



Psychotropic Medications:

Considerations When Working With Children



CENTER ON CHILDREN,
FAMILIES, AND THE LAW

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HANDOUTS



https://go.unl.edu/2026_casa-conference-psychotropic-medications



CENTER ON CHILDREN,
FAMILIES, AND THE LAW

Purpose

Participants learn the most important considerations when working with families and physicians of children who are receiving psychotropic medication. Topics include the people involved and their roles; how to be sufficiently informed to provide informed consent; how psychotropic medications work; target symptoms, side effects, and adverse drug events; the use of timelines for understanding a child's symptoms, diagnoses, and medications; and the use, benefits, and risks of various classes of medication.



Learning Objectives

1. Be aware of categories of medications and their use with children and adolescents
2. Be aware of the individuals involved in medical decision making and their roles
3. Understand the process of obtaining informed consent or denial



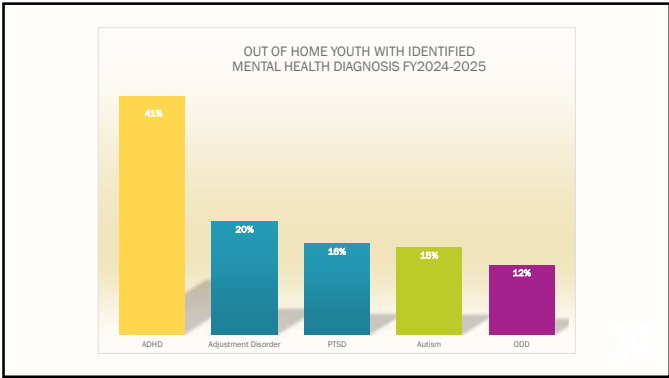
What is a psychotropic medication?

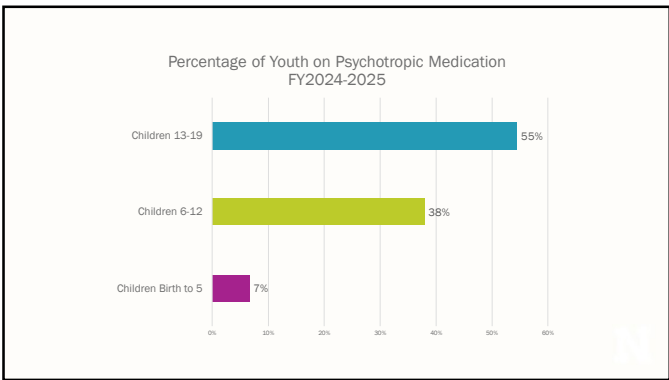
“any medication capable of affecting the mind, emotions, and behavior”





Nebraska: A Quick Look!







ADHD Medications (Pills, Patches, Liquids)

STIMULANTS (70-80%) 45-60 MINUTES	NON-STIMULANTS (20-30%) 5-7 DAYS
• Adderall • Vyvanse • Ritalin • Concerta • Jornay	• Strattera • Qelbree • Intuniv (Guanafacine) • Kapvay (Clonidine)

ADHD Medications (Pills, Patches, Liquids)

STIMULANTS (70-80%) 45-60 MINUTES	NON-STIMULANTS (20-30%) 5-7 DAYS
• Hyperactivity • Distractibility • Impulsivity	• Focus • Mood • Greater attention to detail • Better memory • Better sleep • Impulsivity

Anti-Depressant Medications

6 and up	7 and up	8 and up	10 and up	12 and up
• Sertraline (Zoloft) • *OCD	• Cymbalta • Prozac • *OCD • *GAD	• Prozac • Fluvoxamine • *OCD • *MDD	• Anafranil • Latuda • Symbyax • *OCD • *Bipolar Depression	• Lexapro • *MDD

12 * FDA approved for diagnosis and age listed

What to be aware of

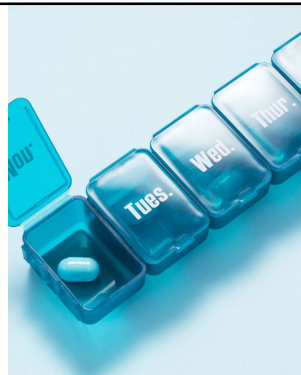
- 4-6 weeks to build in system
- Changes can occur over 1-3 months
- One missed dose shouldn't be a significant change
- Stopping suddenly can cause flu-like symptoms and/or increased anxiety
- Each dosage change is an additional 4-6 weeks and 1-3 months
- Increase risk for suicidal thinking in first 3 months



13

Anti-Anxiety Medications

- Only two FDA approved for children - Lexapro and Prozac
- Most are prescribed SSRI's (anti-depressants)
- Long acting (4-6 weeks to build, 1-3 months to see changes)
- Short acting (45-60 minutes/5-6 hours)
- Long acting - one missed dose shouldn't result in significant changes
- Short acting - should be noticeable



14

Anti-Psychotic Medications

- | | |
|--|--|
| <ul style="list-style-type: none"> • Abilify (4-6 weeks) • Risperdal (3-8 weeks) • Geodon (4-6 weeks) • Zyprexa (3-6 weeks) • Seroquel (3-6 weeks) • Haldol (30 minutes - 6 weeks)*** | <ul style="list-style-type: none"> • Tourette's • Behavioral symptoms associated with Autism • Bi-Polar Disorder • Tx Resistant behavior disorders • Tx Resistant ADHD with Conduct DO • Severe Aggression/Self Injury |
|--|--|



Side Effects

- Increased Suicidal Thinking
- Weight Gain/Loss
- Headaches/Stomachaches
- Shaking or Tremors
- Tics
- Increased Anxiety/Racing Thoughts
- Drowsiness/Insomnia
- Dizziness
- Blurry Vision
- Confusion
- Dry Mouth
- Nightmares
- Fatigue
- Appetite Changes

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Psychotropic Medications

Considerations When Working With Children

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2026
Midwest CASA Peer Conference

Resources

Websites

- National Alliance on Mental Illness (NAMI): <https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications>
- National Institute of Mental Health: <https://www.nimh.nih.gov/health/publications>
- Medline Plus: Trusted Health Information for You: <https://medlineplus.gov/druginformation.html>
- Dulcan's Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems: <https://www.appi.org/Dulcan>

Apps

- Epocrates
- Psych Drugs

Psychotropic Medications

Understanding Other Working With Children

Page 6

Websites

1. National Alliance on Mental Illness (NAMI):
<https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications>
2. National Institute of Mental Health:
<https://www.nimh.nih.gov/health/publications>
3. Medline Plus: Trusted Health Information for You:
<https://medlineplus.gov/druginformation.html>
4. Dulcan's Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems:
<https://www.appi.org/Dulcan>

Psychotropic Medications

Understanding Other Working With Children

Page 6

Apps

Epocrates

Psych Drugs

Psychotropic Medications

Understanding Other Working With Children

Page 6

Apps

Epocrates

Psych Drugs

Providing Informed Consent or Denial:
It's Crucial

Name _____

Signature _____

Date _____

Providing Informed Consent or Denial:
It's Crucial

Name _____

Signature _____

Date _____

Informed Consent or Denial: The Process

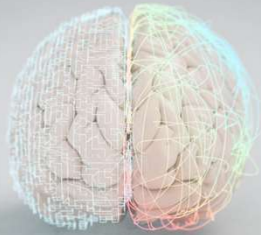


R.A.R.E.

Reasons
Alternatives
Risks
Expectations

22

Reason



"Psychotropic medications act on the brain and central nervous system; they change the chemicals in the brain that send the messages between brain cells"...

23

Reason

Each medication is used to treat a "target" symptom



24

Reason

Questions for Caregivers

Reasons

1. How is the child/youth doing in your care?
2. Do you have any specific concerns? Is there anything you are worried about?
3. Was there any difference?
4. Do you feel the informed state?
5. Does the child?
6. Do you see the?
7. What are some?
8. Are you seeing?
9. What do you think?

Questions for Youth

Reasons

1. How are things going for you?
2. Do you think you are having any struggles right now? (Be sure to normalize this!)
3. What is working for you?
4. What isn't?
5. How have you?
6. Do you think?
7. Do you want?
8. Notify that you?
9. Ask the child?
10. Have you ever do you think?
11. Would you be?

Questions for Prescribing Providers

These questions should be asked during the appointment with the prescribing provider present.

Reasons

1. What is your DSM V diagnosis?
2. Do you have a medical diagnosis as well? Are they related?
3. Do you recommend medication?
4. What is the name of the medication you recommend?
5. What is the recommended dosage and how often?
6. Why would this be the way to help the child/youth?

If you are reaching out about the appointment after the fact and you are calling the doctor to fill out a checklist, you may also want to ask the following questions:

1. Have you had contact with the child/youth's therapist? School? Other?
2. How long did you spend with the child/youth?
3. Did you talk with the caregiver or an individual with knowledge of the child/youth's daily needs?

Psychotropic Medications

Questionnaire Sheet

Working With Children

Page 1 & 2

A BAY AREA NEWS GROUP INVESTIGATION

DRUGGING OUR KIDS

BY DAI SUGANO
KAREN DE SÁ

WATCH THE FULL PROGRAM

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Alternatives

We will want to know what other alternatives there may be to this medication, whether those are non-medication-based, or they may be a different, less impactful medication.

Alternatives

- Family or other supportive adults knowledgeable in trauma informed care
- Counseling/therapy
- Natural remedies
- Osteopathic care
- Meditation
- Exercise
- Diet
- Other coping strategies
- There may be instances when another medication may be an option that has less risks, side effects, or other impacts on an individual



28

Alternatives

Questions for Caregivers
Alternatives
1. Do you feel further information is needed?
2. Has the child been helped by this?
3. A psychiatrist or other specialist
4. Do you have any other ideas?

Questions for Youth
Alternatives
1. Are there activities that you would like to be involved in that you think would help you?
2. Have there been conversations in the past?
3. Do you have any other ideas?
4. There are some that?
5. Is there something else?

Questions for Prescribing Providers
These questions should be asked during the appointment with the prescribing provider present.
Alternatives
1. What other medications might help the child/youth?
2. What alternatives to medication (meditation, changes in diet, exercise, etc.) might help the child/youth?
3. Should the child/youth try other things that might help them at the same time as the medication?



29

While most psychotropic medications have many benefits, each one also comes with many risks.



30

Risks

- It is ultimately the responsibility of the provider to inform those involved of any possible risks or reactions. We want to ensure we ask plenty of questions up front to account for any concerns.
- Additionally, it is crucial that the prescribing physician have a list of all medication that the child is currently taking as well as any relevant medical history.

31

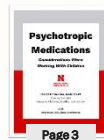


Risks

Questions for Prescribing Providers

Risks

1. How might this medication harm the child/youth? What are the side effects of the medication? How long do side effects typically last?
2. Will the medication cause weight gain? Weight loss? Is there anything that needs to be done to keep current weight while taking the medication?
3. Is this medication addictive (hard to give up once started)?
4. What are the effects if the medication is taken with alcohol, marijuana, or other drugs?
5. What are the effects if a person isn't taking the medication consistently as prescribed?
6. What should be done if a problem develops (sickness, missed dose, side effects)?
7. Are there foods that should be avoided while on the medication? Are there special things that should or should not be done while taking the medication?
8. Will blood work or other kinds of medical tests before, during, or after treatment need to be done? What will the doctor look for?
9. What should be done if someone starts the medication and then wants to stop it?
10. How often should the child/youth see the physician who prescribed the medication?



32



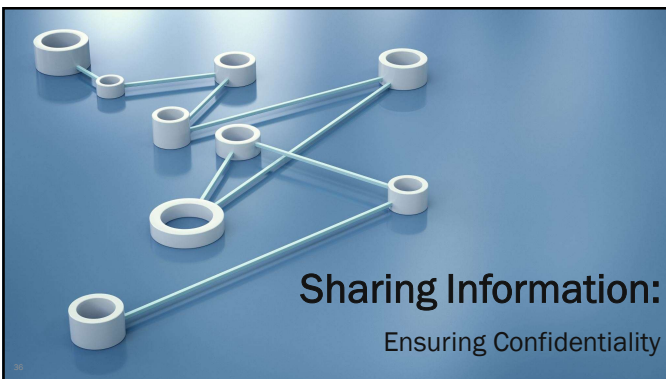
Expectations

Questions for Prescribing Providers

Expectations

1. How will the team, including the child/youth know this medication is working?
2. What changes will we see? How soon should we begin to see changes?
3. How long will they need to take the medication?
4. How common is it for individuals his/her age to be on this medication?
5. How much experience do you have with this medication?
6. What adverse reactions should we be looking for?
7. How often should the child/youth see the physician who prescribed the medication?
8. Will you provide a letter on dosing to the school, if applicable?

Psychotropic Medications
Assessment, Planning, and Management
David W. Evans, MD, PhD
Page 3



Sharing Information

All state wards and/or children/youth on Medicaid are required to have an identified medical home.

It is vital that information is being shared between the prescribing physician and the primary care physician.

Medical information should not be shared from a 3rd party, and rather should be shared directly between agencies.

Ensure we have identified the providers within a child/youths shared information circle and release pertinent information to those individuals only.

Be sure the appropriate releases are in place for sharing medical information.

37



Ask more questions or Request a second opinion when...

- The information you have doesn't make sense.
- You can't get the answers you need to make an informed decision.
- You have information that is conflicting.
- You feel the purpose of the medication is not matching the child's needs.
- There are additional questions from team members.

38

Second Opinion

Second Opinions

Ask your questions to request a second opinion when:

- 1. The person has been asked to stop taking medication, a responsible carer or friend has stopped or cannot continue (discuss with person's general rights on issues)
- 2. A person, carer, family, friend or health professional has expressed concerns about the medication and the person who prescribed has not resolved the issue, or after this, asking a second medical opinion, if a person or youth still has concerns about medication, medication being prescribed for a youth, or being on a long-term drug, consider the following steps:
- 3. Ask the health professional to stop, suspend, or review the medication
- 4. Ask the health professional to refer the person to a specialist service within the health system
- 5. Consulting with your legal department

There is no charge for the second opinion. The person's carer or friend must request the second opinion with supporting evidence from the person's general rights on issues.

Request a Psychotropic Medication Consultation

Individuals:
As any other that provides a responsible carer, individuals have the right to control their own medication. If a person has been asked to stop taking a psychotropic medication, they may request a second medical opinion, or a consultation with a specialist service.

Supportive staff:
If a person has been asked to stop taking a psychotropic medication, they may request a second medical opinion, or a consultation with a specialist service.

When medication is being prescribed:

1. A consultation about the medication (specify the MDT) on the MDT
2. A person is considered to be a MDT (person) if they are:
3. A person who is on a MDT (person) if they are:
4. A person who is on a MDT (person) if they are:

When medication is being prescribed:

1. A person who is on a MDT (person) if they are:
2. A person who is on a MDT (person) if they are:
3. A person who is on a MDT (person) if they are:
4. A person who is on a MDT (person) if they are:

If you are a professional and choose to offer an informed second opinion:

1. Obtain a copy of the MDT (person) from the person's general rights on issues
2. Ask the person who is on a MDT (person) if they are:
3. Ask the person who is on a MDT (person) if they are:
4. Ask the person who is on a MDT (person) if they are:
5. Ask the person who is on a MDT (person) if they are:
6. Ask the person who is on a MDT (person) if they are:
7. Ask the person who is on a MDT (person) if they are:
8. Ask the person who is on a MDT (person) if they are:
9. Ask the person who is on a MDT (person) if they are:
10. Ask the person who is on a MDT (person) if they are:

Psychotropic Medications

Supportive Staff

Page 4

Monitoring and Review

We never stop asking...



Monitoring and Review

Monitoring and Review

Questions to ask the carer:

1. How are you feeling on the medication?
2. Are you taking the medication? Are you prescribed?
3. How are you feeling on the medication?
4. Is it working for you? How do you feel?
5. Is there anything about the medication, good or bad, that you want me to know?
6. How are you feeling about taking or being on the medication?

Questions to ask the person:

1. How do you feel the medication is working?
2. Are you taking the medication?
3. How have you been with the medication?
4. How have you been with the medication?
5. How are you feeling about taking the medication?
6. How are you feeling about taking the medication?
7. How are you feeling about taking the medication?
8. How are you feeling about taking the medication?
9. How are you feeling about taking the medication?
10. How are you feeling about taking the medication?

Questions to ask the person (including adults if relevant):

1. How do you feel the medication is working?
2. Are you taking the medication?
3. How have you been with the medication?
4. How are you feeling about taking the medication?
5. How are you feeling about taking the medication?
6. How are you feeling about taking the medication?
7. How are you feeling about taking the medication?
8. How are you feeling about taking the medication?
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Psychotropic Medications

Supportive Staff

Page 5

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14

