

Psychotropic Medication Training for Tennessee FCRB

Psychotropic Quality Improvement (PQI) Collaborative

This training was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EADI-12675).



Agenda

- I. Introduction
- II. The Tennessee PQI Collaborative
- III. Overview of Tennessee FCRB and CASA Volunteer Survey Results
- IV. Commonly Prescribed Psychotropic Medications and Indications for Use
- V. Research Review on Issues and Best Practices
- VI. Tennessee Policy Summary

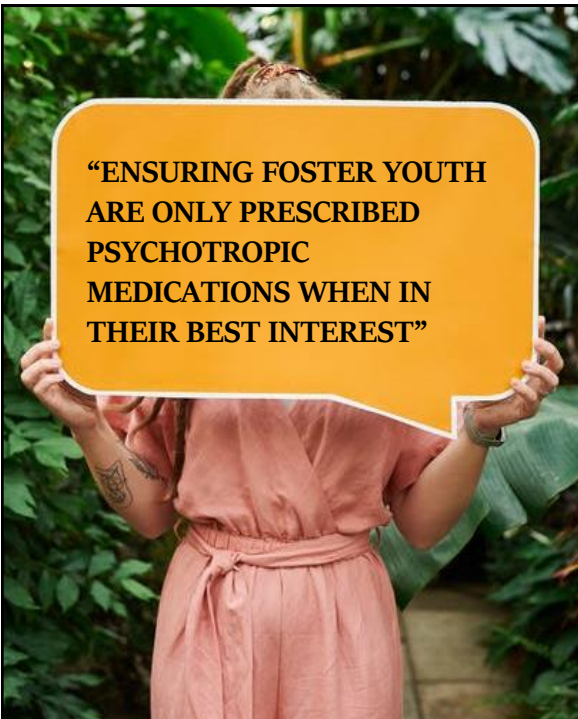




Introductions

In the chat, please share your:

1. Name
2. Where you volunteer
3. Finish this sentence:
“I volunteer to support Tennessee children in out of home care because....”



**“ENSURING FOSTER YOUTH
ARE ONLY PRESCRIBED
PSYCHOTROPIC
MEDICATIONS WHEN IN
THEIR BEST INTEREST”**

- The Psychotropic Quality Improvement (PQI) Collaborative (2019-2020) was a project of the National Center for Youth Law (funded by the Patient Centered Outcomes Research Institute) that engaged stakeholders in Tennessee and other states to improve policy and practice related to psychotropic medication prescription among children and youth in care.
- One of the goals of the PQI Collaborative is dissemination of information to stakeholders to help address psychotropic medication issues with children and youth in foster care.
- Stakeholders in Tennessee thought Foster Care Review Board and CASA volunteers needed training on psychotropic medication--
- BUT they wanted to be sure the training included the right information.

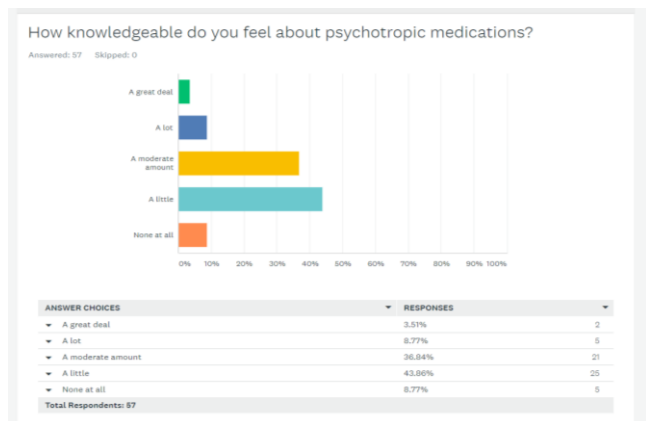
Psychotropic Medications: What do you need to know?

- We asked: What do you want to know about psychotropic medications? What have you seen in your work?
- Survey in SurveyMonkey, Disseminated to CASA and FCRB volunteers the week in May through June of 2020
 - 6 Questions, 57 responses



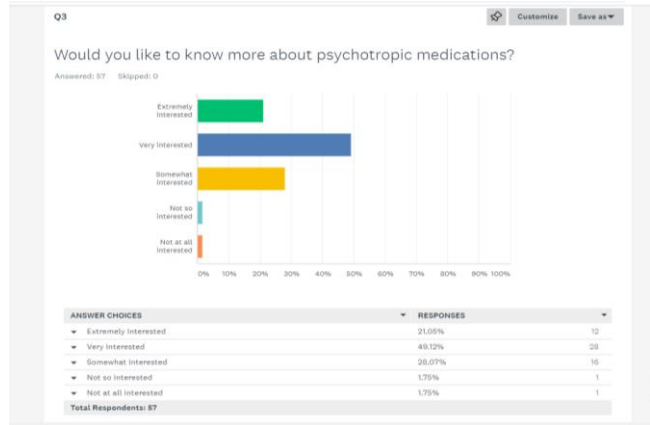
Survey Question 1: How knowledgeable to you feel about psychotropic medications?

- Most respondents feel a little to moderately knowledgeable about psychotropic medications.



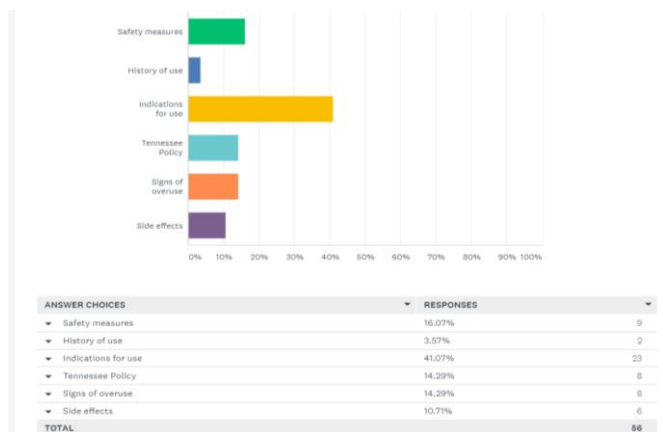
Survey Question 2: Would you like to know more?

- Most respondents want more information on psychotropic medications.



Survey Question 3: What do you want to know?

1. Indications for use
2. Safety Measures
3. Tennessee policy
4. Sign of overuse
5. Side effects
6. History of use



Thoughts from the Field: Survey Responses

- “Sometimes [youth] are taking a lot of meds. [The report] may say there are no behaviors or trauma. I really think the meds have to go along with a diagnosis from a child psychiatrist and are improving the behavior that was going on, such as crying, or thoughts of suicide, or hyperactivity at school.”
- “A child that was prescribed a psychotropic med, did not actually need it and it had the opposite effect with the child ultimately trying to commit suicide twice. When taken off the drug the child did better.”
- “[I’m] seeing the children ‘zombied’ out and not able to concentrate or focus during school hours due to such high doses of sedatives.”
- “So many youth don't seem to know why they are taking certain prescriptions.”
- “Very few boys in foster care seem to escape being placed on psychotropic medications.”



Psychotropic Medication Tennessee

- What is it?
- “Medication that exercises a direct effect upon the central nervous system and which is capable of influencing and modifying behavior and mental activity. Psychotropic medications include, but are not limited to anti-psychotics; antidepressants; agents for control of mania and depression; anti-anxiety agents; psychomotor stimulants and hypnotics.” Tenn. Code § 49-2-124 (2)

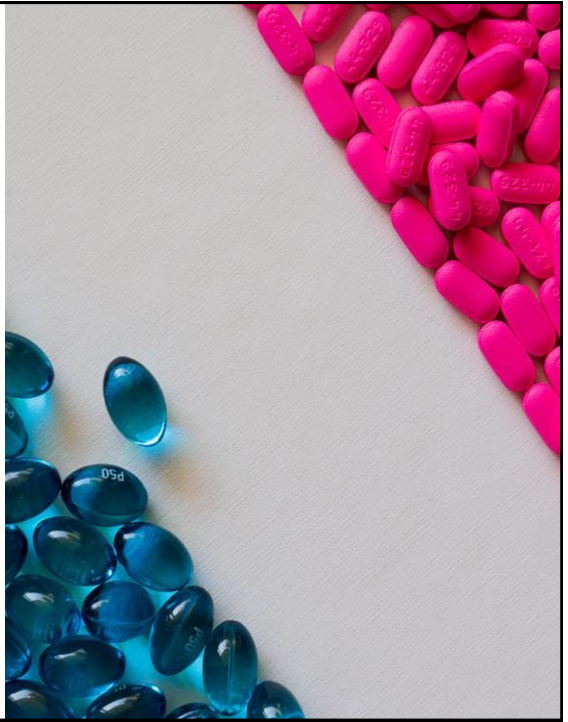


Psychotropic Medications: Indications for Use

Examples:*

- **ADHD:** Dexedrine, Adderall, Vyvanse, Concerta, Daytrana, Ritalin, Focalin, Strattera, Tenex, Intuniv;
- **Antidepressant and Anti-Anxiety:** Prozac, Zoloft, Paxil, Lexapro, Effexor, Cymbalta, Wellbutrin;
- **Anti-Anxiety Medications:** (Rarely used in children): Xanax, Ativan, Valium, Klonopin, BuSpar;
- **Antipsychotic Medications:** Thorazine, Mellaril, Prolixin, Haldol, Abilify, Risperdal;
- **Mood Stabilizers and Anticonvulsant Medications:** Lithium, Tegretol, Valproic Acid (Depakote, Depakene);
- **Sleep Medications:** Desyrel, Ambien, Sonata, Lunesta, and Benadryl.

*AACAP (2017) Psychiatric Medication For Children And Adolescents: Part II - Types Of Medications



Attention Deficit Hyperactive Disorder (ADHD) & ADHD Medication

A child with ADHD may show the following symptoms:

- Trouble paying attention, inattention to details, easily distracted, hyperactive.

Research demonstrates that medication can help improve attention and focus.

- Prescribers commonly prescribe stimulants (various methylphenidate and amphetamine preparations, i.e.: Ritalin and Adderol) and the non-stimulant atomoxetine (Strattera).



Possible Side Effects: ADHD Medications

Common side effects from stimulant medication:

- Reduced appetite, weight loss, trouble sleeping, headaches, stomachaches/ pain, and irritability. These side effects usually get better within the first couple of months of treatment.

Non-stimulant:

- Can cause nausea, low appetite, and weight loss.
- Some children complain of sleepiness or irritability. These side effects usually go away after the first month of treatment.

Side effects *usually* are not dangerous, but they should all be reported to the child's doctor, who can adjust dose, time of administration, etc.



Rare or Serious Side Effects

Hallucinations and agitation, suicidal thoughts, heart issues and liver problems are less common, but have been reported.

- Children with hallucinations may end up with a serious mental health diagnosis, when they just need a medication review.

The FDA recommends that caregivers who are considering ADHD medication for a child work with the prescribing doctor to develop a treatment plan that includes a careful review of health history and regular medical exams.

ADHD: Other / Additional Treatment Options

- Non-medication treatments include cognitive-behavioral therapy (CBT), social skills training, parent education, and education modifications. Therapies can help a child learn how control aggression, modulate social behavior, and be more productive. Can be used alone or with medications.
- Cognitive therapy can help a child feel better about himself, improving confidence and negative thoughts. Can also help improve problem-solving skills.

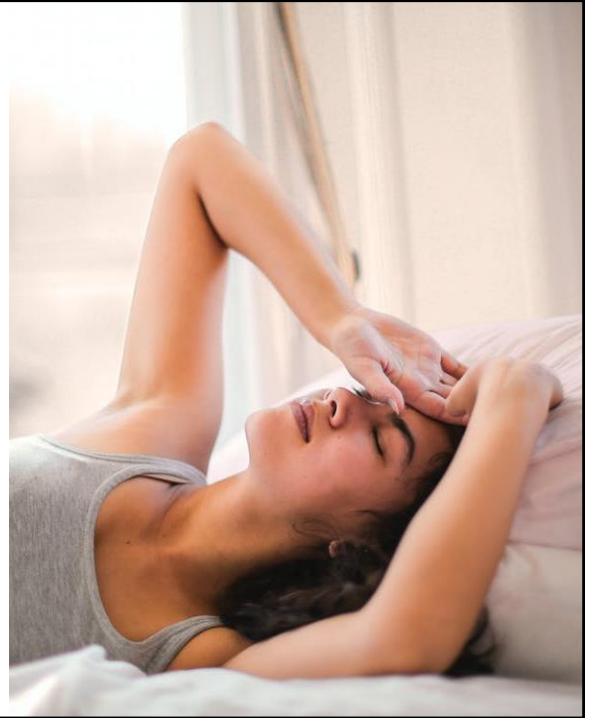


Antidepressant Medications

- Antidepressant medications can be effective in relieving the symptoms of depression in children and adolescents.
- Medications called SSRIs (Selective serotonin reuptake inhibitors) are usually the first medication prescribers use to treat childhood depression. SSRIs work by increasing the levels of serotonin in the brain. Serotonin is a neurotransmitter that sends signals between brain cells.
- <https://www.khanacademy.org/science/health-and-medicine/mental-health/depression-and-related-disorders/v/treating-depression-with-antidepressants>

Common Side Effects of SSRIs

- Nausea, stomachaches, headaches, sleep problems, irritability.
- Sexual side effects, increased bruising/ bleeding, and mania are less common side effects.
- Caregivers should contact the doctor immediately if the child experiences any concerning changes in behavior any time after starting antidepressants.



Alternatives or Additions to Medication

- There is a lot of scientific support showing the effectiveness of psychosocial treatments for youth with depression, especially milder depression. Cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and attachment based family therapy are several examples. These can offer long term growth.



Antipsychotic Medications

- Antipsychotic medications can help to control symptoms of psychosis (i.e.: delusions, hallucinations). They are also used to treat irritability in autism, and may treat severe anxiety and very aggressive behavior.
- **While antipsychotic medications may be effective, they also can also have serious side effects, such as metabolic and physical complications.**



Antipsychotics: Side Effects & Safe Measures

Antipsychotics are associated with serious adverse side effects, such as:

- Weight changes, diabetes, and hyperlipidemia (high blood cholesterol);
- Cardiovascular concerns;
- Lowered white blood cell count (Clozapine);
- Loss of liver function;
- Seizures;
- Repetitive, involuntary movements when taking or when stopping medicine (called tardive dyskinesia).

Careful assessment prior to prescription and careful, frequent child health monitoring are necessary to support child safety.

https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf

Antipsychotics: Things to Know

- Rutgers Center for Education and Research on Mental Health Therapeutics and the AACAP recommend considering psychosocial interventions as the first treatments for children with oppositional behaviors, since medications are meant to help decrease or reduce behavior, but will not cure childhood aggression and defiance which is secondary to childhood trauma.



Quiz!

- Can psychotropic medications cure mental illness in young people in care?

Poll

- Do you see a lot of antipsychotic prescription in your Health Reviews?



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Psychotropic Medications

CAN...	ARE NOT...
<ul style="list-style-type: none"> • Help when used as a part of a larger treatment plan • Benefit some individuals who have already tried other evidence-based treatment options and medical rule-outs • Be prescribed with a child's safety, overall interests, medical history, and risks in mind 	<ul style="list-style-type: none"> • First line treatments for mental health • To be used alone (med-only treatment) • Curative • To be used for behavioral control • To be used to mask side effects of a different medication

Psychotropic Medication Concerns



Psychotropic Medications: Safety Measures & Red Flags

SAFETY PRACTICES:

- All baseline monitoring, lab testing completed
- Start with one medication only
- Start with a low dose that accounts for the child's height, weight, personal and family history
- Discussion with child and caregivers of risks and benefits
- Contact numbers for any issues or side effects
- Visits weekly and then monthly to monitor impact and effect on the child
- Close watch on weight, heart, suicidal ideation and sleeping patterns

RED FLAGS:

- **2-4 or more medications of any class** (called polypharmacy - recommended standard varies by group.)
- **2 medications in the same class of drugs** (more than one medication to treat the same issue.)
- **High/Adult dosages for children**
- **Antipsychotics + Stimulant** (combination must be safety monitored.)
- **Long-term use without attempts to taper off**
- **Abruptly stopping meds** (may be side effects!)
- **No monitoring, documentation, noticeable impact** (is it helping?)

Tennessee Prescription Parameters

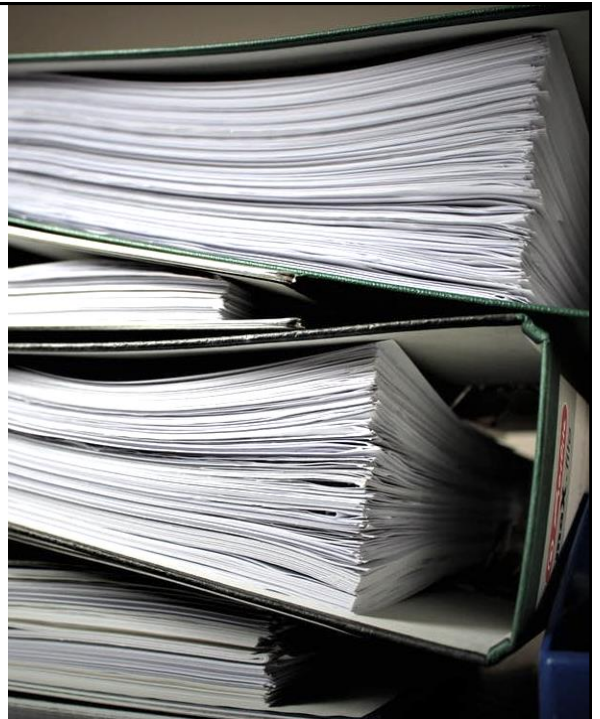


Tennessee Administrative Policy 20.18

- Only a licensed physician or nurse practitioner is qualified to prescribe psychotropic medications.
- Consultation with a board-certified child and adolescent psychiatrist should be sought in complex cases.
- A thorough examination should precede initial prescription.
- Prescription must be accompanied “by an explanation that includes the need related to the child’s mental health diagnosis, potential side effects.”

Psychotropic Medication Utilization Parameters

- Provides guidelines and rationale for policy as well as additional protections for the children in state’s custody.
- Policy 20.18 indicates that cases that fall outside of the guidelines in the Parameters are assessed by the Regional Nurse and the DCS Chief Medical Officer or the Officer’s designee.



Policy 20.18 Clinical Review



No DSM-IV diagnosis in the child's medical record



4 or more psychotropic medications prescribed together



2 or more of the same type of med prescribed together



Off-label use or dose



2 meds prescribed for a given disorder before 1 is tried first



Child is under 5



Some primary care (PCP) doctor prescriptions*

*Concern is that some PCPs may not have expert knowledge related to some psychotropic medications, and review is required.



Tennessee Psychotropic Medication Monitoring

- DCS tracks psychotropic medication prescription to children in state's custody through a Regional Nurse or Youth Development Center nursing staff.
- DCS also keeps an electronic record with prescription data and informed consent data (TFACTS).

Tennessee Informed Consent

- Parent(s) are part of medical decision making, unless rights have been terminated, or youth is 16 or older.
- Youth 16 and up decide whether their parents will be involved in psychiatric appointments and psychotropic medication decisions. This is their right.
- Consent documented in DCS Form CS-0627, Informed Consent for Psychotropic Medication.
- Refusal: Individuals refusing treatment are to be counseled and asked to sign DCS Form CS-0093-Release from Medical Responsibility.



Tennessee Informed Consent: Policy 20.24

- **Exception to Consent- Emergencies**
 - Emergency dose of psychotropic medication can be given without consent, but must be authorized by a licensed provider or a physician's order, and is only allowable for a child that is hospitalized or placed in a Psychiatric Residential Treatment Facility (PRTF).
 - Emergency psychotropic medication can only be authorized for a one-time dose.
 - Emergency monitoring, documentation and notification is required.



Our Last Poll!

- Psychotropic medications would not be used in a child's best interest:
 - If all required baseline measures are taken and documented pre-intervention;
 - In a youth over 16 does not want to take medication is made to (absent an emergency);
 - Medical visits are arranged to assist with medication monitoring;
 - Adverse effects are documented and communicated with prescriber;
 - Child is spoken to about medication, its risks and benefits, and is engaged in the process and reports on its continued usefulness.

Questions?

Questions about psychotropic medications and youth in care?

