>Patient Name:</u>		<u>Collateral Contacts:</u>				
<u>Date of Initial Assessment</u> (Week 0; depression as working diagnosis)		<u>Initial Target Symptoms</u>	<u>Initial Assessment Tool Used</u>	<u>Baseline score on Assessment Tool</u>	<u>Baseline Suicidality</u> (None, Passive, Active)	<u>Initial Action</u> (ie, Education, Medication, Consultation)
<u>Week</u>	<u>Date</u> (write n/a if pt not assessed in given week)	<u>Assessing Clinician</u>	<u>Mode(s) of interview</u> (i.e., Face-to-face, telephone)	<u>Assessment Tool / Score</u> (i.e., CGAS, PHQ-9)	<u>Change in Target Symptoms / Side Effects</u> (**Ask re SI**)	<u>Action</u> (i.e., Education, Medication, Consultation)
1						
2						
3						
4						
5						
6						
7						
8						
9						

Adapted from the GLAD-PC

SSRI MEDICATION CHANGES

When to use a different SSRI: A different SSRI should be used when the maximum dose is reached and maintained for 4-6 weeks without response in target symptoms with a specific SSRI or there are major side effects with a specific SSRI.

When to use a second-line medication: Consider using a second-line medication for depression if a child fails 2 SSRIs and a course of CBT or IPT. A mental health specialist should be consulted regarding second-line medications. A doctor should also re-evaluate a diagnosis and consider a combination of medication if a child fails 3 medication trials.

Table 3 provides information about tapering and switching SSRI medications.

Table 3: SSRI Tapering/Switching Schedule

Medication	Tapering Increments	Time between each taper
Fluoxetine	10 mg	1-2 weeks
Sertraline	25 mg	1-2 weeks
Citalopram	10 mg	1-2 weeks
Escitalopram	5 mg	1-2 weeks
Fluvoxamine	50 mg	1-2 weeks
Paroxetine	5 mg	1-2 weeks

*May start second medication but need to inform patients/families about possible adverse events such as serotonin syndrome

Maintaining Medication

In order to maintain medication the following is recommended:

- Continue on medication for 6-12 months following cessation of symptoms. Some depressed youth may need 2 or more years of maintenance to prevent relapse.
- Once stabilized, follow-up appointments should occur monthly to check efficacy of medication
- Evaluate target symptoms, adverse reactions & medication compliance at each follow-up visit
- Obtain adolescent and parent symptom checklists every 3 months.

Stopping Medication

When discontinuing medication, taper medication slowly.

ALTERNATIVES TO SELF-HARM –

- Self-Injury Outreach and Support (SIOS) <http://sioutreach.org/>
- Guide for Medical Professionals <http://sioutreach.org/learn-self-injury/medical-professionals/>
- Coping with Urges <http://sioutreach.org/coping-and-recovery-self-injury/coping-with-urges/>
- Self-Injury Recovery Research and Resources SIRRR <http://www.selfinjury.bctr.cornell.edu/>
- Distraction Techniques and Alternative Coping Strategies <http://www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-5.pdf>

SI URGES

What to do instead

Angry, frustrated, restless?

- Slash an empty plastic soda bottle, piece of cardboard, old shirt or sock.
- Flatten aluminum cans for recycling, seeing how fast you can go.
- Hit a punching bag.
- Use a pillow to hit a wall, pillow-fight style.
- Rip up an old newspaper or phone book.
- On a sketch or photo of yourself, mark in red ink where you want to cut.
- Make Play-Doh or Sculpey or other clay models and cut or smash them.
- Throw ice against something hard enough to shatter it.
- Break sticks.
- Crank up some music and dance.
- Go for a walk/ jog/ run.
- Play a physical sport.

Sad, depressed, unhappy?

- Do something slow and soothing, like taking a hot bath.
- Light sweet-smelling incense.
- Listen to soothing music.
- Smooth nice body lotion into the parts of yourself you want to hurt.
- Call a friend and just talk about things that you like.
- Visit a friend.

Craving sensation, feeling unreal?

- Squeeze ice cubes hard.
- Put a finger into a frozen food (like ice cream).
- Rub liniment under your nose.
- Slap a tabletop hard.
- Snap your wrist with a rubber band.
- Take a cold bath.
- Focus on how it feels to breathe. Notice how your body moves.

Wanting to see blood?

- Draw on yourself with a red felt-tip pen.
- Take a small bottle of liquid red food coloring and warm it slightly by dropping it into a cup of hot water for a few minutes. Uncap the bottle and press its tip against the place you want to cut. Draw the bottle in a cutting motion while squeezing it slightly to let the food color trickle out.
- Draw on the areas you want to cut using ice that you've made with red food coloring
- Paint on yourself with red tempera paint or a red lip-liner pen.

Wanting to see scars or pick scabs?

- Get a henna tattoo kit. You put the henna on as a paste and leave it overnight; the next day you can pick it off as you would a scab and it leaves an orange-red mark behind.

selfharm-support.tumblr.com

Here are some alternatives to self-harm. This includes alternative actions as well as coping and relaxation. There are better ways to cope, find what works for you!

Self-harm is your way of dealing with feelings and difficult situations. So if you're going to stop, you need to have alternative ways of coping in place so you can respond differently when you start to feel like cutting or hurting yourself.

If you cut to express pain and intense emotions

- Paint, draw, or scribble on a big piece of paper with red ink or paint
- Express your feelings in a journal
- Compose a poem or song to say what you feel
- Write down any negative feelings and then rip the paper up
- Listen to music that expresses what you're feeling

If you cut to calm and soothe yourself

- Take a bath or hot shower
- Pet or cuddle with a dog or cat
- Wrap yourself in a warm blanket
- Massage your neck, hands, and feet
- Listen to calming music

If you cut because you feel disconnected and numb

- Call a friend (you don't have to talk about self-harm)
- Take a cold shower
- Hold an ice cube in the crook of your arm or leg
- Chew something with a very strong taste, like chili peppers, peppermint, or a grapefruit peel.
- Go online to a self-help website, chat room, or message board

If you cut to release tension or vent anger

- Exercise vigorously—run, dance, jump rope, or hit a punching bag
- Punch a cushion or mattress or scream into your pillow
- Squeeze a stress ball or squish Play-Doh or clay
- Rip something up (sheets of paper, a magazine)
- Make some noise (play an instrument, bang on pots and pans)

Substitutes for the cutting sensation

- Use a red felt tip pen to mark where you might usually cut
- Rub ice across your skin where you might usually cut
- Put rubber bands on wrists, arms, or legs and snap them instead of cutting or hitting

Source: *The Mental Health Foundation, UK*

Relaxation

While relaxing may seem like a pretty easy thing to do, a lot of people have difficulty actually getting themselves to do it regularly and successfully. Learning relaxation involves figuring out what is going to give you the best chances of success – otherwise you probably won't keep trying to do it. Find a quiet, safe, comfortable place and remember to practice often. Here are three ways to try, and note that there are many ways, outside of these three.

Progressive Muscle Relaxation

Start by taking three deep breaths in and out.

Clench your fists gently and hold them for 10 seconds and then let go. Rest for 20 seconds and use relaxing self-talk.

Tighten your biceps by bending your arms and pulling towards your shoulders (like Popeye!), hold for 10 seconds and release.

Tighten your triceps by straightening your arms and locking your elbows, hold, hold, hold, and release.

Raise your eyebrows as high as you can, hold it, and relax. Now shut your eyes tightly, hold it, and relax.

Open your mouth as widely as you can, hold it for ten, and relax.

Lean your head gently towards your back to tighten the muscles in the back of your neck, hold for five seconds, and now relax.

Raise up your shoulders to your ears like a shrug, hold, hold, hold, and release. Deep Breath.

Push your shoulders back towards each other, pinching the shoulder blades together, hold it, hold it, and release. Take a breath.

Tighten your stomach muscles, squeeze, hold and release. Now, arch your lower back up, hold it, hold longer, and release.

Tighten your buttocks, really squeeze them, hold for ten seconds, and relax.

Tighten the muscles in your hips and thighs, hold for ten seconds, and release. Take a deep breath.

Now, tighten your shin muscles by pulling your toes towards you, hold, and relax. Tighten your calf muscles by doing the opposite, point your toes down, as hard as you can, hold it, and relax.

Take a deep breath, and scan your body, anywhere you feel tension still? Go back over your muscle groups and repeat the exercises in areas that remain tense. Take a moment to feel your body all relaxed and notice how it feels.

Imagining Exercises

Imagining exercises are used in different ways, but the primary goal is to shift your focus from the stresses of the outside world to a safe place where your mind and body are free to relax. Start with a deep breath, now close your eyes and imagine yourself in a peaceful, safe place – anywhere that appeals to you. It can be real or imaginary. Focus on the scene and all the details in the image. Create the entire scene in your mind. Imagine yourself there. Now, try and use all your senses...what do you see? What do you hear? What do you smell? What do you feel? What do you taste?

Deep Breathing

One of the most important factors in learning to relax is finding ways to control your breathing. Here are a few ways to try:

Abdominal breathing is a technique that focuses on using your diaphragm to make sure that your lungs are fully expanding, and that you are not just using the top part of your lungs to breathe. Put one hand on your upper chest and the other on your abdomen. Breathe in deeply. Which one moved? Now take several slow, deep breaths and focus on the breath going in to your belly. Be sure that your lower hand moves out as that muscle below your lungs, your diaphragm, moves out and expands.

Box-Breathing involves breathing in a controlled manner, in and out slowly, and maintaining a pattern to the breathing. This pattern involves breathing in slowly for a count of four, holding your breath in for a count of four, slowly breathing out for a count of four, and then holding your breath out for a count of four. To help you can imagine the four sides of a box.

COMMUNITY COUNSELLING SERVICES

Free or Low Cost Therapy Services

Calgary Counselling Center

Suite 1000, 105 12 Avenue SE Phone: 403.691.5991

Intake telephone lines are open from Monday to Friday 9:00am – 4:00pm at 403-691-5991. An Intake form can be completed over the phone or online at www.calgarycounselling.com. Offer professional counseling to individuals, couples, and families. The Centre is also an educational facility for interns and residents. Group programs in certain areas are also offered. Cost: fees on a sliding scale based on annual income.

CARYA (Formerly Calgary Family Services)

www.caryacalgary.ca Main Reception Phone: 403-269-9888 Client Intake Line: 403-205-5244

Carya offers a continuum of services to actively parenting families of children ages 0-24 years and adults ages 65+. This may encompass issues around mental health, like depression and anxiety, grief and loss, trauma, attachment, relationship challenges, and isolation. Individual counselling and group programs (i.e., CONNECT, BOOST) are offered. Sliding fee scale according to gross household income, however some programs are fully funded and are free of charge to participants. Some programs/groups offered include CONNECT, BOOST (ages 13-16), In-Sync (ages 0-6 and parents play based attachment), Prime Time (ages 0-2 and parents, skill based), Urgent Family Care, Worry Warriors (ages 7-11, 12-15).

Functioning Families Together (Family Therapy)

<http://caryacalgary.ca/our-programs/counselling/functional-family-therapy/>

Catholic Family Services

250, 707 – 10 Avenue SW Intake: 403.233.2360 <https://www.cfs-ab.org/>

To provide counselling and educational outreach services to those experiencing difficulty in any area of their life. Counseling formats include: individual, marital/couples, family. Self-referral by contacting Intake. Sliding scale fees; fee will not be a barrier.

Calgary Family Therapy Program

www.familytherapy.org Phone: 403-802-1680

Offering family therapy services for families with children 18-years or younger. Professional therapists work with families whose children are experiencing emotional or behavioural problems, with the primary goal being to engage these families to develop their own methods of managing the problems more effectively. Families can self-refer, or be referred by community professionals, by phone, fax, mail, or e-mail. Required information for intake includes names, address, phone numbers and a brief description of the problems. There is no cost for this service, and wait times depend on service demands.

Eastside Family Center – Counselling

Phone: 403-299-9696 <http://www.woodshomes.ca>

The Eastside Family Centre offers mental health services for youth, families and individuals experiencing emotional upset that may arise from a variety of situations. Walk-in counselling services are available at no cost and no appointment is necessary. Multidisciplinary teams of professionals, including psychiatric and clinical consultation, are available. The Centre also provides no-cost, legal advice in collaboration with Calgary Legal Guidance.

Frequently Recommended Mobile Applications for Patients

APPLICATION	LINK
Calm	www.calm.com
Omnifocus	Organization in ADHD https://www.omnigroup.com/omnifocus
Todoist	Organization in ADHD https://en.todoist.com/
Moody Me App	Mood Tracking App http://www.medhelp.org/land/mood-diary-app
MindShift Mobile App	https://www.anxietybc.com/resources/mindshift-app
BreathingRoom	http://breathingroom.me/
Mind Your Mood App	https://mindyourmind.ca/interactives/mind-your-mood
Booster Buddy	http://www.viha.ca/cyf_mental_health/BoosterBuddy.htm
MindMasters	Mini MindMasters – (under 6) http://www.cyhneo.ca/mini-mindmasters MindMasters - (Level 1 Ages 6-9, Level 2 Ages 9-12) http://www.cyhneo.ca/mindmasters MindMasters 2 - (Ages 4-9) http://www.cyhneo.ca/mindmasters-2-dha2r

MindMasters is a research based program that teaches simple and concrete techniques to help children manage stress and frustration, relax fully and develop a positive perspective. These skills may be incorporated into existing children’s services, such as therapeutic, educational and recreational services, or used by parents at home.

<http://www.cheo.on.ca/en/MindMasters>

ELECTRONIC ONLINE RESOURCES/MODULES

adapted from www.shared-care.ca

TOPIC	TITLE	CONTENT	LINK	TARGET
Anger	"Barometer" (mind your mind)	Identify anger triggers and create a coping plan	https://mindyourmind.ca/interactives/barometer	Teens / Older Youth
Anxiety	Anatomy of Panic	Describes a panic attack and tips to manage	https://mindyourmind.ca/interactives/anatomy-panic-attack	Teens / Older Youth
Bullying	Beat the Bully	Strategies to effectively deal with bullying	http://pbskids.org/itsmylife/games/bullies_flash.html	Children
	Bullying (E-Learning)	Understanding and tips	http://www.e-learningforkids.org/life-skills/lesson/bullying/	Ages 8-12
Depression	What To Do (E-Learning)	What it is, what to do	http://www.e-learningforkids.org/life-skills/lesson/depression/	Ages 8-12
	Mind Your Mind	Skills and crisis planning	https://mindyourmind.ca/interactives/alice-all-jacked	Teens / Older Youth
Emotions	Emotions and You (E-Learning)	Learn and cope with emotions	http://www.e-learningforkids.org/life-skills/lesson/emotions/	Ages 8-12
Families	Family Fare (E-Learning)	Roles, changes, feelings, types	http://www.e-learningforkids.org/life-skills/lesson/family/	Ages 8-12

General Mental Health	Tree of Life (Mind your Mind)	Strengths, goals, supports, coping	https://mindyourmind.ca/interactives/tree-life	All Ages
	Quote Bloom (Mind your Mind)	Inspiring quotes	https://mindyourmind.ca/interactives/quote-bloom	All Ages
Relationships	E-Learning	Types and behaviours	http://www.e-learningforkids.org/life-skills/lesson/relationships/	Ages 8-12
	You and Others (E-Learning)	Friendships and more	http://www.e-learningforkids.org/life-skills/lesson/you-and-others/	Ages 8-12
Self-Esteem	Personal Identity (E-Learning)	Images and Influences	http://www.e-learningforkids.org/life-skills/lesson/personal-id/	Ages 8-12
Social Media	ThinkUKnow	Internet Safety	https://www.thinkuknow.co.uk/	All Ages
	That's Not Cool	Consequences	https://thatsnotcool.com/	Teens
Stress	Squish Em	Game	https://mindyourmind.ca/interactives/squish-em	Teens
	Stress Me Less	Game	https://mindyourmind.ca/interactives/stress-me-less	All Ages

Adapted from www.shared-care.ca

Frequently Suggested Websites, Books and Readings for Families

*** Information Prescriptions has great information, websites, and readings for families pertaining to many different areas and is organized by topic area:

<http://fcrc.albertahealthservices.ca/health-information/library/information-prescriptions/>

<p>ADHD</p>	<p>CADDRA Website https://www.caddra.ca/ *Use Public Info Tab</p> <p>ADHD Families http://adhd families.ca/</p> <p>CHADD Website http://www.chadd.org/</p> <p><u>Books:</u> à <i>"My Brain Needs Glasses"</i> and <i>"My Brain Still Needs Glasses"</i> by Annick Vincent à <i>"ADD Stole My Car Keys"</i> by Rick Green and Umesh Jain</p> <p><u>Videos:</u> ADHD Child http://www.shared-care.ca/vid.aspx?y=rLghxG3mGMM ADHD Teen http://www.shared-care.ca/vid.aspx?y=rIKMo8VuC_c</p>
<p>ANXIETY</p>	<p>Anxiety BC Website https://www.anxietybc.com/</p> <p>Video: Anxiety or Fear http://www.shared-care.ca/vid.aspx?y=0v5E6syVppl</p> <p>CBT Guided Sessions Online http://www.lltff.com/</p>
<p>DEPRESSION</p>	<p>Families Aware: http://www.familyaware.org/index.php</p> <p>Video: Ellie's Depression http://www.shared-care.ca/vid.aspx?y=i8EPzxAiVw</p> <p>CBT Self-Help - Mood Gym https://moodgym.anu.edu.au/welcome CBT Guided Sessions Online http://www.lltff.com/ Workbook http://www.shared-care.ca/files/Dealing_with_Depression_dwd_writable.pdf</p>
<p>PARENTING / BEHAVIOUR ISSUES</p>	<p>Alberta Parent Link http://www.humanservices.alberta.ca/family-community/15576.html</p> <p>Triple P Positive Parenting Program http://www.triplep-parenting.ca/alb-en/home/ (Parenting groups, resources and online courses - Free for Albertans)</p> <p>Lives in the balance – Parents/Families http://www.livesinthebalance.org/parents-families</p> <p>Strongest Families: Online parent coaching management program Toll-free 1-866-470-7111 http://strongestfamilies.com</p>