

# Mindful Continuing Education

## Best Practice Guidelines for Prescribing Antipsychotic Medication to Youth

### Introduction/Background

**1. Antipsychotic medication use is substantially higher for youth in the United States when compared to rates of use in most other developed countries, and a rapid expansion of strategies has occurred to monitor antipsychotic medications and to promote best practice prescribing for all Medicaid-insured children nationally.**

- A. True
  - B. False
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### Highlights of Guidance

**2. Supports for best practice prescribing include elective psychiatric consultation, shared decision-making tools, and:**

- A. Mandatory peer review
  - B. Intensive care coordination
  - C. Quality improvement and learning collaborative
  - D. Prior authorization
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### Conclusions and Next Steps

**3. Multiple strategies must be implemented in a strategic and coordinated manner across Federal agencies, State entities, and youth serving delivery systems as a key step in facilitating implementation and widespread adoption of best practice prescribing of antipsychotic medication for youth.**

- A. True
  - B. False
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### Part B. Background-Experiences of Families and Youth

**4. Families tend to express concerns and needs about the use of antipsychotic medications for their children, and according to the authors, these concerns may include each of the following EXCEPT:**

- A. They express the need for comprehensive information on antipsychotic medications in lay terms that they can easily understand
  - B. Families express concern about the immediate consequences of use on their children's health as well as side effects, particularly fatigue and headaches
  - C. They stress their concern over the secondary effect of stigma and bullying children may experience as a result of medication side effects
  - D. They stress the need for prescribing clinicians to provide more information about alternatives to antipsychotic medication treatment, and additional information about the various medication treatment options, including the anticipated benefits, risks, and potential side effects
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## **Trends in Antipsychotic Prescribing Among Youth**

**5. Psychotropic medication use, including antipsychotic medications, has risen markedly in the United States beginning in the early 2000s, and the percentage of youth who received antipsychotic medications between 2011 and 2015 increased substantially for youth covered by Medicaid and commercial insurances.**

- A. True
  - B. False
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**6. Antipsychotic prescriptions for young children aged 1-5 years old occur most frequently among males and children diagnosed with ADHD, disruptive behavior disorders, and:**

- A. Autism and tic disorders
  - B. Mood dysregulation disorders
  - C. Psychotic symptoms
  - D. Stereotypic movement disorders
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## **Safety and Efficacy of Antipsychotic Medication Treatment**

**7. A study of the general pediatric population found the top two target symptoms for antipsychotic medication prescribing were psychotic symptoms and impulsivity.**

- A. True
  - B. False
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**8. Although available practice parameters for pediatric antipsychotic medication use emphasize that these medications are optimally provided in combination with psychosocial interventions, such**

as evidence-based child and parent skills training, national estimates suggest only about one-third of youth who receive antipsychotic treatments receive psychosocial interventions as a first-line treatment.

- A. True
  - B. False
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## **Key Principles for Strategies to Promote Best Practice Prescribing-Engage Youth and Families in Direct Care, Organizational Improvement, and Policy Reform**

**9. In order to ensure a process of shared decision making in antipsychotic medication treatment among youth, families suggest more time with prescribing clinicians, additional training for pharmacists, and the need to address insurance coverage gaps in mental health benefits, the lack of effective information on antipsychotic prescribing for youth, and:**

- A. The lack of adequate early diagnosis
  - B. Assessment and treatment discrepancies among certain populations
  - C. Regional shortages in child and adolescent psychiatrists
  - D. Lack of collaboration between health care and school professionals
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## **Consider the Unique Needs of Special Populations**

**10. When prescribing antipsychotic medications to youth with child welfare involvement and who are in foster care, particular consideration should be given to their unique needs, including complex histories of trauma, a higher likelihood of medical neglect, limited medical health histories, and a past that has included multiple transitions.**

- A. True
  - B. False
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## **Strategies to Promote Antipsychotic Medication Oversight and Best Practice Prescribing- Prior Authorization and Mandatory Peer Review**

**11. Prior authorization programs should provide a specific window within which authorization must be granted after dispensing rather than a “hard stop,” because if access to medications are delayed during the authorization period, there may be a risk of:**

- A. Increased irritability and aggression
  - B. Physical symptoms such as tremors and tics
  - C. Elevated or decreased mood
  - D. Potential psychiatry decompensation
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## Drug Utilization Reviews

**12. While limited studies have been conducted on financing and sustainability of drug utilization reviews (DURs), the intention of these programs is to curb inappropriate and medically unnecessary care, including the dispensing of medication, which likely facilitates cost-effectiveness.**

- A. True
  - B. False
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## Elective Psychiatric Consultation

**13. Elective psychiatric consultations typically facilitate access to child or adolescent psychiatrists for providers in primary care settings, and availability of such consultation in real time generates opportunities for shared decision-making among the youth, caregivers, consultant, and prescribing clinician, and allows for timely involvement in treatment.**

- A. True
  - B. False
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## Trauma-Informed and Evidence-Based System of Care-Promising Practices

**14. Suggestions to help increase the availability of evidence based psychosocial services as a first line or concomitant treatment approach with antipsychotic medication include providing access to psychosocial and other therapeutic services, creating a trauma-informed system of care, engaging youth and caregivers in treatment decisions, and:**

- A. Incorporating stakeholder engagement into service initiatives
  - B. Re-examining reimbursement rates for evidence-based psychosocial therapeutic services
  - C. Customizing service approaches to address specific delivery system needs
  - D. Developing an infrastructure for therapeutic service collaboration
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## Intensive Care Coordination

**15. Wraparound refers to an intensive agency-driven care coordination process, which provides youth case management that is generalized and coordinated within youth-serving systems.**

- A. True
  - B. False
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## Promising Practices

**16. One promising practice in intensive care coordination is to provide needed supports once the care coordination model has been assessed for:**

- A. Efficiency
  - B. Dependability
  - C. Fidelity
  - D. Growth
- 

## **Multi-Modal Initiatives**

**17. In addition to the knowledge that prescribing clinicians may have regarding antipsychotic medication for children, prescribing decisions may also be based on several factors, including access to non-pharmacological interventions, workforce shortages in mental and substance use treatment services, and pressures exerted from family and school settings.**

- A. True
  - B. False
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## **Financing and Sustainability**

**18. Since many state Medicaid agencies are increasingly moving to managed care, with mental health and substance use service integration, opportunities exist for multiple public sector agencies to coordinate around various aspects of an approach to evidence-based antipsychotic prescribing that is:**

- A. Circumscribed
  - B. Personalized
  - C. Customary
  - D. Holistic
- 

## **Implications for Research**

**19. In order to ensure that youth receive evidence-based strategies to promote safe and effective use of antipsychotic medications, multiple efforts are required to extend the breadth and rigor of studies examining these strategies as controlled experiments.**

- A. True
  - B. False
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## **Conclusions**

**20. Among youth-serving delivery systems, ensuring safe and effective antipsychotic medication treatment calls for integration of additional tools to inform processes of shared decision-making and continuous quality improvement.**

- A. True
  - B. False
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