

# Explaining Medication to Children

By Gary Yorke

Many of the children that we see in therapy will be prescribed medication for their behavioral and emotional difficulties. Sometimes we'll be in agreement. At other times we may be dismayed that medication is being prescribed at all. We may also discover that some of the prescribing physicians we work with do not spend enough time discussing medication with the parents or child. As a result, prescriptions may not be filled, medication may be discontinued prematurely, or the child may refuse to take the medicine. Some children won't refuse to take medication, they'll just lie about it. All medications have side effects and not understanding the side effects of a particular medication may lead to side effects being ignored, missed, or their importance exaggerated. Prescribing psychotropic medications can be difficult, and multiple trials of different medications at different dosages may be required before a desirable result is obtained. Not understanding the process may contribute to both the parent and child becoming discouraged and prematurely discontinuing medication.

As child and family therapists it often falls on us to have a discussion with the child and parents about their medicine. Since we are not physicians we are at a decided disadvantage, but it is unlikely that we are going to see an increase in education about medication being provided by our medical colleagues. Therefore, it is extremely important that we remain current about medications so that we can have reasonably intelligent conversations with our clients about their medicine. I'd also recommend a cautious approach when reading about psychotropic medication on the internet. The internet has no filter and there is a tremendous amount of misinformation available.

When talking to parents and children about medication it is important to keep in mind that it is not our job to convince anyone to take medication, nor is it our job to discourage anyone from taking medication. It is ultimately the parent's responsibility, in conjunction with their physician to make a determination about what medication, if any, should be prescribed. We can provide a path to understanding, and we can address issues of noncompliance.

The following suggestions are offered:

- Educate the child, in terms that they will understand, about their diagnosis. For example, with children who have ADHD, I compare their brain to a computer. "We know that you have a really good brain. And like a computer it comes preloaded with lots of programs. We know your programs for Spelling, Running, Talking, in fact most of your programs, are really good. But your program for paying attention, well that doesn't work very well. So, your doctor is prescribing some medicine to help that program work better." Or for a child with depression I might say, "We know that people with even a great life, can feel really sad (called depression) because of their brain chemistry. Your doctor wants you to take this medicine to change your brain chemistry, which might help you feel less grumpy and irritable. I don't know if it will help. You'll have to tell me after you've taken it for a while."

- Monitor the family's attitudes about medication. If the child is getting teased by a sibling, or one parent is saying to the other, within earshot of the child, that they just need to "get it together," cooperation from the child can diminish.
- Be realistic, especially with teens and pre-teens. Nobody wants to be perceived as defective and medication, as well as being taken to a therapist or psychiatrist, can imply that the child has been found to be inferior or defective in some way. Be realistic and understanding of the adolescent's concerns. Giving the adolescent choices and some control in this situation can go a long way to breaking down resistance.
- Don't exaggerate the benefits of medication. It is likely that the child will have to continue to work hard in therapy, at school, and at home to overcome their challenges. Parents may also need some help being realistic about the medication. Of course, if the child does have a dramatic response to the medicine join in on the celebration and then step back and see if the dramatic effect really lasts.
- In families where there is a history of substance abuse there may be great concern about taking a psychoactive drug. Elementary school children may not understand the difference between the drug they are being prescribed and the drugs they are being warned about in the substance abuse prevention program at their school. Again, it is important to use language appropriate to the child. With parents I will often discuss the incidence of substance abuse among adolescents with mental health problems who did not receive treatment. With an adolescent it may be important to discuss the difference between self-medicating and treatment. Self-medication offers more reward in the short-term, while treatment aims toward long-term benefit. Additionally, self-medication typically exacerbates existing problems.
- Use proper names. For example, children with ADHD should not be told their medicine is a vitamin pill. Educate all children, regardless of age, about their diagnosis. Left to their own devices young children have a limited vocabulary for evaluating themselves: fast or slow, smart or stupid, good or bad. Children with behavioral problems are prone to self-esteem issues and understanding why they are having their difficulties can alleviate some of these esteem issues. Additionally, we want to help children avoid externalizing blame for their difficulties onto others. By owning their challenges children and adolescents are in a better position to accept help, support, and work on overcoming their difficulties.

I have also developed a workbook for children being prescribed medication. It is available on my website, [childtherapytoys.com](http://childtherapytoys.com) and on Amazon.

### **About the Author**

Gary Yorke, Ph.D. is a Licensed Psychologist and has been in private practice in Austin, Texas for over twenty years. He and his wife co-founded Austin Behavioral Health Center which provides therapy and assessment services to children and adolescents. Dr. Yorke is also President and founder of [childtherapytoys.com](http://childtherapytoys.com), an internet based store for child clinicians. He is author of [My First Therapy Game](#), [The Social and Emotional Competence Game](#), [The Social and Emotional Competence Card Game](#),

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