



## Questions Judges and Attorneys Should Ask

Judges and attorneys should consider the following questions when considering the best interests of or advocating for a child or teen in care. Children and teens have little, if any, power over their lives when they enter care. They generally lack the knowledge to understand what they need medically, regardless of the type of treatment needed. Asking the following questions will help identify their needs and determine which recommended treatments are in their best interests.

- **What is this medication needed for?**

What kind of symptoms is this child experiencing? Are these symptoms interfering with the child's ability to function? Are these problems an issue in multiple environments?

- **Were you able to obtain an accurate medical, behavioral, and psychological history from parents and past providers?**

Children in foster care do not always have a consistent caregiver who can be a reliable historian for what a child has experienced or what kinds of symptoms they are dealing with. Parents who are in conflict with their child may exaggerate symptoms or blame the child when they are really at the root of the presenting issues. Other parents may not have been around their children enough to provide accurate information. Parents and other caregivers can also become so frustrated by a child's behaviors that they exaggerate the child's symptoms to gain added support and sympathy. It is important to explore the source of the information about the child.

- **What else has been tried?**

Has counseling been provided? Has it been consistent? Has the child had a psychiatric evaluation? Has the child had a medical examination?

- **What other modes of treatment or intervention will also be provided?**

Medications should never be the sole mode of treatment for mental health disorders. Counseling should be provided to help children learn to manage or minimize their symptoms. Children often need to learn new skills, such as anger management or problem solving, to help them interact with others more successfully. Some children need to talk about their trauma or their grief to make sense of and resolve it; medication will not do this for them. Additional types of treatment may include Play Therapy, Social Skills Group, Parent-Child Interactive Therapy (PCIT), Dialectic Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Child-Parent Psychotherapy, Parent Coaching, and Anger Management Groups.

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- **Who will monitor the ongoing use of this medication?**

- How often will this child be seen?**

Successful medication management includes regular follow-ups. Especially when first started, medications often need to be adjusted for proper dosage or better timing. The development of side effects needs to be monitored. In children, medications often need to be slowly introduced over several weeks; the incremental adjustments will need to be monitored. Medication changes and ending a medication often require tapering as well. About 20% of people have some type of difficulty with the first psychotropic they are prescribed and will need to work with their mental health provider to find a better treatment option. It is important to consider who will take the child to appointments on a regular basis so a consistent adult is also well informed of the medications being used.

- **What are the possible side effects of this medication and how will they be handled?**

Some medications carry transient side effects, such as stomach upset or initial drowsiness. These often disappear over the first few days on the medication or they can be minimized by taking the medication at night rather than in the morning. Other side effects, such as vomiting, confusion, or inability to sleep, may mean this medication will not work with this child or that the child needs additional medication to balance the effects. Some side effects are seen weeks or even months after a medication is introduced. Some antipsychotics lead to rapid weight gain while some stimulants used to treat attention disorders lead to significant weight loss—these issues can impact overall health and can add to self esteem and other mental well-being problems.

- **What evidence supports the use of this medication with children?**

What do we know about how this medication works in children? Are there safety warnings that go along with this medication? What evidence do we have that it will not harm the child? Is this medication well tolerated in children?

- **Will this child be able to comply with the prescribed medication?**

Is there someone available who can assure the child has regular access to the medication and that it is being given as directed? Is this medication easy to use? For example, is it a once-a-day dose versus a four-times-a-day dose? Is the type of medication right for this child? For example, is there a liquid form available for a child who cannot swallow pills? Will additional lab tests be needed to start or sustain use of this medication? For example, will the child need a baseline EKG to assess for cardiac functioning or will the child require regular blood tests to assess medication levels. Can the patient afford the drug? If a patient cannot afford a medication, he or she will not be able to take it. Is it covered under Medicaid? Medicaid often has rules for what kinds of medications it will cover; alternative medications can



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often be prescribed, but sometimes a very specific drug may be needed for certain symptoms.

- **Does the child agree with taking this medication?**

Despite the age of consent, how does this child feel about being on this medication? Has it been discussed with the child? Has the child been told what to expect? Is someone talking regularly with the child about how it feels while on this medication?

- **Who has given permission to begin this child on medication?**

Who should be giving permission? The parent? The foster parent? The prescriber? The child's advocate? The child? The social worker? Do the people involved in this child's life know of this medication and understand the risks and benefits? Have they been taught how to properly administer and monitor this medication?

- **What other medications is this child on? Can this medication be safely combined with the current medication?**

Is the child already on medications for other things such as asthma or acid reflux? Can this new medication be safely used with the current medications? Who has assessed this? Does the prescriber of the psychotropic medication know what the child is already on? What over-the-counter medications, vitamins, or naturopathic medications is the child taking?

- **How will this medication help improve this child's functioning?**

What challenges is the child struggling with that should change with this medication? Will this make life easier for this child?

- **What are the risks versus benefits of using this medication? What are the risks versus benefits of not using the medication?**

It is critical to understand the risks of any medication and of any other intervention or therapy. Equally important is understanding the benefits of using the medication or other therapies. The benefits need to outweigh the risks. Both the patient and the caregivers need to fully understand the risks and benefits as well.

- **Is a second opinion warranted in this case?**

Cases involving children on multiple medications, young children under six, and the use of atypical medications should always be reviewed by other practitioners. Children who have been difficult to treat or who have tried various medications previously may require a second opinion.

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