A hand holding a lit sparkler against a background of colorful bokeh lights. The sparkler is the central focus, with bright sparks radiating outwards. The background is dark with various colored bokeh lights in shades of orange, red, blue, and green. The text is overlaid on the image in a clean, white, sans-serif font.

MEDICATION THERAPY AND ADOLESCENTS

Wendy Williams, RN

TLC Board Member

OBJECTIVES

- To Identify the primary purpose of Medication Therapy amongst adolescents.
 - To acknowledge the importance of providing necessary documentation supporting the use of a Psychotropic Medication.
 - To promote awareness for legal supportive documentation requirements for the administration and use of these psychotropic medications to adolescents.
 - To evaluate the need for psychotropic medication administration.
-

MISSION STATEMENT

Our mission at TLC is to ensure the effective and zealous representation of abused and neglected children in Tulsa County by recruiting, training and assisting volunteer attorneys.

PURPOSE OF TULSA LAWYERS FOR CHILDREN

The primary purpose of TLC is to provide legal services to abused and neglected children.

TRAUMA – INFORMED SYSTEM

- Trauma Assessment
 - Provider proposes a Treatment Plan and Diagnosis
 - Medication Therapy
-

TRAUMA ASSESSMENT

Oklahoma Institute for Child Advocacy is creating awareness, taking action, and supporting policy to improve the health, safety, and well-being of Oklahoma's children.

Comprehensive Biopsychosocial Assessment

“Bio” - refers to biological, including physical health and genetic factors.

“Psycho” – psychological factors in the youth

“Social” – environmental factors influencing the youth’s functioning

WHAT SHOULD WE BE LOOKING FOR?

TREATMENT PLAN AND DIAGNOSIS

- A. Fragmented Care**
 - B. Informed Consent**
 - C. Management of Care**
-

If a client is in custody through DHS/ Child Welfare, a required form needs to be completed, called “Authorization for Psychotropic Medication”

This form is: 04MP036E revised 2-1-11 (full form is in APPENDIX) Authorization for Psychotropic Medication



Authorization for Psychotropic Medication

The prescribing physician or physician's designee completes this form when a child in Oklahoma Department of Human Services (OKDHS) custody in out-of-home placement is prescribed psychotropic medication and the physician or medical facility requires a separate and specific consent for the medication.

When the child is in OKDHS voluntary, emergency, or temporary custody and separate and specific consent for the psychotropic medication is required, the child welfare (CW) specialist makes reasonable attempts to locate the parent or legal guardian to obtain consent.

The foster parent and CW worker, therapeutic foster care (TFC), group home (GH), or specialized community home (SCH) staff, as applicable, submits this form to the county of jurisdiction county director for approval when:

- the child's parent or legal guardian declines to authorize or withdraws consent for the administration of psychotropic medication;
- reasonable attempts to locate the parent or legal guardian fails; or
- the child is in OKDHS permanent custody.

Case information

Child's name		Date of birth
KK number	Current placement	Placement type <input type="checkbox"/> FC <input type="checkbox"/> TFC <input type="checkbox"/> GH <input type="checkbox"/> SCH
CW county of placement worker		Telephone number
CW county of jurisdiction worker		Telephone number
CW county of jurisdiction supervisor		Telephone number
County of jurisdiction county director		Telephone number
Physician/psychiatrist prescribing psychotropic medication(s)		Telephone number

For each psychotropic medication prescribed, list the: (1) medication; (2) dosage; (3) related diagnosis; (4) reason for and benefit of the medication; (5) related risks; and (6) potential interaction with other prescribed or over-the-counter medications the child is currently prescribed or is taking. Use additional forms as necessary.

1. Psychotropic medication prescribed: _____

Date:	Dosage:	Diagnosis:
Reason for and benefit of the prescribed psychotropic medication:		
Risks and side effects of this medication:		
Child's currently prescribed or over-the-counter medication	Potential drug interaction with this psychotropic medication	

2. Psychotropic medication prescribed: _____

I hereby authorize do not authorize the above-named child to receive the prescribed medication(s) as indicated on this form.

Parent or legal guardian signature	Date
Parent or legal guardian signature	Date
Signature of county director, assistant county director, or person left in charge	Date

Routing: Original - CW record
Copy - child's TFC, GH, SCH record, as applicable
Copy - child's parent(s) or legal guardian, when applicable

MEDICATION THERAPY

The American Academy of Child and Adolescent Psychiatry (AACAP) recognizes that there are current concerns about psychotropic prescribing practices for children and adolescents, especially involving those in foster care.



RESPONSES TO PSYCHOTROPIC MEDICATION

**Public Law
110:351:**

2008

Public Law 112:34:

2011

**Because Minds
Matter Summit**

2012

CHILD PSYCHOTROPIC MONITORING

MEDNET

SoonerPsych



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

PSYCHOTROPIC MEDICATION CONCERNS

- Adverse Effects
- No Informed Consent
- Too Soon
- Off-Label
- Misdiagnoses
- Overdiagnoses
- Inaccurate Diagnoses

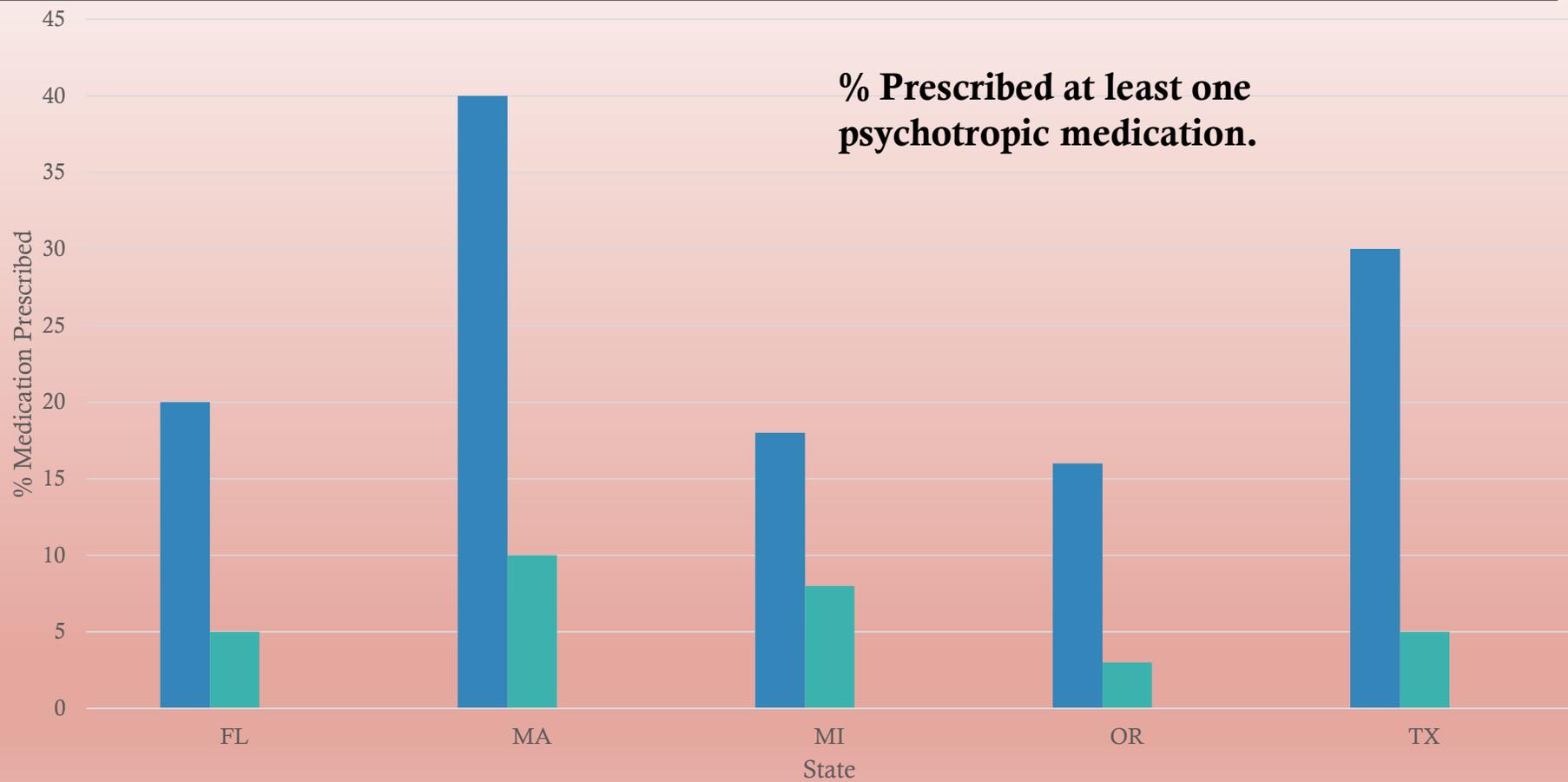


- Too Much
- No Monitoring
- Too Long
- No Risk/Benefit Profile
- Untested

- Too Many
 - No Other Mental Health Services
-

When psychotropic medications are used, they should be used in the lowest dosages possible to achieve the desired therapeutic effect, and their use should be evaluated by the client's physician routinely to determine if they are still





Source: GAO analysis of state Medicaid and foster care data 2008

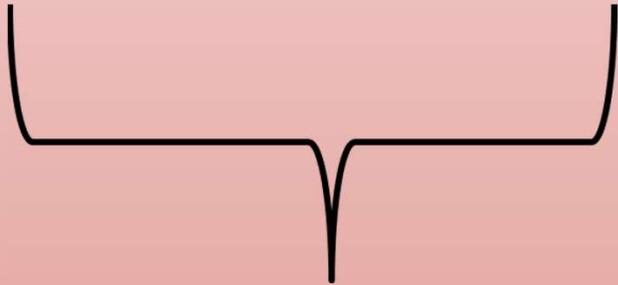
PSYCHOTROPIC MEDICATIONS

FDA Approval

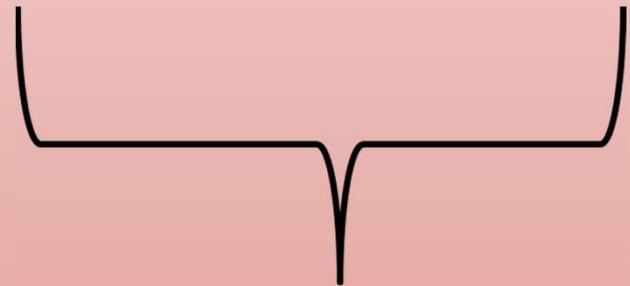
Classification

Side effects

Anti-Psychotic



Against



**Psychosis or
mental illness**

Classification Generic	Trade	Classification Generic	Trade
<u>ANTIPSYCHOTICS</u>		<u>ANTIDEPRESSANT</u>	
aripiprazole*	Abilify	amoxapine*	Asendin
Asenapine*	Saphris		
Brexpiprazole*	Rexulti		
cariprazine*	Vraylar	<u>MISCELLANEOUS</u>	
chlorpromazine*	Thorazine	fluoxetine/ olanzapine*	Symbyax
clozapine*	Clozaril/Fazaclo	Perphenazine/amitriptyline*	Triavil
fluphenazine*	Prolixin/Permitil		
haloperidol*	Haldol	<u>OTHER</u>	
iloperidone*	Fanapt	metoclopramide**	Reglan
loxapine*	Loxitane		
lurasidone*	Latuda		
molindone*	Moban	*Associated with tardive dyskinesia (TD) and requires DISCUS monitoring.	
olanzapine	Zyprexa		
paliperidone*	Invega		
perphenazine*	Trilafon	** Not classified as a psychotropic, but does require DISCUS monitoring.	
pimozide*	Orap		
quetiapine*	Seroquel		
risperidone*	Risperdal		
thioridazine*	Mellaril		
thiothixene*	Navane		
trifluoperazine*	Stelazine		
ziprasidone*	Geodon		

WHY TREAT CHILDREN AND ADOLESCENTS WITH ANTIPSYCHOTICS?

- HARMING SELF
 - HARMING OTHERS
 - DETERIORATING EMOTIONALLY/BEHAVIORALLY
 - CLEARLY PSYCHOTIC
 - CLEARLY CYCLING
 - INABILITY TO SLEEP
 - INABILITY TO FUNCTION IN SCHOOL, HOME, COMMUNITY
 - RISK OF HOSPITALIZATION
 - MULTIPLE TRIALS OF LESS RISKY MEDICATIONS WITHOUT CLEAR BENEFIT OR LIMITED BENEFIT
 - SEVERE TRAUMA
-

RISKS AND BENEFITS OF TREATING WITH ANTIPSYCHOTICS

RISKS	BENEFITS
SIDE EFFECTS	SAFETY OF SELF
STIGMA	SAFETY OF OTHERS
ADVERSE EFFECTS	REDUCES SUFFERING
WEIGHT GAIN	IMPROVED FUNCTIONING
MOVEMENT DISORDERS	CLEARER THINKING
	IMPROVED SELF ESTEEM
	CAN STAY HOME VS HOSPITALIZATION

TARDIVE DYSKENISIA

Tardive dyskinesia (TD) is a side effect of antipsychotic medication.

TD consists of involuntary muscle movements. These movements can occur in the:

- face, (grimacing, tics, frequent blinking)
 - mouth, (chewing, lip smacking, puckering)
 - tongue, (thrusting, tremor, athetoid)
 - Neck,
 - trunk, (twisting)
 - arms, (shoulder torsion, myokymic, athetoid) or
 - legs. (hip torsion, foot tapping, ankle flexion)
-



COMMERCIAL ON TARDIVE DYSKINESIA

<https://www.ispot.tv/ad/I1Km/talk-about-td-a-mind-of-its-own>



<https://www.bing.com/videos/search?q=children+with+tardive+dyskinesia&&view=detail&mid=D07DB1F98D11230CFBE9D07DB1F98D11230CFBE9&&FORM=VRDGAR>



TARDIVE DYSKINESIA LITIGATION



Clites v. Iowa (1980)

Faigenbaum v Cohen (1982)

Angel v Segal (2014)

Hedin & Hedin v USA (1984)

TARDIVE DYKINESIA LITIGATION - BASIC PRINCIPLES



1. Antipsychotic medications must be used as judiciously as possible, for only the proper conditions, and have documented effectiveness
 2. The patient and/or the guardian must be told about the possibility of TD and the signs and symptoms of TD
-

TARDIVE DYSKINESIA LITIGATION CONTINUED

.....



3. Patient must be systematically monitored and assessed for TD.
 4. TD must be **diagnosed** should it occur
 5. Unless documented evidence of antipsychotic medication effectiveness is present, medication should be reduced and **discontinued** if TD or signs of developing TD occur.
-

The number of American youth treated with psychotropic polypharmacy nearly tripled from 1999 to 2015, with 293,492 put on such a regimen during the years 2011 to 2015. The percentage prescribed an antipsychotic as part of their drug cocktail rose from 38% to 75%. There were even a significant number of children 0 to 4 years old put on such cocktails.



CLE CODE SUBMISSION

Email: timothy@tulsakidlaw.org and
volunteer@tulsakidlaw.org

Please provide your name, your OBA#, and the
three codes within 48 hours.

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