Psychotropic Medications:

Considerations When Working With Children

CASA State Conference

CENTER ON CHILDREN, FAMILIES, AND THE LAW

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HANDOUTS

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

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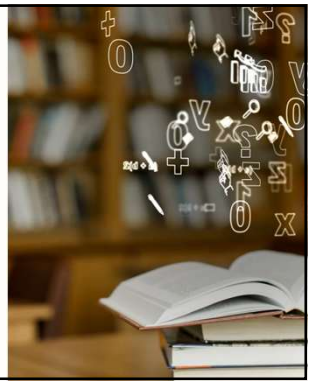
Purpose

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"

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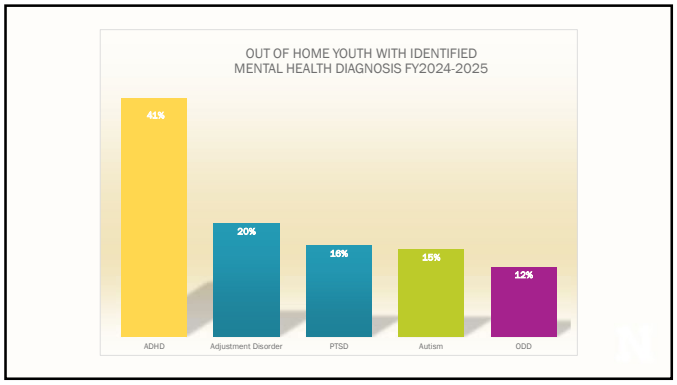
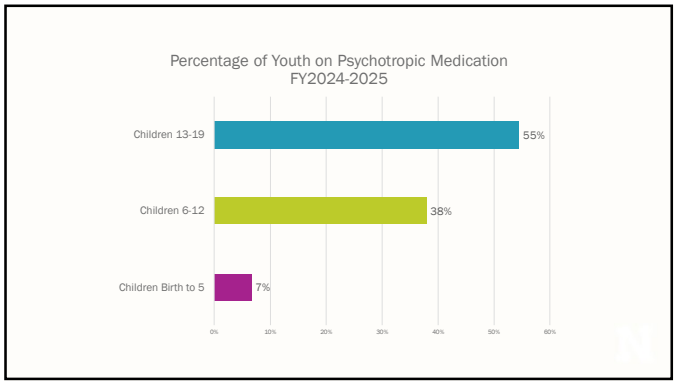

OUT OF HOME YOUTH WITH IDENTIFIED
MENTAL HEALTH DIAGNOSIS FY2024-2025
41%
20%
16%
15%
12%
ADHD
Adjustment Disorder
PTSD
Autism
ODD


Percentage of Youth on Psychotropic Medication
FY2024-2025
Children 13-19
55%
Children 6-12
38%
Children Birth to 5
7%
0%
10%
20%
30%
40%
50%
60%


Types of Medications
What are they and how long does it take to work?

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

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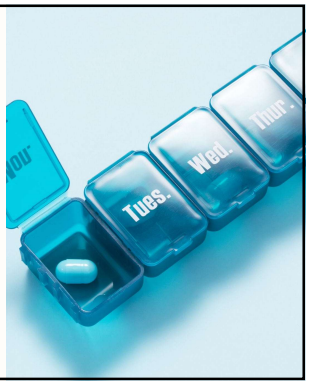
Anti-Anxiety Medications

- 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



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Anti-Psychotic Medications

- **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)***

- 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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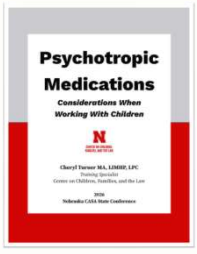

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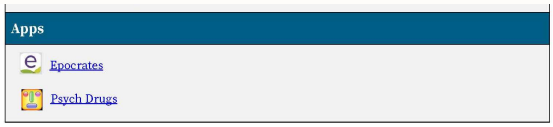
Websites

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



Informed Consent or Denial: The Process

R.A.R.E.

Reasons
Alternatives
Risks
Expectations

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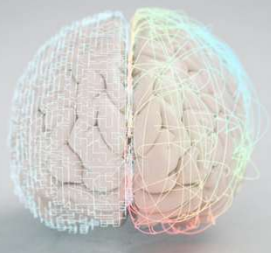
Reason



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

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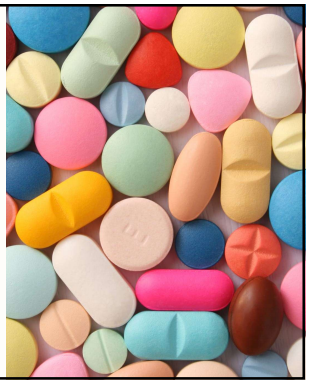
Reason

Each medication is used to treat a "target" symptom



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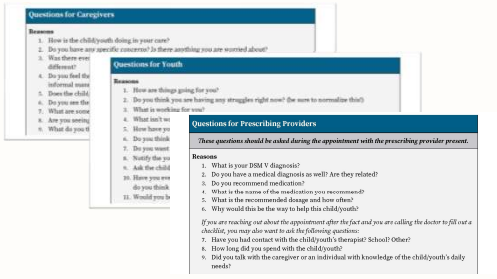
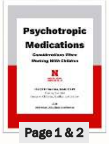
Reason





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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.

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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

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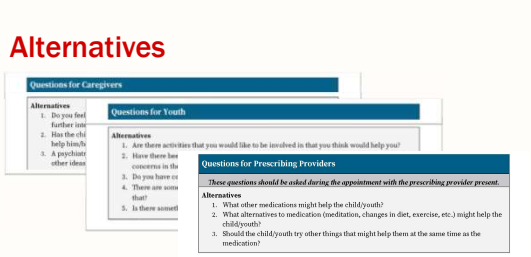
Alternatives



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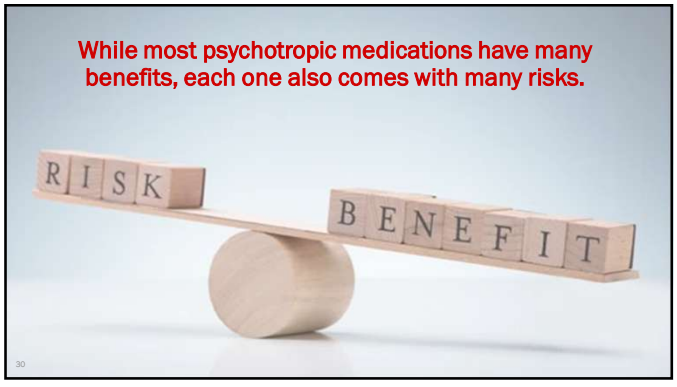

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Risks

- 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.

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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?

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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?

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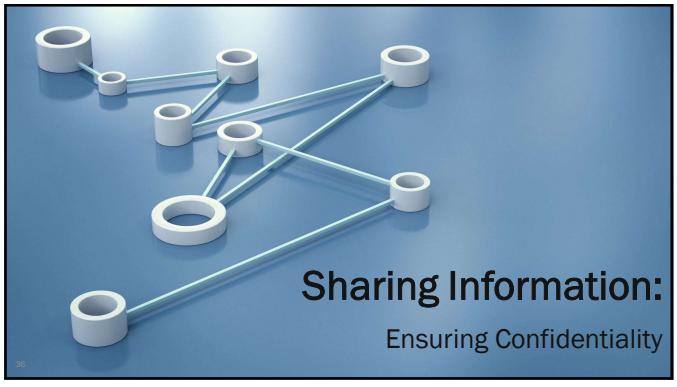

Sharing Information

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.

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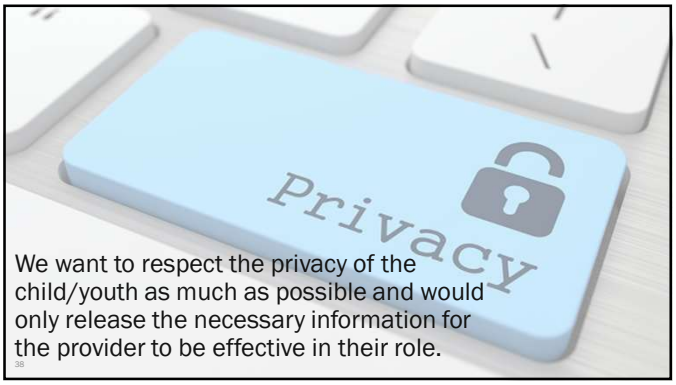

We want to respect the privacy of the child/youth as much as possible and would only release the necessary information for the provider to be effective in their role.

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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.

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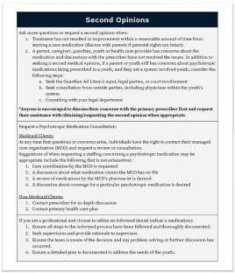
Second Opinion



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Monitoring and Review

We never stop asking…

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Monitoring and Review

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THANK YOU...

We appreciate your participation in our course.

Your commitment to learning is an important step in your professional development.

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