* γ PARENT CALL SCENARIOS (BY CONDITION)

ç' C ADHD – "Medication not working"

Scenario:

"My child is still not focusing and is more irritable on Adderall."

Key thinking:

- Subtherapeutic dose vs wrong stimulant class
- Irritability → possible rebound vs overstimulation

Response approach:

- Assess timing (wear-off vs all-day symptoms)
- If rebound → add afternoon dose or long-acting
- If persistent irritability → switch stimulant class (amphetamine → methylphenidate)

●m=● MDD – "Activation / suicidality"

Scenario:

"Since starting fluoxetine, my child is more restless and talking fast."

Key thinking:

- Activation vs emerging bipolar

Response:

- Mild activation → reduce dose, slower titration
- Severe (↓ sleep, grandiosity) → STOP SSRI, evaluate for bipolar

''‖_ Anxiety (GAD/OCD) – "Not improving"

Scenario:

"She's still anxious after 2 weeks on sertraline."

Key thinking:

- SSRIs take 4–6 weeks minimum

Response:

- Normalize timeline
- Optimize dose before switching
- Ensure CBT is in place

Autism – "Aggression worsening"

Scenario:

"He's more aggressive even on risperidone."

Key thinking:

- Dose vs environmental trigger vs side

effect Response:

- Assess triggers first (routine changes)
- If med-related → adjust dose or switch to aripiprazole
- Monitor metabolic effects

Bipolar – "Sleeping less, more energy"

Scenario:

"He only sleeps 3 hours and is very energetic."

Key thinking:

- Mania until proven otherwise

Response:

- Urgent evaluation
- Start/optimize mood stabilizer or antipsychotic

- Avoid antidepressants

ç' C Schizophrenia – "Hearing voices"

Scenario:

"My teen says voices are telling him things."

Key thinking:

- Rule out substances + medical

causes Response:

- Immediate safety assessment
- Start antipsychotic
- Consider hospitalization if command hallucinations

' Cç Tourette – "Tics worsening"

Scenario:

"Tics are worse after starting stimulant."

Key thinking:

- Stimulants can unmask/exacerbate

tics Response:

- If mild → continue + monitor
- If severe → switch to guanfacine or clonidine

fj PTSD – "Nightmares and avoidance"

Scenario:

"My child won't sleep and avoids school after trauma."