Bench Card For Juvenile “Rogers” Hearings: Testimony of Physicians or Guardians Ad Litem

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Note: The term “target symptom(s)” refers to those specific symptoms or conditions that a proposed medication is intended to treat.

Qualifications of Physician

What is your specific experience in prescribing psychiatric medications with children/adolescents of this age with this diagnosis or clinical presentation?

What education have you had in the past three years in pediatric psychopharmacology that included the specific medications under consideration in this case?

Have you in the past or currently received any compensation, inducements, incentives or rewards from the manufacturer or distributor of any of the medications under consideration in this case?

Diagnosis, Indications/Contraindications for Medication

What diagnosis/diagnoses describes this juvenile’s psychiatric difficulties?

What are the key criteria for making the diagnosis/diagnoses, and how certain are you that the diagnosis is correct?

If there is more than one diagnosis, how do they interact with each other and what difference, if any, does that interaction make for prescribing psychiatric medications in this case?

What medication(s) is being proposed? What class of medication is this and for what target symptom(s) is it ordinarily used? If an “anti-psychotic” medication, is it ever used for treatment of conditions or problems other than psychosis?

What contraindications exist for use of the proposed medication(s)? Are any of them relevant to this case?

For what specific target symptom(s) displayed by this child is this medication
being proposed? Could there be a cause for the specific target symptom(s) other than the problems described in the psychiatric diagnosis?

In what ways is the juvenile's functioning impaired by the target symptom(s)? In school? Relationships with adults, peers, family members, others? Impairment of tasks of ordinary life ordinarily expected of juveniles of this age? Risk to others? Risk to self?

How severely is the juvenile's functioning impaired by the target symptom(s)?

How likely is it that the impairing symptoms would remit without medication?

Is this medication FDA approved for use for treatment of those target symptom(s) with children/adolescents of this juvenile's age?

If not FDA approved: what research exists regarding use of this medication for treatment of the target symptom(s) in children/adolescents of this juvenile's age?

If the medication(s) are not FDA approved for use for this purpose with children, and there is not a solid research base regarding use of the medication for this purpose, what has been the experience of doctors using it for this purpose with children/adolescents? How do you know what the experience of these doctors has been? Has this also been your experience? Are you aware of other doctors who have had different experiences in using the proposed medication(s) to treat children/adolescents suffering from the target symptom(s)?

Is there any information about the impact of the proposed medication(s) upon:
(1) The developing brain or central nervous system?
(2) Development of reproductive systems or process of reproduction (e.g., pregnancy)?
(3) Growth hormone or other endocrine system development or functioning?
(4) The development of any other major organ or organ system?
Course of Treatment, Dose, Administration and Target Symptoms

- **Course of Treatment**

  When will the proposed medication(s) be started? How long is the proposed course of treatment? How and by what methods will progress or side-effects be monitored?

  When, or under what circumstances, will the following be reviewed: (a) the ongoing need for medication(s); (b) possibility of dose adjustments upwards or downwards; (c) the possibility of “drug vacations” when administration is temporarily suspended; (d) possible need for augmentation with other medications; (e) impact of side-effects; or (f) termination of the proposed medication regime.

- **Dose Range, Administration and Target Symptoms**

  What dose range is being requested? Is there a recommended dosage in the PDR or research literature for use of this medication(s) with children/adolescents with this diagnosis? What is the minimum standard dose believed to be effective in treating the target symptom(s)? What is the dose range typically used? What is the upper limit of the doses ordinarily used to treat the target symptom(s)?

  How is the dose determined? By age? Weight? Measurement of blood levels of the medication? By observation to see if the medication is having the desired effect?

  How often must the dose be administered? By what method? What alternatives are available if the juvenile refuses to take medication orally?

- **Medication Monitoring and Follow-Up**

  How is the medication monitored over time? Does use of this medication require laboratory screening or monitoring such as blood tests? Liver function tests? Other laboratory tests?

  How frequently should the child be seen for follow-up visits for medication management? What is the plan for implementing these visits? Who will provide the medication monitoring and implement the medication management plan?
What is the plan for seeking medical assistance and informing the Court in the event that there are significant or unforeseen complications associated with taking the proposed medication(s)? What plan is there for getting appropriate consultation if the child does not exhibit the anticipated course or response to the proposed medication(s)?

- **Medication and Other Concurrent Treatments or Interventions**

  What treatment/interventions are in place beside the proposed medication(s)? How do these treatments/interventions interact with the use of pediatric psychopharmacology? How will we know whether or not benefits or problems seemingly associated with the medication are actually the result of these other treatments/interventions?

**Potential Benefits/Risks: Proposed Treatment, Alternatives and No Treatment**

- **Potential Side-effects of the Proposed Medication(s)**

  What are the most common side-effects for the medication(s)? How common are they? How impairing are these side-effects at the severity at which they usually occur? Are there methods used to control these side-effects, and if so, how effective are these methods ordinarily?

  What is the impact of the most commonly occurring side-effects on the juvenile’s functioning? School functioning? Peer relationships and relationships with others? Impact upon attention and concentration? Impact upon memory? Impact upon level of physical activity? Impact upon physical development or functioning (e.g., weight gain, sleep, acne, bedwetting, etc.)?

  What is the range of potentially severe side-effects? How frequently do each of these potentially severe side-effects occur? How impairing or life-threatening are these side-effects when they occur? Are these side-effects reversible? What steps can be taken to protect against these potentially severe side-effects, and how effective are these protective measures ordinarily?

  Can the juvenile develop a tolerance to the medication that would require an increase in the dose or a switch to another medication?
Informing the Child of Side-Effects and Medication Management Issues

Specifically, who has/will inform the child and the child’s parents/caretakers of any risks associated with: (a) abrupt cessation of taking the medication(s) through non-compliance, running away, etc., or (b) using alcohol or other illicit or prescription drugs while on this medication?

Specifically, who has/will inform the child and the child’s parents/caretakers of the signs of any uncommon or potentially serious side-effects? What is the plan for informing the prescribing doctor in the event emerge that signs of uncommon or potentially serious side-effects?

Has/will this information be provided to the child/parents/caretakers in writing?

Impact of Other Medical/Psychiatric Conditions or Medications

Does this child have any medical conditions or other psychiatric conditions that may complicate treatment with the proposed medication(s) or other medication(s) that might otherwise be reasonable alternatives? In what ways is treatment with the proposed medications complicated due to these medical or other psychiatric conditions? What are the risks and the benefits of treating with the proposed medications despite the potential complications?

Is this child currently on any other medication(s), and if so, what are they currently prescribed? Is the child or adolescent currently compliant with the other medication(s)? Why has the child or adolescent been prescribed this other medication(s)? For what specific target symptoms are the other medical or psychiatric condition(s) is the other medication(s) prescribed?

What, if any, potential interactions may exist between the proposed medication(s) and the other medications? What potential benefits or risks are associated with the potential interactive effects? Is there any published research on known or potential interaction effects between the proposed medication(s) and any other medication the juvenile is currently prescribed?

Does this child have a known history of substance abuse or dependence? Is there any risk of the child developing or continuing a pattern of substance abuse or dependence with the proposed medication(s)? Is there risk associated with
consuming alcohol or other substances while taking the proposed medication(s)? What steps have been (or will be taken) to adequately educate the child about any risks associated to consuming alcohol or other substances while taking the proposed medication?

**Alternatives to Proposed Medication(s)**

What reasonable alternative(s) exists to the proposed medication(s)? Are any of those alternatives medications that are not anti-psychotic medications? How commonly is the alternative(s) used instead of the proposed medication(s) in similar kinds of cases? Why is the alternative(s) used instead of the proposed medication in similar kinds of cases?

Why was the proposed medication(s) recommended instead of the reasonable alternative(s)?

What side-effects and other risks are associated with the alternative(s) when compared to the proposed medication? What are the most common and most potentially severe side-effects or other risks associated with alternative medication(s)?

What benefits are associated with the alternative(s) when compared to the proposed medication?

Have any of the identified alternatives previously been used in treatment of this child? If so, what was the result? If not, were there specific reasons why the alternatives were not used that would be relevant to deciding whether or not to use an alternative now?

What are the potential risks/benefits of no treatment with medication for this child? What is the prognosis with no medication treatment at all? What is the prognosis with medication treatment without any other modality of treatment or intervention also being included? What is the prognosis if the juvenile is treated both with medication and other appropriate forms of intervention (e.g., psychotherapy, special education, substitute care in the community, residential school care, etc.)?

What are the potential risks/benefits for this child of restricting the dose to less than what has been requested for approval by this Court? At what dosage level does the proposed medication(s) become ineffective for treatment of this juvenile?
What are the potential risks/benefits for this child if he/she is not fully compliant with the proposed medication or a reasonable alternative, resulting in episodic missing of doses? How will compliance with medication be monitored, assessed and reported?

**Anticipated Effectiveness of the Medication(s)**

In what time frame should we expect to see the potential beneficial effects of the proposed medication(s)?

In what time frame should we expect to see potential side-effects of the proposed medication(s)?

Will any scales or objective measures be used to assess and/or document beneficial effects or side-effects? If so, which ones? How often?

What is the plan if target symptoms begin to remit due to treatment with the proposed medication(s)? Decrease the medication(s)? Keep the dose of the medication stable? Other?

What is the plan in the event that the medication does not appear to be effective within the time frame in which beneficial effects are ordinarily observed, or side-effects appear to be more aggressive and impairing than originally expected?

**Expressed Preferences and Medication Education of the Juvenile and Family**

What has the child been told about the risks/benefits/alternatives to the proposed medication(s)? Does the child appear to demonstrate an appreciation of this information? If not, why not?

What, if any, preferences does the child express about whether or not to take (or continue taking) the proposed medication? What are her/his major considerations in looking at risks, benefits and alternatives? How strongly does the child hold or express his/her preferences? Does the juvenile's expressed preferences have implications for medication compliance or method of administration of an approved medication?

What have family members been told about the risks/benefits/alternatives to the proposed medications? Do the family member(s) appear to demonstrate an appreciation of this information? If not, why not? What are the major concerns
of family members in looking at risks, benefits and alternatives? How strongly are their preferences held or expressed? Do the expressed preferences of family members have implications for medication compliance or method of administration of an approved medication?

Has/will information about the risks, benefits and alternatives to the proposed medication(s) been provided to the child/parents/caretakers in writing?

**Reporting the Course of Treatment Back to The Court**

What is the plan for reporting back to the Court about the course of treatment?

Given the expected course of treatment and the potential side-effects, how frequently should a report be made back to the Court?

What kinds of extraordinary or unanticipated events should automatically trigger a report back to the Court? What side-effects? What medical or psychiatric complications? What behavioral events (e.g., suicide attempt, serious assault or attempted assault)?

What kinds of modifications in the medication regime should automatically trigger a report back to the Court? What modifications in other treatment interventions should automatically trigger a report back to the Court? What modifications in living situation should automatically trigger a report back to the Court?

Has a plan for reporting back to the Court that has included the considerations above (frequency, extraordinary or unanticipated events, modifications in medication or living situation, etc.) been made available in writing?