

Keeping Information, Data & Services Accessible to All the Families We Serve

CITY AND COUNTY OF SAN FRANCISCO FAMILY AND CHILDREN SERVICES

Prenatal Exposure to Antidepressant Medications

The treatment of depression during pregnancy is a complex clinical challenge. The decision to treat depression must be weighed against the risks of exposing a fetus to antidepressant medication during pregnancy. In general, it is important to note that the chance of potential side effects on a baby exposed to antidepressant medication is small. However, a number of studies suggest that fetal antidepressant exposure increases the risk for premature birth, respiratory problems, stress on the baby's nervous system, and other potential impairments.

This article will highlight some of the short-term and long-term impacts of a mother's antidepressant use during pregnancy on a developing baby and what resource families can do to manage these impacts.



Prevalence of Antidepressant Use

Antidepressants have been used for a wide range of psychiatric conditions, including anxiety disorders and mild chronic depression scientifically known as dysthymia. Antidepressants were initially developed in the 1950s; however, their use has become progressively more common over the last twenty years.

According to the Centers for Disease Control and Prevention, antidepressants were the third most common prescription drug taken by Americans of all ages in 2005–2008 and the most frequently used drug by persons aged 18–44 years. From 1988–1994 through 2005–2008, the rate of antidepressant use in the United States among all ages increased nearly 400%, with currently an estimated 11% of people over age 12 years taking antidepressant medication.

Approximately 600,000 infants born each year are exposed to maternal depression. About 40% of those infants will also be exposed to antidepressant medication. The most common medications used to treat depression are called selective serotonin reuptake inhibitors, or SSRIs. SSRIs affect naturally occurring chemical messengers called neurotransmitters, which communicate between brain cells. SSRIs block the reabsorption of neurotransmitter serotonin in the brain. Changing the balance of serotonin helps brain cells send and receive chemical messages, which in turn boosts mood.

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Check It Out!

Social Media: Tips for Resource Families

Like it or not, social media is here to stay, but it also creates privacy and safety concerns. Look at the tips on page 7 for ways in which you can talk to your teen about using social media wisely.

Take your test and survey online at <https://goo.gl/76Jwly>

Our November test winner is **Carmen Singleton**

Prenatal Exposure to Antidepressant Medication

Medications can be very important for treating depression; however, there are risks when a fetus is exposed to them. Mothers who are treated with SSRIs during pregnancy are at an increased risk for delivering premature babies. Premature birth is commonly defined as happening before the baby has reached 37 weeks. Babies born prematurely can experience respiratory problems or trouble breathing right after birth. Respiratory problems typically affect newborns only temporarily.

Preterm births are not the only negative side effects linked to antidepressant use. Studies have found that babies exposed to SSRIs prenatally may be more likely to be born with heart and lung conditions, such as congenital heart defects or persistent pulmonary hypertension.

Much like babies born to mothers who use other drugs, newborns born to mothers who are treated with antidepressants may display temporary SSRI withdrawal symptoms. These withdrawal symptoms can include jitteriness and irritability but have not been shown to cause long-term impairments.

Feeding difficulties may arise, too. Many children with prenatal drug exposure require a prolonged feeding time and may be easily distracted during feedings. These symptoms may persist through the first year of life but do not lead to long-term feeding difficulties.

Long-Term Effects of Maternal Antidepressant Use

The long-term risks associated with maternal antidepressant use are not as well-defined within the medical research community. However, several studies have identified that babies born to mothers treated with antidepressants are at increased risk for showing developmental delays.

Resource parents may observe small motor coordination and balance problems in children who were exposed to antidepressants during pregnancy. Larger motor skills, including sitting, crawling, and walking, are not usually affected. Although children generally start to distinguish between caregivers and strangers at age six to 12 months, this, too, may be delayed. Resource families whose children exhibit these symptoms should not necessarily assume that the sole cause is prenatal drug exposure, as other factors may also play a role.

In a study recently published in the Journal of American Medicine Association, researchers tried to clarify how safe antidepressants are during pregnancy. They looked at connections between prescription medications and autism in children born to women who used them while pregnant. The researchers found an association between prenatal use of SSRIs and autism risk, but they could not prove a cause-and-effect relationship.

Researchers have pointed out that there are risks to both the mother and baby when a mother's depression is left untreated. In some cases, a mother who suffers from untreated depression or who has self-medicated her symptoms may be more harmful to the fetus than the possible risk of exposure to SSRIs.

What Can Resource Families Do?

Not every child will be affected in the same way if exposed to antidepressant medication during a mother's pregnancy. There is also no way to predict how a child will specifically be impacted by a birth mother's use of medication. But, resource families have a variety of professionals they can turn to for expert help.

First and foremost, resource families should talk to their child's primary care physician. Your child's doctor can identify symptoms of maternal antidepressant use and steer you to the right resources needed for your child. Mental health professionals can help parents cope with difficult behavior in their children. Parents of infants with feeding, sleeping, and irritability problems may need support or respite care to prevent burnout.

Children who show developmental delays can be referred for educational interventions through the federal Early Intervention program run by a Regional Center (for infants through the third birthday) or through local school systems (for children three and older). These programs are at no cost to resource families. Referrals for speech therapy, occupational therapy, or physical therapy may make sense, too.

Although the effects of prenatal drug exposure are different for each child, all children do better when families and professionals work together to meet the challenges. Research shows that almost all children will do well when placed in a loving and stimulating home. Parents who proactively identify their children's needs early on and get them the help they need find that their children thrive.

BY AGNES BALLA, MPP



Published bi-monthly for San Francisco County foster parents, resource families, NREFMs and kin care providers. To suggest a topic, submit an article, promote an event, or provide feedback, email Sharon.Walchak@sfgov.org.

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City and County of San Francisco/Family & Children Services
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Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
Free Foster Parenting Respite Service	(415) 861-4060 x3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: www.sfhsa.org/174.htm

Newsletter Website: <http://www.sfhsa.org/1890.htm>

Vanessa Jones

The Parenting for Permanency College is honored to announce that January's Champion for Children is Ms. Vanessa Jones. A loyal and dedicated grandmother, Vanessa cares for five of her grandchildren, all under the age of six.

Three years ago, Ms. Jones heard the news that three of her grandchildren needed a home and that two more (twins!) were on the way. Although she did not have a prior relationship with her grandchildren, she was willing to do anything to provide a positive environment for all five of them. "Their mother called me and asked if I could come and get the kids," Ms. Jones explained. "I couldn't see my grandkids being placed in different homes. I refused to let them separate so I did what I had to do."

Although Ms. Jones was unsure of how she was going to care for the children, she did everything in her power to make sure they had a beautiful home to call their own. Nothing stopped Ms. Jones, including negative feedback from her friends about her decision. "God put people in my life to prepare me to get to this point," Ms. Jones said. "I have friends in construction who were willing to help me build two more bedrooms as well as a playroom for the kids. Somehow it just worked. God had a plan for me and he made sure we were all taken care of. Now I am able to protect my babies and take care of them how I know they should be cared for."

Not only does Vanessa provide care for her grandchildren, she also is a director of a daycare with over 30 children ages infant to three years old. She has been taking care of children since high school, and used to be a teacher and a counselor at a group home. "We need more people to work with the children," she said. "They are my passion and I treat all children as if they are my own."



Vanessa Jones

Ms. Jones had the following advice to new resource parents: "It's going to be hard at first. You will have good and bad days but when it's all over, everything will be all right. You have to look at where you started and realize that you have progressed. It can be very challenging at first but when God puts something before you, trust in Him that he will make it happen."

Ms. Jones would like to thank the whole department for their support during this process. "All the social workers have been so helpful and awesome," she said. "They gave me hope and

inspiration. My old workers still call me, encourage me, and tell me how proud they are that I was able to take in all of the children. For that, I am grateful."

San Francisco Family & Children's Services and Parenting for Permanency College thank Ms. Jones for her continuous dedication, support, and love to our San Francisco County youth!

San Francisco Foster Youth Fund

The San Francisco Foster Youth Fund (SFFYF) believes that every child should be able to take part in enriching activities, no matter their family's financial resources. Through its fundraising efforts, the SFFYF provides grants to pay for music lessons, sports programs, family trips, summer camps, and so much more. If you need help paying for activities for your child, ask your caseworker or contact Arlene Hylton, Care Providers Liaison & Recruiter, at (415) 557-5067 or Arlene.Hylton@sfgov.org.



January and February

Birthday Shout-Outs!

Silvia Aguilar	Arlanders Lucas
Maria Benton	Debra Lucas
Gary Carter	Adela Mendoza
Matilde Edwards	Gail P. Roberts
Talitha Greenfield	Joyce Simpson
Sajeevi	Vajezatha Smith
Gunasekera	Meghan Spyker
Denise Hardy	Michelle E.
Lawanda Johnson	Tanksley Lillie Taylor
Heidi Kilgore	Artiese Williams

Use the enclosed survey form to be added to the birthday list.

San Francisco Foster Parent Association Announcement

Join Us for Our January Meeting!

Next Meeting: Wednesday, January 13, 2016 • 6 – 8 pm

Light dinner served

3801 3rd Street, 2nd Floor, San Francisco

Please join us at our bi-monthly meeting on January 13 to meet other foster parents. We are a stand-alone and member-run nonprofit organization to empower ALL foster, adoptive, relative and non-relative care providers. Our goal is for all care providers to come together to achieve high-quality care for the well-being of our children and youth.

If you have any questions or want to RSVP, please call Lorraine Hanks at (415) 756-5240. Returning and prospective members are all welcome!

Annual FCS Resource Family Holiday Event: “Home Is Where the Heart Is!”

It was another memorable day at the Annual FCS Resource Family Holiday Event: “Home Is Where the Heart Is!” Held once again at the South San Francisco Conference Center, we welcomed over 450 children, youth, families and staff for an afternoon of holiday cheer and festivities.

Every year, it is our goal to make sure all children and resource families enjoy the spirit of the holiday season, and this year through the graciousness of our community donors we were able to exceed our own expectations.

RENEE LUQUE, LCSW, PPC TRAINING SPECIALIST

IN GRATITUDE TO OUR DONORS

- Braid Mission – Sponsorship of the Teen Room
- City & County Department of the Environment – Teen Gift Cards
- Family Support Services Of the Bay Area Respite Program – On-Site Childcare
- Linda Hannawalt c/o Quilt Works – Children’s Gifts
- PixCo Photobooth – Non-Profit Discount
- Sade Daniels – Keynote Training Presentation
- Sanrio, Inc. – Assorted Merchandise
- South San Francisco Conference Center – Non-Profit Discount

On behalf of the resource families we serve, thank you to all who made this year our most memorable holiday celebration to date!



Please Welcome Our Newest Resource Families

We are excited to acknowledge the newest additions to our network of dedicated Resource Families. Participants spent many weeks of their personal time to learn and develop their skills—all to provide loving, safe, and nurturing environments for our most vulnerable children and youth. The Department of Family and Children’s Services and the Parenting for Permanency College are grateful for your service and look forward to providing ongoing support and partnership in your role as Resource Families!



English Series Graduates



Spanish Series Graduates

ReGroup Is Coming!

Family and Children Services will be using a new communication tool called ReGroup to send you text messages, emails, and voicemails about important gatherings and events. Resource Families should expect to receive reminders about FPA meetings and monthly support group meetings through ReGroup.

Parenting for Permanency College Calendar



Parenting for Permanency: A Journey of the Heart

Training: to enhance care providers' knowledge base and skills. *Support:* to elevate care providers' spirits and to create bonds of positive and healthy relationships. Register for English and Spanish Support Groups with Sharon Walchak at (415) 401-4313. All groups are held at 3801 3rd St, 2nd floor Lunch Room, San Francisco.

ENGLISH SUPPORT GROUPS

Held every 3rd Tuesday of the month

January 19, 2016

5:30 pm refreshments served

6 - 8 pm meeting

Movie Night

February 16, 2016

5:30 pm refreshments served

6 - 8 pm meeting

Presenter: Judith Lefler

SPANISH SUPPORT GROUPS

Held every 3rd Thursday of the month

January 21, 2016

5:30 pm refreshments served

6 - 8 pm meeting

Presenter: Natalia Estassi

February 18, 2016

5:30 pm refreshments served

6 - 8 pm meeting

Presenter: Arturo Galarza

City College of San Francisco

FREE CPR & First Aid Training Schedule

Wed	1/6/16	8:30 am - 12:30 pm	CPR	John Adams Room 44
Wed	1/6/16	1:00 pm - 5:00 pm	First Aid	John Adams Room 44
Wed	2/17/16	8:30 am - 12:30 pm	CPR	John Adams Room 44
Wed	2/17/16	1:00 pm - 5:00 pm	First Aid	John Adams Room 44

San Francisco Foster Parents **MUST** register by calling (415) 267-6523 or emailing fcs-training@ccsf.edu.



RFA PRE-SERVICE TRAINING SERIES

Cycle 4 Saturday Series

January 9 - February 13, 2016

9:00 am - 3:30 pm

3450 3rd St. Bldg. 2, Suite 300

SA/HIV INFANT PROGRAM TRAINING SERIES

Cycle 2 Tuesday/Thursday Series plus 1 Saturday

January 12 - February 9, 2016

5:30 - 8:30 pm (Tuesday/Thursday)

9:00 am - 5:00 pm (Saturday)

170 Otis St, Born Auditorium

RFA PRE-SERVICE TRAINING SERIES

Cycle 5 Tuesday/Thursday Series plus 1 Saturday

March 8 - April 14, 2016

5:30 - 8:30 pm (Tuesday/Thursday)

9:00 am - 5:00 pm (Saturday)

170 Otis St, Born Auditorium

To register for trainings please call Heather at (415) 938-6555 or email hpriebe@csufresno.edu.

NOVEMBER - DECEMBER 2015 SCHEDULE

City College of San Francisco

Child Development & Family Studies Department

Foster & Kinship Care Education

CCSF Evans Campus • 1400 Evans Avenue, Room 107, San Francisco

All classes meet the requirements for Continued Education for Licensed Foster Parents and Kinship Care Providers and specifically meet the mandated 8 hours of Continued Education. Certificates of Completion issued at the end of each session. Please register early by calling Brenda at (415) 452-5605.

TALK TIME TUESDAYS AT EVANS CAMPUS

January 19	January 26	February 2	February 9	February 16
10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm
How to Prevent Allegations	Child Abuse, Neglect & Reporting	Accessing Wrap Around Services For Children In Placement	Multiculturalism in the Foster Care System	Working w/ Youth with Special Health Needs - HIV/ Diabetes

ADOLESCENT WEDNESDAYS AT EVANS CAMPUS

January 20	January 27	February 3	February 10
10 am - 1 pm	10 am - 1 pm	10 am - 1 pm	10 am - 1 pm
Helping Youth Resolve Conflict	Helping Youth Navigate Through Peer Pressure	Working with Probation: Kids and the Law	Discharge & Emancipation

New Laws Curb Misuse of Psychiatric Drugs

On Tuesday, October 6, 2015, Governor Jerry Brown signed into law three bills that comprehensively aim to reduce the over-prescription of psychiatric drugs to foster youth. The three bills are Senate Bill 238 (SB 238), Senate Bill 319 (SB 319), and Senate Bill 484 (SB 484), and respectively require the California Department of Social Services (CDSS) to train state caregivers on the hazards of psychotropic drugs, provide public health nurses increased access to foster children's medical history to improve the monitoring of psychiatric drug prescriptions, and identify group homes that rely too heavily on psychiatric medication.

Foster Children and Psychiatric Drugs

Children placed in foster care, often after having been removed from abusive or neglectful homes, tend to have more numerous and serious medical and mental health conditions than do other children. Treatment of mental illness may include prescribing psychiatric drugs, such as antidepressants and antipsychotics; however, a report released in 2011 by the Government Accountability Office (GAO) found that nearly one in four children in foster care are receiving powerful psychiatric drugs.

According to the National Institute of Mental Health (NIMH), some children with severe mental health conditions would suffer serious consequences without medication. However, psychiatric drugs can also have serious side effects, including seizures, weight gain, and an increased risk for diabetes. The *San Jose Mercury News* investigated this issue and found that foster children in California were predominately prescribed antipsychotic medications, generally used for bipolar disorder or schizophrenia, which can lead to negative side effects of sluggishness and obesity, among others. These drugs were often prescribed without proper evaluation or monitoring of their effects.



Changes in the Law

In California, a juvenile court officer must authorize the use of psychiatric drugs before they can be prescribed. Under the new laws, more training will be provided to state caregivers and officials to be able to better monitor foster children's psychiatric medication prescriptions. Specifically, SB 238 requires foster parents, child welfare social workers, and state officials to have trainings on psychiatric medication, trauma, and behavioral health treatments for children receiving welfare services.

Additionally, juvenile courts can no longer authorize prescription medication without prior medical examinations. The CDSS must also develop monthly data reports, a new form, and an alert system for county child welfare agencies to use in order to reduce dangerous psychiatric medication prescription practices.

SB 319 clarifies the role of public health nurses and gives them authority to monitor the care of children who have been prescribed psychiatric medications. The bill

allows foster care public health nurses to access information related to a foster child's health care and mental health care history. This will help foster care public health nurses assist caregivers and caseworkers to complete necessary lab tests, mental health assessments, and follow-up appointments that a child may need.

SB 484 requires CDSS to identify group homes in the foster care system that inappropriately provide psychiatric medication to foster youth, use such medications as the primary intervention for behavior problems, or exercise other high-risk practices. The bill would require CDSS to inspect identified group homes and require them to develop a corrective action plan to provide safe and appropriate care for children under their supervision.

Collectively, these new laws place a greater state emphasis on what it means to care for vulnerable foster youth and refocus resources to finding ways to care for foster youth without the misuse of psychiatric drug prescriptions.

RESPIRE CARE

Every parent needs a break once in a while. FREE respite care with Family Support Services of the Bay Area is available day or night in your home or at the home of a licensed family day care provider. Contact Bruce Williams at (415) 861-4060 x 3035 or Katrina at (415) 861-4060 x 3032 for more information or to schedule respite care.

Using Social Media Wisely

Teens today have a growing assortment of social media tools within their grasp. While social media allows teens to stay connected, they need to understand the importance of online boundaries that protect them from serious privacy and safety concerns.

According to studies conducted by the Pew Research Center, 92% of teens ages 13 to 17 use some form of social media every day, with 71% of teens having more than one social media profile.

There are benefits to using social media. Teens in foster care can use social media to keep in touch with friends, siblings, and others, which is important for young people who have moved from their communities. Teens can also find online community groups to share experiences with peers, or express their feelings and ideas through videos, blogs, and other digital outlets.

While all youth may be at some risk for unsafe online situations, youth in foster



care may be particularly vulnerable to inappropriate contact, cyber-bullying, or child predators. Talk to your child's caseworker about whether there have been issues with social media use in the past.

Teach your youth to keep personal information private, including their full name, address, school name, phone number, and other identifying information.

Privacy settings are important, and to highlight their importance, go through the settings together to make sure you both understand each one. Explain that passwords are there to protect them against things like identity theft and should not be shared with anyone, including a boyfriend, girlfriend, or best friend.

Discuss cyber-bullying with your youth. Check your youth's social media sites for negative postings. Warn your youth not to send, forward, or respond to mean or embarrassing messages or pictures. Posting an inappropriate or provocative photo can damage someone's reputation in ways that may cause problems later, such as when a potential employer or college admissions officer does a background check.

It is important to know what your teens are doing online. The key is to stay involved in a way that makes them understand that you respect their privacy but want to make sure they are safe.

Licensing Regulation

Preparing for an Emergency

Personal safety is an ongoing concern for children in foster care, and it becomes particularly important during emergencies. According to the Foster Family Homes regulations, all resource families must have a plan in the event of an emergency. This plan must be shared with your children's caseworker and regularly reviewed.

Review your plan every six months and make any updates to your plan as necessary. Make sure your plan has information about emergency contacts, your caseworker's phone number, utility shut-offs, emergency equipment, and a prearranged location if your family gets separated.

Make a safe escape route in case of emergency evacuation. Pick a location

for your family to meet and account for everyone if you happen to get separated. Do not let anyone return to the home until an official says it is safe to do so. Resource families must immediately notify their child's caseworkers to tell them about the location of their family's evacuation.

Your plan should address all events likely to happen in the area, for example earthquakes, fires, accidents, or other emergency events. It should also take into account the unique needs of everyone in your home, including physical care needs, ability to communicate, behavior support needs, equipment needs, or special medical considerations. Lastly, place your plan in a visible, easy to reach location.

LICENSING REGULATION

EMERGENCY PROCEDURES 89323

(1) The caregiver shall discuss and practice emergency procedures with a child as age and developmentally appropriate at time of new placement and every six months.

Common Questions from Resource Families

Whether you're a seasoned pro or just starting out, resource families have questions. Here is your opportunity to get them answered. **Send us your questions and we'll provide you with our best advice.**

My 18-month-old child is not gaining weight. What should I do?

Children are very different in the way they eat. Some children may not eat because they are unfamiliar with the food you are serving or may be used to high fat, high salt food, so that healthy food doesn't taste familiar to them. There are many reasons why a child may not want to eat. Some may be biologically based, such as a child with a physical condition that causes him to be sensitive to food with a hard texture or food that is too hot.

Have your child evaluated by a pediatrician to see if there are explanations for why your child is having trouble

gaining weight. Children who have not been fed regularly or consistently may develop a certain mentality toward food—feeling there isn't enough or it won't be there the next time. Understanding the reasons behind eating problems will help you address the problem.

When I told my kid that he's going to the dentist he immediately started complaining of a stomachache. I don't think he has a stomachache but I think he's scared.

The first thing you can do to minimize your child's fear of the dentist is to take your child to a pediatric dentist. A pediatric dentist's office and procedures are geared specifically toward children. The waiting rooms are typically stocked with toys and books, and the dentist has been specially trained to treat children.

Talk to your child about what will



happen at the dentist. The goal is to get your child familiar with the procedure so that he or she will be more comfortable during the actual dental appointment. Avoid making general statements such as "it will be fine" because if your child does end up needing a cavity filled, for example, he won't consider that "fine" and may lose trust in both you and the dentist.

We want to hear from you! This is a new section of the newsletter, so help us come up with a title for a chance to win a gift.

Activities for All

A Family Winter Indoor Herb Garden

Cold temperatures and living in a Bay Area home can make it almost impossible to plant a garden outdoors. So, bring the garden indoors instead with a winter herb garden. Find a window in your home that gets some direct sunlight, pick your seeds, grab a few containers of soil and get to work.

Start by picking your herb seedlings. There are several herbs that do well inside: chives, oregano, parsley, rosemary, and thyme. Chives have long grass-like leaves and give a mild onion flavor to any dish. They make great additions to omelets and baked potatoes. Oregano, with its dark green leaves packed with flavor, is a staple in many Italian foods. Parsley has flat green leaves often used as a garnish in various dishes, including chicken, fish, and vegetables. Rosemary has thin, needle-like leaves on woody, shrub-like branches. As a member of the mint family, rosemary is both fragrant and flavorful and is used in foods such as stuffing and roasted meats. Thyme has woody branches with small clusters of green leaves that enhance the flavor of any soups, sauces, and stews.

Then, choose containers to plant your seeds in. Use individual containers for each plant to avoid competition and allow each herb to get individual care. You can use ceramic pots, plastic containers,

or other vessels around the house that have drainage holes at the bottom and saucers beneath them to catch trickling water. Have your child help you create a design for the container. You can dress any container with a bow or individualized labels.

Fill each container with soil; then gently press your herb seedlings into the soil 1/4 inch deep. Water enough to keep the soil moist to the roots but never soggy. Herbs are sensitive to overwatering so check the moisture by pressing your finger into the top part of the soil. If you detect any moisture, don't water. When the soil is dry to the touch, water until the excess drains from the bottom. Have your child bring the plants to a nearby sink to water them to avoid spills and leaks.

Make sure you set up both your child and your winter herb garden for success by providing your plants with a windowsill that gets about five to six hours of sunlight.

