



# KEY QUESTIONS

## WHEN A CHILD IS ON PSYCHOTROPIC MEDICATIONS

### ASK THE CHILD:

1. (Quantity) What medications do you take?
2. (Diagnosis) What is the medication supposed to do for you?
3. (Length) How long have you been taking the medication?
4. (Compliance) Do you always take it as prescribed?
5. (Side Effects) How does the medication make you feel? Any side effects?
6. (Effectiveness) Do you feel the medication is working?
7. (Monitoring) How often do you see the doctor and who goes with you?
8. (Communication) Do you feel the doctor listens to you?

### ASK THE CAREGIVER (In addition to 1-8 above):

9. (Changes) Any changes in medication, dosage or frequency during the last review period?
10. (Authorization) Who authorized the medication/changes?
11. (Consent) Are you asked for consent for changes in medication?
12. (Administration) Who administers the medication? Who stores the medication?
13. (Compliance) Is there adherence to the medication regimen?
14. (Effectiveness) Are there measurable changes in the child's behavior or mood?
15. (Advocating) Is the doctor responsive to your questions/concerns?

### ASK THE CASEWORKER/PROVIDER/GAL (in addition to 1-15 above):

16. (Initiation) When was a diagnosis made requiring medication and by whom?
17. (Evaluation) Date of last psychiatric evaluation?
18. (Record) Is the medication noted in the record/Permanency Plan/Transitional Plan?
19. (Drug Classes) How many of a particular classification of medication does the child take?
20. (Necessity) Is there evidence to support the necessity for the medication? What is it?
21. (Services) What other interventions and therapies have been/are being attempted?
22. (Benefits/Risks) What are the benefits and risks of the medication? How will it improve the child's life? Are all parties aware of the benefits/risks?
23. (Monitoring) Is there any lab work necessary to monitor the use of the medication? Schedule?
24. (Second Opinion) Is a second opinion warranted?

## BEST PRACTICES:

- Prior to prescription of medication, ensure performance of a psychiatric evaluation, with accurate medical, behavioral and psychological history provided from parents, educators, past providers, and current caregiver.
- Information used in the evaluation is provided from multiple sources.
- Parents, caregivers, caseworker and GAL are notified of medication appointments.
- Child, caregiver, and parents are present, if possible, at appointments.
- Promote family and youth have a voice during psychiatric evaluations and medication visits.
- Focus on the strengths of the child, not just the concerns.
- Informed consent is given from youth/family for medication usage.
- Regular written reports should be obtained from appropriate treating medical professionals.
- Ensure youth/family execute consents for release of information from providers.
- Ensure the child is receiving appropriate therapeutic interventions and connection with natural supports utilized concurrently with medication.
- Confirm coordination of efforts and open lines of communication among caseworkers, service providers, teams, psychiatrist and therapist.
- Ensure that planning for ongoing monitoring of medication includes a plan for when the medication is no longer needed.

## RED FLAGS:

- Three or more psychotropic medications.
- More than one medication per drug classification.
- Use of medication for purposes other than its primary indication.
- Psychotropic medication prescribed for children ages five (5) or younger.
- Pediatrician prescribing psychotropic medication without psychiatric consultation.
- No plan for transitioning from child to adult system for youth 16 or older with ID/MH issues.



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