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By Mary Wilson

Overmedicated: Foster Kids in Crisis

All three of Michelle Avila's young children were removed from her home in 2007 after her three-year old son jumped from a table and suffered a spiral leg fracture.

Both of Avila's sons, along with her daughter, ages four, three, and one at the time, were taken into state custody after a hospital physician who treated her son's injury reported the incident to New York City's Administration for Children's Services.

"ACS came to the hospital with full guns blaring. They came in with cops and detectives and interrogated me in the hospital," she says. "They didn't even let me go and sit with my son when they put his leg in a cast."

Avila was arrested on the spot on charges of child abuse and says she was forced to sign a 72-hour voluntary removal of her children at the threat of ACS permanently taking them away. After five months of going back and forth to court the district attorney handling her case eventually dropped the charges.

However, even with allegations no longer looming, Avila's children were ordered to remain in foster care and it is there where they first began an ongoing regiment of psychotropic drug use.

Nearly one in four foster children across the county is taking at least one psychotropic medication-- more than four times the rate for all children, according the Children's Defense Fund, an organization fighting for reform of the foster care system.

Psychotropic drugs are chemical substances that act primarily upon the central nervous system where they alter brain function, resulting in temporary changes in perception, mood, consciousness and/or behavior. They include such drugs as risperidone, thiorazine, and guanfacine.

Over the last decade the use of psychotropic medications amongst children has more than doubled according to a study done by the Tufts Clinical and Translational Science Institute. It has yet to be determined what permanent affects such drugs have on children as they age, due to a limited number of studies.

Former foster child, Karma Spear, 29, has witnessed the change in the handling of children currently in the system. "The kids I was around had bad behavioral issues and were put in group homes or sent to juvenile detention centers," she said. Spear says she has noticed the drastic increase of medication being used as a way to control behavior in the newest generation of foster children.

After 18 years of foster parenting, Paul Robinson has seen first-hand how the detached evaluation process has led to the overmedication of thousands of children.

Robinson, who fostered Avila's oldest child David, says, "The problem with the agency is--and it's a problem that may not be able to be avoided--is they don't know all of the nuances that the children have," he says. "The workers are just simply interviewing the kids and they don't spend a lot of time with them in terms of 24 hours a day."

In his experience many times the decision of whether to increase or decrease the dosage of daily prescriptions is solely based on the answers to a few questions. Robinson says medication is more often than not the agency's answer to any behavioral problems.

"It's the easier option," he says.

According to Robinson, in order to regulate the behavior of foster children in his care psychotropic medications are prescribed on a trial and error basis. Psychiatrists experiment with different doses and different levels of various medications.

Crystal Davis, a psychiatric attendant at South Oaks Hospital on Long Island where David was once hospitalized, says there isn't an exact science to prescribing medications. "Different medications or different combinations of medications work differently on different people," she says. "Sometimes the effects wear off or it doesn't work as well or because the age and body changes and they need to have a change."

However, Davis--who works with adolescent girls at the psychiatric center--acknowledges that there have been cases where patients have been prescribed too many medications. "I have personally seen where somebody has been overmedicated. They don't function," she says. "I know the goal is to get them to calm down and be safe, but they don't function like a typical person their age. Its like they're in a zombie-like state. Very lethargic, it's hard to keep a routine."

According to Avila, while at Queens Children Psychiatric Center in 2014, David was taking over five different medications at one point, including three doses of thiorazine a day--- a psychotropic drug used to treat mood disorders like schizophrenia.

Avila noticed signs of overmedication when David became irresponsive during visits with her. "He was very sedated. You couldn't hold a conversation with him. He would nod off," she says. "There were several occasions where he was with me in a visit and he would go to the bathroom and actually forget what he was doing and he would come back and he would wet himself."

Robinson noticed similar symptoms when visiting David. "When they put him back in the hospital I said that whatever you're giving him it's just too much," he says. "He couldn't hold a conversation with you. He would nod out. It was heart-breaking."

Although uncertainty remains about the effects the psychotropic medication mixtures have on children, Robinson says he has experienced resistance from ACS caseworkers when he questioned prescriptions and dosages.

Robinson recalls his experience of being forcibly removed from a psychiatrist's office after inquiring about the effectiveness of his foster child's prescription, which included 17 different medications per day.

Dr. Micaela Wexler, the Medical Director of Psychology at Marillac Psychiatric residential Treatment Facility in Kansas City, says the disconnect between foster-care agencies and the psychiatrists treating the children is to blame. "Case workers don't understand the physiology behind the meds," she says. "All they know is that when the kid is throwing chairs and breaking chairs on people's heads if they throw them a med the kid will stop for at least a week."

While Wexler says about half of the foster children that come into her facility are already overmedicated, there is good reason to use psychotropic drugs in appropriate circumstances and dosages. "Kids that are in foster care do tend to have a higher incidence of family history of severe mental illness," she says. "They're more likely to have attachment disorders, post-traumatic stress disorders. The level of incidents of abuse is much higher in those kids. It's one of the reasons why they end up in foster care."

Although Avila does acknowledge that her children did witness domestic violence, she says the trauma of being taken away from her—especially the manner in which that occurred--was a major factor in their development of emotional and psychological disorders. After regaining custody all of three children, Avila ultimately decided that she was unable to care for David as his issues progressed. David, 14, diagnosed with ADHD, mood deregulatory disorder, and depression, was placed into voluntary foster care last year and is currently hospitalized.

Avila says her daughter, 11, has also been diagnosed with ADHD and now takes a daily 20mg dose of Adderall. Her son, 13, takes a daily dose of guanfacine. After years of being separated from each other and experiencing mental and physical abuse in various foster homes, Avila says, "They came back to me very damaged little children. And it took years to get them to the point where they're at now."

Children in foster care are three times more likely to have an ADHD diagnosis than children not in foster care, according to the American Academy of Pediatrics. Children with ADHD who were in foster care were also more likely to have another disorder, with roughly half also diagnosed with conditions such as oppositional defiant disorder, depression, or anxiety, according to a study done by the Centers for Disease Control and Prevention after examining 2011 Medicaid outpatient drug claims from multiple states across the United States.

While it's appropriate to use medications to handle valid disorders, Drexler says therapy should also be used as a part of the treatment.

Davis says in her Long Island facility therapy options are rarely discussed when determining behavioral treatments with many frustrated foster parents. “It’s not something that’s utilized enough with them,” she says.

While Davis says counselors at South Oaks do hold weekly group therapy sessions, after being in the foster-care system for an extended amount of time many adolescents come seeking meds, not talk. “If they’re institutionalized with a habit of being in an institution for periods of time they get used to that and some seek it to self medicate,” she says. “A lot of children too at the hospital, instead of working through or talking through their issue, the first thing that they will do is request to get all of their medication to calm down instead of dealing with the issue.”

A statement provided by the New York State Department of Mental Health which oversees the state’s mental health system says “Psychiatric/psychotropic medications are just one of many treatment modalities employed at OMH facilities, which also include therapeutic interventions such as individual therapy, family therapy, and skill-building activities designed to individually address the clinical needs of each child.”

The department denies ever receiving any formal allegations or complaints regarding overmedication of children in foster care at any of its psychiatric centers.

OHM went on to say, “The standards and procedures for treatment and for prescribing medications are the same for every child, regardless of foster care status.”

While OMH denies any wrongdoing, Robinson believes the system is failing miserably in terms of foster care.

“We haven’t really done a good job. And I say we because it’s a collective group. Shame on us because it has to be better,” he says. “We’re not doing what we’re supposed to do. It could be revamped and the only people that suffer are the children right now.”