A 6-STEP PROCESS TO UNDERSTANDING PSYCHOTROPIC MEDICATIONS

BEFORE YOU AGREE TO TAKING THEM

1. IS THIS MEDICATION NECESSARY?
Psychotropic medications may be necessary for youth in foster care when other non-medication treatments haven’t worked.

2. DO I HAVE OTHER OPTIONS?
There may be other options to treat mental health and trauma-related symptoms, including other non-medication interventions like therapy. There may also be other types of psychotropic medications that can potentially help to manage symptoms.

3. WHAT ARE THE RISKS AND BENEFITS ASSOCIATED WITH EACH OPTION?
The risks of medicines are the chances that something unwanted or unexpected could happen to you when you use them. It is important to understand the risks and weigh them against the potential benefits of taking the medication.

4. WHAT ARE THE SIDE EFFECTS?
All psychotropic medications have potential side effects. Some may be minor, like an upset stomach, while some may be more serious, like weight gain or changes in behavior.

5. WHAT OTHER RESOURCES OR TREATMENTS SHOULD I BE USING WITH THIS MEDICATION?
In many instances, medication should not be used alone without other forms of therapy or support.

6. I CONSENT
Consenting to receive medication means that you understand the risks and benefits of the medication, feel comfortable taking the medication as prescribed, and agree to adhere to your treatment plan, including attending follow-up appointments.
Questions to Ask to Determine if...

1. **THE MEDICATION IS NECESSARY**
   - Why is it being recommended?
   - What does it treat?
   - What symptoms does this medication target?
   - What is my diagnosis?

2. **I HAVE OTHER OPTIONS**
   - Is there any other treatment that has the same or better results?
   - Should alternatives to medication be considered first?
   - Who else can I talk to about my other treatment options (e.g., a caseworker)?

3. **THE RISKS AND BENEFITS ASSOCIATED WITH THE MEDICATION(S)**
   - What are the risks of this medication based off my specific age, weight, sex, gender, and health?
   - What are the benefits of the medication based off my specific age, weight, sex, gender, and health?
   - Are there medications that have a lesser risk profile but that treat the same diagnosis/es or concern?
   - What baseline medical testing or lab work should be completed?
   - When can I expect the medication to start working? How will I know if the medication is working?

4. **THERE ARE SIDE EFFECTS**
   - How does this medication interact with other medications or drugs I may use, including prescription and non-prescription (e.g., vitamins, alcohol, marijuana, and other drugs)?
   - Who should I contact if I experience side effects? When should I call? What if it’s after business hours?
   - What are the risks if I stop taking the medication as prescribed?
   - Are there any sexual side effects? What if I become pregnant while taking this medication?

5. **ALTERNATIVES TO MEDICATION & CONCURRENT TREATMENT PLANNING**
   - How long should I be on this medication?
   - When should I consider tapering off the medication?
   - How will I know when tapering off may be safe and appropriate?
   - How does this medication connect to my treatment plan?

6. **I CONSENT (ASK YOURSELF)**
   - Do you feel like you can follow through with this plan?
   - Are there any questions you feel have not been answered?
   - How will you communicate with your provider on an on-going basis?
   - What are the next steps?

If you do not consent to take medication, but feel that you are being pressured to, please contact your caseworker and Guardian ad Litem/attorney.