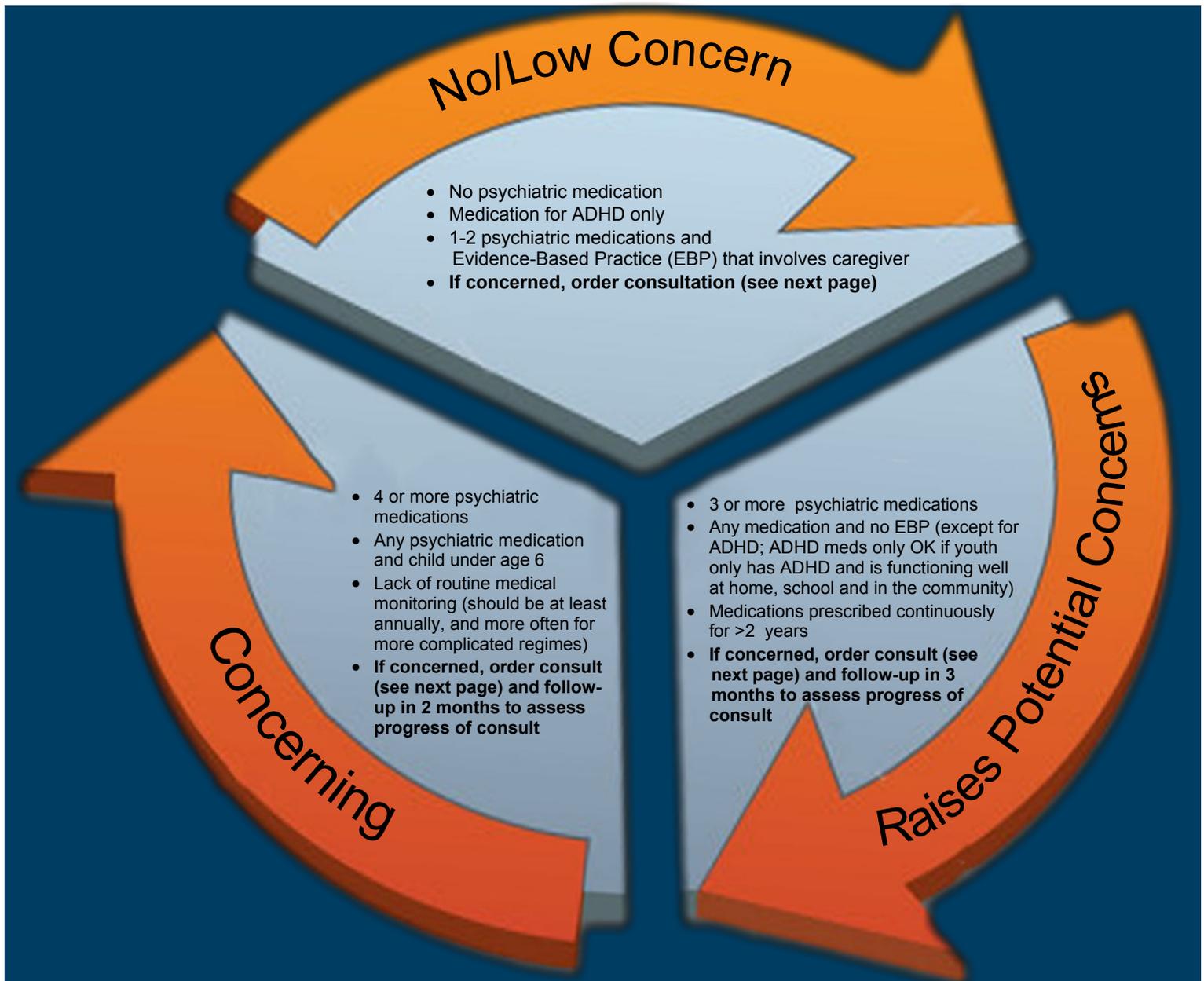


Psychiatric Medication Bench Card for Youth on Psychiatric Medication

Questions from the Court:

1. What problem is the child prescribed psychiatric medications for? (*answers might include issues such as: concentration/ hyperactivity, emotional or behavioral problems, sleep or psychotic symptoms*).
2. Is there an evidence-based psychosocial intervention for the child and their caregivers (foster and/or biological), in addition to the psychiatric medicines? (*with limited exceptions, the answer to this question should be yes*).
3. How is this treatment plan helping the child and family? (*those working with the child should be able to describe tangible benefits to the child and family as a result of the medication being used*).
4. How are side effects monitored medically? (*depending on the medications this should range from annually, to more frequent lab work and vital sign monitoring*).



Best Practices and Key Points

Assessment

- Evaluation should include information from youth, parents and caregivers and often the school or daycare.
- Rating scales and standardized checklists should be utilized.

Treatment

- Psychiatric medications are prescribed for a specific indication, and there is published research supporting the use of medication for this purpose.
- If youth is taking more than one psychiatric medication, there is a specific rationale.
- The medication, its intended effect and potential side effects, are explained to youth and parent/caregiver in easy-to-understand language; and youth (ages 13 and older) and parent/caregiver agree that youth will take medication.
- Psychosocial intervention (therapy) should be started before or at the same time as psychiatric medications are started for most youth (main exception is ADHD).
- Psychosocial and medical providers should confer with each other regularly on treatment, symptoms and youth functioning.
- Rating scales and checklists (may or may not be standardized) should be used to monitor progress.
- The most effective treatments for youth disruptive behavior (tantrums, anger, noncompliant or aggressive) involve adults in the youth's environment, including parents/caregivers and teachers.

Maintenance

- Like all medicines, psychiatric medications should be routinely monitored by a knowledgeable health care provider.
- Medications should be continued only if adults working with youth can describe a tangible benefit.
- Medications which are helpful should be considered for possible discontinuation after 12 months if youth is symptom-free and functioning well.

Consultation

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