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SOCIAL WORKERS' PERCEPTIONS OF PSYCHOTROPIC MEDICATION
USE ON CHILDREN AND ADOLESCENTS IN FOSTER CARE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Tina Latrice Johnson Hollman
Dominic Marcus Ruffin

June 2013

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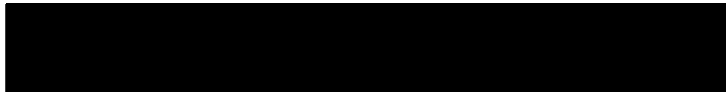
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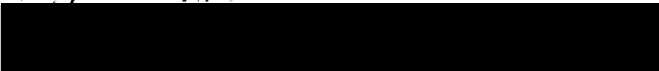
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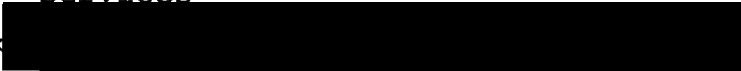
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ABSTRACT

The purpose of this study was to examine the attitudes of social workers' regarding psychotropic medication use of foster youth. This study employed a self-administered survey questionnaire via email to social workers employed within the San Bernardino County CFS. The sample size for this study consisted of 115 participants. This study found that while social workers agreed that psychotropic medications were effective in managing behavior, they also held a belief that foster youth were prescribed psychotropic medications at a higher rate than non foster youth. Additionally, social workers agreed that they could benefit from more training on psychotropic medications. This study recommends more training on side effects, usage purposes, and types of psychotropic medications.

ACKNOWLEDGMENTS

We would like to thank all of the participants who took part in this study, as well as the San Bernardino County Department of Children and Family Services. Additionally we would like to thank Dr. Janet Chang at California State University, San Bernardino for all of her assistance, contributions, and dedication towards the success of this research project. Dr. Chang you are truly an inspiration, and we appreciate the mentorship and motivation you provided throughout the completion of this study.

DEDICATION

I would like to thank god for putting so many wonderful people in my life, for the many blessing that I have received, the lessons, that I've learned, and the strength that he has given me to succeed. Getting through this program was no easy task. Without him, it would have been impossible. I would like to thank Dr. Jean Peacock who has been a tremendous source of guidance and support to me throughout my academic journey. She has given me the strength and encouragement to succeed far beyond anything that I could have ever imagined. I am eternally grateful to have such a wonderful person as a mentor. I would also like to thank my research partner Tina Hollman for her tremendous efforts in making this project come together. I couldn't have asked for a better thesis partner. A special thanks to my cohort. Your efforts and words of encouragement has gotten me through the greatest of challenges, pushed me to excel in everything that I do, and accept the fact that the collective efforts of many far outweigh individual strengths of one person. In the words of Dr. Tom Davis "We're all Family". I hold these words dear to my heart when thinking of the challenges that we've overcome together, the bonds that

been strengthened, and the long lasting friendships that have been made. I would like to thank my family who I've come to know in recent years. Their conviction and faith in my ability to be successful has been of incredible value to me.

Dominic Ruffin

This is dedicated to all of the people who provided support throughout this educational journey. We would like to thank all of our family and friends, I especially would like to acknowledge Billy Hollman Sr., Billy Hollman Jr. Shaquielle Hollman, Rayna Hollman, Amir Hollman, Vanessa Kendall, and Jeanette Kendall, thanks for all of your love, understanding, and assistance in making this journey a success.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Over the past decade, an increasing number of children in the foster care system have been prescribed psychotropic medications to decrease emotional and behavioral deficits (Mackie, Hyde, Rodday, Dawson, Lakshimikanthan, Bellonci, Schoonover, & Leslie, 2011). A recent study discovered that 13 to 52% of minors in foster care are prescribed psychotropic medication in comparison to only 4% of minors in the general population (Mackie et al., 2011). Accordingly, a report that was released by the United States Government Accountability Office discovered that infants in foster care have a higher likelihood of being prescribed psychotropic medication than infants that are not involved in the foster care system. The report revealed that infants in foster care under the age of 1 year old are given psychotropic medications at the rate of 0.3 to 2.1 percent in comparison to infants that are not involved in the foster care system which ranges from 0.1 to 1.2 percent (United States Government Accountability Office,

2011). The combining of psychotropic medications to address multiple symptoms of emotional and behavioral deficits in foster youth is also prevalent for children in foster care.

A Texas study of Medicaid enrolled foster youth revealed that approximately 72.5% of the minors were taking two different classes of psychotropic medication and 41.3% were taking 3 different classes of psychotropic medication concurrently (Zito et al., 2008). However, there is a lack of sufficient empirical evidence that supports the validity of the use of psychotropic medication in minors in foster care (Pescosolido et al., 2007). Research has indicated a high disproportion of children in foster care receiving psychotropic medication. One explanation given to the high disproportion of children in foster care that are prescribed psychotropic medications at a higher rate than youth that are not involved in foster care is the challenges that they face that bring them to the attention of child welfare services such as abuse, neglect, and abandonment (Longhofer, Floersch, & Okpych, 2011).

Children are typically released to the custody of their residing state when there is clear evidence or substantial risk of harm to the child, the parent or caregiver is unable to meet the needs of the child, or the child is in clear and present danger of injury or harm in the living environment. Grounds for removal of a child from a caregiver's home environment include child maltreatment issues such as physical abuse, sexual abuse, neglect, and abandonment (Child Welfare Information Gateway, 2010). Such experiences can be traumatic in nature to children. Minors that have experienced past incidents of maltreatment in a caretaker's home may experience further trauma related to being separated from their caretakers such as Post Traumatic Stress Disorder.

Researchers suggest that psychotropic medications can potentially be helpful in decreasing mental health problems in clients if used appropriately and recommend that clinicians utilize evidence based methods of treatment before using non proven treatments (Crismon & Argo, 2009). Accordingly, the United States Department of Health and Human Services postulates that administering psychotropic medications to children and adolescents lacks scientific evidence for its effectiveness (US

Department of Health and Human Services Administration on Children, Youth and Families, 2004). A study that was conducted by the University of Maryland, in Baltimore, and presented before the United States House of Representatives, found that children in foster care had a greater likelihood of receiving expensive and poorly regulated prescription medication in comparison to children not residing in foster care. The findings highlighted a high prevalence of psychotropic medication use for children in Maryland, Minnesota, Delaware, California, and Pennsylvania (Zito et al., 2008).

The rationale for conducting this study was to examine whether or not Social workers employed within the County of San Bernardino Department of Children and Family Services had similar beliefs as other states pertaining to the higher prevalence of medication use of foster children than non-foster children, as the literature indicates. There is substantial research regarding the former foster youth population, and psychotropic medications. However, most of the research focuses on mental health and behavioral issues for which psychotropic medications are prescribed, demographics regarding former foster youth, and risk factors and

outcomes associated with former foster youth. There is limited research from the perspectives of social workers regarding the use of psychotropic medication on foster youth. Considering that many social workers will interact with foster youth who utilize psychotropic medications, at some point during their careers, it is important to study their perspectives on this matter in order to become more knowledgeable of social workers' views on psychotropic prescribing of foster youth.

Purpose of the Study

The purpose of this study was to evaluate the attitudes of social workers regarding psychotropic medication use on children in foster care. This study also addressed any prospective concerns that social workers may have had as they relate to psychotropic medications being administered to children in foster care. Accordingly, this study was administered to give social workers the opportunity to voice their concerns regarding any oversights that they may feel are relative to policies and procedures regarding psychotropic medications that are given to minors in foster care. The study also solicited information regarding any

experiences that social workers may have had in regards to such oversights affecting their ability to deliver services to clients. This study sought to obtain secondary data from social workers regarding any concerns that clients may have expressed to their social workers regarding their experiences with psychotropic medications, as well as any reports regarding their level of commitment to using the psychotropic medications.

No minors were directly contacted at any time during this study. As children in foster care are significantly over represented among consumers of psychotropic medications in comparison to youth that are not involved in foster care, they are more susceptible to experiencing potentially harmful side effects of the medications that are undiscovered by the research community. It is important to understand the challenges that are associated with concurrently prescribing psychotropic medications to minors in absence of sufficient empirical studies due to the potential short term and long term risks that it poses to the population. Without sufficient research to validate the safety of prescribing psychotropic medications to youth in foster care, it is difficult to determine if the benefits of practice are

greater than the risks that are involved. Concerns have surfaced regarding the prescribing of psychotropic medications to youth in foster care despite a lack of evidence based research to validate the effectiveness of its use.

The study used a self-administered survey questionnaire to collect data. Research investigators from the CSUSB School of Social Work distributed the packets containing the introduction letter, informed consent, survey, and debriefing statement via email, to social workers within the Department of Children and Family Services (CFS). Participants were asked a total of 20 questions pertaining to their demographic characteristics, level of education, and years of experience in child welfare. Additionally, questions were asked pertaining to social workers' attitudes and knowledge regarding psychotropic medication use amongst foster youth. Completion of the survey should have taken no more than 10 minutes. After the completion of data collection, data was input and analyzed in the SPSS program.

Significance of the Project for Social Work

Interested parties that are concerned about these issues include mental health professionals, state Medicaid officials, media personnel, policy makers, government agencies, and minors in foster care. The findings of this research could potentially contribute to the field of social work practice and child welfare by improving the policies and guidelines that are set in place for administering psychotropic medication to minors with particular attention to minors that are in the foster care system. The findings might also influence researchers and pharmaceutical companies to conduct further studies on minors to ensure that evidence based practices are being employed to provide adequate service delivery to children in the foster care population. This study is relevant to child welfare because it concerns social workers perspectives regarding treatment and physician prescribing practices for foster children who are involved in the child welfare system.

There is limited research regarding psychotropic medication use on foster children from the perceptions of social workers. Most of the research focuses on the perceptions of physicians, and other individuals in the

health care field. This study builds on prior studies by assessing the perceptions of social workers regarding psychotropic medication of foster youth. This study differs from prior social work studies which focus on detecting effects of psychotropic medication during assessments, and attitudes regarding effects of psychotropic medication on children, in that it focuses on social workers' perceptions regarding psychotropic medication on foster youth. The findings from this study will contribute to social work by providing a better understanding of social worker's attitudes regarding medication use amongst foster youth, allow for better informed assessments of foster youth seeking therapeutic services, help social service providers better understand the risks of psychotropic medications, and perhaps guide policy makers to improve laws which regulate psychotropic prescribing practices. Considering that many social workers will interact with foster youth at some point during their careers, it is important to study their perspectives on this matter, and perhaps gain a better understanding of how to improve treatment practices.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The chapter will be divided into subsections which address factors related to psychotropic medications and the foster youth population. The subsections which will be presented include psychotropic prescribing practices; potential side effects of psychotropic medications, and perceptions regarding psychotropic medication. Finally this chapter will end with a section discussing the theory which guided the conceptualization of this study.

Psychotropic Prescribing Practices

It is important to study prescribing practices in order to understand recent or specific trends in prescription rates or practices. Griffith, Huscross-D'Angelo, Epstein, Singh, Huefner, and Pick (2010) sought to compare the characteristics of youth who received one psychotropic medication (monopharmacy) to that of youth who received multiple psychotropic medications (polypharmacy), in order to determine characteristic differences between the two groups which may influence prescription practices. The data was

collected using the Child Behavioral Check List questionnaire, and the Suicide Probability Scale. Participants in this study consisted of 180 youth from a residential program in Omaha, Nebraska with active psychotropic prescriptions. Most of the participants in the study were Caucasian (72.6%), males (62.2%), with an average age of 15 years. More than half (55%) of the participants had been identified as special education students. This study found no differences in psychotropic rates regarding family, demographics, and mental health. However, there was a significant difference in rates of medication usage between the monopharmacy group and the polypharmacy group. The polypharmacy group had significantly higher rates of psychotropic medication use. Differences in usage were as follows, stimulants (40.2%, 64%) mood stabilizers (6.5%, 39.8%), antipsychotics (15.5%, 61.1%), and antidepressants (28.5%, 66.9%). This study found that 57% of the youth were prescribed multiple psychotropic medications, and of those, 48% were receiving three or more medications. Despite medication usage, many of the youth still exhibited emotional and behavioral problems. This study found very few significant differences in the

characteristics of youth in the monopharmacy group compared to the polypharmacy group, which raises concern regarding the actual need of multiple psychotropic medications.

Another study conducted by Rubin, Matone, Yaun-Shung Huang, dosReis, Feudtner, and Localio (2012) examined interstate variation in trends of psychotropic medication use among Medicaid enrolled foster youth. This study used data files from the 2002-2007 Centers for Medicare and Medicaid Services Medicaid Analytic Extract for 47 states, and the International Classification of Diseases, to code psychiatric diagnosis. The sample size was 686,080 children yearly, between the ages of 3-18, who were eligible for foster care Medicaid. This study found that 18 states had increased polypharmacy use, 19 states had decreased use, and 11 states had no change in polypharmacy use. Antipsychotic use had increased from 8.9% in 2002, to 11.8% in 2007. Psychotropic polypharmacy had increased from 5.2% in 2002, to 5.9% in 2004, and decreased to 5.3% in 2007. This study found that psychotropic polypharmacy use had declined across states; in contrast, antipsychotic medication use had increased across states.

In 2011, the United States District Court of Massachusetts filed a complaint against GlaxoSmithKline Pharmaceutical Company for illegally promoting the sale and distribution of the antidepressant drug Paxil for the treatment of depression in children and adolescents. These efforts were pursued despite concerns regarding increased suicidality in patients and a lack of FDA approval. The complaint stated that GlaxoSmithKline Pharmaceutical Company intentionally mislead the medical community regarding the effectiveness of the drug in medical journals, concealed the risks that were involved with taking the drugs, and exaggerated the effectiveness of the drugs in child and adolescent patients. The report also indicated that the company paid psychiatrists to prescribe the drugs to patients and provided them with expensive and lavish vacations to resorts in Palm Springs, Puerto Rico and Hawaii.

Between the years of 1994 and 2001, GlaxoSmithKline Pharmaceutical Company conducted three clinical trials of the drug Paxil to prove its effectiveness in children and adolescents. The results of all three clinical trials revealed negative results for the effectiveness of the drug. Two separate double blind placebo studies were also

conducted, one of them between the year 1995 and 1998 the other one between the year 2000 and 2001 in order to evaluate the effectiveness of the drug Paxil over a placebo. The results of both studies failed to show any clinical significance of its effectiveness over the placebo. Despite a lack of evidence to validate the drug's effectiveness, GlaxoSmithKline marketed the drug for the treatment of depression in children and adolescents. The complaint also alleged that GlaxoSmithKline Pharmaceutical Company promoted the illegal sale and distribution of Wellbutrin for the treatment of Attention Deficit Hyperactivity Disorders (ADHD), bipolar disorder, and anxiety in in children and adolescents. During the time, the drug was not demonstrated to be safe for the use of patients in children and adolescents nor was Paxil ever approved for use in children under the age of 18.

As a result of GlaxoSmithKline's fraudulent and deceptive marketing and business practices, the largest healthcare fraud settlement in United States history ensued as the United States Department of Justice ordered the pharmaceutical company to pay \$3 billion dollars to resolve its criminal and civil liabilities. Since 2004,

Paxil included a "black box warning" stating that the antidepressant may increase the risk of suicidal ideations and behavior in patients under age 18 (United States District Court for the District of Massachusetts, 2011).

Side Effects of Psychotropic Medications

There have been many adverse side effects associated with taking psychotropic medication. A study conducted by Jerrell and McIntyre (2008) compared prevalence rates of health related problems between 4,140 children receiving psychotropic medications, to that of 4,500 children not receiving psychotropic medications. Data used in this study was collected using a state Medicaid program's database, from the state Office of Research and Statistics. This study found that children receiving multiple psychotropic medications had higher risks of cardiovascular problems than children not receiving psychotropic medications. Females and those with multiple psychotropic medications had higher risks of obesity, Type II diabetes, digestive (constipation, vomiting), and neurological problems than children not receiving psychotropic medications. Children with prolonged periods

of psychotropic medicine use experienced higher risks of seizures, vision problems, respiratory problems, and other neurological, nervous, & sensory related problems, compared to children receiving antipsychotic psychotropic medication for less than 6 months. Other side effects associated with psychotropic medications include skin rashes, breathing problems, enhanced aggression/irritability, headaches, nausea, overdoses, multiple medication interaction problems, sudden death, liver problems, thyroid problems, and other health problems (Jerrell & McIntyre 2008; Griffith et al., 2010; Mello, 2012)

Perceptions Regarding Psychotropic Medications

There are some studies done on the perceptions regarding the use of psychotropic medications. Lien, Carlson, Hunter-Oehmke, and Knapp (2007) conducted a qualitative pilot study of teachers' perceptions regarding psychotropic drug use in students. The study consisted of 27 elementary school teachers (grades K-6) in Central Michigan. Results of this study found that teachers had limited knowledge regarding psychotropic medication, and very minimal amounts of exposure to

mental health or medication training (88.9%, 100%). The study found that teachers in the study viewed themselves as outsiders in the treatment process due to limited communication with parents and physicians, and 80% of the teachers had interests in improving communication with parents and physicians. The study also found that teachers reported that psychotropic medication made the children calmer, increased attention spans, enhanced ability to focus and complete assignments, improved ability to stay seated, improved work habits and peer relationships.

Another study conducted by Moses (2010) used data collected from face to face interviews to assess the perceptions of youth regarding psychotropic medications use. This study used a mixed methods qualitative design. Participants in this study consisted of 50 diverse youth, from a Mid-Western city, between the ages 12-18, which used psychotropic medication for a diagnosed mental disorder, and received Wraparound case management services. The study found that if the decision was left to the participants, 62% would discontinue use of psychotropic medication, while 38% would continue use. Participants with a negative perception of psychotropic

medication felt coerced to take the medication, self-conscious of stigma associated with psychotropic medication, felt they did not need the medication, were concerned about side effects, were ashamed or embarrassed, felt different than others who did not use psychotropic medication, found it anxiety provoking to have to remember to take the medication, and had distrust regarding psychotropic medication and prescribers (fear of being poisoned, felt they were participants in a research experiment). Participants with a positive perception of psychotropic medication would continue usage for reasons such as perceiving the medication as necessary to control disorders (irritability, anxiety, anger), fear of consequences resulting from discontinued use (arrests, tickets, etc. for behavior), they also perceived the medication as a necessary daily routine, and had no concerns regarding side effects.

Another study conducted by Moses (2008) examined the perceptions of social workers regarding psychosocial effects of psychotropic medication. A 16 item Likert scale survey "Medication Psychosocial Effects on Adolescents Scale (MPEAS)" was distributed to a random sample of NASW clinical social workers (2000 out of

6000), who had a MSW degree, and worked with youth who received psychiatric treatment. Of the 20000 surveys mailed, 563 were returned, of those, 395 were eligible for inclusion in the study based on completed information. Respondents were mostly white (95.7%), women (78.4%), with an average age of 50, and an average of 20 years in the practice field. Results indicated that 91 % of social workers perceived psychotropic medication to be more beneficial to clients than harmful. Factors which influenced perceptions included client's diagnosis; clients who suffered from environmental factors (trauma, adjustment disorders, etc.) were perceived as less likely to benefit from psychotropic medication, those with ADHD, anxiety, and biologically related disorders were perceived more likely to benefit from psychotropic medication. Social workers perceived clients who worked collaboratively with parents and clinicians in the treatment process to have more positive benefits of psychotropic medication, than those who did not actively participate in treatment (Moses, 2008).

Another study conducted by Moses and Kirk (2006) used a cross-sectional survey to study the attitudes of social workers regarding psychotropic drug treatment with

youths. The survey was distributed to a random sample of 2000 NASW clinical social workers who had a MSW degree, and had experience working in mental health or school social work. Of the 2000 surveys distributed, only 563 were used in this study. The respondents were mostly Caucasian (95%), women (80%), with an average age of 52. This study found that 81% of social workers perceived psychotropic medication as an essential component in treatment of disorders, 60% believed that the benefits were greater than the risks, 38% thought psychotropic medication improved self-esteem, and 9% believed psychotropic medication was highly effective in controlling behavior. Many social workers in this study believed combining psychotherapy with psychotropic medication was more beneficial than just the medication alone. Social workers who had more experience with medication and consulted more with medical doctors, were more likely to perceive psychotropic medication as beneficial, those with less experience and less consultations with medical doctors were more likely to perceive psychotropic medications as harmful (Moses & Kirk, 2006).

There is a gap in the literature regarding psychotropic medication use amongst children. Limited longitudinal studies exist regarding psychotropic medication, making it difficult to track effects over time. There is limited research regarding the perceptions of parents, or professionals such as social workers, school psychologists, counselors, and others who treat and interact with children as part of their profession. There are gaps in the literature regarding benefits of psychotherapy, play therapy, cognitive behavioral therapy, art therapy, parent-child-interactive therapy (PCIT), and other services offered by social workers/counselors, which could be used interactively with, or in lieu of psychotropic medication (Dere Meyer, Bender, Metzger, Diaz, 2011). There is also limited research regarding the risks and benefits of psychotropic polypharmacy on children in foster care (Constantine, Boaz, & Tandon, 2010).

Many methodological limitations exist regarding research of psychotropic medication and children. Methodological limitations to the above research studies included difficulty recruiting qualified participants (sample size limitations), low participant response

rates, problems of case selection and transferability associated with monomethod research designs, issues with accurately transcribing data, generalizability due to unrepresentative samples, issues designing open-ended questions, time consuming data collection and analysis methods, confusions between the researcher's questions, and the participant's answers, and expense of conducting the experiments (Griffith et al., 2010; Moses, 2008; Moses, 2010).

Constantine et al. (2010) has found that single antipsychotic use in children has a higher risk of adverse side effects (weight gain, elevated levels of prolactin etc.) than adults with single use. These risks are greater with poly pharmacy treatment in children (Constantine et al., 2010). The state of Florida has guidelines for treatment of children, and does not recommend antipsychotic polypharmacy for children suffering from emotional disorders (Constantine et al., 2010). Many people (social workers, teachers, health advocates, etc.) question the safety and side effect risks which may be imposed on children who utilize psychotropic medications. Research has found that more than 50% of youth in residential treatment who are

prescribed psychotropic medication are also prescribed multiple psychotropic medications (Griffith et al., 2010). However, Griffith et al. (2010) cited research studies which had also shown that polypharmacy was not 100% effective in treating emotional/behavioral problems, and higher incidences of adverse side effects had been reported. Griffith et al. (2010) found that stimulants have been successful in treating ADHD, antidepressant have been an effective treatment for depression, and antipsychotics have been effective in treating psychotic symptoms in children. Furthermore, a study conducted by Ryan, Katsiyannis, and Hughes (2011) found benefits to psychotropic medication use such as academic improvement, reduced rates of drug use, improved relationships with family members and peers, lowered parental stress, improved concentration and attention span, as well as decreases in impulsivity, and hyperactivity.

Theory Guiding Conceptualization

There are a few theories which help us further understand the perceptions regarding utilization of psychotropic medication on cognitive thought processes and behavior modification. The theory used to guide this

research proposal is Conflict Theory. Conflict Theory was introduced in the 19th century from the perspective of Karl Marx, who set out to challenge traditional thoughts through drawing public attention to the inequalities and differences in power amongst social classes within society (Arendt, 2002). Considering that social workers challenge social injustice, and advocate for social change, in order to improve the treatment of disadvantaged populations, the Social Conflict Theory appears to be most suitable in addressing social workers' perceptions of psychotropic polypharmacy use in foster youth.

Social workers, physicians, teachers, and other professionals have conflicting viewpoints regarding psychotropic medication use among youth, particularly psychotropic polypharmacy. Considering the potential side effects associated with psychotropic medications, and the increased side effect risks for youth who receive multiple psychotropic medications, concerns regarding ethical issues of such use may arise. Some social workers believe the benefits outweigh the risks, and perceive psychotropic medication use as beneficial and necessary,

while others perceive it as harmful and unnecessary for certain diagnosis categories.

Social workers support the individual rights of self-determination, and beneficence regarding the safety and welfare of all human beings. Social workers may be concerned with the practice of off-label prescription (the practice of prescribing a medication to treat a specific illness, or an age group, in which it was not initially approved for by the FDA), considering its lack of valid research in regards to clinical trials on children, and its potential harmful side effects posed on children. The perceptions of those in power, such as physicians who have control over prescribing practices and special interest invested in pharmaceutical companies who develop psychotropic medications, will differ significantly from their conflicting counterparts such as social service professionals who do not prescribe medications, or have special interests invested in pharmaceutical companies. There are many conflicting perceptions regarding the use of psychotropic medication on children, particularly, children in foster care, and whether other forms of treatment combined with minimal

psychotropic usage may have more beneficial outcomes or not.

A disproportionate number of children in foster care are from disadvantaged, minority backgrounds. The suspicion is that they tend to be subjected to over prescription of psychotropic medications than children of more advantaged, ethnic backgrounds not residing in foster care.

Summary

In summary, there are many factors associated with psychotropic prescribing practices, there are also many side effects associated with the use of psychotropic medications. Conversely, there have been many positive outcomes reported as a result of psychotropic medication usage, with specific emphasis on improved concentration and behavior affects. There are conflicting perceptions regarding the risks and benefits of psychotropic medication, many of those perceptions derive from children who utilize psychotropic medication, teachers of children who utilize psychotropic medication, parents whose children utilize psychotropic medications, prescribing physicians of psychotropic medications, and

others in the health care field. It is because of the potential benefits of social workers' techniques combined with or in lieu of psychotropic medication use which makes this study important. Additionally, the perceptions of social workers regarding psychotropic medication use are relevant in improving treatment practices for clients.

CHAPTER THREE

METHODS

Introduction

This section will describe the research methods and procedures utilized in carrying out this study. In particular, this section will address the study design, sampling methods used, the data collection and instrument used, procedures, protection of human subjects, and methods used for data analysis.

Study Design

In response to the lack of research regarding social workers' perceptions of psychotropic medication on foster youth, this research study sought to examine the attitudes of child welfare Social Worker IIs (SW IIs), Social Services Practitioners (SSP), Supervising Social Services Practitioners (SSSP), and others working in the Department of Children and Family Services in San Bernardino County, to gather an understanding of their perceptions related to psychotropic medication on foster youth. SW IIs are Bachelor's level social workers, SSPs are Masters level social workers, and SSSPs are licensed social workers. The purpose of this study was to examine

how knowledgeable social workers were of psychotropic medication, and assess their attitudes regarding psychotropic prescribing of the foster youth population. This study aimed to investigate how knowledgeable social workers were regarding side effects of psychotropic medication, social workers' perceptions and knowledge of the effectiveness of psychotropic medication, and social workers knowledge of policies and procedures of psychotropic medication for children. This study also aimed to investigate whether or not social workers felt that foster children were prescribed psychotropic medications more than non-foster children.

The research method employed in this study was a quantitative mixed survey design consisting of a self-administered questionnaire. It was believed that through self-administered written questionnaires, the attitudes of social workers regarding psychotropic prescribing of foster youth would be effectively solicited. Participants were given a letter of introduction, informed consent, survey questionnaire, and a debriefing statement. Participants were then asked to complete and return the completed forms anonymously. The rationale for selecting a quantitative research design

was due to a limited time frame for conducting the study, purposes of confidentiality and anonymity, and cost efficiency. Additionally, the chosen design assured that biases and values associated with the researchers were not imposed upon the participants' responses, or data interpretation. Furthermore, employing a survey questionnaire allowed for the collection of data from large groups of people to be completed in an adequate time frame.

Although there were numerous strengths associated with a quantitative research design, there were also several methodological limitations as well. One limitation to survey designs was the low response rate. This limitation was addressed by providing participants adequate time allotted for completing the survey, and reminding them, via follow-up letter or email, of the importance of their participation in studying social workers attitudes regarding psychotropic medication use on foster youth. Other limitations included the potential that participants' responses may have been biased regarding the use of medication, survey questions may have been left unanswered had the participant chosen not to respond or had limited knowledge of the topic. Another

limitation involved reliability of the testing instrument. Due to limited access to reliable instruments which measure what the researchers intended to measure, the researchers for this study designed the instrument which was utilized. To determine reliability, this instrument was pretested on MSW social work students.

Sampling

Participants for this study were recruited from the Department of Children and Family Services (CFS) offices in San Bernardino County. These offices were located in Rialto, Victorville, Yucca Valley, Barstow, Rancho Cucamonga, Gifford Street in San Bernardino, and Carousel Mall in San Bernardino. Considering the purpose of the study was to assess the attitudes of social workers regarding psychotropic medication use of foster youth, social workers were selected based on their experience of providing services and working directly with children who had been prescribed psychotropic medications and involved in the foster care system at one point during their lives. Demographic information such as ethnicity, gender, level of education, years of experience in child welfare, and years of employment in CFS were also collected.

Participants in this study were offered the chance to win one of four \$15 gas cards. Respondents were assigned a random number; random numbers were then sorted in ascending order. Once sorted in random order, the top four respondents were chosen to win the gift cards.

The sample consisted of 115 male and female social workers of varying ethnicities, ages, education levels, and lengths of employment with CFS. There were different program departments within in the CFS, those included emergency response intake, family reunification, foster care, and adoptions, permanency planning and court ordered family maintenance. This study primarily recruited social workers who worked under the Intake, Carrier, JD Writer, and Adoptions programs. The sampling criteria for this study, consisted of child welfare SW II's, SSPs, and SSSPs currently employed in child welfare agencies, who had experience with foster clients who had utilized psychotropic medications. It was anticipated that of the 150 surveys distributed to child welfare agencies, at least 50% would respond by completing and returning the survey questionnaire. The sample size consisted of 115 participants, based on the total number of returned survey questionnaires.

Data Collection and Instruments

The data for this study was collected using self-administered survey questionnaires. The questionnaire asked questions regarding the independent variables in this study (gender, ethnicity, education level, and years of experience in child welfare). The dependent variable was whether or not social workers believed that foster youth were prescribed psychotropic medications more than non-foster youth. Participants answered the questions on the survey, which included a combination of 20 fill in the blank, and Likert scale style questions. No existing instrument was available to use for this study, so the investigators created an instrument which consisted of questions pertaining to personal demographics such as ethnicity, education level, and questions regarding years of child welfare experience, and knowledge of medication side effects, or effectiveness.

Procedures

In order to recruit participants from the CFS to take part in this study, approval had to be granted from the San Bernardino County CFS. Therefore, a research

proposal which described the study and requested consent approval was provided to the administrative department at the CFS. Once approval was granted, an introduction letter, informed consent, survey questionnaire, and debriefing statement were distributed via email through DCFS, to potential participants who included qualifying Bachelor's Degree, or Master's Degree social workers working in the CFS.

Before completing the survey, participants first saw an introduction letter. The introduction letter informed participants of the background information regarding the study's purpose, and instructions regarding completion of the survey questionnaire. The next form was the informed consent form. Participants were instructed to read and consent to voluntary participation in the study by placing an X in the spot allotted at the bottom of the form. Participants were informed of the anonymity of the study, and instructed not to place any identifying information anywhere on the survey questionnaire. The self-administered survey questionnaire included 20 questions which should have taken approximately 10-15 minutes to complete. Upon completion of the survey questionnaire, participants found the debriefing

statement which was the final form after the survey. Participants were instructed to read the debriefing statement and keep it for their records, while the informed consent and survey were to be returned to and collected by the researchers.

Protection of Human Subjects

All participants were protected from direct harm, and their rights, safety, and welfare were protected by the process, procedures, and research design carried out in this study. There were no foreseeable risks imposed by the questions asked of participants in this study. Furthermore, there was no identifiable information collected from participants on the survey or informed consent forms, all information collected remained anonymous. The informed consent notified participants of their right to volunteer or withdraw from participation at any time without penalty. Participants also had the right to leave questions blank if they chose not to answer a particular question for whatever reason they may have had, and participants consented to participation by marking an X in the space allotted at the bottom of the form. The final form, after completion of the survey

questionnaire, was a debriefing statement which listed the telephone numbers of faculty advisors who supervised the project, had the participant had any additional questions. A statement of where and when the findings of the study would become available was also listed on the debriefing statement. The findings of the study were presented in group format only, no individual data was described, and the surveys were destroyed upon conclusion of the research study after July 1, 2013.

Data Analysis

Data collected in this research study employed a quantitative data analysis technique to assess relationships between the variables being studied. Descriptive statistics were employed to describe demographic and social workers' attitude related data, measures of central tendency (e.g., mean) and variability outcome measures (e.g., standard deviation) were utilized. Additionally, inferential statistics (e.g., Pearson's r , e.g., Chi-square, and t -test) were employed to assess the relationship between demographic variables, levels of education, and years of experience in child welfare (independent variables) and social workers'

attitudes regarding psychotropic medication use on foster youth (dependent variable). Furthermore, multiple regression analysis was employed to measure the effect of the multivariate variables on social workers' perceptions, and to determine which independent variables are most influential on the attitudes of social workers regarding psychotropic medication use on foster youth.

Summary

The research method utilized in this research study was a quantitative mixed survey design, which employed a self-administered questionnaire. Participants for this study were recruited from the CFS offices of San Bernardino County. The sample consisted of 115 male and female SW IIs, SSPs, and SSSPs, who varied in ethnicity, age, and years of child welfare experience. The questionnaire contained several sections which included questions related to the independent variables (demographic information, education level, and years of experience working in child welfare), and the dependent variable (social workers' attitudes regarding psychotropic polypharmacy of foster youth). The data

collected was analyzed using inferential and descriptive statistics.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the findings of the study in regards to social workers' perceptions of psychotropic medication use on foster youth. The results of the quantitative data analysis are presented through describing the demographics of the participants and relationships between the variables examined.

Presentation of the Findings

The sample size of participants in this study consisted of 115 social workers from the San Bernardino County CFS. The greater of the respondents were majority female (82%), while the fewer participants were male (18%). Table 1. demonstrates the respondent's demographics such as gender, ethnicity, job title, position, and years of employment in child welfare. The majority of respondents were Caucasian (54%), while the remainders of respondents were Hispanic/Latino (19%), African American (18%), and Asian Pacific Islander (5%). Additionally, majority of the respondents held the job title of SSP (64.3%), while the remainder of the

respondents held the positions of SS II (15.7%), and SSSP (14.8%). In regards to position held within the department, Carrier held the highest frequency (31%). Nearly 55% of the respondents reported having longer than 10 years of experience in child welfare (30%), while 14% of respondents reported less than two years, and 31% with 3 to 9 years.

Table 2 demonstrates social workers' attitudes towards psychotropic medication use on foster children. Over 45% of the respondents indicated either "strongly agree" or "agree" with the statement "I believe psychotropic medication can be effective in managing behavior problems in children ages zero to five in foster care", while 31% of the respondents indicated either "disagree" or "strongly disagree" with the statement.

The greater number of participants (72.2%) indicated either "strongly agree" or "agree" with the statement, "I believe children (0-5) in foster care are prescribed psychotropic medications at a higher rate than children the same age who are not in foster care." Conversely, only few participants (8.7%) indicated either "disagree" or "strongly disagree" with the previous statement.

More than two-thirds of the participants (69.6%) indicated either "strongly agree" or "agree" with the statement, "I believe psychotropic medication can be effective in managing behavior problems in children age's six to ten in foster care." On the other hand, fewer participants (8.7%) indicated either "disagree" or "strongly disagree" with the statement.

The greater majority of participants (80.4%) either "strongly agree" or "agree" with the statement, "I believe children (6-10) in foster care are prescribed psychotropic medication at a higher rate than children (6-10) not in foster care." Fewer participants (8.7%) indicated either "disagree" or "strongly disagree" with the previous statement.

Furthermore, over 91% of the participants either "strongly agree" or "agree" with the statement, " I believe psychotropic medication can be effective in managing psychiatric disorders affecting children ages 11-17 in foster care", while fewer participants (7.9%) "neither agree nor disagree" or "strongly disagree" with the statement.

Table 3. Represents social workers' knowledge of medication effects and policies. The greater majority of

respondents (62%) indicated "medium" knowledge of psychotropic side effects on children and adolescents. Additionally, only 19.2% of the participants indicated either "high" or "very high" knowledge of psychotropic side effects on children and adolescents, while approximately 18% of the participants indicated either "very low" or "low" knowledge of psychotropic side effects on children and adolescents.

Over 38% of the participants indicated "medium" knowledge of policy and procedures for psychotropic medication use on children under age eight. On the other hand, 27% of the participants indicated either "very low" or "low" knowledge of policy and procedures for psychotropic medication use on children under age eight.

Interestingly, more than half of the participants (53%) indicated either "high" or "very high" knowledge of policy and procedures for psychotropic medication use on children ages eight to seventeen. Approximately 18% of the participants indicated either "very low" or "low" knowledge of policy and procedures for psychotropic medication use on children ages eight to seventeen. The greater majority of the participants (87%) indicated either "strongly agree" or "agree" with the statement "I

could benefit from more training on psychotropic medication for children and adolescents."

To examine relationships between variables a Chi Square was conducted. Findings were significant for gender and belief that children (0-5) in foster care were prescribed psychotropic medications at a higher rate than children the same age not in foster care ($\chi^2 = 16.05$, $df = 4$, $p < .01$). More Females (60%) than males (19%) believed that children (ages 0-5) were prescribed psychotropic medication at higher rates than children (ages 0-5) not in foster care.

In terms of relationship between ethnicity and belief that foster children (ages 0-5) were prescribed psychotropic medications at a higher rate than children (ages 0-5) not in foster care, African Americans believed more than other ethnicities. However, findings were not statistically significant.

There was a significant relationship between years of experience in child welfare and belief that children (ages 0-5) in foster care were prescribed psychotropic medications at a higher rate than children (ages 0-5) not in foster care ($\chi^2 = 41.40$, $df = 24$, $p < .01$). Participants with more years of child welfare experience

(78%) believe that children (ages 0-5) in foster care are prescribed psychotropic medications at a higher rate than children (ages 0-5) not in foster care.

There were no significant differences between gender, and ethnicity, and belief that children (ages 6-9) in foster care are prescribed psychotropic medications at a higher rate than children (ages 6-9) not in foster care. Findings were significant for years of experience in child welfare, and belief that children (ages 6-9) in foster care are prescribed psychotropic medications at a higher rate than children (ages 6-9) not in foster care ($\chi^2 = 134.74$, $df = 30$, $p < .01$). Participants with more years of child welfare experience believe that children (ages 6-9) are prescribed psychotropic medications at a higher rate than children (ages 6-9) not in foster care.

Summary

The results of this study were gathered through data analysis using SPSS. The Variables described in this study included participants gender, ethnicity, job title, position, years of child welfare experience, beliefs and attitudes toward effectiveness of psychotropic

medication, knowledge of side effects, knowledge of policy and procedures, opinions regarding the need for more psychotropic medication training, level of education, and beliefs regarding psychotropic medication prescribing rates for foster youth. Significant findings demonstrate that social workers believe that children in foster care are prescribed psychotropic medication at a higher rate than their same age counterparts not residing in foster care. In addition, social workers believe that they could benefit from more training on psychotropic medications for children and adolescents in foster care. Furthermore, social workers believe that psychotropic medication can be effective in managing behavior problems and psychiatric disorders in children and adolescents residing in foster care. There were significant relationships between gender and years of child welfare experience, and whether participants believed foster children were prescribed psychotropic medications at higher rates than children not in foster care.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined the perceptions of Social Workers employed within San Bernardino County Department of Children and Family Services, in regards to psychotropic medication use on children and adolescents in foster care. The limitations of this study and recommendations for future social work research and policies are further discussed in this chapter. The conclusion for this chapter will summarize the purpose of this study.

Discussion

This study consisted of 115 participants employed at San Bernardino Children and Family Services. The larger number of the participants was female (82%) and male (18%). The majority of the participants were Caucasian (54%), Hispanic/Latino (19%), African American (18%), and Asian Pacific Islander (5%). Additionally, the majority of the respondents held the job title of Social Service Practitioner, SSP (64%).

The study found that approximately 70% of respondent (both male and female) believed that psychotropic medication could be effective in managing behavior problems for children in foster care age 6 to 10 and approximately 72% of the respondents believed that psychotropic medications could be effective in managing behavior problems for ages 11 to 17. The findings of this study are consistent with a study conducted by Moses and Kirk (2006) in which 81% of the social workers that were surveyed in the study perceived psychotropic medication as an essential component in treatment of behavior problems.

Findings of this study indicate that most social workers believe psychotropic medication can be effective. However, social workers need to be aware of the benefits of other interventions such as art therapy, psychotherapy, or play therapy. Research has indicated that psychotherapy, art therapy, or play therapy combined with psychotropic medication use was more beneficial in treating symptoms than just psychotropic medication use alone (Moses and Kirk, 2006; Dere Meyer et al., 2011). Additionally, art therapy was found to be beneficial in treating a variety of illnesses such as ADHD. Art therapy

could be used as an outlet for positively expressing emotions such as anger. Art therapy could also be used as a form of communication for individuals with difficulty expressing feelings verbally. Art therapy was found to help relieve symptoms of depression, and improve self-esteem issues. Art was also found to be useful as a tool to evaluate ADHD medication treatment. Dere Meyer et al., (2011) found that an individual's art became more controlled, and complete as their medication became more stable. When combined with psychotropic medication, art therapy was associated with successful outcomes. More research is needed on the benefits of psychotherapy.

Additional findings supported the research hypothesis that Social Workers believe that foster youth are prescribed psychotropic medications at higher rates than children of the same age who are not foster youth. The greater majority of participants in this study (80%) believed that children in foster care were prescribed psychotropic medications at a higher rate than children of the same age that were not in foster care. These findings were consistent with a study conducted by Longhofer, Floersch, and Okphych (2011) which found that children in foster care were prescribed psychotropic

medications at higher rates than children not residing in foster care. A possible explanation for this finding is due to foster children having a lack of consistent caregivers who monitor and consent for medication use (Longhofer, Floersch, & Okpych, 2011). Another possible explanation for the higher prescription rates is due to fraudulent misuse of Medicaid funds provided to foster youth (Mello, 2012; Zito et al. 2008).

Furthermore, 87.6% of respondents believe that they could benefit from more training on psychotropic medications. As the largest provider of mental health services in the United States, it is increasingly important for social workers to have access to ongoing education, training, and research regarding the intended and unintended consequences of psychotropic medications as this may promote and increase best practices in social service agencies and accordingly, the field of mental health (Hughes, & Cohen, 2010).

Limitations

There are several limitations of this study. One such limitation was the lack of available research regarding the benefits of psychotherapy combined with or

in lieu of psychotropic medications. Additionally, the lack of research regarding social workers' perceptions of psychotropic medication use on foster youth posed as a limitation because there were no studies to compare to this one. Another limitation of this study was the method of data collection. Due to limited time constraints, the data had to be collected and analyzed within one week. However, despite the limited time allotted for data collection, the sample size of 115 participants was adequate enough to produce sufficient results. Furthermore, the survey did not address participant's age ranges, which could have possibly yielded significant relationships between the variables analyzed. Additional questions were needed to further investigate social workers' knowledge regarding the usage purposes, side effects, and varying types of psychotropic medications utilized on foster youth.

One final limitation of this study involved the instrument used to collect the data. Due to the lack of available instruments for assessing social workers attitudes regarding psychotropic medication use on foster youth, researchers for this study had to create an instrument. The survey utilized in this study had never

been officially tested on social work practitioners for validity or reliability. Therefore, the use of this instrument could have compromised the validity of the findings.

Recommendations for Social Work Practice, Policy, and Research

Based on the findings of this study, and additional studies, it is apparent that children in foster care are being prescribed psychotropic medications at significantly higher rates than children not in foster care. However, social workers believe that the medications are effective. Perhaps social workers' beliefs are influenced by psychiatrists who are in favor of prescribing psychotropic medication. Considering that psychiatrists are in higher positions of authority than social workers, perhaps there is a position power influence at play in terms of beliefs about effectiveness of psychotropic medication. It is recommended that more research is conducted regarding the prescribing rates and effectiveness of psychotropic medication use on foster youth.

An additional practice recommendation is to provide social workers more training on the side effects, usage

purposes, and the different types of psychotropic medications. As indicated by the findings of this study, Social workers have limited knowledge of factors related to psychotropic medication. The problem with the limited knowledge of psychotropic medication amongst social workers is that behavior problems exhibited by clients could be a potential side effect of the prescribed psychotropic medication (depression, sleep disturbances, anger, restlessness, inattentiveness, etc.). If social workers were aware of medication side effects, they would be able to refer the client back to the psychiatrist for a medication adjustment. Also, the lack of knowledge regarding the different types of psychotropic medications, and usage purposes poses a problem because clients may be prescribed one medication to treat a symptom, and another medication to counteract side effects of the first medication. Thus, clients are subjected to psychotropic polypharmacy (multiple psychotropic medications), when psychotherapy techniques (breathing exercises, guided imagery, behavior modification techniques) could be utilized to reduce medication side effects instead. Implementation of psychotherapy techniques would reduce the amount of

psychotropic medications needed, and empower clients with the tools necessary to manage their presenting problems. It is advisable that social workers receive more training on factors related to psychotropic medications.

Conclusions

The purpose of this study was to evaluate social workers' perceptions of psychotropic medication use on children and adolescents in foster care. This study collected data from 115 social workers employed in San Bernardino Children and Family Services. This study found that social workers believe that children in foster care were prescribed psychotropic medications at higher rates than children not in foster care. Additionally, this study shows indications that although social workers feel that psychotropic medications can be useful in managing behavior problems for children and adolescents in foster care, they do not have a high level of knowledge regarding the side effects, usage purposes, or varying types of the psychotropic medications that are given to the population. The limitations of this study were presented and described. The major limitation was due to the data collection instrument used, which did not

solicit information regarding participant's age, and certain aspects of knowledge related to psychotropic medication. Upon addressing the limitations of the study, recommendations for social work practice, policy, and research were offered. Some recommendations were the need for more training on psychotropic medications, and more research regarding the effectiveness and prescribing rates of psychotropic medications. Considering that foster youth are a very vulnerable population, it is imperative that social workers advocate for continued research regarding policy and psychotropic medication use on foster youth.

APPENDIX A
QUESTIONNAIRE

QUESTIONNAIRE

Psychotropic Medication Use for Children and Adolescents in Foster Care

Children (0-5) and Psychotropic Medications

We are interested in your opinion about psychotropic medication use for children 0 to 5 years of age. Please rate how strongly you agree or disagree with each statement below.

1. I believe psychotropic medication can be effective in managing behavior problems affecting children (0 to 5 years of age) in foster care.
 - * Strongly Agree
 - * Agree
 - * Neither agree nor disagree
 - * Disagree
 - * Strongly Disagree

2. I believe psychotropic medication can be effective in managing psychiatric disorders affecting children (0 to 5 years of age) in foster care.
 - * Strongly Agree
 - * Agree
 - * Neither agree nor disagree
 - * Disagree
 - * Strongly Disagree

3. I believe children (0 to 5 years of age) in foster care are prescribed psychotropic medications at a higher rate than children the same age who are *not* in foster care.
 - * Strongly Agree
 - * Agree
 - * Neither agree nor disagree
 - * Strongly disagree

Children (6-10) and Psychotropic Medications

Now we are asking your opinion about psychotropic medication use for **children 6 to 10 years of age**. Please rate how strongly you agree or disagree with each statement below.

4. I believe psychotropic medication can be effective in managing behavior problems affecting children (6 to 10 years of age) in foster care.
 - * Strongly agree
 - * agree
 - * Neither agree nor Disagree
 - * Disagree
 - * Strongly Disagree

5. I believe psychotropic medication can be effective in managing psychiatric disorders affecting children (6 to 10 years of age) in foster care.
 - * strongly agree
 - * agree
 - * neither agree nor disagree
 - * disagree
 - * strongly disagree

6. I believe children (6 to 10 years of age) in foster care are prescribed psychotropic medications at a higher rate than children the same age who are *not* in foster care.
 - * Strongly agree
 - * agree
 - *neither agree nor disagree
 - *disagree
 - * strongly disagree

Adolescents (11-17) and Psychotropic Medications

Now let us know your opinion about psychotropic medication use for **adolescents between the ages of 11 and 17.** Please rate how strongly you agree or disagree with each statement below.

7. I believe psychotropic medication can be effective in managing behavior problems affecting adolescents (11 to 17 years of age) in foster care.
 - * strongly agree
 - *agree
 - * neither agree nor disagree
 - *disagree
 - * strongly disagree

8. I believe psychotropic medication can be effective in managing psychiatric disorders affecting adolescents (11 to 17 years of age) in foster care.
 - *Strongly agree
 - * agree
 - *neither agree nor disagree
 - * disagree
 - * strongly disagree

9. I believe adolescents (11 to 17 years of age) in foster care are prescribed psychotropic medications at a higher rate than adolescents who are *not* in foster care.
 - * strongly agree
 - * agree
 - *neither agree nor disagree
 - *Disagree
 - *strongly disagree

Knowledge of Psychotropic Medication Effects and Policies

Please rate your level of knowledge on the following items using a scale ranging from Very Low knowledge (not at all familiar with item or have never heard of it) to Very High (expert or proficient in this area).

10. My knowledge of the side effects of psychotropic medications on children and adolescents is:
 - * Very Low
 - * Low
 - * Medium
 - * High
 - * Very High

11. My knowledge of San Bernardino County's JV-220 (court consent for medication) policy and procedure for children **under 8 years of age** is:
 - * Very Low
 - * Low
 - * Medium
 - * High
 - * Very High

12. My knowledge of San Bernardino County's JV-220 (court consent for medication) policy and procedure for children **between 8 and 17 years of age** is:
 - * Very Low
 - * Low
 - * Medium
 - * High
 - * Very High

Please rate your level of agreement with the statements below.

13. Social workers are able to obtain second opinions concerning psychotropic medications prescribed to children on their caseload.
 - * Strongly agree
 - * agree
 - * neither agree nor disagree
 - * disagree
 - * Strongly disagree

14. I could benefit from more training on the use of psychotropic medication for children and adolescents in foster care.

Demographics

15. Please indicate which degrees you have earned. (SELECT ALL THAT APPLY)
 - * Bachelor of Arts (BA) or Bachelor of Science (BS)
 - * Bachelor of Social Work (BSW)
 - * Master of Arts (MA) or Master of Science (MS)
 - * Master of Social Work (MSW)
 - * PhD (Doctor of Philosophy)
 - * Other, please specify

16. How long have you worked in child welfare?
 - * Less than 1 year
 - * 1-2 years
 - * 3-5 years
 - * 6-9 years
 - * 10-15 years
 - * More than 15 years

17. What is your job title?
 - * Social Worker II (SW II)
 - * Social Services Practitioner (SSP)
 - * Supervising Social Services Practitioner (SSSP)
 - * Other, please specify

18. What is your gender?
 - * Male
 - * Female

19. What is your ethnicity?
 - * African American
 - * American Indian/Alaskan Native
 - * Asian/Pacific Islander
 - * Caucasian
 - * Hispanic/Latino

20. What best describes your position?
 - * Intake Social Worker
 - * Carrier Social Worker
 - * JD Writer
 - * Adoption Worker
 - * Other, please specify

Developed by Tina Hollman, Dominic Ruffin, & San Bernardino County DCFS

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

You are invited to participate in a study designed to assess social workers' attitudes regarding psychotropic medication use on foster youth. This study is being conducted by graduate social work students Dominic Ruffin and Tina Hollman from California State University San Bernardino (CSUSB) under the supervision of Dr. Janet Chang at CSUSB. This study has been approved by the School of Social Work Sub-Committee of the CSUSB Institutional Review Board.

Purpose: The purpose of this study is to explore the attitudes of social workers regarding psychotropic medication use on foster youth.

Description: To participate in this study, you will be asked to complete a brief survey that asks questions pertaining to your opinion regarding psychotropic medication use on foster youth, and some of your background characteristics.

Participation: Participation is voluntary; you are free to discontinue participation or refuse to answer any questions you do not want to answer, at any time during this study.

Anonymity: The information you provide is anonymous. The findings will be presented in group format only, and no individual identifying information will be described, kept, or presented.

Duration: completion of the survey should take no more than 30 minutes.

Risks: There are no foreseeable risks to participation in this study.

Benefits: There are no personal benefits to participation in this study. However, you will be adding your opinions to a study in the social work field of child welfare, further contributing to the literature and research in your field.

Contact: If you have any questions or concerns regarding this study you can contact Dr. Janet Chang at (909) 537-5184 or via email at jchang@csusb.edu.

Results: The results will be available at the Pfau Library at California State University, San Bernardino after December, 2013.

Your consent to participate in this study is implied in your completion of the survey.

APPENDIX C
DEBRIEFING STATEMENT

**Study of Social Workers' Attitudes regarding
Psychiatric Polypharmacy of Foster Youth
Debriefing Statement**

The study you have just participated in was designed to investigate social workers' attitudes regarding psychiatric polypharmacy of foster youth. Social workers provide an array of services to youth in the foster care system. Many of those youth have been prescribed one or more psychotropic medications to treat symptoms of mental health disorders. It is important to assess the perceptions of social workers regarding the use of psychotropic medication by foster youth, in order to become more knowledgeable of factors associated with client services and treatment practices.

Thank you for your participation in this research study. Please do not discuss any information regarding the nature of this study with other social workers. If you have questions regarding this study, you are welcomed to contact Dr. Janet Chang at (909) 537-5184. The findings of this study will be available at the Pfau Library, located on the CSUSB campus, at the end of December 2013.

APPENDIX D

TABLE 1

Table 1. Demographic Characteristics of the Respondents

Variable	N	Frequency (n)	Percentage (%)
Gender	115		
Male		21	18
Female		93	82
Ethnicity	115		
African American		21	18.3
Asian Pacific Islander		6	5.2
Caucasian		63	54.8
Hispanic/Latino		22	19.1
Job Title	115		
SSP		74	64.3
SW II		18	15.7
SSSP		17	14.8
Other		6	.5
Position	115		
Intake SW		24	20.9
Carrier SW		36	31.3
JD Writer		2	1.7
Adoption Worker		9	7.8
Other		20	18
Years in Child welfare	115		
Less than 1 year		5	4.3
1-2 years		11	9.6
3-5 years		21	18.3
6-9 years		14	12.2
10-15 years		35	30.4
More than 15 years		28	24.3

APPENDIX E

TABLE 2

Table 2. Social Workers' Attitudes Toward Psychotropic Medication Use on Foster Children

Variable	N	Frequency (n)	Percentage (%)
1. I believe psychotropic medication can be effective in managing behavior problems in children ages 0-5 in foster care.	115		
Strongly agree		7	6.1
Agree		45	39.1
Neither Agree Nor Disagree		27	23.5
Disagree		26	22.6
Strongly Disagree		10	8.7
2. I believe children (0-5) in foster care are prescribed psychotropic medications at a higher rate than children (0-5) not in foster care.	115		
Strongly Agree		23	20
Agree		60	52.2
Neither Agree nor Disagree		22	19.1
Disagree		6	5.2
Strongly Disagree		4	3.5
3. I believe psychotropic medication can be effective in managing behavior problems in children ages 6-10 in foster care.	115		
Strongly Agree		11	9.6
Agree		69	60
Neither Agree Nor Disagree		23	20
Disagree		6	5.2
Strongly Disagree		2	1.7
4. I believe children (6-10) in foster care are prescribed psychotropic medication at a higher rate than children (6-10) not in foster care.	115		
Strongly Agree		35	30.4
Agree		58	50.4
Neither Agree Nor Disagree		11	9.6
Disagree		7	6.1
Strongly Disagree		3	2.6
5. I believe psychotropic medication can be effective in managing psychiatric disorders affecting children ages 11-17 in foster care.	115		
Strongly Agree		23	20
Agree		82	71.3
Neither Agree Nor Disagree		8	7
Disagree		1	.9
Strongly Disagree		0	0

APPENDIX F

TABLE 3

Table 3. Social worker's knowledge of medication effects and policies

Variable	N	Frequency (n)	Percentage (%)
1. Knowledge of psychotropic side effects on children and adolescents.	115		
Very Low		2	1.7
Low		19	16.5
Medium		71	61.7
High		18	15.7
Very High		4	3.5
2. Knowledge of policy and procedures for children under age 8.	115		
Very Low		7	6.1
Low		24	20.9
Medium		44	38.3
High		30	26.1
Very High		9	7.8
3. Knowledge of policy and procedures for children ages 8-17.	115		
Very Low		2	1.7
Low		19	16.5
Medium		32	27.8
High		45	39.1
Very High		16	13.9
4. I could benefit from more training on psychotropic medication for children and adolescents.	115		
Strongly Agree		37	32.2
Agree		63	54.8
Neither Agree Nor Disagree		13	11.3
Disagree		2	1.7
Strongly Disagree		0	0

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Individual Effort: Dominic Ruffin

2. Data Entry and Analysis:

Team Effort: Tina Hollman & Dominic Ruffin

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Tina Hollman & Dominic Ruffin

b. Methods

Team Effort: Tina Hollman & Dominic Ruffin

c. Results

Team Effort: Tina Hollman & Dominic Ruffin

d. Discussion

Team Effort: Tina Hollman & Dominic Ruffin