

# A Family For Every Child Matching Assistance



*"We should not be asking who this child belongs to,  
but who belongs to this child."*

## Psychotropic Medications

In 2012, children in foster care were more likely to be prescribed anti-psychotic medications at 12 times the rate of other non-foster children. [\[Source\]](#) More reports have come out in the last couple years highlighting the number of children in foster care in specific states who are on psychotropic medications. More than one-quarter of foster children in Colorado are prescribed psychotropic medications. [\[Source\]](#) In California, 1 in 4 children in foster care are taking psychotropic medications. [\[Source\]](#)

If those numbers seem high, it's because they are. Children in foster care are an especially vulnerable population, must believe that their foster parents, social worker, teachers, CASA, and therapist are looking out for their best interests. Children don't really have a voice until they are in their teens, and even then they may not be listened to. As the responsible adults in a child's life, we must do our best to educate ourselves on the best practices for helping children heal from their past trauma and move forward to have healthy relationships and full lives. We need to understand the effects psychotropic medications on a child's functioning and development, and be able to recognize and understand the impact of trauma on a child's behavior. We need to listen to children when they tell us about the negative side effects they are experiencing from their medications, and advocate for them in the psychiatrist's office to get their prescriptions changed or lessened. We need to research what the different types of psychotropic medications are, what they are designed to treat, and how they will effect a child's development. Essentially, we need to be not so quick to prescribe a medication as a quick fix or permanent solution, but rather make the connection between a child's past trauma and current level of functioning and determine what the best course of action is for a long-term solution.



### *What Are Psychotropic Medications?*

Psychotropic medications include anti-psychotic, anti-anxiety, antidepressants, and mood stabilizer medications. Within some of these categories are subgroups. For example, under the antidepressant medication category are SSRIs, MAOIs, and tricyclics. Under the category of ADHD medications, you will find subcategories of stimulant and non-stimulant medications. Psychotropic medications are prescribed to manage mental health disorders,

and allow a person to function normally in daily life. A list of commonly prescribed psychotropic medications can be found [here](#).



## *Benefits & Drawbacks of Psychotropic Medications*

Psychotropic medications are prescribed to help an individual function in day-to-day life. Psychotropic medications are designed to help people think more clearly, regulate emotions, increase concentration, decrease aggressive outbursts, and improve focus. However, there are a number of drawbacks. Reports of physical changes like decrease in appetite, weight gain and associated health risks, such as diabetes, obesity, and heart disease. Other reported side effects of various psychotropic medications include drowsiness, lack of emotions, and in some cases, nightmares or tics.

Children in foster care are prescribed psychotropic medications at a much higher rate than their peers. This is likely due to the higher rates of mental health diagnoses they are given. What is concerning, however, are the policies surrounding psychotropic medication administration, the number of psychotropic medications that a child may be prescribed at a time (leading to "drug cocktails"), and the lack of research on the long-term effects on a child's development. In addition, many psychotropic medications prescribed to foster children are used "off-label", meaning they are used to treat different symptoms that the Food and Drug Administration (FDA) did not originally approve them to treat. For example, Lamictal is an anti-seizure medication that is often used to treat bipolar disorder or as an antidepressant. However, anti-psychotic medications, for example, are only approved by the FDA to treat schizophrenia, severe autism and bipolar disorder in children, but are often prescribed off-label to treat behavioral disorders. While off-label use of medications is legal, concerns arise when those who are prescribing the medications and those who are taking the medications don't understand the potential long-term effects.

It is also important to note that medications can "mask" a child's feelings connected to their past trauma, or in some cases cause them to not feel anything. Medications can inhibit a child's ability to process their thoughts and emotions and not get to the root of the problem. Many behaviors can be linked to trauma, and that link should be explored in therapy before prior to prescribing a psychotropic medication.



## *Alternatives to Medication*

The following are some different types of therapies that have proven effective in helping a child overcome past traumas. Medications should always be used in conjunction with therapy, and never alone.

**Play Therapy** - This form of therapy may be effective for young children who do not have the verbal skills to express themselves. In play therapy (also known as "Theraplay"), a therapist will use toys and games to allow the child to act out their thoughts and feelings.

**Cognitive Behavioral Therapy (CBT)** - CBT focuses on the present and works with patients to help them solve problems by learning new skills, changing behaviors, modifying beliefs, relating to others, and changing distorted thinking. CBT places an emphasis on improving self-control, and stress and anger management.

See Child Welfare Information Gateways [therapy guide](#) to learn more about different types of therapy and how to find a therapist who is knowledgeable about trauma and adoption issues.



### *Main Takeaways*

Not all medications are bad, and when taken in the right doses and coupled with the right treatments, they can have a positive effect on a child's behavior, mood and level of functioning. However, caution should be exercised when putting a child on psychotropic medications.

It is important as the child's caregiver that you understand why they are on medication, what the medication's primary use is (not just the off-label use), and what the potential side effects are. Do some research into what the long-term effects are on a child's development. Remember, your child's brain is growing through the age of 18, and many children in foster care may already have delayed brain development due to the trauma they have endured.

Be cautious when a child is on multiple medications at once, as these drug "cocktails" can have negative side effects on a child's day-to-day functioning and health. Consider the dose size as well, to ensure your child is not accidentally being over-medicated. Listen to your child's complaints about the medicine, and watch for changes in mood, health, appetite, appearance, and energy levels.

Remain "trauma-informed", and relate your child's behaviors to their past trauma. Have your child's therapist address these issues before you turn to another medication. Which brings us to the last takeaway: always be sure your child is not on medications alone, but is also active in trauma-focused therapy. While medications may help your child's day-to-day functioning, therapy will get at the root of the issue and provide long-term benefits by teaching your child valuable life skills and coping mechanisms.

Your child is trusting you to be their main advocate to ensure they are receiving the proper treatment they need to heal, learn, love and grow. Listen to your child, do your research, ask questions, and remain active in your child's treatment plan.



### *Additional Information and Resources*

AACAP - [How Medications Are Used](#)

AACAP - [Questions to Ask](#)

**AACAP** - [Types of Medications](#)

**American Bar** - [Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges](#)

**The Atlantic** - [How Childhood Trauma Could Be Mistaken for ADHD](#)

**Denver Post** - [New thinking on brain-science therapies could help foster kids](#)

**Journal Star** - [Brain science, effects of childhood trauma prompt changes in child welfare](#)

**Massachusetts Department of Mental Health** - [Psychoactive Medication for Children and Adolescents: Orientation for Parents, Guardians & Others](#)

**Mercury News** - [Drugging Our Kids](#)

**NCTSN** - [Caring for Children Who Have Experienced Trauma](#)

**Tufts CTSI** - [Multi-State Study on Psychotropic Medication Oversight in Foster Care: Study Report \(2010\)](#)

**Tufts CTSI** - [Multi-State Study on Psychotropic Medication Oversight in Foster Care: State Tools & Resources](#)

**DISCLAIMER:** *The information in this email is not to constitute as or substitute for medical advice. Please consult with your child's therapist, doctor, and social worker before adding or removing medications from your child's daily routine.*

