Principles of Practice Regarding the Use of Psychotherapeutic Medications in Children Ages 6 to 17 Years Old

Level 0

Conduct comprehensive multi-informant, multi-modal, multi-disciplinary assessment for those with a positive screen. Rule out medical, social, and cognitive causes of behavioral symptoms.

Use validated measures to assess and track psychiatric symptoms and impairment in young children.

Recommended measures of symptoms in children and adolescents include:

- Ages 4–11 years: Strengths and Difficulties Questionnaire (SDQ)
- Ages 3–21 years: The Child/Adolescent Psychiatry Screen (CAPS)
- Ages 4–11 years: Home Situations Questionnaire (HSQ)

Links to measures listed above are available at: ***http://medicaidmentalhealth.org/***.

A comprehensive mental health assessment includes:

- A comprehensive assessment of the full range of psychiatric symptoms and disorders, as well as impairment from these symptoms and disorders.
- A full developmental assessment.
- A full medical history, including a sleep history.
- A relevant medical work-up, physical examination, and nutritional status evaluation.
- An assessment of school functioning including academic, behavioral, and social aspects.
- An assessment of family psychiatric history which includes past and current history of parental psychiatric illnesses, substance abuse and treatment history of parents, parent figures (e.g., step-parent), siblings, and other relatives.
- An assessment of family structure and functioning, parent-child relationship and interaction.
- An assessment of environmental risk factors and stressors including history of abuse (physical, sexual) or neglect, traumatic life events, domestic violence, economic instability, etc.

Notes:

- *Effort should be made to communicate between primary care providers, psychiatrists, caseworkers, and other team members to ensure integrated care.*
- *Prior to initiating any intervention (e.g., psychosocial, medication), assess the risks/benefits of treatment. Education of children should be age-appropriate and targeted to the condition.*
- *Children/adolescents and parents/legal guardians should be educated about the risks and benefits of treatment, including review of boxed warnings.*
- *Written informed consent should be obtained from the parents/legal guardian (i.e., the individual legally able to consent to medical interventions) and documented in the chart.*

Principles of Practice Regarding the Use of Psychotherapeutic Medications in Children Ages 6 to 17 Years Old *(continued)*

Level 1

Start with psychosocial treatment. Parental involvement is essential, with involvement of other caregivers or school-based interventions as needed.

- Provide a comprehensive treatment plan to treat target symptoms and monitor treatment progress. Monitor response to treatment using reliable and valid measures of changes in the target symptoms.
- In mild cases, attempt a course of at least 12 weeks of psychosocial interventions before considering medication.
- In moderate to severe cases, a higher level of intervention may be appropriate as the initial step.

Level 2

If medications are being considered, first reassess the diagnosis and diagnostic formulation. Weigh the risks and benefits of initiating treatment with psychotherapeutic medications.

If a decision is made to initiate medication:

- Initiate with monotherapy. Start low, go slow.
- Except in rare cases, use monotherapy.
- Continue psychosocial treatment during treatment with medication.
- Monitor for suicidality.
- Monitor for adverse effects of medications.
- The use of antipsychotics should be restricted to the diagnoses of schizophrenia (rare in children), mania/bipolar disorder, psychotic depression, drug induced psychosis, Tourette's syndrome and tic disorders, and in some cases, severe aggression as a target symptom.
- On rare occasions, antipsychotics may be used in obsessive compulsive disorder (OCD) after extensive cognitive behavioral therapy (CBT) or failure of two adequate selective serotonin reuptake inhibitor (SSRI) trials.
- Antipsychotics should not be used primarily to target ADHD symptoms or as sedatives in children.
- There may be instances where antipsychotics are used for parasuicidal and severe self-injurious behaviors.

Additional Considerations:

- Once medications are initiated, continue routine monitoring for medication benefits and side-effects. For children on long-term, continuous antipsychotic use, at minimum, yearly re-assessment of medication benefits and side-effects is recommended.
- If medication is no longer beneficial, consider deprescribing (refer to page 14 for deprescribing recommendations). Monitor for symptom exacerbation.
- Consider a trauma-informed treatment approach as appropriate.