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/](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.