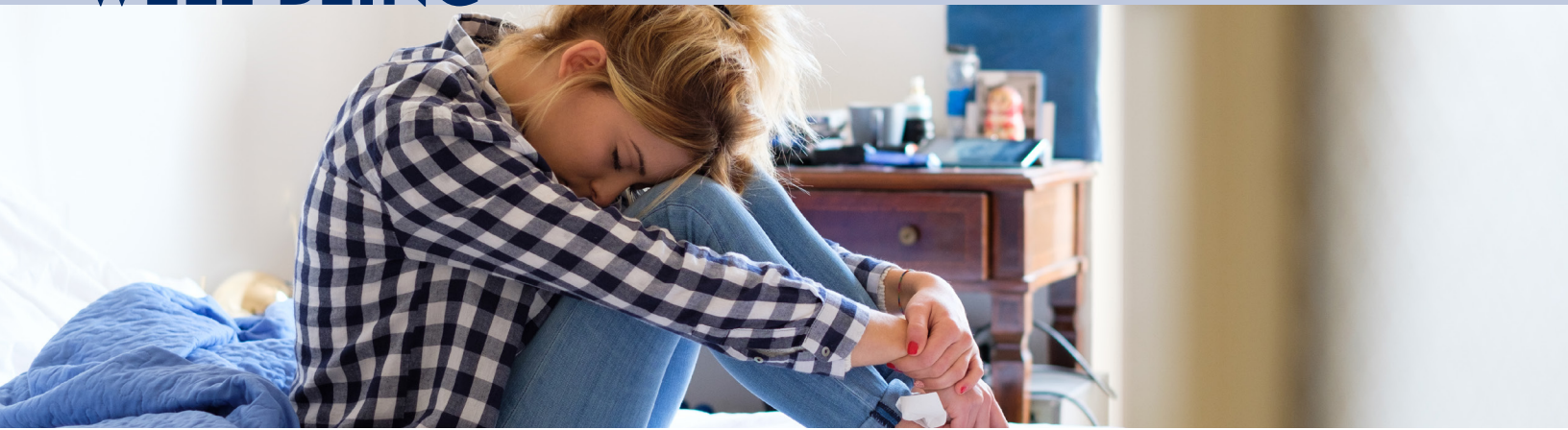




WELL-BEING

**PSYCHOTROPIC MEDICATION
AND CHILDREN IN FOSTER CARE**



PSYCHOTROPIC MEDICATION AND CHILDREN IN FOSTER CARE

WHY IT MATTERS

Despite improvements over the last ten years, children in foster care continue to be disproportionately prescribed psychotropic medication when compared to children and youth not in foster care.¹ A range of factors have been found to influence the likelihood of psychotropic drug use among children in foster care:^{2,3}

Children in foster care continue to be disproportionately prescribed psychotropic medication when compared to children and youth not in foster care.

- **Age** - Children in foster care are more likely to be prescribed psychotropic medications as they grow older: 3.6 percent of two- to five-year-olds take psychotropic medication, which increases to 16.4 percent of 6–11-year-olds and 21.6 percent of 12–16-year-olds.
- **Gender** - Males in foster care are more likely to receive psychotropic medications (19.6 percent) than their female counterparts (7.7 percent).
- **Behavioral Concerns** - Children scoring in the clinical range on the *Child Behavioral Checklist*, a common tool for assessing both internalizing and externalizing behavioral issues among children and youth, are much more likely than those with subclinical scores to receive psychotropic medications.
- **Placement Type** - Children in the most restrictive placement setting are most likely to receive psychotropic medications and multiple medications at that. In group or residential homes, nearly half are prescribed at least one psychotropic drug.
- **Geographic Variation** - There are also significant geographic variations within and across States in the prevalence of psychotropic use among children in foster care. These varying rates of use cannot be attributed to population differences, suggesting that

factors other than clinical need may be influencing the practice of prescribing psychotropic medications.

There is insufficient research on the safety and effectiveness of psychotropic medications on children, as most studies are conducted on adults. Some research has shown that “antipsychotics are associated with harmful outcomes in some children, including high cholesterol levels, weight gain, and Type 2 diabetes.”⁴ A recent review of statutes and policies in 16 States (accounting for 72% of all children in foster care nationally) regarding psychotropic medications and children in foster care, found that many States didn’t have any policies on the

use of these medications, and when policies did exist, they were “*extremely underdeveloped and failed to include many of the ‘red flag’⁵ criteria that both experts and states identified as essential to protecting children.*”⁶

In response to this heightened focus and findings, a new requirement was mandated requiring States to include a psychotropic medication oversight plan in their State Child and Family Service Plans.⁷ In 2015, the American Academy of Child and Adolescent Psychiatry published updated guidelines related to the safe and appropriate use of psychotropic medications for children in foster care, which many child welfare jurisdictions have since used and adapted.⁸

ADVOCATES IN ACTION

Published studies consistently reveal higher rates of psychotropic medication use for children involved in child welfare than in the general population, with usage rates between 13 and 52 percent.

ACTIONS

- **Learn if a child or youth you advocate for is on psychotropic medication(s).** As an important member of the team, volunteers should know if a child or youth is on medication. Additionally, learn what diagnosis or symptoms the medication is being prescribed and the stated benefits to the youth. Ask how long it will take before there should be improvements in emotions or symptoms. Learn about what non-prescription methods were tried before the medication was prescribed.
- **Learn about potential side effects and safe use measures.** Ask if there is written information available about potential side effects and whether they can be prevented and how? What will be done if the child or youth experiences these side effects? Who needs to be informed about these side effects? How will we know if the medication is working? How often should the child or youth be seeing the doctor or specialist who prescribed the medication? Who is responsible for ensuring that the child or youth is taking the medication per the prescription? Is there any potential for abuse of the medication? Is it addictive?

- **Identify alternatives and options.** Ask about alternative treatment options that are available and appropriate to the child or youth that do not include a prescribed medication. Ask if there are other types of treatment that can be used in combination with the medication (e.g., counseling, exercise, faith or cultural activities) to enhance its effectiveness and reduce the amount of time the child or youth needs to use the medication.
- **Include information on psychotropic prescriptions in your court reports and in court.** Being transparent about a child’s psychotropic prescription use with all parties involved in the child’s or youth’s case will help safeguard from misuse of the medication, prolonged use of the medication and will help encourage alternatives to the use of the medication.
- **Learn as much as you can** about the individual child’s case, their history with the medication and the rationale as to why they are being prescribed this medication.
- **Advocate just as you would for other well-being areas** in the best interests of the child and his or her use of this medication. While not all psychotropic medications are bad for children, and can in fact be very helpful, it must be an individual-based decision that is reviewed frequently.
- **Engage and empower the child’s feelings** around their medications. Depending upon the age and maturity level of the child, they should absolutely be involved in discussions and decisions about what they are being prescribed.

*Ask about alternative treatment options that are available and appropriate to the child or youth that **do not** include a prescribed medication.*

BRIGHT SPOT

MEDICAL GUIDE FOR YOUTH IN FOSTER CARE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

New York State’s Office of Children and Family Services, provides youth in care with an easy-to-use manual, [A Medical Guide for Youth in Foster Care](#), intended to answer questions they may have about their medical rights, including consent for medication and treatment, as well as relevant laws and regulations.

If they have any questions that this guide doesn’t answer, they are encouraged to talk to their caseworker or attorney. In addition to a chapter on medications, including a section on “why do I need to take them,” the guide addresses other health related issues that youth should know about. Volunteers should encourage youth to learn about their medical rights and can use this manual as a guide regarding its topics.

To learn more: <http://www.ocfs.state.ny.us/MAIN/PUBLICATIONS/PUB5116SINGLE.PDF>

SELECTED RESOURCES

Below are tools, and a selection of resources on psychotropic medications:

Name	Description
<p><u>American Academy of Child and Adolescent Psychiatry (AACAP), <i>A Guide for Public Child Serving Agencies on Psychotropic Medications for Children and Adolescents</i>⁹</u></p>	<p>This document provides information to service providers in community-based systems of care, and families, regarding the role of psychotropic medications in a youth’s treatment plan. It gives guidance to service providers on what to look for in the youth and how best to collaborate with psychotropic medication prescribers before, during, and after a course of treatment with a psychotropic medication.</p>
<p><u>California Evidence-based Clearinghouse for Child Welfare, <i>Reducing the Use of Psychotropic Medications through Increased Use of Evidence-based Practices for Children & Youth in Foster Care</i>¹⁰</u></p>	<p>This webinar discusses the decreasing use of psychotropic medications among children and youth in foster care in order to support child welfare professionals as they transition to supported psychosocial treatment practices.</p>
<p><u>U.S. Children’s Bureau, <i>Supporting Youth in Foster Care in Making Healthy Choices: A Guide for Caregivers and Caseworkers on Trauma, Treatment, and Psychotropic Medications</i>¹¹</u></p>	<p>This guide is intended to help caseworkers, foster parents, or other adults learn about trauma experienced by youth in foster care and treatment options, including alternative approaches to psychotropic medication. The guide presents strategies for seeking help for youth, identifying appropriate treatment, and supporting youth in making mental health decisions.</p>

ENDNOTES

- 1 Medicine Net defines psychotropic medication as “any medication capable of affecting the mind, emotions, and behavior.” <https://www.medicinenet.com/script/main/art.asp?articlekey=30808>
- 2 Children’s Bureau. (2012). *Oversight of psychotropic medication for children in foster care: Title IV-B health care oversight and coordination plan*. Retrieved from: <https://www.acf.hhs.gov/sites/default/files/cb/im1203.pdf>
- 3 California Social Work Education Center. (2015). *Literature review: Psychotropic medication and children and youth in foster care*. Retrieved from: http://calswec.berkeley.edu/sites/default/files/uploads/psychotropic_medication_children_youth_foster_care_lit_review.pdf
- 4 Congressional Research Service. (2017). *Child Welfare: Oversight of Psychotropic Medication for Children in Foster Care*. Retrieved from https://www.everycrsreport.com/files/20170217_R43466_74f90fe0b0a68eead9696c2dd87a56129a95e227.pdf
- 5 Markers used in audits, case reviews, or databases located within child welfare, Medicaid, mental health, and managed care plans to identify cases in which available data suggest medication use may not be appropriate.
- 6 Noonan, K. & Miller, D. (2014). Fostering transparency: A preliminary review of ‘policy’ governing psychotropic medications in foster care. *Hastings Law Journal*, 65. Retrieved from: <http://www.hastingslawjournal.org/wp-content/uploads/Noonan-65.6.pdf>
- 7 Stambaugh, L. F., Leslie, L.K., Ringeisen, H., Smith, K. & Hodgkins, D. (2012). NSCAW Child Well-Being Spotlight: *Children in Out-of-Home Placements Receive More Psychotropic Medication and Other Mental Health Services than Children Who Remain In-Home Following Maltreatment Investigation*. OPRE D.C., Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services
- 8 See “Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems.” https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf
- 9 From http://www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/Psychopharm_in_SOC_Feb_2012.pdf
- 10 From: <http://www.cebc4cw.org/cebc-webinars/cebc-sponsored-webinars/reducing-the-use-of-psychotropic-medications/>
- 11 From: https://www.childwelfare.gov/pubPDFs/mhc_caregivers.pdf