

## What Every Parent Should Know About Psychopharmacology

by Dr. Glen Elliott, Ph.D., M.D., Chief Psychiatrist, Children's Health Council - Author of *Medicating Young Minds*

For much of 2005, as I was writing *Medicating Young Minds*, the question of what parents should know about so-called psychoactive drugs — that is, medications that directly affect brain function and behavior — was on my mind almost constantly. The past five years have been an especially stormy time for parents whose child or adolescent has notable behavioral problems or a severe psychiatric disorder. There has been a strong push to identify such children as early as possible and to intervene promptly and vigorously. Often, such interventions entail the use of potent medications, alone or in combination with other approaches. Emerging research largely has supported the use of medication for treating certain childhood psychiatric disorders under certain circumstances; however, it also has uncovered limitations and potential risks of such medication use. So, what should parents know and from whom should they acquire their knowledge?

Anyone with even a modicum of exposure to the topic knows that powerful forces within our society both support and oppose the use of medications to alter behavior and mood, especially in the young. Proponents, which include many physicians and a number of parent support groups, point to research and draw on individual experience to argue that medications free children from needless pain and suffering and enable them to lead healthy, normal lives. Opponents, which also include physicians and parents, draw on other research and other types of individual experiences to warn that psychoactive medications may lead to permanent damage or even death. TV ads sponsored by pharmaceutical companies seek to convince parents that the key to their child's happiness and success is contained in a pill. Other groups with quite different agendas proclaim that pills are poison, asserting perhaps that parents need only change the way they are raising a child or even that they should avoid medications but instead use "natural" substances that promise to alleviate the underlying problem without side effects or risk. During the past few years, the mainstream media also has

entered the fray, focusing on research findings that suggest certain medications such as antidepressants may have previously unsuspected risks for youth.

In this welter of facts, fantasies and misinformation, parents are supposed to decide dispassionately what is best for their child. Typically, they must do so in the midst of a crisis, because that is when the possibility of using medications commonly arises.

What advice, then, can I offer to help in this process?

*Starting to use medications is a big step.* It is important to acknowledge that the decision to begin using a psychoactive medication is a major one. Parents who try one medication are more likely to try another if the first fails to work as expected. This reality is neither good nor bad, but it emphasizes the need for careful decision-making.

*Medications are not good diagnostic tools.* Many classes of medications have names that imply a one-to-one correlation between their use and a specific disorder. Thus, "antidepressants" logically should work for depression, "mood stabilizers" for unstable moods, and so on. Given this logic, it is easy to understand why some try to make a diagnosis on the basis of which medications prove helpful. Sadly, that's not how it works, in either direction: most medications are useful for a range of disorders, and no medications work for even the large majority of patients with a specific diagnosis.

*There is no such thing as "completely effective" and "completely safe."* In my experience, powerful interventions have the potential for powerful side effects. No treatment of which I am aware works 100% of the



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Dear Friends,

Dr. Esther Clark founded the Children's Health Council so that there would be one place to go when parents had a worry or concern about their child that they needed help sorting out. As parents, we want the best for our children and if something is interfering in their growth - whether it is developmental, behavioral, emotional, due to an accident or illness or because of a learning difference - Children's Health Council continues to be a resource to help parents understand these

puzzles and to devise and implement a plan that will help their children. It has been 53 years since Dr. Clark started CHC and her spirit and vision remain the foundation as we add more staff and develop additional capacity to respond to parents' concerns and questions and to give kids a better chance to become healthy adults.

We are building on the diversity, experience and expertise at CHC. We recently welcomed staff members who speak other languages including Mandarin. We've added clinicians and programs to provide some services off-site. We are expanding our program for children with complex medical problems to help them in their recovery. As we grow in size, capacity and capability we are focusing on our core value of being able to help children and families who need our unique services, especially in Santa Clara and San Mateo Counties.

Some recent highlights that I would like to share with you include:

- The Esther B. Clark School and The After School Program served more than 80 students this past year.
- 500 teachers were trained in the Schools Attuned® Program and CHC ranks among the top regional sites in the country providing this training.
- Our Outcomes Measurement and Research department has expanded beyond the walls of CHC to provide evaluation and consultation services to a variety of nonprofits in the community.

Some new programs that we are very excited about include:

- Providing social work and clinical services in the new East Palo Alto elementary charter school, aligned with the Stanford Department of Education.
- Working on a collaborative project with several other groups to provide young child services to children in the San Jose area.
- Providing clients with more psychiatry services, evaluation, psychopharmacology expertise and clinical consultation.

In this edition of New Futures, you will read about Dr. Glen Elliott, our new Chief Psychiatrist, and Susan Albert, the Director of the Esther B. Clark School. Each brings a wealth of experience and adds to the expertise that is available for families at CHC.

After two years at CHC, I continue to be impressed with the generosity and commitment of the community to help and embrace everyone's children. Throughout our 53 years, the investment by our community to ensure that no child will be denied services because of financial limitations has been critical. I welcome your suggestions and hope you will continue to include us in the organizations that you support.

Sincerely,

Stephen A. Joffe, M.S.W.

#### CHC FOUNDER

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Please send your comments to:

**New Futures**  
The Children's Health Council  
650 Clark Way  
Palo Alto, CA 94304



**Dr. Glen Elliott, Ph.D., M.D.**

Glen Elliott joins the staff at CHC as Chief Psychiatrist. He will be responsible for the Psychiatry Department, the psychiatry fellow training program and program design and development in his areas of expertise. Dr. Elliott is renowned for his work with children with ADHD and with Autism, and for his expertise in psychopharmacology with children.

Dr. Elliott obtained his Ph.D. and M.D. through the Stanford Medical Scientist Training Program. He then spent several years working on research policy at the Institute of Medicine/National Academy of Sciences in Washington, D.C., and at the Division of Health Policy Research and Education at Harvard. Upon completing training in general psychiatry at McLean Hospital/Harvard and in Child and Adolescent Psychiatry at Stanford, Dr. Elliott joined the Stanford faculty in Child and Adolescent Psychiatry in 1986. In January 1989, Dr. Elliott moved to UCSF in the Department of Psychiatry, where he served as Director of what is now called The Children's Center at Langley Porter until he retired this past July an Emeritus Professor of Clinical Psychiatry.

*What attracted you to CHC?*

**Glen:** CHC represents one of the few places where child psychiatry can continue to function the way it was originally intended, that is, within the context of different disciplines, all of which are focused on trying to best understand how development goes wrong in children and how we can help children to return to a normal developmental pathway.

*Can you elaborate on your philosophy for the CHC psychiatry department?*

**Glen:** The philosophy ought to be that medication should be a part of an overall plan, of the arsenal when available to optimize the functioning of the child. Obviously, it needs to be done within the context of what the family and child want, but the parents and children should be aware of what the possible benefits and side effects of medications are.

*Can you point to something here at CHC that you are most excited about?*

**Glen:** There are two things that I am excited about. One is getting a chance to be with younger kids again, not specifically around medication but because I have an interest in some of the early onset of child psychiatric disorders. The second is being back in a genuinely multidisciplinary setting with many different professionals in the same building.

*Dr. Elliott has two grown sons. In his spare time he enjoys reading science fiction and science fantasy and writing hymns. He also has a longstanding involvement with a Santa Cruz non-profit organization called Camp Opportunity that provides a one-to-one camping experience for children in foster care.*



**Susan Albert, M.A.  
EBC School Director**

Susan Albert has been a teacher, a teacher trainer, an administrator, a program specialist and a program coordinator in special education for more than 30 years. Susan comes to CHC from the state of Washington where she worked with the Principals Association of Washington State, for the University of Washington and in rural and urban intermediate, middle and high schools.

*What attracted you to CHC?*

**Susan:** I met Karen Breslow and arranged for a tour of CHC. Stephen Joffe took me on the tour and I had a chance to see the school and we had a chance to talk and it started from there.

There are many things that appeal to me, I really like the staff here, both within the school and within the agency. I like the mission and I think the vision for the program is to be of service, which resonates with me. I feel there's work for me to do, that I can bring something to the school and I'm up to the challenge.

*What is it that CHC does so well that is intriguing to you?*

**Susan:** One of the things we do is a very good job of helping students become self managing and helping the family to parent the child. I think we work well with the family as far as getting them ready for the next step. We also keep students moving forward on their academics.

*What are your immediate plans for the EBC School?*

**Susan:** I'm initially looking at a ninety-day plan to work with staff to articulate our core values, formalize parent and community involvement in some way, review our student population and look at ways to maintain full census.

*Can you comment on your career in education?*

**Susan:** I feel very fortunate to have spent a career working with children as well as with staff dedicated to children and their families. Being involved with children keeps us engaged with life because children are the future, they are a part of renewing. I think that's true for most people who work in schools. A career in education is intellectually interesting and there's so much that comes with working with schools and learning.

*Susan Albert is married, and in her spare time enjoys travel, gardening, motorboating on Lake Cbelan and reading both professional books and novels, especially mysteries.*

## **Did You Know?**

The Esther B. Clark School accepts new students throughout the year?  
For information, call (650) 322-3065.

# When We Recommend Medications for Children in the CHC Clinic

The Children's Health Council (CHC) is fortunate to have a variety of mental health specialists experienced in working with children and teenagers with severe mental disorders and behavioral problems. Suggested interventions are tailored to the individual needs of the child and family and may range from individual therapy to group work to parent counseling, among many other possibilities. For certain children, the use of psychoactive medications, that is, medicines that change brain function in ways that affect behavior and mood, may be an important element of the overall treatment strategy.

Broadly, mental health practitioners turn to medications because the individual either:

1) has behaviors/feelings that are causing significant difficulties and medication is known to be helpful; or 2) is engaging in behaviors that are markedly disruptive or potentially dangerous and these behaviors have not responded to other types of interventions.

The decision to administer medication is a serious one. Research on the use of medications in young patients has progressed markedly over the past 20 years, but much remains unclear.

**However, for some disorders, medications commonly are a key and successful treatment component:**

- Attention Deficit Hyperactivity Disorder (ADHD) is by far the best-studied childhood behavioral disorder, particularly with respect to medications. A number of different medication classes have proven effective for reducing the major symptoms in many children with few serious side effects.
- Major Depression and Severe Anxiety Disorders are common targets for medication treatment. The use of antidepressants for this purpose remains somewhat controversial, but most child and adolescent psychopharmacologists believe such medications can be helpful for treating these disorders in young patients, although perhaps not as robustly as for adults.
- Obsessive Compulsive Disorder (OCD) is clearly responsive to a class of antidepressants called Selective Serotonin Reuptake Inhibitors (SSRIs).

It is important to emphasize that medications work best when used in collaboration with other interventions and not in isolation. Furthermore, some individuals with the above diagnoses do not need medications to have the most optimal response to treatment. Thus, medications are usually thought of as only one possible intervention in an overall treatment plan.



A reality that mental health practitioners and parents often face though is when a child engaging in behaviors that range from highly unacceptable to outright dangerous is unresponsive to treatment. For example, children with autism may engage in self-injurious behaviors such as head-banging; other children may be highly functional in most arenas, yet deteriorate to uncontrollable rages with the least little disappointment. Medications may be a part of the treatment plan in such instances, particularly if other types of interventions have proved unsuccessful.

Use of medication can be of great help to the child, but some worry one is “masking” symptoms rather than treating the underlying problem. Anyone who has used pain medications to reduce the symptoms of arthritis knows that relief from severe symptoms can make an enormous difference in one's ability to function day-to-day.

In like fashion, medications sometimes can enable a child to engage in other forms of intervention that focus on acquiring essential life skills such as communication, making friends, coping strategies and organizational skills.

**Severe behaviors that might warrant consideration of medication trial include:**

- unmanageable agitation, aggression or rage
- self-injury and head-banging
- severe impulsivity
- obsessive or compulsive behaviors
- very repetitive and nonfunctional behaviors
- unpredictable and significant mood swings with temper outbursts
- overwhelming anxiety

Medication is most effectively administered when there is a close, ongoing working relationship with a prescribing physician to ensure that the child is receiving the best possible care. Also, regular re-assessment is essential to ensure that the medications are still necessary and that side effects are not outweighing benefits.

**We at CHC are committed to ensuring that children and families have access to a wide array of interventions from which to construct individualized treatment plans. We recognize the decision to add medication to a child or teen's existing treatment is not an easy one; however, at times, medications can be an important part of a child's treatment success and return to successful functioning. For questions regarding your child, contact the Access, Information and Referral department at: (650) 688-3625.**

# Schools Attuned® Teachers at St. Joseph's School of the Sacred Heart



The Schools Attuned® Program from All Kinds of Minds® was created by Dr. Mel Levine. It is a five-day, 35-hour course that prepares educators to meet the diverse learning needs of all students in the classroom. This groundbreaking professional development and service delivery program for educators up through the 12th grade can help teachers understand, identify and address differences in learning to help all students achieve success in the classroom and in life.

Recognizing that teachers, administrators and related service professionals are in the best position to observe and manage differences in learning, the program helps them understand how the brain is “wired,” various ways that students learn, patterns of students’ differences in learning and how students’ passions and strengths can be used to overcome weaknesses within the regular classroom.

St. Joseph's School of the Sacred Heart has sent each of its teachers from Preschool through Eighth Grade through the Schools Attuned® Program in the last year. Karen Eshoo, Principal for Grades 1-8, stated, “It was important that all of the teachers go, not just a select group, so it could be embraced and implemented by everyone. Because all of the Preschool – 8 teachers have had training, everyone speaks the Schools Attuned® language.” Karen felt “very strongly about having all teachers trained at once. It sends a message to the community that we are committed, and that we are all in this together.

And, it is one of the best trainings available to teachers, period.”

Dr. Mel Levine visited St. Joseph's in September, having lunch with the teachers and touring the campus. St. Joseph's is one of the only schools in Northern California with 100% of their teachers trained.

Part of the school's mission is to educate the whole child. Karen says, “No teacher can ignore all of the brain research that has been done over the last decade, and this program brings a lot of that research to the classroom. There are different kinds of smart in school and in the real world. This is a way to positively impact teaching and help the school evolve to maximize the best opportunities possible for children and their learning.”

As with any educational program, a critical component of its success is parent involvement. In September, Karen Grites, CHC Director of Educational Services, talked with the parents about the program, its goals, how it works and online resources available. A small number of students from each grade level will be “attuned” each year. As this occurs, however, multiple pathways and strategies for learning will be introduced in all the classrooms such that all of the students in the school will benefit from the program. In this way, teachers will work closely with each other and with the parents.

## *What Every Parent Should Know* (continued from page 1)

time, and certainly not for the severe disorders and behavioral disturbances that lead parents to come to see a child psychiatrist. If someone promises you otherwise, the most common reasons are quackery, misinformation, and ignorance.

*Asking questions is more than okay — it's essential.* Parents often worry that, because the doctor is the expert, they should never question what he or she may have to say. Unquestionably, doctors bring certain kinds of expertise to the table — relevant diagnoses and medications, among others — but parents also are experts, knowing far more about their child than anyone else ever will. Parents must be able to express concerns and opinions freely and expect honest responses.

*Available interventions almost always are palliative rather than curative.* The sad truth is, we don't use medications to cure severe mental disorders; even so, some treatments can provide astonishing relief of debilitating symptoms. Parents are often surprised to learn that the same is true for much of medicine, especially for chronic illnesses such as hypertension or arthritis.

A common model with severe mental disorders is that of suppressing symptoms to facilitate the patient's ability to function more normally in other parts of life; with children, we also count on ongoing development to create new skills that will enable them to function ultimately without medication.

It is important to stress that none of the above points are intended to argue against the appropriate use of medications. Quite to the contrary, one of the most profound themes of the past 20 years with respect to child and adolescent mental disorders has been the increasingly important role of medications. The research and clinical experience that led to that change have yielded new insights into diagnosis and underlying causes of and likely outcomes for most of the major disorders that afflict our children. That work has given hope where none existed before, even as it has uncovered previously unsuspected risks and pitfalls. The task for parents facing the possibility of using psychoactive medications is to determine how that knowledge is apt to relate to their child.

## The EBC Legacy Society

The Esther B. Clark Legacy Society was founded to recognize and honor those who have made provisions in their estate plans to support the vision of Esther B. Clark. By creating an enduring legacy, children and their families will benefit far into the future.

A planned gift can come in the form of:

- bequests • retirement plan assets • life insurance
- lifetime use gifts • charitable trusts • other assets

If you have already made a provision for CHC in your estate plan, please contact Terry Kurfess in our Development Office at (650) 617-3820 so we may recognize you. If you are considering making a planned gift, you should consult with your accountant, your financial advisor and/or your estate planning attorney.

## Thanks to Our Donors

We would like to thank the many individuals, corporations, foundations and volunteers that have supported the Children's Health Council this year. These investment dollars and time have allowed for new and expanded programs in the clinic, school, educational services and outcomes, measurement and research divisions.

Some efforts impacted by our community's generosity include: new technology and enrichment opportunities for our Esther B. Clark students; an expanded art therapy program; an enhanced group therapy program with a parent training component; Schools Attuned® training given to more than 500 teachers; the increased capacity of evaluating the effectiveness of our work; and approximately \$800,000 in financial support for families who need it.

These are only a few of the many examples of how we are able "to make a measurable difference in the lives of children and their families who face developmental, behavioral, emotional and learning challenges" thanks to a caring community.

For more information about how you can become a donor or volunteer, contact Nancy Stewart at (650) 617-3818 or [nstewart@chconline.org](mailto:nstewart@chconline.org).

### Did You Know?

CHC offers Group Programs throughout the year for children 3-17 in many disciplines. For more information contact: [intake@chconline.org](mailto:intake@chconline.org) or phone (650) 688-3625.

## The History of CHC Came to Life at Kepler's Event

Auxiliary past president and member, Gail Drewes, brought the Children's Health Council to life at Kepler's Grassroots Tuesday, August 15th. Gail wrote and edited The Children's Health Council, The First Fifty Years commemorating the 50-year history of CHC. The book is rich with photographs from the archives and stories of the people who helped Esther B. Clark build her dream and were influential in founding the organization. Guests included the public, Auxiliary, board and staff, all of whom enjoyed hearing Gail share stories from the book and having copies signed during the reception.



Gail Drewes addresses the crowd at Kepler's

We are grateful to Kepler's for hosting the event and allowing us to highlight the work done at CHC and our history in the community.

To order your copy of this treasure trove of memories, The Children's Health Council, The First Fifty Years, visit: [www.chconline.org](http://www.chconline.org).

## Unique Gifts to CHC



Linda Clark and Mollyanne Sherman

Thank you to Mollyanne Sherman who asked that instead of birthday gifts this year, donations be made to her favorite organization, the Children's Health Council. Mollyanne is the goddaughter of Linda Clark, an Auxiliary member and past president. Linda's husband, Dean, is the nephew of Esther B. Clark, so CHC is near and dear to all of them!

The **Kappa Kappa Gamma Sorority, Palo Alto Alumnae Association** has held "Silent Tea" party fundraisers since the early 90's. Members participate by sending in a contribution – the funds raised from the party are given to the Kappa Foundation, and this year to local non-profits.



Thanks to Auxiliary Member Barbara Carlisle's nomination, Children's Health Council was one of the top two recipients!

The following special gifts were made to CHC in memory or in honor of loved ones between May 1 and September 15, 2006.

## MEMORIALS

**Margo Andre**  
Children's Health Council Auxiliary

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Mr. and Mrs. Lewis L. Foote

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**Kate Constantz**  
Mr. and Mrs. Burton J. McMurtry

**Mary Cook**  
Children's Health Council Auxiliary

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Louise C. Chamberlain  
Linda Clark  
Janis and Robert Dewitt  
Reba Evans Family  
Mr. and Mrs. Andrew Hidas  
Mary J. Lievore  
Nancy, John and Malcolm McGee  
Carol Jorgenson Mince  
Bobbie and Charlie Munch  
Carolyn R. Samuels  
Diane and Harold Shattuck  
Laurie Spaeth  
Grace H. and Frank R. Vitale

**Mary Bell Floyd**  
Rachel Leader

**John Gertridge**  
Mrs. John Gertridge  
Anonymous

**Brita-Stina Hagstrom**  
Mr. and Mrs. M. R. Berg

**Nellie "Jo" Iverson**  
Anonymous

**Beverly Kelly**  
Anita Dunton

**Lee Merrill**  
Chuck and Marion Hauser

**Sarah Frances Morgan**  
Kaethe Morgan Langs

**William Sabag**  
Jack and Joan Simon

**Edwin van Bronkhorst**  
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Children's Health Council Auxiliary

**Joey Zweibeck**  
Mr. and Mrs. Philip L. Shemanski

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Mr. and Mrs. Ara Dumanian

**EBC School Teachers**  
Elaine and Eric Hahn

**Karen Grites**  
Anonymous

**Suzie Hoffman**  
Robert H. Thede

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\* Memorials and tributes to honor and remember those special to you can be arranged through contacting the Development and Community Relations Office, (650) 326-0643.

Care has been taken to provide an accurate listing as of September 15, 2006. Please accept our apologies for any error or omission.

We sadly announce the peaceful passing of **Betty Evans** on July 31st. Betty was a treasured member of the Auxiliary for over 25 years, including two years as President. Betty volunteered in the Esther B. Clark School, and taught cooking to all the different classes - she was fondly known as "Cookin' Betty." Upon her retirement from CHC at the age of 80, a surprise party was thrown in her honor, complete with the mayor of Palo Alto declaring November 8th, 2001 "Betty Evans Day" in Palo Alto. She will be deeply missed by CHC, the EBC School and the many whose lives she touched.

THE CHILDREN'S  
HEALTH COUNCIL

## Summer Symphony



Thanks to all for making Summer Symphony 2006 featuring Peter Cetera, a Big Success.

A great show for a cause worth supporting,  
the Children's Health Council.

### 2006 SUMMER SYMPHONY SPONSORS

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For more information about the Summer Symphony visit:  
[www.summersymphony.org](http://www.summersymphony.org)

For information on becoming a Summer Symphony Corporate Sponsor contact: Debbie Hill - (650) 617-3846  
or e-mail: [dhill@chconline.org](mailto:dhill@chconline.org)

For information on becoming a Summer Symphony Individual Sponsor contact: Nancy Stewart - (650) 617-3818  
or e-mail: [nstewart@chconline.org](mailto:nstewart@chconline.org)

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CHC web site  
[www.chconline.org](http://www.chconline.org)  
for information on all  
events and programs  
offered at CHC

## Kids First<sup>SM</sup>

Kids First<sup>SM</sup> is a new program at CHC that helps families going through separation and divorce remain focused on the long term well-being of their children.

Generally one Saturday a month,  
8:30 am - 12:30 pm.  
The fee is \$200 per person.

Meetings will be held at the  
Children's Health Council.

Limited scholarships are available.

For dates and more information visit:  
[www.chconline.org](http://www.chconline.org) or call (650) 326-5530.



## Parent Education Classes are back at CHC

Parent Education at CHC offers classes that cover a variety of topics pertaining to child development.

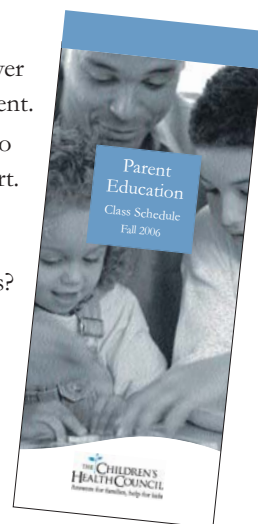
The focus of our Parent Education program is to provide parents with education, ideas and support.

**Many of the classes are free.**

This fall, classes include:

- Tantrums: Why is my Child Acting Like This? (ages 2-11)
- I Hate Homework! Help Your Child with Homework and Organizational Skills. (grades 4th – 8th)
- Mothers and Daughters: The Roller Coaster Years: Letting Go and Staying Close. (ages 10 – 14)

For further information about our Parent Education program please visit: [www.chconline.org](http://www.chconline.org) or e-mail [sgarber@chconline.org](mailto:sgarber@chconline.org).



### Come for Coffee and Holiday Shopping

Thursday, November 9, 2006  
8:30 - 10:30 a.m.  
The Dressed Room  
730 Santa Cruz Avenue, Menlo Park

*Present this coupon any time during the month of November and 20% of your purchase at The Dressed Room will be donated to Summer Symphony 2007 benefiting the Children's Health Council*

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