

EXAMPLES OF DISTURBING PRACTICES CONCERNING CHILDREN REPRESENTED BY CHILDREN'S ATTORNEYS PROJECT

The following examples from our case files serve to illustrate our concerns:

Client 1

Client 1 is 9-years-old. During her young life, she has been hospitalized twice for mental health issues. Her diagnoses include PTSD, adjustment disorder, oppositional defiant disorder, and most recently, psychotic disorder. In October of 2011, her permanency specialist writes, Client 1 is "doing well behaviorally and academically at this time." These observations were made less than one month after her first commitment to Hospital and shortly before her second in November of the same year. Currently, Client 1 takes Prozac and Seroquel, though prior medication regimens include Zoloft, Risperdal and Remeron.

Prozac is FDA approved only for use in children suffering from depression and obsessive-compulsive disorder. Client 1 has been diagnosed with neither. Seroquel is not FDA approved for use in children under the age of ten, and again, not for any of Client 1's alleged conditions. Zoloft and Risperdal also are not indicated by the FDA for the treatment of children like Client 1 and Remeron is not approved for use in children at all.

Client 1 receives therapy, psychiatric services and psychosocial rehabilitation services, yet she struggles both in her foster placements and at school where she is already not working at grade level. Client 1 is currently separated from her siblings in a higher level of care foster home.

Client 2

Client 2 is 7-years-old. He was diagnosed with adjustment disorder with anxiety and reactive attachment disorder, for which he was prescribed Remeron and Paxil. We requested a second evaluation of his medications. He was evaluated and taken off Remeron. However, he continues to take Paxil and was recently prescribed Risperdol for his aggression and defiance. This is not an approved use of Risperdol. Neither of these drugs is FDA approved for use in children. Side effects of Remeron include suicidal ideations, cognitive and motor impairment and mania. Side effects of Paxil include serotonin syndrome, a life-threatening serotonin increase, tremors and abnormal bleeding. In addition to the medication, Client 2 receives therapy and PSR services to help him cope with his attachment and security issues.

Client 3

Client 3 is 9-years-old. He was diagnosed with bipolar disorder at the age of six. Additional diagnoses for Client 3 include Asperger's syndrome, oppositional

defiant disorder, ADHD and serious emotional disturbances. His mother engaged DFS in the spring of 2011 in order to receive higher-level mental health services for her son. Client 3 is currently placed a higher level treatment center.

Client 3 currently takes Invega and Trileptal. Trileptal is not FDA approved for use in children with any of Client 3's diagnoses, and Invega is not approved for use in children at all. At this time Client 3 is tapering off of Invega. Previous prescriptions include Intuniv, Ritalin, Prozac, Clonidine and Seroquel. In his psychiatric evaluation of Client 3, a respected local psychiatrist notes it is unclear whether any of these drugs have "caused any specific improvement." Furthermore, the Seroquel has induced involuntary muscle movements in Client 3, which in some cases can be irreversible.

Although Client 3 is reportedly doing well at the treatment center, any improvement has not followed him outside of the treatment setting. The local psychiatrist concluded that Client 3 self-identifies as a child with a mental illness and blames his behavior on his myriad of psychiatric diagnoses.

Client 4

Client 4 is 8-years-old. He is currently in foster care, awaiting a possible adoptive placement with a relative. According to DFS records, he and his two siblings "lived a life of chaos." The children have had three failed placements since their entry into the system in 2009.

Client 4 has previously taken Risperdal for his "anger issues," a use not approved by the FDA. Instead, Risperdal is only indicated for children Client 4's age who suffer from autism. It is not clear from the case file whether Client 4 has such a diagnosis. His records indicate nothing more specific than he takes medication to "stabilize his moods."

Client 4 currently receives PSR services, day treatment and weekly therapy. His previous provider was terminated for overbilling and for failing to provide Client 4 with prescribed services. Client 4 is currently not on any medications.

Client 5

Client 5 is 15-years-old. Client 5 has been diagnosed with PTSD, oppositional defiance disorder and psychotic disorder, though a recent mental health assessment ruled out the psychotic disorder. In the spring of 2011, Client 5 spent two weeks at a hospital after reporting that demons were telling her to harm her sister. Currently, she is prescribed Geodon and Metformin.

Client 5's previous prescriptions include Bupropion, Lexapro and Abilify. Bupropion is not FDA approved for use in children. Lexapro is approved to treat major depressive disorder in children Client 5's age and similarly, Abilify is approved to treat schizophrenia, bipolar disorder and autism. Client 5 however does not have any of these diagnoses.

Client 6

Client 6 is 15-years-old. In 2009, after nearly five years of stability, a relative placement disrupted for Client 6. Currently, Client 6 is committed to an out of state facility.

Client 6 is diagnosed with major depressive disorder, polysubstance drug dependence, conduct disorder and borderline personality disorder. She is currently prescribed five psychotropic medications; Celexa for depression, Seroquel, Trileptal and Lamictal for mood and Vistaril for anxiety. Of them, only Vistaril is indicated by the FDA for its purported use.

According to progress reports, Client 6 receives weekly therapy. Her behavior however appears to be escalating, not improving. Client 6 regularly refuses to participate in therapy and in school and has recently attempted to escape. In an apparent effort to be kicked out of the facility, Client 6 continues to lash out at staff and to self-harm. Her caseworker notes Client 6 is very unhappy there and wants to return to Las Vegas.