



# PSYCHOTROPIC MEDICATIONS

## Guide for caseworkers and advocates of foster youth

### BEFORE PSYCHOTROPIC MEDICATIONS ARE PRESCRIBED, CONSIDER THE FOLLOWING

Has your foster child had a comprehensive mental health and physical health evaluation within the past 30 days? Recognize that all youth in foster care have a history of traumatic life experiences, loss and separation from care givers. Trauma and loss may cause a range of emotional and behavioral challenges that *mimic* psychiatric illnesses such as ADHD and bipolar disorder or cause problems like aggression and insomnia. Youth in foster care do have higher rates of these challenges than the general population and may require medication as part of a comprehensive plan.

#### Many non medical strategies can improve challenges that are due to trauma:

- Relationships with caregivers that are empathetic, predictable, flexible and structured.
- Being physically active or trying music, dance or other art.
- Focusing on areas of strength and interests that are not based on performance.
- Helping the child identify things that trigger their fears (loud voices, being hungry, bedtimes, etc.)
- Helping youth share triggers and ways they may deal with them.
- Using trauma-focused Cognitive Behavioral Therapy and other psychotherapies.
- The Collaborative Problem Solving (CPS) approach is a trauma informed philosophy and approach that can reduce challenging behaviors and improve outcomes with youth in foster care.

*Have non medication strategies been considered and implemented before using a psychotropic medication?*

#### When a child has an identified mental health condition and is receiving psychotropic medications, practices that should be documented:

- The provider is aware of key elements of the child's history;
- The provider discusses non medical strategies to address challenges
- The medical recommendations include risks, benefits, or alternatives to the plan.
- The treatment plan identifies trauma history and other environmental factors in a child's life
- The treatment plan identifies the child's strengths
- The treatment plan identifies the child's triggers.

## A CLOSER REVIEW OF MEDICATION IS RECOMMENDED WHEN:

- **Antipsychotic use in a patient without a diagnosis of:**

**Bipolar disorder** (Ask if this diagnosis could actually be something else, such as, severe anxiety, cognitive inflexibility or a trauma-based challenge.)

### **Psychosis or schizophrenia**

**Autism:** Even with this diagnosis, has the treatment team used autism related best practices to avoid explosive behaviors and challenges?

**Aggression:** Antipsychotics may be used in emergencies to reduce the risk of injury to self and others. They can also be effective short term (up to six months) for aggression. Antipsychotics should not be continued without careful thought and discussion of why they are continuing and what alternatives have been considered.

- **Four or more psychiatric medications** are prescribed on an ongoing basis

Except when there is a transition from one medicine to another

- **Two or more medications in the same class**

For instance two antipsychotics or antidepressants or two different stimulants

- **Dosing that is above FDA recommended levels**

- **Psychiatric medications prescribed for children under the age of 6**

Some stimulants are FDA approved for children 3 and above

Other psychiatric medications are not well-researched in the under 6 age group.

In this age group, psychotropics should only be used when non medical approaches have failed and there are serious risks to the child that outweigh the known and unknown risks of medications.

### **Communication with Medical Providers:**

- Medical care is improved when providers have access to a child's developmental, family genetic, psychosocial, medical and medication history.
- Overuse of medications is more likely if a provider sees a child in an acute crisis when mental health assessments and non medical strategies have been implemented late or not at all.
- Providers who are licensed to prescribe medications are not just "prescribers"; they are professionals who should be in a position to evaluate and consider biological, psychological and environmental factors that are leading to a child's challenges.

## RESOURCES

For more information about psychotropic medications and trauma, visit the **DHS Psychotropic Medication website** at: <http://tinyurl.com/dhsmeds>

**Child Welfare  
Well Being Program**  
500 Summer St NE  
Salem, OR 97301

**For consultation contact:  
Heidi Beaubriand, RN, BSN, Nurse Coordinator**  
Phone: 503-947-1187 | Fax: 503-947-5084  
E-mail: [heidi.beaubriand@state.or.us](mailto:heidi.beaubriand@state.or.us)



This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Office Of Child Welfare Programs at 503-947-1187 or 711 for TTY.