



# Psychopharmacotherapy in children placed in group homes and residential centres in Canada: Psychopathological portrait of children receiving psychotropic medications and educators' perception of treatment



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## ABSTRACT

This article aims to show the psychopathology portrait of Canadian children placed in foster care (foster group homes and rehabilitation centres) receiving psychotropic medications, and to clarify their overall level of functioning. It also focuses on educators' knowledge and perceptions of psychopharmacotherapy. A group of medicated children ( $n = 71$ ) was compared to a group of non-medicated children ( $n = 30$ ). Children and their educators were interviewed, and an analysis of youths' institutional files was also performed. Results showed that medicated boys and girls taking one or more medications had a diagnosis of a mental disorder recorded in their files more often than non-medicated children ( $p < 0.05$ ). Based on educators' perceptions, these children displayed more attention problems, social skill difficulties, aggressive behaviors, anxiety and depression symptoms, thought problems and post-traumatic stress symptoms ( $p < 0.05$ ). Their overall functioning was also more disturbed in comparison to non-medicated children ( $p < 0.05$ ), as were their moods, thoughts and behaviors towards others ( $p < 0.05$ ). However, based on the child's perspective (semi-structured interview), no distinction can be made between medicated and non-medicated children, since both groups reported comparable levels of symptoms and diagnostic signs. At last, results of the regression model showed that post-traumatic stress symptoms and educators' favorable opinion concerning psychopharmacotherapy were significantly associated with the use of prescribed medications. Implications are discussed.

## 1. Introduction

The prescription of psychotropic drugs as treatments for children's psychopathologies has significantly increased over the past forty years. Prescription rates have risen considerably in private paediatric clinics, schools and institutional settings. In the United States, psychotropic drug consumption by children increased by 250% between 1987 and 1996 (Zito et al., 2003). Overall, significant improvements in children's behaviors have been noted (Connor & Steingard, 1996; Schur et al., 2003). Prescribed atypical antipsychotic drug is associated with a decrease of aggressive behaviors and psychostimulants have been shown to increase attention span, impulse control and aggressive behaviors (Newcorn & Ivanov, 2007; Reyes, Buitelaar, Toren, Augustyns, & Eerdeken, 2006).

Children under state custody are among those most frequently prescribed psychotropics, with prescription rates about two to three times higher than that of the general population (Lafortune & Collin,

2006; Martin, VanHoof, Stubbe, Sherwin, & Scahill, 2003; Zima, Bussing, Crecelius, Kaufman, & Belin, 1999a, 1999b). However, there is a considerable variability in prescriptions reported across studies, with prevalence rates varying between 13% and 77% (Brelan-Noble et al., 2004; Connor, Ozbayrak, Harrison, & Melloni, 1998; Martin et al., 2003; Raghavan et al., 2005; Zito et al., 2008). This variability can be partly explained by the sample composition and the clinical portrait of children and prescription practices, which can differ between regions (Raghavan, Lama, Kohl, & Hamilton, 2010; Zito et al., 2008). Children placed in group homes and rehabilitation centres have the highest rates of prescribed psychotropic medications, compared to those placed in foster families. Despite high prevalence rates, there has been no extensive research conducted on Canadian samples of children aged 12 and under, placed in foster group homes and treated with prescribed psychotropic medication.

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### 1.1. Symptoms and psychopathologies associated with psychotropic medications prescribed to children under state custody

The psychopathological portrait of children entering foster care is characterized by numerous problems. From an early age, these youths experience traumatic events, as well as various changes in their environments, and many of them display internalized and externalized disorders (Burns et al., 2004; Hussey & Guo, 2005). Epidemiological research conducted over the last twenty years reveals that between 20% and 80% of these children show signs of severe emotional and behavioral problems (Burns et al., 2004; DosReis, Zito, Safer, & Soeken, 2001; Farmer, Burns, Chapman, Phillips, & Taussig, 2002; Minnis, Pelosi, & Dunn, 2001; Landsverk, Garland, & Leslie, 2002; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004; Zima, Bussing, Yang, & Belin, 2000). Studies on youths residing in institutional settings show a higher proportion of symptoms, compared to children living in foster families (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Helfinger, Simpkins, & Combs-Orme, 2000; Hussey & Guo, 2005).

DosReis et al. (2001) compared youths in rehabilitation centres to those in the general population, in terms of diagnoses and prescription medications. Results show that ADHD and depression are twice as prevalent in rehabilitation centres, whereas adjustment disorders are ten times higher. According to Connor et al. (1998), psychotic disorders, bipolar disorders and all conditions involving comorbidity are directly related to prescription of psychotropics, mainly neuroleptics. A study by Lafortune, Laurier, and Gagnon (2004) shows that ADHD and psychotic disorders are psychopathologies frequently associated with the prescription of psychotropics. In addition, Raghavan et al. (2005) observe that children with externalized disorders are more likely to be treated with prescribed psychotropics.

Psychostimulants, atypical antipsychotics and antidepressants are commonly prescribed. This would indicate that ADHD, impulsiveness, aggressive behaviors, agitation, anxiety and depression are common cases for prescribed drugs (Brelan-Noble et al., 2004; Connor et al., 1998; Ferguson, Glesener, & Raschick, 2006; Lafortune et al., 2004). Zima et al. (1999a, 1999b) together with Pathak et al. (2004) suggest that the overall functioning (family, social, school) of medicated children can manifest as major or persistent disorders. The underlying diagnoses of polymedication are similar to those of a single prescription. However, children prescribed several drugs are most often the ones with symptoms of aggressive behaviors (Connor, Ozbayrak, Kusiak, Caponi, & Melloni, 1997; Connor et al., 1998).

Prescriptions can target a specific symptom or an overall diagnosis, based on the doctor's approach. Hence, the prescribing physician can use the diagnostic approach or a target symptom approach. The latter is most often associated with polymedication (Angold, Erkanli, Egger, & Costello, 2000; Connor, 2002; Connor et al., 1998; Green, 2007). Hence, psychotropic medications are mostly prescribed for externalized disorders, together with an overall disorder functioning. Despite all the psychosocial stress factors faced by children in foster care (neglect, abuse, unstable environment, exposure to domestic violence), post-traumatic stress diagnoses are rarely reported, except for cases of sexual abuse (Garland et al., 2001). Attachment disorder is also common among this population, but does not seem to be directly linked to psychopharmacotherapy (Ethier & Milot, 2009; Kolko et al., 2010). However, distraction, restlessness, impulsiveness and aggressivity can also be explained by post-traumatic stress or attachment disorder (Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Franc, Maury, & Purper-Ouakil, 2008; Nadeau, Bergeron-Leclerc, Pouliot, Chantal, & Dufour, 2012; van der Kolk, 2005).

For the study of psychopathological profiles, data was gathered from prescribing physicians who completed a series of diagnostic measures. To our knowledge, only a few studies in the literature have assessed symptomatology through the use of structured questionnaires other than Achenbach's "Child Behavior Checklist". Most are based on data collected from medical files (Duffy et al., 2005; Zito et al., 2008).

Yet, an independent assessment based on a third-party other than the prescribing physician seems warranted (Duffy et al., 2005). Some studies have suggested the use of methods based on different perspectives (i.e. parents, youth worker, children), as well as mixed-methods (i.e. semi-structured interviews, questionnaires), since differences are observed in children's behavior assessments based on the sources (ex. Roskam et al., 2010). Consequently, in the present study, analyses are based on more than one measure, namely youths' files, youths' perspective and educators' perspective.

### 1.2. Social worker perceptions and knowledge about psychotropics medication for children

The prescription of psychotropic drugs in youth centres is part of a multidisciplinary approach where social workers and educators play an important role of daily clinical support. Their beliefs, theoretical framework, clinical experience, as well as their level of supervision can influence the direction of counselling and medical treatment (Arcellus, Bellerby, & Vostanis, 1999; Leslie et al., 2004; Rajendran & Chemtob, 2010). Furthermore, doctors can rely partly on the social worker's observations when deciding to prescribe or not certain prescription medications (Bradley, 2003). This is most likely to be the case when a child is involved. Characteristics pertaining to the psychopharmacotherapy training that educators may or may not have previously received have not been studied extensively. Nevertheless, Jonhson, Renaud, Schmidt, and Stanek (1998) have observed that educators who work with adolescents using a cognitive-behavioral approach or neuropsychological approach are more favorable to psychopharmacotherapy, as well as more open to collaborate with the prescribing physician. Moreover, Moses (2003) highlights that those who have received psychopharmacotherapy training and who have a certain knowledge on the matter are generally more favorable to taking the medication. Jonhson et al. (1998) also noted that social workers intervening with cases of delinquent behaviors are more likely to recommend psychotropic medication.

Jonhson et al. (1998) studied closely the social worker's opinions on psychopharmacotherapy and concluded that their perceptions were polarized. Three sub-groups were identified: a) the medication is often useful, but not necessary; b) the medication is neither essential nor helpful; c) the medication can be useful and beneficial. In Moses's (2003) study, they would have more diverse opinions. Even though the majority consider medication to be essential or beneficial, it is not considered to be enough nor is it the most effective treatment.

Berg and Wallace (1987) were interested in the roles of social workers in relation to consulting physicians. They identified three types: a) the role of doctor's assistant, where social workers follow the doctor's orders; b) consulting co-worker, where the relationship with the doctor is based on trust and division of responsibilities; c) the role of patient advocate, where they ensure total respect for the patient's rights. Two roles were added in Bentley and Walsh's (2006) study; d) attendant, where the social worker studies and notes the effects of the medication, the intensity of the symptoms and supervises the patients while they take their medication; e) and an educational role, where he/she teaches the youth and his family on how to use the medication and to recognize the benefits and side-effects. More recently, Moses and Kirk (2008) have regrouped these implications under two dimensions; a) the roles centered on the patient and b) the roles centered around the physician. These authors have demonstrated that the social worker educators who adopt a "patient-directed" approach are able to better evaluate their impacts.

Studies based on the knowledge, roles and perceptions of the social workers or educators are currently limited to the adolescent population. Yet their opinions regarding the treatment and their evaluation of symptoms are highly valued when it comes to children. Given the participants' young age, the evaluation of symptoms and the call for services generally comes from the external observer, unlike adults or

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