
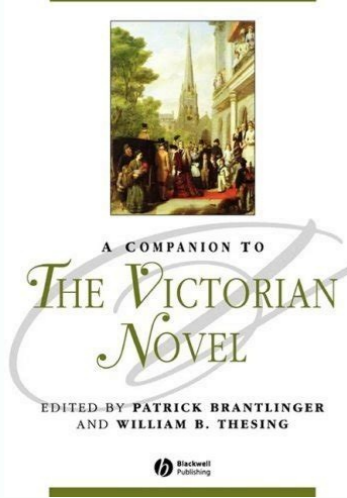
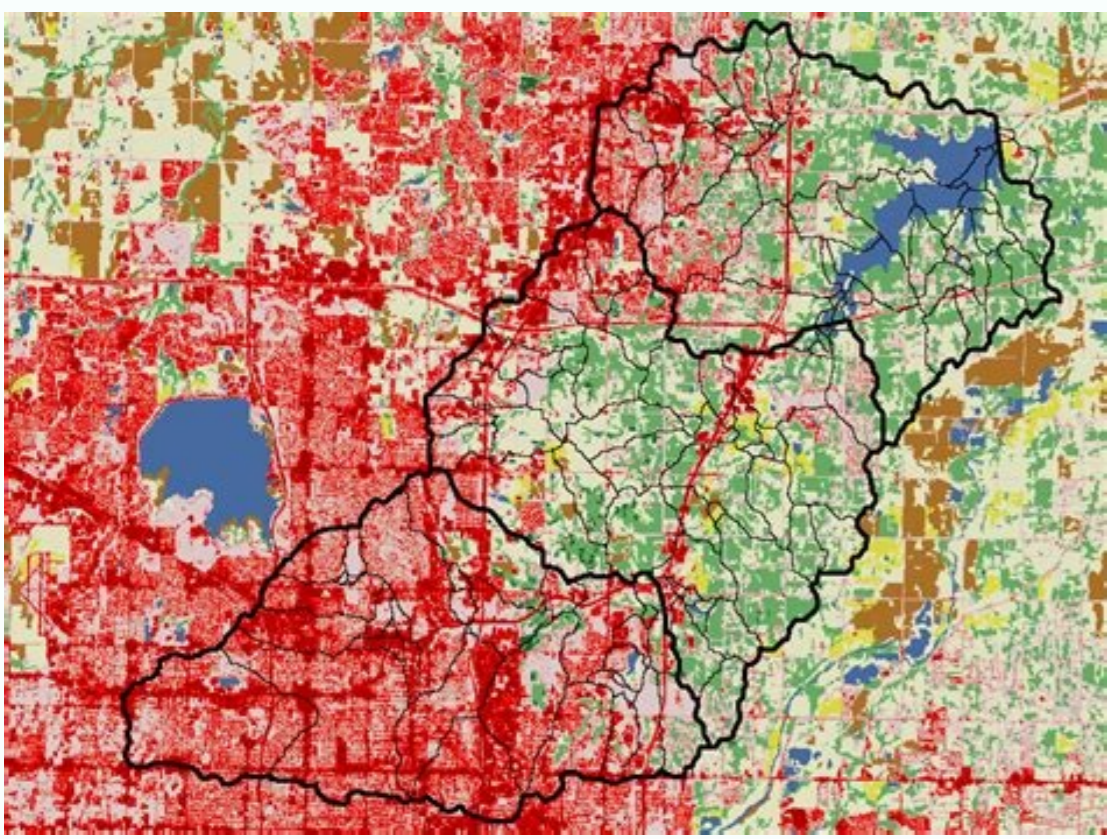


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Psychotropic Medication Characteristics for Special Education Students with Emotional and/or Behavioral Disorders

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Abstract

Objective: Characteristics of psychotropic medication use have rarely been investigated for special education students with emotional and/or behavioral disorders. **Methods:** The prevalence of psychotropic medication use was obtained at the beginning of a school year for a cohort of 77 students attending a self-contained middle school for special education students with emotional and/or behavioral problems, in the suburban New York City area. Demographics, intelligence quotient (IQ) and achievement testing, and objective measures of both psychopathology and school functioning were gathered. **Results:** Overall, psychotropic medication was used in 77.9% of the participants; 52.0% received more than one medication. The most commonly prescribed medicines were atypical antipsychotics (49.4%) followed by attention-deficit/hyperactivity disorder (ADHD) medications (48.0%). Usage patterns for specific diagnostic presentations were examined, and appeared consistent with current clinical practice. Persistent elevated psychopathology appeared frequently in students on medication. **Conclusions:** Psychotropic medication use in this unique but important sample of special education students appeared generally consistent with recent psychotropic prevalence research. The need for collaboration between special education teachers and prescribing physicians, in order to achieve optimal medication adjustment for these students, was highlighted.

Introduction

PSYCHOTROPIC MEDICATION CHARACTERISTICS have rarely been investigated in special education students with emotional and/or behavioral disorders. The most recent study (Mattison 1999) investigated psychotropic use from 1993 to 1996 in 89 elementary school students classified as having serious emotional disturbance who were in either self-contained classes (52%) or a self-contained school (48%). At baseline, 38.2% of the participants were receiving a psychotropic medication, with 16.8% taking more than one medication. A similar study has not been reported for special education students in a public school, such as a resource room, a self-contained class, or a self-contained school. The only related information about psychotropic use in special education students has been provided for 137 students in a non-public school residential setting who were classified by the federal special education category as having emotional disturbance (Ryan et al. 2008). The large majority of the students (75.9%) were taking a psychotropic medicine, including 56.2% who were taking two or more medicines. These findings were double the findings in the earlier study of such students (Mattison 1999). One likely reason was that these special education students were in residential programs for seriously dysfunctional youth rather than in public school

programs for those with less dysfunction at school and/or home. However, another probable reason is that the increased rates in the Ryan study are also consistent with recent national trends of significantly increased prescribing of psychotropic medications for youth by all physicians, not only singly, but also concomitantly. For the period from 1987 to 1996, the overall rate of psychotropic prescribing more than doubled (Offord et al. 2002; Zito et al. 2003). Then, from 1996 to 2007, the overall rate rose by ~75% (Comer et al. 2010). A new study of current psychotropic usage in special education students with emotional and behavioral disorders is especially timely for both special education teachers and prescribing physicians. Special educators have become increasingly informed of the accumulating evidence base for the use of psychotropics to treat specific psychiatric disorders in their students (Forness and Kavale 2001), which can complement their frontline behavioral and academic interventions (Forness et al. 1999). However, they continue to have minimal working knowledge about psychotropic medications (Ryan et al. 2012) despite improving resources (Kootsoosak 2012). They now need more real-time awareness of which psychotropics (alone and in combination) are currently being prescribed for their students, to better recognize those medications with which they must be especially familiar.

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Identify the information types processed, stored, or transmitted by the Information System (IS) - Determine the impact level on confidentiality, integrity, and availability for each information type - Determine Information System (IS) categorization and document results Identify and Document Baseline and Inherited Controls - Select and Tailor Security Controls - Determine applicability of recommended baseline - Determine appropriate use of overlays - Document applicability of security controls Develop Security Control Monitoring Strategy - Review and Approve Security Plan (SP) - Implement Selected Security Controls - Confirm that security controls are consistent with enterprise architecture - Coordinate inherited controls implementation with common control providers - Determine mandatory configuration settings and verify implementation (e.g., United States Government Configuration Baseline (USGCB), National Institute of Standards and Technology (NIST) checklists, Defense Information Systems Agency (DISA), Security Technical Implementation Guides (STIGs), Center for Internet Security (CIS) benchmarks) - Determine compensating security controls Document Security Control Implementation - Capture planned inputs, expected behavior, and expected outputs of security controls - Verify documented details are in line with the purpose, scope, and impact of the Information System (IS) - Obtain implementation information from appropriate organization entities (e.g., physical security, personnel security Prepare for Security Control Assessment (SCA) - Determine Security Control Assessor (SCA) requirements - Establish objectives and scope - Determine methods and level of effort - Determine necessary resources and logistics - Collect and review artifacts (e.g., previous assessments, system documentation, policies) - Finalize Security Control Assessment (SCA) plan Conduct Security Control Assessment (SCA) - Assess security control using standard assessment methods - Collect and inventory assessment evidence Prepare Initial Security Assessment Report (SAR) - Analyze assessment results and identify weaknesses - Propose remediation actions Review Interim Security Assessment Report (SAR) and Perform Initial Remediation Actions - Determine initial risk responses - Apply initial remediations - Reassess and validate the remediated controls Develop Final Security Assessment Report (SAR) and Optional Addendum - Develop Plan of Action and Milestones (POAM) - Analyze identified weaknesses or deficiencies - Prioritize responses based on risk level - Formulate remediation plans - Identify resources required to remediate deficiencies - Develop schedule for remediation activities Assemble Security Authorization Package - Compile required security documentation for Authorizing Official (AO) Determine Information System (IS) Risk - Evaluate Information System (IS) risk - Determine risk response options (i.e., accept, avoid, transfer, mitigate, share) Make Security Authorization Decision - Determine terms of authorization Determine Security Impact of Changes to Information Systems (IS) and Environment - Understand configuration management processes - Analyze risk due to proposed changes - Validate that changes have been correctly implemented Perform Ongoing Security Control Assessments (SCA) - Determine specific monitoring tasks and frequency based on the agency's strategy - Perform security control assessments based on monitoring strategy - Evaluate security status of common and hybrid controls and interconnections Conduct Ongoing Remediation Actions (e.g., resulting from incidents, vulnerability scans, audits, vendor updates) - Assess risk(s) - Formulate remediation plan(s) - Conduct remediation tasks Update Documentation - Determine which documents require updates based on results of the continuous monitoring process Perform Periodic Security Status Reporting - Determine reporting requirements Perform Ongoing Information System (IS) Risk Acceptance - Determine ongoing Information System (IS) Decommission Information System (IS) - Determine Information System (IS) decommissioning requirements - Communicate decommissioning of Information System (IS) To ensure success in ISC2 CAP certification exam, we recommend authorized training course, practice test and hands-on experience to prepare for Authorization Professional (CAP) exam. 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