



TOGETHER, WE CAN MAKE A DIFFERENCE!

WINGS OF SHELTER INT'L, INC.

The Rational Use of Psychotropic Medications

Trends, Concerns, and Recommendations

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“DRUGGING OUR KIDS”

GAL ORGANIZATION EDUCATIONAL SERIES

Scope of the Problem

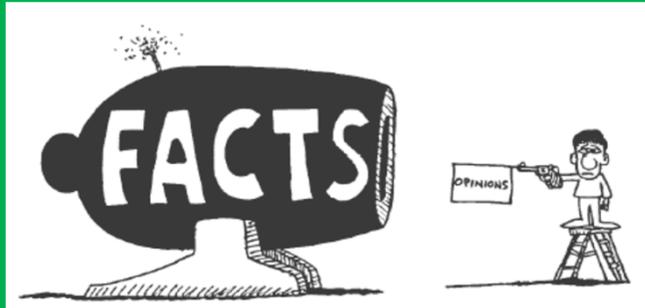
- “The number of U.S. **preschoolers** diagnosed with attention-deficit hyperactivity disorder (ADHD) **jumped 56 percent** between 2007–08 and 2011–12, according to data from the National Survey of Children's Health.
- Perhaps even more stunning: number of **children ages 2 to 5** taking a **psychoactive medication to treat ADHD doubled**, the survey found (APA, 2015).
- In 2010, Columbia University research found that the rates of antipsychotic use among privately insured young children (2 –5 y/o) **more than doubled** from 1999 to 2007, **but fewer than half of these children received a mental health assessment, had a psychotherapy visit or visited a psychiatrist.**
- Research by Comer (2011) found that from 1996 to 2007, the use of **antipsychotic drugs for anxiety disorders more than doubled among adults and children age 6 and up**, with the most pronounced increases among new patients.

Scope of the Problem

- A study in the Journal of Child and Adolescent Psychopharmacology found that from 2001 to 2010, **rates of antipsychotic use in children younger than 6 years old more than tripled.** In addition, use in teens is also rising... (Olfson, King and Schoenbaum, 2015).
- In the US - More than 8 million kids take one or more psych med – **a rate “higher than any other country” in the world.**
- **A Newspaper article: prescribing to California foster youth “Medical regulators to investigate risky psych drug”**
- “The action comes after this newspaper's investigation “Drugging our Kids” revealed doctors often prescribe risky psychotropic drugs -- with little or no scientific evidence that they are safe and effective for children -- to control behavior, not treat serious mental illness. Many of these drugs are approved only for schizophrenia, bipolar disorder and other relatively rare mental illnesses.”

Guided by Science?

- What are we told about these disorders?
 - ❑ Are they chemical imbalances?
 - ❑ Are they genetic?
 - ❑ Are they Brain Disorders?

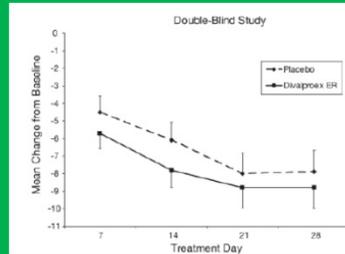


USA AND MEDICATIONS

- We are medicating more youth, with more medications, **than any other country**
- To date, **ONLY 3** nations permit “direct-to-consumer” advertising in the Pharmaceutical Industry:
 - New Zealand - United States - Brazil**
- Our use of multiple medications **extends dramatically beyond the established science**
- We need: **Practice Guidelines** require ongoing revisions due to emerging research
- **The U.S. uses 80% of the world’s Ritalin, 60%+ of the world’s amphetamine supply**

DOUBLE BLIND STUDIES SHOW

- There was **no statistically significant difference** between divalproex ER and placebo in the *YMRS total score mean change from baseline to final evaluation IN A 3-YEAR STUDY WITH ONE GROUP GIVEN PLACEBOS AND ONE GROUP GIVEN PSYCHOTROPIC MEDICATION.



- EXCEPT: The group given the placebos did not have the side effects that the group given the psychotropic medications had. *Young Mania Rating Scale.

DOUBLE BLIND STUDIES SHOW

- PSYCHOTROPIC WORK FOR A SHORT PERIODS OF TIME NOT MEANT FOR CHILDREN FOR LONG PERIODS.
- SCIENCE IS DISCOVERING THAT THESE MEDICATIONS FOR LONG PERIODS CAN ACTUALLY HAVE DETRIMENTAL EFFECTS.

- **Academic Success?**
- EDUCATIONAL HELP?



- Most ADHD youth are engaged in treatment to improve their academic performance, it is important to note that “stimulants **have no effect on academic achievement** in the short-term. **No long-term effects have been reliably reported on any outcome measure**”

HELP PATIENT SEE MED ARE NOT THE ONLY ANSWER TO CHANGES IN HEALTH/BEHAVIOR

- Dialogue with Team members. Examine the assumptions of the strengths & limitations of medication. **Recognize that psychiatrists & medications are one piece of the overall treatment approach.**
- The treatment team must recognize that health is not the absence of symptoms.
- Promote increased use of family-driven and youth-guided practice and facilitate youth and families in becoming much more able to see themselves as agents of their own change as opposed to their relatively passive role in the traditional medication compliance regimen
- GALS HAVE THE EAR OF THE COURT/JUDGES - LET'S USE CAUTION WITH THE MEDICATIONS WE ARE GIVING OUR KIDS.

VIDEO: DRUGGING OUR KIDS

DRUGGING OUR KIDS

Link:

<http://webspecial.mercurynews.com/druggedkids/>

Video-42 Minutes

Following: Training-

”The Brain is the Boss”