



# Overmedicating Foster Kids: The Cost of Skimping on Care

Overdrugged foster kids is the price we pay for taking care of at-risk children on the cheap

By [Judith Warner](#) | [@judithwarner](#) | December 2, 2011 |

Warner's latest book is *We've Got Issues: Children and Parents in the Age of Medication*.

The statistics that came out of this week's [GAO report](#) on psychotropic drug use among American foster children were bone-chilling: In 2008, children in Florida, Massachusetts, Michigan, Oregon and Texas who'd been removed from their parents and placed in the care of state child welfare agencies were being prescribed psychiatric drugs at rates 2.7 to 4.5 times as high as non-foster care children on Medicaid. Thousands of children were taking medications at doses that exceeded FDA-approved maximum levels. Hundreds of foster children were taking more than five medications at once and some were taking up to ten drugs simultaneously. Even some infants were being prescribed psychiatric medications.

And the testimony from 12-year-old Ke'onte Cook, called on Thursday to speak at a Senate Subcommittee [hearing](#) centered around the report was heart-warming: Since being adopted by loving parents, the former foster child, who'd once taken up to five medications simultaneously, had been in therapy, gone off what he called the "idiotic meds" and gone on to soar socially, academically and in his new family life.

Yet the emotional takeaway — *Stop Drugging Foster Kids Now!* — will probably do no meaningful good whatsoever for this population of our nation's most vulnerable kids. In fact, if the response, in the long term, remains narrowly true to the deeper purpose of the Senate hearing — "saving taxpayer dollars" as Delaware Senator Tom Carper put it — all the high drama will likely have the net result of victimizing these long-suffering children once again.

Though wide in its geographic scope and in the sheer volume of the numbers crunched, the GAO report — like most of the conversations we have these days on the mental health of America's kids — is obsessively narrow in focus. It looks at prescribing data to determine the percentage of foster kids who take psychiatric drugs and the number of prescriptions they receive. But it doesn't say — because the investigators didn't ask — precisely what the children were being treated for in individual cases. It doesn't say — again, because no one asked — what sorts of doctors were writing the prescriptions. It doesn't say — for the same reason — whether and why children were or weren't receiving psychosocial or educational interventions with their meds. In other words: it gives us a horror story of pill use run amok without much context or nuance and as a result lends itself to the most cartoonish sorts of reactions.

As other studies have shown before, the GAO report does note that foster children have very high levels of mental health needs. In fact, previous studies have shown that the depth of their needs is in part what can land them in foster care in the first place, when their biological parents lack sufficient resources to care for them, and end up making the wretched decision to surrender

parental rights in the hope of securing decent mental health care. These kids are often born with out-of-whack nervous systems due to prenatal drug exposure. Their biological parents, disproportionately, suffer from mental health issues. And, as Medicaid patients, they rarely have insurance coverage for needed psychosocial interventions — the “therapy” invoked as a panacea by the Senators who participated in yesterday’s hearings. Even if they could afford it, most of the therapy they’d be exposed to wouldn’t be very good. According to a 2006 [survey](#) in the Archives of General Psychiatry, most of the training programs for clinical psychologists and social workers today don’t require extensive experience in evidence-based therapy practices.

For these children, psychotropic medications are, as Dr. Jon McClellan a University of Washington Child Psychiatrist who testified for the Senate subcommittee put it, mere “stopgaps.” Using them in a reasonable way is, one might argue, better than doing nothing at all for kids who are otherwise at risk of harming themselves or other children, of being thrown out of yet another home placement or ending up in the criminal justice system. But stop-gap measures are meant to lead to deeper, more meaningful solutions. In the case of these children, such solutions would not only mean treatment with evidence-based therapy (a tall order) but also finding a home with stable, loving and attentive parents, support from both nurturing and highly-skilled teachers, good nutrition, high-quality health care and a whole host of wraparound services aimed at healing the wounds and deficits from their early years and putting them on track to living better lives.

Taking care of these children instead on the cheap — beginning in infancy, when many are warehoused in group foster homes where they receive truly minimal emotional care — has left us instead with the situation revealed in the GAO report: one in which medication is used as a first-line intervention because it’s easy and accessible and cheaper than any alternative. The message is clear: you get what you pay for. The lawmakers who grew misty at Ke’onte’s testimony before segueing back into talk of “saving taxpayer dollars” would do well to remember this.

Warner, a former contributing columnist for the New York Times, is the author, most recently, of [We've Got Issues: Children and Parents in the Age of Medication](#). The views expressed are her own.

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