### PSYCHOPHARMACOLOGY

### ETHICS OF MEDICATION





# Housekeeping



- 1. Post your questions in the Questions Box. If we have time, one of our moderators will select a few to present to our panelists.
- 2. Downloadable tools are available in handouts. <u>Psychopharmacology's Resources and Tools</u>
- 3. If you experience technical issues during the webinar, contact GoTo Webinar directly at 1.888.537.8790
- 4. There will be a 5-minute break near the halfway point.
- 5. Please listen for 2 code words throughout the webinar. You will need to enter these in the post webinar survey in order to receive CE credits.
- 6. A recorded version of this webinar will be available 7 to 10 days after the live event.
- 7. Please complete the post- webinar survey after the webinar to receive a Certificate of Completion.
- 8. There will be a short quiz that is required to be completed after the webinar with a score of 80% of higher to receive CEU credit.
- 9. If you have any post webinar questions or comments, please send an email to contact@special-learning.com.
- 10. This webinar is eligible for the following Continuing Education Credits: 2 Type II (BACB®), QABA® (2 General (In-Person)) or APA: 2 General (Home Study).

#### **Disclosures**

#### **Relevant and Non-relevant Disclosures**

This webinar was funded in its entirety by Special Learning Global and its affiliated businesses. SL Global, Located in Menlo Park, CA is a technology company that develops content and solutions to support Behavior Analysts, Psychologists, Speech Therapists, Occupational Therapists, Educators, and other professionals who provide education and intervention to individuals with Autism and other special needs.

This Self-study Online Webinar was created in conjunction with Ronald T. Brown, PhD, ABPP; Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE; and Manya Ralkowski, EdS, BCBA, LBA, IBA. Funding to develop and deliver this webinar was provided by Special Learning Global Solutions.

- □ Ronald T. Brown, PhD, ABPP: I have the following relevant relationships in the products, or services described, reviewed, evaluated, or compared in this presentation.
  - Financial Relationship(s): Receive speaker fees and royalties for this webinar in recording format from SL Global.
  - Non-financial Relationship(s):
- □ **Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE**: I have the **following relevant relationships** in the products, or services described, reviewed, evaluated, or compared in this presentation.
  - Financial Relationship(s): Receive speaker fees and royalties for this webinar in recording format from SL Global.
  - Non- financial Relationship(s):
- ☐ Manya Ralkowski, EdS, BCBA, LBA, IBA: I have the following relevant relationships in the products, or services described, reviewed, evaluated, or compared in this presentation.
  - Financial Relationship(s): Receive honorarium fee for speaking and CEs from SL Global
  - Non-financial Relationship(s): Facilitator, panelist, and CE Coordinator for SL Global staff

#### **Downloadable Tools**

To access the downloadable tools, go to: <a href="Psychopharmacology">Psychopharmacology</a>'s Resources and Tools

- 1. <a href="http://www.chcs.org/media/CMCUeducationalbooklet572010pdf.pdf">http://www.chcs.org/media/CMCUeducationalbooklet572010pdf.pdf</a>: This booklet provides information regarding common psychotropic medications used in children, with information for parents, foster parents, school psychologists, social workers, counselors, and behavioral specialist.
- 2. Goldberg, S. G., & Wagner, K. (2019). American Psychological Association practice guidelines for psychopharmacology: Ethical practice considerations for psychologists involving psychotropic use with children and adolescents. *Journal of Clinical Psychology*, 75(3), 344–363. <a href="https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1002/jclp.22705">https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1002/jclp.22705</a>: This article outlines ethical practice useful for any professional treating children with mental health disorders and on psychotropic medications.
- 3. <a href="https://www.atrainceu.com/content/3-principles-healthcare-ethics">https://www.atrainceu.com/content/3-principles-healthcare-ethics</a>: This web site provides a good overview of ethics in health care.
- 4. Behavior Analyst Certification Board. (2017). BCBA task list (5th ed.). Littleton, CO: Author
- 5. Behavior Analyst Certification Board. (2014). Professional and ethical compliance code for behavior analysts. Littleton, CO: Author

#### **Downloadable Tools**

To access the downloadable tools, go to: <a href="Psychopharmacology">Psychopharmacology</a>'s Resources and Tools

- 1. Article ABA Article Cultivating The Ethical Repertoir
- 2. Article ABA How to Identify Ethical Practices in Organisations
- 3. Article APA and Ethics
- 4. Article Children Psychopharmacology and Ethics
- 5. Article Compassionate Care in Behavior Analytic Relationships
- 6. Article Ethics and Child hood Mental H health
- 7. <u>Article Psychopharm School and Psychotropic Medications</u>
- 8. Article Psychopharmacology and Ethics in Children
- 9. Article Psychopharmacology and Preschoolers and Ethics

#### **Downloadable Tools**

To access the downloadable tools, go to: <a href="Psychopharmacology">Psychopharmacology</a>'s Resources and Tools

- 1. BACB Code Enforcement Procedures
- 2. BACB Compliance Code English
- 3. <u>Booklet ABA Fieldwork and Supervision for Behavior Analysts Editable Worksheets</u>
- 4. The Behavioral Scientists Ethics Checklist 1
- 5. Intro To New Ethics Code BACB: December 2020 Newsletter
- 6. New Ethics Code 2022 Ethics Cross Walk
- 7. Ethical Decision Making Process
- 8. Information to Provide to Prescribers by Other Professionals and Parents
- 9. Common Medications Used in School-aged Children
- 10. How side effects of Meds can impact BIPS

# Subject Matter Expert Ronald T. Brown, PhD, ABPP

Professor and Dean School of Allied Health Sciences University of Nevada



Dr. Ronald Brown, a noted expert on the topic of ADHD has served as the Associate Vice Chancellor for Academic (Health Affairs) at the University of North Texas System.

Dr. Brown completed his Ph.D. from Georgia State University and has been the past President of the Society of Pediatric Psychology and the Association of Psychologists of Academic Health Centers.

He is a board-certified clinical health psychologist and has been an active clinician, teacher, advocate and investigator. He served as a member of the Behavioral Medicine study section of the NIH and chaired several special panels at NIH. He currently serves as the Editor of Professional Psychology: Research and Practice.

Dr. Ronald Brown's area of specialization includes behavioral sciences, pediatric psychology, attention deficit disorders, neuropsychology, psychopharmacology, learning disabilities and psychosocial oncology.

#### Subject Matter Expert Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE

Founder and Director Juniper Pediatrics



Dr. Debbie Coehlo is a certified Pediatric Nurse Practitioner and Pediatric Mental Health Specialist with a Doctoral Degree in Family Sciences and Human Development. She is the Founder and Director of Juniper Pediatrics, a clinic modeled after John F Kennedy's multidisciplinary system of care. Using a holistic, integrated care model, Juniper provides counseling, medication management and family therapy for children with ASD, ADHD and other childhood mental health disorders.

Dr. Coehlo completed her Master's in Nursing with a specialty in parent- child nursing. She spent 10 years working at the Child Development Center at the University of Washington in the Genetics Clinic and Multidisciplinary Clinic. In 1999, she complete her Doctorate degree in Human Development and Family Studies.

She continues to teach at the undergraduate and graduate level and had pursued research in the area of social networking, transitioning to out of home care for families, and child development.

Dr. Coehlo is a co- editor for the 4th and 5th edition of Family Health Nursing (F.A. Dais, 2010/2013) and has published several journal articles in the areas of families choosing residential care, families in transition, family health nursing, and care of children with special health care needs.

#### Panelist

#### Manya C. Ralkowski, EdS, BCBA, LBA, IBA

Instructional Leadership – Curriculum Specialist Board Certified Behavior Analyst Licensed Behavior Analyst International Behavior Analyst



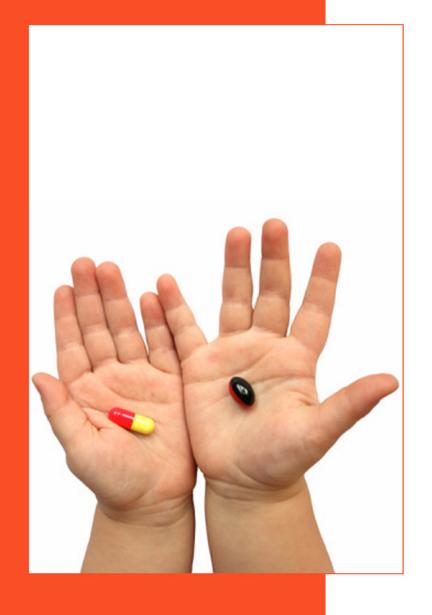
Ms. Manya Ralkowski has been practicing in the field of applied behavior analysis for over 27 years. Her training began under direct education and training from consultants from the Lovaas Clinic in Los Angeles while completing her bachelor of arts in Communication Disorders with endorsements in special education and psychology at Western Washington University. Ms. Ralkowski continued her education and training with a master's degree in Education from Lesley University and a graduate certificate in Applied Behavior Analysis from the University of Washington while working as an assistant teacher on the Project DATA grant at the Haring Center-Professional Training Unit. She also possesses a doctorate degree in Instructional Leadership.

Her extensive educational and clinical background has afforded her many opportunities to build programs where there were none. Ms. Ralkowski has brought many programs and change to the PNW as a Design Team member for Seattle Public Schools creating the first STEM school for the district, a district consultant creating and replicating inclusion programs across the region, and most recently a Clinical Director, starting up a school and home-based ABA program serving 10+ districts and over 20 communities regionally.

Since 1994, Ms. Ralkowski has been creating and designing ABA programs and educational services from San Diego up the coast and into BC, Canada. She has been trained in many ABA based methodologies including PRT, DTT, NET, Verbal Behavior, Precision Teaching, PECS, and naturalistic ABA. She brings together disciplines such as ABA, special education, speech pathology, psychology, and remedial reading instruction for a comprehensive program for each student, each family, each teacher, and each school to create stronger and more inclusive communities.

# **Learner Objectives**

- 1. Cite the reasons discussed for more children being prescribed psychotropic medications in the US, including increased diagnosis of treatable conditions, increased access to safe medications, and increased trauma related disorders in children.
- 2. Explain the four ethical principles and how they apply to prescribing psychotropic medications in children.
- 3. Evaluate societal and cultural factors that may influence whether medications are used to treat mental health disorders in children.
- 4. Analyze concerns regarding use of psychotropic medications in children, including over-prescribing, failure to consider behavioral approaches when indicated, polypharmacy, and inappropriate use of "off label" medications.
- 5. Apply knowledge to specific case studies including assessment, diagnosis, treatment, and evaluation of outcomes.
- 6. Examine approaches used to discussing ethical principles related to prescribing medications with parents of children with mental health disorders.



# Timing is Everything...

#### **Adult with Diagnosis of Bipolar**

- Initially treated with lithium following a documented manic episode 12 years ago
- Changed to Lamotrigine (Lamictal) and titrated to 500 mg per day.
- Developed side effect of vertigo and temporary paralysis.
- Continued the medication.
- Developed severe vertigo to the point of needing complete bedrest for several days.
- Tried to call PHP for advice- no response.
- Stopped Lamictal abruptly.
- Currently trying to determine next best steps: Changing dose or medication, counseling, ABA, nutritional changes, daily life/environmental changes, etc.???

# **Hippocratic Oath**

I swear by <u>Apollo</u> Healer, by <u>Asclepius</u>, by <u>Hygieia</u>, by <u>Panacea</u>, and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture.

To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of <u>money to share</u> mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the Healer's oath, but to nobody else.

I will use those dietary <u>regimens which will benefit my patients according to my greatest ability and judgment</u>, and <u>I will do no harm or injustice to them</u>. [7] Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to a woman a <u>pessary</u> to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from <u>stone</u>, but I will give place to such as are craftsmen therein.

Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.

Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I break it and forswear myself, may the opposite befall me. [6] – Translation by W.H.S. Jones.

- Competence
- Do no harm
- Confidentiality

# Guiding Principles of Ethics Code – Across Disciplines

Health Care Providers https://www.ache.org/	SLPs http://www2.asha.org/Code- of-Ethics/	OT's http://ajot.aota.org/article.as px?articleid=2757077	Psychologists http://www.apa.org/ethics/code	Behavior Analysts http://www.bacb.com/wp- content/uploads/2020/US/BACB -Compliance-Code- english_190318.pdf
Responsibility to the Profession	Responsibility to the client, practice, research, and scholarly activities	Beneficence	Solving ethical issues	Responsible conduct
Attention to Ethical Issues	Responsibility to achieve and maintain the highest level of professional competence	Non-maleficence	Human relations	Focus on assessing and developing behavioral change programs
Competence/ Education and training	Responsibility to the public	Autonomy	Privacy and confidentiality	Ethical responsibility to clients and colleagues
Documentation	Dignity and autonomy	Justice	Public statements and standards	Follow standards developed by BACB
Knowledge dissemination		Veracity: accuracy	High level practice	

#### Nine Ethical Principles for Psychologists (and Behavior Analysts)

- Do No Harm
- 2. Respecting Autonomy
- 3. Benefiting Others
- 4. Being Just
- 5. Being Faithful
- 6. According Dignity
- 7. Treating Others with Caring and Compassion
- Pursuit of Excellence
- 9. Accepting Accountability

Also found on ABA Ethics Hotline

– Core Ethical Principles

### **Growing Ethical Dilemmas with Psychopharmacology**

#### **Facts**

- 8-10% of children are taking one or more psychotropic medications.
- Between 1996 to 2008 prescriptions for psychotropic medications for children increased 75%.
- If a preschool aged child is prescribed psychotropic medications, then that child is likely to have more than one medication.
- Evidence shows that most mental health disorders start in the first two decades of life.
- Evidence shows that certain diagnoses are effectively treated with psychotropic medications during childhood.
  - Attention Deficit with Hyperactivity and Impulsivity (ADHD) disorders
  - Obsessive-Compulsive disorders
  - Depression
  - Anxiety
  - Aggression found in ASD and Trauma
  - Because of caution with the use of psychotropic medications in children, research is far behind compared to adult studies.

### **Growing Ethical Dilemmas with Psychopharmacology**

#### **Facts**

- The most likely professional to prescribe psychotropic medications for children are primary care providers.
- Children in foster care and children in low socio-economic homes are most likely to be prescribed psychotropic medications.
- The largest increase in use of psychotropic medications in children in the last two decades is second generation antipsychotic medications (i.e., Risperdal and Abilify).
  - Question: Is the rise in part due to poor access for other mental health services?

#### The Ethical Dilemmas

# The risk of Treatment Must Constantly be Weighed Against the Risk of Non-treatment

- Early intervention consistently shows improved long-term outcomes compared to delayed or absent interventions.
- Evidence continues to show poorer outcomes in academic, relationships, health, and future employment for children with ADHD not treated with psychotropic medications.
- Recent studies show positive outcomes for children treated in childhood for depression, trauma, anxiety, and OCD with a combination of therapy, counseling, and psychotropic medications.

# **Ethical Dilemmas (continued)**

- In most cases, psychosocial (counseling, ABA, OT, PT, speech therapies, parenting strategies, environmental changes) are used first, and only when progress is not shown with these interventions should psychopharmacology be considered.
  - Exceptions: bipolar disorders and psychotic symptoms

#### **Note**. We cannot directly transfer research on adults to children

- Example: Phenobarbital given to adults is safe but causes cognitive impairment in children.
- Example: Tricyclic anti-depressants are 40-60% effective in adults, but no better than placebos in children

# **Case Study**

Ashley is a 7-year-old female brought in for an evaluation of difficult behavior causing her to be expelled from her second-grade class. Following an evaluation, she is diagnosed with severe Attention Deficit Disorder, with concurrent intermittent explosive outbursts, oppositional behavior, and poor sleep patterns. The evaluating team recommends individual and family therapy, ABA therapy at school, and medication, starting with Methylphenidate. Her father refuses to agree to medication stating his older son was given Methylphenidate at age 8 years and was later diagnosed with bipolar disorder. He is convinced the medication caused the bipolar disorder.

What are the ethical concerns regarding the care of this child?



# **Review of Ethics: Autonomy**

# <u>Autonomy</u>: Ability to make decisions for oneself

- Can we make appropriate decisions if we do not have the appropriate information?
  - What is informed consent.
    - Updated information on the treatment options, including the risks and benefits
    - Clarification of who has decision making authority
    - Partnership between individual, professionals, and other stakeholders
    - Developmentally appropriate information that guides decision making ability
    - Acceptance of autonomy





# Review of Ethics: Beneficence

- **Beneficence**: Care that is in the best interest of the patient/client
  - Weighing the risks vs. the benefits
  - Knowing evidence that exists vs. evidence that does not yet exist
  - Knowing the patient's/Family's values



# Review of Ethics: Nonmaleficence

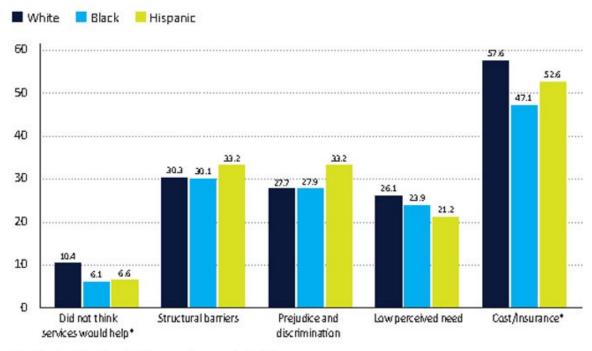
- Nonmaleficence: First, do no harm.
  - Omission: Not giving needed information
    - Example: Failing to educate families on the side effects of medication
  - Commission: Doing something harmful
    - Example: Giving the wrong dose or wrong medication to a child

# Review of Ethics: Justice

- Justice: Equal consideration across diverse patient population
  - Avoiding health disparities (See Cheng, T. L., Emmanuel, M. A., Levy, D. J., & Jenkins, R. R. (2015). Child Health Disparities: What Can a Clinician Do? and Child Health Disparities in the 21st Century by Oberg, Colianni, & King-Schultz, 2016)
  - Facing the ongoing dilemma of inadequate services to meet the needs
    - What is an ethical way to allocate resources?

#### Figure 2. Cost is the most commonly reported barrier to using mental health services.

Annual average percent of adults with any mental illness who had an unmet need for services, by reason for unmet need and race/ethnicity, 2008-2012



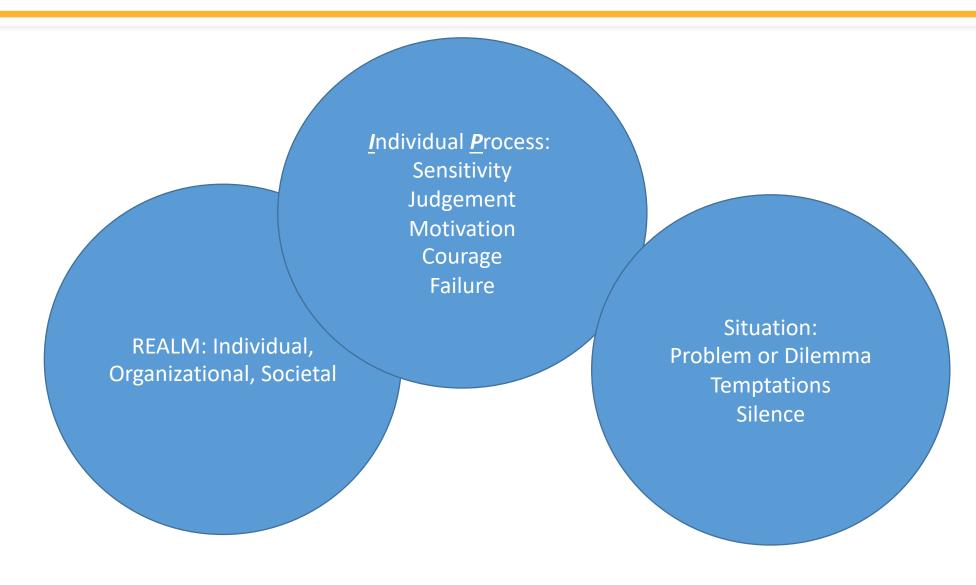
<sup>\*</sup> Indicates significant difference by race/ethnicity

Source: Substance Abuse and Mental Health Services Administration, 2015.

# **Ethical Decision-Making Model: Tilt Model**

- 1. What is the Problem
- 2. What are the Choices
- 2. What are the Facts
- 3. Who are the Interested Parties:
  - a) Professional
  - b) Personal: Family and Friends- considering personal/moral/religious values
  - c) Business: Work/occupation
  - d) Economic: Insurance
  - e) Intellectual: Research
  - f) Societal: Community resources

# **Ethical Decision-Making Model: RIPS**



# Thinking about the RIPS Model

#### **Continued story of care gone ethically wrong:**

- 1. What factors were impacted for
  - You as an individual?
  - Organizational?
  - Societal (think about stigma)
- 2. What were yourself reflections:
  - Sensitivities?
  - Judgements of self and others?
  - Motivation for treatment or non-treatment?
  - Courage needed?
  - Failures?
- 3. What were the important situational factors:
  - What did you see as the problem?
  - What were your temptations (I.e., "to run")?
  - What silence did you hear (I.e., what information was withheld)?



# Steps to Using the RIPS Model

- 1. Recognize and define the ethical issues
- 2. Reflect
  - a) Facts
  - b) Stakeholders
  - c) Consequences
  - d) Relevant laws, policies, standards of practice
  - e) Available resources
  - f) Tests for Right vs Wrong
    - Legal
    - Stench
    - Mom
    - Front Page
    - Professional ethics

#### 3. Decide

- a) Follow the rules
- b) Determine the ends
- c) Consider the relationships
- 4. Implement, evaluate, and reassess
  - a) What were the consequences
  - b) What was learned
  - c) What is still needed
    - Education
    - Discussion
    - Resources





BREAK

### **Common Barriers to Collaboration Across Disciplines**

- Client Protection The clinician must obtain informed written consent prior to sharing information. This ensures confidentiality but it requires time, effort, and clarity.
- Variation in training and professionalism varying levels of training and experience can pose an issue around consistent standards of care.
- > **Time constraints** many clinicians have huge caseloads which can cause challenges in getting meetings schedule.
- ➤ **Reluctance** some tensions between the professions, territorial attitudes, stereotypes about other professions, roles, abilities, etc.
- ➤ Lack of knowledge and awareness some professionals don't even know who they should collaborate with.
- ▶ Lack of coordination and case management lack of defined case manager.

#### References

- Beauchamp TL, Childress JF. (2013). Principles of Biomedical Ethics, 8th ed., New York: Oxford University Press.
- Brody C, Doukas D. (2014). Professionalism: A framework to guide medical education. *Medical Education* 48(10):980–87.
- Centers for Disease Control and Prevention (CDC). (2018). Public Health Law Program Health Insurance Portability and Accountability Act of 1996 (HIPAA). Retrieved October 5, 2018 from <a href="https://www.cdc.gov/phlp/publications/topic/hipaa.html">https://www.cdc.gov/phlp/publications/topic/hipaa.html</a>.
- Cheng, T. L., Emmanuel, M. A., Levy, D. J., & Jenkins, R. R. (2015). Child Health Disparities: What Can a Clinician Do? *Pediatrics*, 136(5), 961–968. https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1542/peds.2014-4126
- Commission for Case Manager Certification (**CCMC**). (Revised 2015). Code of Conduct. Retrieved August 24, 2018 from <a href="https://ccmcertification.org/sites/default/files/code">https://ccmcertification.org/sites/default/files/code</a> of professional conduct 2.pdf.
- Dale S. (2016). How do you make ethical decisions? *Therapy Today* 27(6):36–39.
- Goldberg, S. G., & Wagner, K. (2019). American Psychological Association practice guidelines for psychopharmacology: Ethical practice considerations for psychologists involving psychotropic use with children and adolescents. *Journal of Clinical Psychology*, 75(3), 344–363. <a href="https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1002/jclp.22705">https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1002/jclp.22705</a>
- Hindley, P., & Whitaker, F. (2017). Editorial: Values based child and adolescent mental health systems. *Child & Adolescent Mental Health*, 22(3), 115–117. <a href="https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1111/camh.12235">https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1111/camh.12235</a>

# References (continued)

- Kirsh, N., Long, T, & Schmid, S.W. (2021). Ethics for Professional Case Managers. https://www.atrainceu.com/content/243-ethics-for-case-managers-course-intro
- Leuwenburgh-Pronk W, Miller-Smith L, Forman V, et al. (2015). Are we allowed to discontinue medical treatment in this child? *Pediatrics* 135(3):545–49.
- Oberg, C., Colianni, S., & King-Schultz, L. (2016). Child Health Disparities in the 21st Century. *Current Problems in Pediatric and Adolescent Health Care*, 46(9), 291–312. https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1016/j.cppeds.2016.07.001
- Patient Protection and Affordable Care Act (**PPACA**) [commonly called the Affordable Care Act (**ACA**)]. (2010). Nicknamed *Obamacare*. Enacted by the 111th U.S. Congress on March 23, 2010. PL 111-148.
- Rothenberger, A., & Rothenberger, L. (2013). Psychopharmacological treatment in children: always keeping an eye on adherence and ethics. *European Child & Adolescent Psychiatry*, 22(8), 453–455. <a href="https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1007/s00787-013-0445-3">https://doi-org.ezproxy.proxy.library.oregonstate.edu/10.1007/s00787-013-0445-3</a>
- Schetky, D. H. (2001). Risk Management in the Pharmacotherapy of Children and Adolescents. *Essential Psychopharmacology*, *4*(2), 85–97.

#### References

Spetie, L., & Arnold, L. E. (2007). Ethical issues in child psychopharmacology research and practice: emphasis on preschoolers. *Psychopharmacology*, *191*(1), 15–26. <a href="https://doiorg.ezproxy.proxy.library.oregonstate.edu/10.1007/s00213-006-0685-8">https://doiorg.ezproxy.proxy.library.oregonstate.edu/10.1007/s00213-006-0685-8</a>

Vitielio, B. (2003). Ethical considerations in psychopharmacological research involving children and adolescents. *Psychopharmacology,* 171: 86-91.

# Acknowledgements

Thank you for attending Special Learning's

#### **Ethics of Medication**

Thank you to our exceptional group of subject matter experts and panelist for providing us with an exceptional learning experience!

Ronald T. Brown, PhD, ABPP

Deborah P. Coehlo, PhD, C-PNP, PMHS, CFLE

Manya C. Ralkowski, EdS, BCBA, LBA, IBA

Thank you to the wonderful Special Learning team members without whom out experience would be greatly diminished (or just plain disorganized!)

Manya C. Ralkowski, EdS, BCBA, LBA, IBA (SL Clinician)

Michelle Capulong (Director of Operations and Client Support Manager)

Manilyn Suva (Operations Support)

Sofia Natividad (Marketing Support)

Sasho Gachev (Creative Director)

#### OTHER WEBINARS IN THIS SERIES

- Overview of Psychopharmacology and Childhood Disorders (Recorded)
- Psychopharmacology and ADHD: April 14, 2021 (Recorded)
- Psychopharmacology and Autism: May 12, 2021 (Recorded)
- Psychopharmacology and Mood Disorders: June 9, 2021 (Recorded)
- Psychopharmacology and Evidence-Based Practices: July 14, 2021 (Recorded)
- Ethics of Medication: August 11, 2021
- Psychopharmacology: Diagnosis and Assessment: September 8, 2021

