

Workshop: Part 2

Obtaining Informed Consent:

What one needs to know about specific medications

Prozac (fluoxetine)

A thorough evaluation has revealed that your child is suffering from _____ . We will know if the medication is working if hopefully there is improvement in the following target symptoms:

Possible benefit

Prozac is an anti-depressant FDA approved for depression in children and adolescents 8 or older and . It helps about 1/3 of kids who try it. The medication works best for moderate to severe depression that seems to come from within. The medication works less well in mild to moderate depression that seems to be a reaction to real life events in your child's life. In many cases this kind of depression can be treated with therapy and counseling and does not require a medication.

Do you think that your child's depression comes from within? ____ (Check if yes.)
Do you think that it is a reaction to life events? _____ (Check if yes.)

Prozac is also FDA approved for obsessive compulsive disorder in children and adolescents 7 and older and used as a first line treatment to target other anxiety disorders including post traumatic stress disorder in children but it is not FDA approved for anxiety in this age group. Mild anxiety can respond to psychotherapy and may not require medication.

Prozac may be slightly more effective and pose slightly less risk than other anti-depressants.

Since Prozac lasts longer than any other anti-depressant, it may have an advantage if you believe that your child may miss doses of medication.

Possible risks

Prozac like all anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose. The risk can also be minimized if the provider has educated the adults taking care of your child to monitor the above symptoms and if there is a concern to temporarily stop the medication and immediately notify the psychiatrist. If these side effects are picked up early and medication is stopped, these behavioral and emotional side effects usually disappear within a few days and before they cause your child any harm. Appropriate monitoring by the physician and caretakers is key to safety.

Are these safety measures in place? ____ (Yes.) ____ (No.)

Alternatives

It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression / anxiety that seems to be a reaction to real life events. Would you prefer it? ____ (Yes.) ____ (No.)

If Prozac is being added to other psychiatric medications, it is possible that the original medications may be contributing to the depression or anxiety or that the original medications were not all that effective. It may be reasonable to first try to lower or stop the original medication and if symptoms still persist to substitute one medication such as a different anti-depressant that might be good enough used alone. Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.)
Do you want to consent to medication? ____ (Yes.) ____ (No.) If no please explain why?

Do you understand that you have a right to withdraw your consent at any time?
____ (Yes.) ____ (No.)

If you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Paxil (paroxetine)

A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms:

_____.

Possible benefit

Paxil does help depression and anxiety in adults. However, it is not approved by the Food and Drug Administration (FDA) as a treatment for depression or anxiety in children and adolescents and has no proven effectiveness as a treatment for depression or anxiety in this age group. The scientific studies have either not been done or if done do not show that Paxil works in children and adolescents.

Possible risks

Any anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose. The risk can also be minimized if the provider has educated the adults taking care of your child to monitor the above symptoms and if there is a concern to temporarily stop the medication and immediately notify the psychiatrist. If these side effects are picked up early and medication is stopped, these behavioral and emotional side effects usually disappear within a few days and before they cause your child any harm. Appropriate monitoring by the physician and caretakers is key to safety.

Are these safety measures in place? ____ (Yes.) ____ (No.)

Paxil more than the other anti-depressants may be dangerous during pregnancy and therefore should probably not be used if there is a risk that your child might become pregnant.

Paxil may be more difficult to come off of compared to other anti-depressants.

Alternatives

It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression / anxiety that seems to be a reaction to real life events.

If your child needs medication for depression, Prozac or Lexapro are alternatives that are approved by the FDA as a treatment for depression in children and adolescents and Zoloft, Luvox or Anafranil are alternatives that are approved by the FDA as a treatment for OCD, an anxiety disorder, in children and adolescents and may be a safer and more effective alternative than Paxil.

Risk / benefit ratio

In general, the risks of Paxil may outweigh the benefits when given to children. However if you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below.

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) or would you prefer to explore other alternatives? ____ (Yes.) ____ (No.) If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

If you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Wellbutrin (bupropion)

A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms:

_____.

Possible benefit

Wellbutrin does help depression in adults. It is also used off label, without FDA approval, to target ADHD. However, it is not approved by the Food and Drug Administration (FDA) as a treatment for depression or for ADHD in children and adolescents and has no proven effectiveness in this age group. However it is still possible that it may work in your child.

Possible risks

Any anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose.

Are these safety measures in place? ____ (Yes.) ____ (No.)

Wellbutrin is especially dangerous and may cause seizures in adolescents who have suffered head trauma, binge drink or have eating disorders. These are common in this age group and adults may not know that their children have these problems.

Do you have reason to believe that your child has a history of head trauma, binge drinking or eating disorder? ____ (Yes.) ____ (No.)

Alternatives

It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression that seems to be a reaction to real life events

If your child needs medication for depression, Prozac or Lexapro are alternatives that are approved by the FDA as a treatment for depression in children and adolescents and may be safer and more effective alternatives.

If your child needs medication for ADHD, Ritalin, Concerta, Adderall and other stimulants or clonidine, Tenex, Intuniv and Stratera are alternatives that are

approved by the FDA as a treatment for ADHD in children and adolescents and may be safer and more effective alternatives.

Risk / benefit ratio

In general the risks of the use of Wellbutrin in children may outweigh the benefits. However if you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below.

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) or would you prefer to explore other alternatives? ____ (Yes.) ____ (No.) If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

If you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Ritalin, Concerta, Methadate or Methylphenidate)
Dexedrine or Adderall (amphetamine salts)
Focalin (dexamethylphenidate)

A thorough evaluation has revealed that your child is suffering from _____ . We will know if the medication is working if hopefully there is improvement in the following target symptoms:

_____.

Possible benefit

All the stimulants are approved for ADHD in children and adolescents. Stimulants help about 45% of kids who try it but should be used only if they truly have ADHD. ADHD is characterized by impulsivity, hyperactivity, inattention and distractibility that begins early in life, is present both at home and at school and is not caused by such other factors as depression, anxiety, exposure to violence, reaction to traumatic events such as abuse, extremely stressful home environment or placement in foster care. Cases of mild ADHD can be treated with behavior therapy, counseling and placement in a very structured home environment and may not require a medication.

Do you think that your child has ADHD? (Yes or no.)

Do you believe that your child's behaviors are not caused by other factors mentioned above? (Yes or no.)

Does your child's behaviors occur both at home and at school? (Yes or no.)

Did the behaviors begin before age 8? (Yes or no.)

Are you satisfied that your child received a thorough evaluation? (Yes or no.)

Were other non-medical intervention tried first? (Yes or no.)

If the answer to all these questions is "yes" then a trial of stimulant medication is justified with a reasonable likelihood of benefit.

Possible risks

Stimulants can cause increased heart rate, abnormal heart rate or increased blood pressure. There have been rare reports of sudden death in children on stimulants, about one in a million. The danger is greatest if your child has heart disease. To reduce the risk your child should have an EKG and thorough pediatric examination.

Does our child have a history of heart murmurs (extra sounds) or heart disease? (Yes or no.)

Was a recent EKG done? (Yes or no.) Are the results normal? (Yes or no.)

Was a recent physical exam done? (Yes or no.) Was it negative for murmurs or heart disease? (Yes or no.)

If the answer to the first question is "no" and the answer to the rest of the questions is "yes" the risks may be outweighed by the benefits.

Stimulants can also activate your child. Your child may become agitated, speeded up, irritable, aggressive, suicidal, manic, and paranoid or hear voices. These symptoms occur in about 1 out of 20 kids on this medication. The risk can be minimized if your doctor sees your child frequently and catches the side effect soon after it starts, well before the activation causes your child major problems. In most cases, these symptoms will disappear after the medication is stopped.

Stimulants can be abused. Some adolescents can become dependant on stimulants. Some adolescents sell their medication, breaking the law. Do you have particular concerns about your child's potential to abuse or sell the medication? (Yes or no.) If so, please summarize your specific concerns.

If you have concerns about these issues, you may prefer alternative medications such as Strattera or Clonidine.

Alternatives

It may be reasonable to first try behavioral interventions for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

At school, it may be reasonable to first try behavioral interventions in the regular classroom or special education placement for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If your child needs medication for ADHD, Strattera or Clonidine are alternative treatments for ADHD in children and adolescents. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If a stimulant is being added to other psychiatric medications, it is possible that the original medications may be contributing to the ADHD-like symptoms or that the original medications were not all that effective. It may be reasonable to first try to lower or stop the original medication and if symptoms still persist to substitute one medication that might be good enough used alone. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

If you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication, prefer to explore one of the above alternatives before trying this medication or your child has a heart murmur, heart disease or an abnormal EKG, please contact your caseworker who will put you in touch with the doctor. Are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) Do you want to consent to medication? ____ (Yes.) ____ (No.) If no, please explain why? If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Strattera (atomoxetine)

A thorough evaluation has revealed that your child is suffering from _____ . We will know if the medication is working if hopefully there is improvement in the following target symptoms:

Possible benefit

Strattera is approved for ADHD in children and adolescents. It is not approved for depression or any other use. Strattera helps about 40% of kids who try it but only if they truly have ADHD. ADHD is characterized by impulsivity, hyperactivity, inattention and distractibility that begins early in life, is present both at home and at school and is not caused by such other factors as depression, anxiety, exposure to violence, reaction to traumatic events such as abuse, extremely stressful home environment or placement in foster care. In cases mild ADHD can be treated with behavior therapy, counseling and placement in a very structured home environment and does not require a medication. When there are elements of multiple psychiatric disorders, in order to make the diagnosis of ADHD your child requires a comprehensive evaluation possibly including a continuous performance test, a computer test that measures your child's inattention, impulsivity and distractibility compared to other children his or her age.

Do you think that your child has ADHD? (Yes or no.)

Do you believe that your child's behaviors are not caused by other factors mentioned above? (Yes or no.)

Does your child's behaviors occur both at home and at school? (Yes or no.)

Did the behaviors begin before age 8? (Yes or no.)

Are you satisfied that your child received a thorough evaluation? (Yes or no.)

Were other non-medical intervention tried first? (Yes or no.)

If the answer to all these questions is "yes" then a trial Strattera is justified with a reasonable likelihood of benefit.

Possible risks

Strattera can also activate your child. Your child may become agitated, speeded up, irritable, aggressive or manic. There is also an increased risk of suicidal behavior or thoughts occurring in about 1 out of 25 kids on this medication. The risk can be minimized if your doctor sees your child frequently.

There have been extremely rare reports of serious liver damage with Strattera, approximately one in a million. Since this rate of liver damage is less than the rate of serious liver damage in the general population, it is not even clear that the problem is caused by the medication.

Alternatives

It may be reasonable to first try behavioral interventions and or parent –child psychotherapy for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

At school, it may be reasonable to first try behavioral interventions in the regular classroom or special education placement for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If your child needs medication for ADHD, stimulants such as Concerta or Adderall are usually the first choice treatments for ADHD in children and adolescents. Has your child already been on one of these medications? (Yes or no.) If no, where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If Strattera is being added to other psychiatric medications, it is possible that the original medications may be contributing to the ADHD-like symptoms or that the original medications were not all that effective. It may be reasonable to first try to lower or stop the original medication and if symptoms still persist to substitute one medication that might be good enough used alone. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

If you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor. Are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) Do you want to consent to medication? ____ (Yes.) ____ (No.) If no, please explain why?

If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Risperidal (risperidone)

A thorough evaluation has revealed that your child is suffering from _____ . We will know if the medication is working if hopefully there is improvement in the following target symptoms:

Possible benefit

Risperidal is an atypical anti-psychotic medication. It is approved by the FDA for treatment of schizophrenia, bipolar mania, and autism related irritability. However for children and adolescents it is most likely prescribed for mood swings, and excessive anger with severe aggression. The use of an anti-psychotic medication such as Risperidal is clearly justified if your child is psychotic or schizophrenic and is hearing voices, delusional and having trouble with logical thinking or if your child suffers from classical "adult like" bipolar disorder. Risperidal's other uses are more controversial and although treatment with Risperidal may be helpful, its benefits must be carefully weighed against its risks. Mania is often misdiagnosed or over diagnosed in children especially those in the foster care system, who are angry (and have reasons to be angry) and have behavioral difficulties due to their negative, traumatic and stressful life experience, which frequently includes abuse, exposure to violence, and frequent placements. Mood swings can be seen in typical adolescents. Frequently, Risperidal is used for less severe anger and aggressive behavior, where the medication may not be all that effective or necessary and that might be better handled with behavioral treatments and teaching of anger management skills and techniques.

Possible risks

Risperidal is very well tolerated short term. It may cause sedation or weight gain but on average less than Zyprexa or Seroquel but more than Abilify.

Risperidal can be sedating and may have a negative effect on your child's ability to learn at school.

Risperidal increases the risk of your child developing diabetes, a serious life-long medical disease, in the future. Most of the risk is due to weight gain, which can be monitored closely. However there is still some risk that is not due to weight gain. There is little risk in the short term but most children who are put on anti-psychotic medications tend to remain on them for years.

Risperidal may increase cholesterol and triglyceride levels. Although this does not pose an immediate problem to your child, long term elevations of these levels increases the risk of heart disease and strokes.

Risperidal after long term use at high doses may cause Tardive Dyskinesia, a permanent, chronic and disabling movement disorder. The risk increases over

time. There is little risk in the short term but most children who are put on anti-psychotic medications tend to remain on them for years.

Risperidal may cause milk leakage in adolescent girls or breast enlargement in adolescent boys in less than 1% of children. When this occurs, if the medication is stopped, these side effects usually resolve. The chance of this happening is higher for Risperidal than for any other similar medication. Monitoring prolactin levels and discontinuing the medication if prolactin is elevated may prevent the side effect.

Alternatives

Although in schizophrenia ancillary therapies increase the level of recovery, there are no treatments that can substitute for medication.

When Risperidal is recommended for mood swings, anger or behavior, it may be reasonable to first try counseling, anger management or behavioral therapies for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) would you prefer it? ____ (Yes.) ____ (No.)

If your child needs medication for anger or behavior especially if in the context of trauma, there are other possible choices such as clonidine, guanfacine, or antidepressants such as Prozac. Has your child already been on one of these medications? (Yes or no.) If no, where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If Risperidal is being added to other psychiatric medications, it is possible that the new medication is being recommended to counteract side effects of the original medications or because the original medication is not all that effective. If so, given the long-term risks associated with Risperidone and the lack of proven efficacy or safety when multiple drugs are given together to children, it may be reasonable to first try to lower or stop the original medication and if symptoms still persist to substitute one medication that might be good enough used alone. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

If you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor. Are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) Do you want to consent to medication? ____ (Yes.) ____ (No.) If no, please explain why?

If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

lithium

A thorough evaluation has revealed that your child is suffering from _____ . We will know if the medication is working if hopefully there is improvement in the following target symptoms:

Possible benefit

Lithium is a proven and accepted treatment for bipolar disorder or mania in adults and adolescents. Although not approved for children under 12, its use is justified in children who have classical cycles of mania with symptoms of euphoria, grandiosity, racing thoughts, excess energy, not needing sleep and impulsivity. Unfortunately, bipolar disorder is difficult to diagnose in children. Many children prescribed lithium do not exhibit classical mania but instead exhibit irritability, mood swings, and excessive anger with severe aggression. These symptoms can easily be mislabeled as mania especially in children in the foster care system, who are angry (and have reasons to be angry) and have behavioral difficulties due to their negative, traumatic and stressful life experience, which frequently includes abuse, exposure to violence, and frequent placements. Mood swings also can be seen in typical adolescents. In addition, lithium may be used for less severe anger and behavior, where the medication may not be all that effective or necessary and that might be better handled with behavioral treatments and teaching of anger management skills and techniques. Although there is some evidence to suggest that lithium may have anti-aggressive properties and may be somewhat effective for irritability, anger, aggression and mood swings in children, its benefits must be carefully weighed against its significant risks especially if your child is not exhibiting classical mania.

Possible risks

Lithium is a difficult medication to use. Frequent blood tests are required. Initially, it is likely to cause stomach upset. At therapeutic doses, your child is likely to have increased urination, increase thirst, and some shakiness. Bedwetting can occur. If your child becomes dehydrated due to fever, diarrhea, or vomiting, does not drink enough water either because he or she is uncooperative or the adults who supervise the child do not allow for enough breaks or your child sweats a lot and does not replenish fluids especially after being active in a hot summer day, your child can become quickly toxic. Toxicity can be recognized by lack of coordination, confusion, tremors, and sedation and if caught early can easily be reversed with fluids and skipping a few doses of medication. However if not identified, it can lead to seizures, coma, the need for kidney dialysis and possibly death. But to put this in perspective, if the adults in your child's life including foster family, cottage staff, teachers, case managers, case workers etc are educated to recognize the side effects and enforce fluid

intake, lithium can be used safely and may be of significant benefit. Have the adults in the child's life been educated to provide appropriate monitoring of your child being on lithium? ____ (Yes.) ____ (No.) You should not consent until you are sure that this has been done.

Lithium may cause thyroid problems. Thyroid hormone levels can be monitored through blood tests and if caught early and the medication is stopped is reversible. However if not caught early or the medication is not stopped, permanent thyroid disease will likely occur. The thyroid disease caused by lithium is not dangerous if your child is cooperative and takes thyroid replacement medication for the rest of his or her life. If you are not confident that your child will be cooperative and take thyroid replacement once grown, on his or her own and free from adult supervision or if you have doubts about the effectiveness of lithium, you can withdraw consent for lithium and insist that it be stopped.

Alternatives

Although in classical bipolar disorder ancillary therapies increase the level of recovery, there are no treatments that can substitute for medication.

When lithium is recommended for mood swings, anger or behavior, it may be reasonable to first try counseling, anger management or behavioral therapies for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) would you prefer it? ____ (Yes.) ____ (No.)

If your child needs medication for anger or behavior especially in the context of trauma, there are other possible choices such as clonidine guanfacine or antidepressants such as Prozac,. Has your child already been on one of these medications? (Yes or no.) If no, where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If lithium is being added to other psychiatric medications, it is possible that it is being recommended because the original medication is not all that effective. If so, given the long-term risks and the lack of proven efficacy or safety when multiple drugs are given together to children, it may be reasonable to first try to stop the original medication and then substitute lithium so that the child is only on one medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

If you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who

will put you in touch with the doctor. Are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) Do you want to consent to medication? ____ (Yes.) ____ (No.) If no, please explain why?

If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Depakote (valproic acid)

A thorough evaluation has revealed that your child is suffering from _____ . We will know if the medication is working if hopefully there is improvement in the following target symptoms:

Possible benefit

Depakote is an anti-seizure medication that is also a proven and accepted treatment for bipolar disorder in adults. Although not approved for children for psychiatric indications (it is approved for treatment of seizures in children), its use maybe justified in children who have classical cycles of mania with symptoms of euphoria, grandiosity, racing thoughts, excess energy, not needing sleep and impulsivity. Unfortunately, bipolar disorder is difficult to diagnose in children. Many children prescribed Depakote do not exhibit classical mania but instead exhibit irritability, mood swings, and excessive anger with severe aggression. These symptoms can easily be mislabeled as mania especially in children in the foster care system, who are angry (and have reasons to be angry) and have behavioral difficulties due to their negative, traumatic and stressful life experience, which frequently includes abuse, exposure to violence, and frequent placements. Mood swings also can be seen in typical adolescents. In addition, Depakote may be used for less severe anger and behavior, where the medication may not be all that effective or necessary and that might be better handled with behavioral treatments and teaching of anger management skills and techniques. Although there is some evidence to suggest that Depakote may be somewhat effective for irritability, anger, aggression and mood swings in children, its benefits must be carefully weighed against its significant risks especially if your child is not exhibiting classical mania.

Possible risks

Depakote is a difficult medication to use. At therapeutic doses, your child may experience significant over sedation and weight gain. Frequent blood tests are required to prevent toxicity.

There is a serious risk to the fetus should an adolescent girl become pregnant. Since many teen age girls who are prescribed this medication are sexually active and do not routinely use birth control, this medication may not be the best choice for a teenage girl. Abortion is usually recommended. If for any reason including religious, cultural or otherwise you are unwilling to consent to an abortion for you daughter should she become pregnant, you should not consent.

In very rare instances, Depakote can cause liver damage, pancreatitis and in adolescent girls polycystic ovaries.

Alternatives

Although in classical bipolar disorder ancillary therapies increase the level of recovery, there are no treatments that can substitute for medication.

When Depekote is recommended for mood swings, anger or behavior, it may be reasonable to first try counseling, anger management or behavioral therapies for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) would you prefer it? ____ (Yes.) ____ (No.)

If your child needs medication for anger or behavior especially in the context of trauma, there are other possible choices such as clonidine guanfacine or antidepressants such as Prozac,. Has your child already been on one of these medications? (Yes or no.) If no, where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If Depekote is being added to other psychiatric medications, it is possible that it is being recommended because the original medication is not all that effective. If so, given the long-term risks and the lack of proven efficacy or safety when multiple drugs are given together to children, it may be reasonable to first try to stop the original medication and then substitute lithium so that the child is only on one medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If you have concerns about the possibility of your daughter becoming pregnant have you been given other treatment options other than Depekote? ? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

If you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor. Are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) Do you want to consent to medication? ____ (Yes.) ____ (No.) If no, please explain why?

If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or

changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent:

Tenex / Intuniv (guanfacine)

A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms:

_____.

Possible benefit

Guanfacine is a blood pressure medication that is FDA approved for children and adolescents to treat ADHD. Although not approved, it may also target anger / aggression, and hyperarousal / over reactivity that may be associated with mood dysregulation or PTSD; and the tics associated with Tourette's Disorder. Despite its lack of approval for anything other than ADHD, there is reasonable evidence for its effectiveness and safety plus years of clinical experience when used in children to treat Tourette's, anger / aggression, and hyperarousal / over reactivity. The Intuniv preparation is taken once per day as opposed to short acting guanfacine or clonidine and therefore may offer an advantage of increased compliance.

Possible risks

Guanfacine can cause over sedation and blood pressure drops. To minimize these, it should be started at a small dose and gradually increased.

As a blood pressure medication, guanfacine lowers blood pressure. If taken as recommended, blood pressure will likely be stable but lower than baseline. Having a stable lowered blood pressure should not pose a risk. If anything having low blood pressure is probably a long-term protective factor, decreasing the chance of developing cardio-vascular disease.

Guanfacine requires a great deal of compliance. It cannot be stopped suddenly. For a small number of children, if suddenly stopped because a child refuses to take it or runs away, there may be a rebound in blood pressure that could potentially be dangerous.

Overall, if your child's baseline blood pressures and pulse, physical examination and EKG are within normal limits, and these parameters are repeated periodically while on medication, Guanfacine is a reasonably safe medication.

Alternatives

When Guanfacine is recommended for impulsivity, anger or behavior; or ADHD, it may be reasonable to first try counseling, anger management or behavioral therapies for a few months before trying medication. Where you given this option? ____ (Yes.) ____ (No.) would you prefer it? ____ (Yes.) ____ (No.)

If your child needs medication for ADHD, there are other possible choices such as Ritalin, Concerta or Adderall. Has your child already been on one of these medications? (Yes or no.) If no, where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

If Guanfacine is being added to other psychiatric medications, it is possible that it is being recommended because the original medication is not all that effective or caused side effects. If so, given the long-term risks and the lack of proven efficacy or safety when multiple drugs are given together to children, it may be reasonable to first try to stop the original medication and then substitute either Guanfacine or another medication targeting the original symptoms so that the child is only on one medication. Where you given this option? ____ (Yes.) ____ (No.) Would you prefer it? ____ (Yes.) ____ (No.)

Risk / benefit ratio

If you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor. Are you convinced that the benefits of medication outweigh the risks? ____ (Yes.) ____ (No.) Do you want to consent to medication? ____ (Yes.) ____ (No.) If no, please explain why?

If you will be providing consent, do you understand that you may withdraw consent at any time? ____ (Yes.) ____ (No.)

Parents as partners in helping to monitor the medication

You should actively participate in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, your input is needed. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider, your caseworker or your attorney.

Name and title of person going over form with parent: