



Foster children need to grieve without interference of medication.

Andrea Calloway

Volunteer Advocate

CASA of Denton County, Inc.

More than 8 years

18 cases

34 children served

10 with mental health issues

Currently serving 7 children
in 3 cases

- Loss of family
- Loss of friends
- Multiple placements
- Multiple schools
- Cultural changes
- Stigma of being a foster child
- Fear of uncertain future
- Very low self esteem

Concerns About Mental Health Services

- Foster care agencies contract with specific psychiatrists and therapists.
- Psychiatrists quickly prescribe medication based on limited information.
- Many medications used are contra-indicated for children.
- Medication and behavior modification often inappropriately takes the place of grief and loss therapy or sexual abuse therapy.
- Children have no say about medication and sometimes have no privacy in their own therapy.

Concerns about Mental Health Services

- Children placed in new cultures and at considerable distances, making it difficult to adjust and benefit from therapy.
- Keeping children in a placement to minimize the number of disruptions is good, but often fails to consider the placement's ability to meet a child's mental health needs.
- Medication management psychiatrists, behavior modification therapists and therapeutic foster placements are costing the state a tremendous amount of money.

POSSIBLE SOLUTIONS

- Children not on medications entering care should have 90-120 days of grief and loss therapy before any medication can be prescribed.
- Children on medications entering care should be immediately evaluated by an independent psychiatrist.
- Avoid placing children under 5 on psychiatric medications.
- CPS, CASA and Attorney ad Litem should have input before child is placed on medication.

POSSIBLE SOLUTIONS

- Medication should be a last resort, short term, and evaluated monthly by treating psychiatrist and annually by an independent psychiatrist.
- Psychiatrists and therapists should not be on payroll of foster placement agency.
- Psychiatrists, therapists and foster parents should have extensive training in grief and loss therapy for children.
- Therapy should be between therapist and child only.

POSSIBLE SOLUTIONS

- Consider a policy of 1 child per home or 1 sibling group per home to allow children the nurturing, attention and respect they need and deserve.
- Emphasize recruitment of nurturing foster homes rather than therapeutic homes, except in areas concerning serious medical injuries or illnesses or for those who are mentally challenged.
- Consider development of “trauma centers” for children who suffer severe sexual and physical abuse where they can stay and receive therapy for abuse, grief and loss, medical and dental care and educational evaluations.

POSSIBLE SOLUTIONS

- Consider definition of successful outcomes and offer incentives for achieving those outcomes rather than paying a caregiver based on a child's "level" of need.

Andrea Calloway

Texas CASA

2009

Jane Quentin Piper

Volunteer of the Year

