




PSYCHOTROPIC MEDICATIONS & CHILDREN/YOUTH

-  **“Psychotropic medications”** are drugs which exercise a direct effect on the central nervous system and are capable of influencing and modifying behavior and mental activity.
-  Common classes of psychotropic medication include **antidepressants, stimulants, & antipsychotics.**
-  Conditions treated by psychotropic medications include **ADHD, anxiety, depression, bipolar disorder, & OCD.**

RED FLAGS

- **“Too Many”:** more than 3 medications; 2 or more drugs of same class or for same diagnosis
- **“Too Much”:** exceeds recommended dosage
- **“Too Young”:** child is under age 6
- **No concurrent services,** like therapy, are provided
- **Behavior is worsening** or not improving
- **Severe side effects** or problems with development
- **No recent monitoring** and/or reevaluation
- **Too many providers** or **no clear treatment plan**
- **Emergency administration** of meds outside treatment plan

I NEED TO KNOW . . .

Why are the psychotropic medications prescribed?

- Child’s behaviors
- Child’s diagnosis
- Results of recent assessments and evaluations, including trauma-specific tools, and Form CS-0629, Psychotropic Medication Evaluation
- Possible benefits of medication
- Non-medication interventions that have already failed

What are the risks?

- Potential side effects
- Impacts on development
- Effects of inconsistent use/withdrawal

What do the youth and parents want?

- Form CS-0627, Informed Consent for Psychotropic Medications
- Youth and parents’ feelings about the meds
- Youth’s assent to and compliance with the meds
- Youth should not be punished for not taking medication – address the underlying issue instead

MORE INFORMATION ON THE BACK! 

I NEED TO KNOW . . .

What is the comprehensive treatment plan?

- Medications, dosage, schedule
- Caregiver is trained to administer meds
- Concurrent services, including therapy, have been set up
- Caregiver and provider know the plan for medication monitoring/follow-up
- Address barriers to taking medication
- Ensure continuous access to meds when child changes placements or providers

Are the medications and dosages still appropriate?

- Frequency and results of monitoring appointments, including side effects and developmental issues
- Updated reassessment/reevaluation
- Opinions of youth, family, caregiver, school, and providers on effectiveness and behavior changes
- Seek minimal effective dose/number of meds
- Plans for stepping down or changing meds

RESOURCES

PSYCHOTROPIC MEDICATIONS IN CHILDREN AND ADOLESCENTS: GUIDE FOR USE AND MONITORING Community Care of North Carolina

https://cdn.ymaws.com/www.ncpeds.org/resource/collection/715AED5E-6572-4109-AD5E-1F064520FD69/Guide_for_Use_and_Monitoring_of_Psychotropic_Medications.pdf

ADMINISTRATIVE POLICIES AND PROCEDURES: 20.18, PSYCHOTROPIC MEDICATIONS

Tennessee Department of Children's Services

<https://files.dcs.tn.gov/policies/chap20/20.18.pdf>

Includes links to forms, policies related to psychotropic meds, and more resources

PSYCHOTROPIC MEDICATION UTILIZATION PARAMETERS FOR CHILDREN IN STATE CUSTODY

Tennessee Department of Children's Services

<https://files.dcs.tn.gov/policies/chap20/PsychoMedUtilGuide.pdf>

General principles for prescription; red flags; maximum doses

STILL HAVE CONCERNS?

- **ORDER A WRITTEN REPORT EXPLAINING THE PRESCRIBER'S RECOMMENDATIONS**
- **ORDER THE PRESCRIBER TO APPEAR AND TESTIFY**
- **ORDER A MEDICATION REVIEW BY A DIFFERENT PRESCRIBER**

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