INCONVENIENT YOUTH:
THE OVERMEDICATION OF CHILDREN IN FOSTER CARE

COMMITTEE ON WAYS AND MEANS SUBCOMMITTEE ON HUMAN RESOURCES

TESTIMONY BY DR. PHILLIP C. MCGRAW, PH.D.

THURSDAY, MAY 29, 2014

Chairman Reichert, Ranking Member Doggett and esteemed members of the Committee. I am honored to be invited to appear before you to participate in this critical discussion concerning the possible misuse of prescription psychotropic medications. These drugs are all too often prescribed to America's foster children. I believe evidence shows these medications are too frequently, and sometimes even recklessly, prescribed to children in the foster care system and others with limited access to quality medical and psychological care.

Prescription psychotropic drugs can change and even save lives, but when it comes to these vulnerable children, these drugs are too often misused as "chemical straight jackets." This is a haphazard attempt to simply control and suppress undesirable behavior, rather than treat, nurture and develop these treasured young people.

It is well documented that compared with the child and adolescent population at large, children in our nation's foster care system exhibit higher rates of emotional distress and mental illness. Sadly, they endure a far greater frequency and variety of horrific events, abuse, neglect, and trauma than children who live with intact families. Consequently, they experience increased educational and developmental deficits, and a higher frequency of diagnosed mental illness.

Approximately 20 percent of children in the general population are diagnosed with a mental disorder. In the foster care population, estimates are as high as 80 percent. We would certainly expect to see more of these children for whom psychotropic medication is appropriate, if not essential, but even then, there are grave concerns the evidence does not support the excessive prescribing pattern we see.

The reality is medication cannot put the psycho-social horse back in the barn. These kids deserve to live in safe environments where healthy behaviors are observed and modeled. A rush to medication creates a more manageable world for caregivers, teachers, and courts, but have we really helped these under-served children? Throwing drugs at the problem may make them "less inconvenient" in the moment, but is *convenience* a justification for higher rates of psychotropic drug therapy? I pray to God the answer is no, no, no. Looking for a drug just because it is calming and constrictive is wrong on so many levels. Long-term solutions cannot and will not be found in a pill

bottle. So how *do* we determine the *appropriate and necessary* use of prescription psychotropic drugs with these children?

To answer this question, we must *ask* several more. When psychotropic drugs are used, is the use supported by evidence-based research? Has there been an appropriate diagnostic formulation reached by a *qualified* health care professional using well-established criteria? Once prescribed, is there appropriate monitoring of these medications for efficacy and side effects? Are medications used in conjunction with psychological and behavioral interventions?

If the answer to any or all of these questions is no, and I fear too often this is the case, then the bottom line is we stand by as these children are actually sabotaged in two very significant ways. First, they may be getting inappropriate and over-prescribed psychotropic drugs. Secondly, they are *not* receiving the evidenced-based treatments they actually need. This is a double or even triple "bad deal." Think about it. If you make a wrong turn and go five miles in the wrong direction, that is a 15-mile mistake! You go 5 miles in the wrong direction, you have to come back 5 miles and then begin to go the 5 miles you should have started with! These children go through enough without being run all over hell and half acre. They desperately need to get the appropriate help they need, at the precise time they need the help. Let us begin to embrace the gold standard and do only what is "In the best interest of the child."

We can and must because these children deserve better. I think old sayings get to be old because they make good sense. To quote an old saying here, we need to become part of the solution for these children and not part of their problem. We must put an end to our lazy, poorly conceived and antiquated care plans.

Like so many things in life there is a *right way* and a *wrong way* to do things. Based on my academic training, my experience as a clinical psychologist and my work alongside both adult and pediatric psychiatrists, I have seen firsthand the benefit of these medications when prescribed under the proper circumstances. I have also seen the damage done when the drugs are used by health care professionals with inadequate training and experience in the treatment of behavioral and mental disorders. Their lack of understanding of the medicines they so readily prescribe, coupled with insufficient training in the measurement and diagnostic criteria that is so essential, hinders the development of a quality, comprehensive treatment plan. These children deserve better than to be part of an assembly line style of medicine. Move 'em in, move 'em out! There just has to be a better solution.

I know this population because I have worked closely with them for years. So many of these children are just your normal everyday kids who live in extremely atypical circumstances. We must properly differentiate between psychological, medical and neurological etiology for the behavioral and emotional problems before choosing a treatment plan. We cannot allow *some* foster parents and ill-informed, albeit well-

intended, health care providers to simply default to psychotropic drugs because it is an easier, "seemingly" more convenient solution. Solutions that may seem efficacious in the short term might be devastatingly disruptive in the long run. The goal simply cannot be to make raising these children less demanding in the moment.

These are not theoretical concerns or hypothetical scenarios. These are real situations unfolding as we speak. At increasingly alarming rates, we find these drugs being *over prescribed* and *inadequately monitored.* Data show that over 40 percent of children in foster care are taking three or more prescription medicines from different classes of drugs, including antidepressants, anxiolytics, antipsychotics, stimulants, mood stabilizers and hypnotics. Some are taking medications from *five* different classes of drugs, including children under the age of one year. *There is not one shred of research or scientific evidence that this is effective, or even safe!*

The lack of research and published data is all the more puzzling to me because the FDA has established an incentive for testing medicines designed for adults to be used with children with various bolt-on pediatric marketing exclusivities. Hopefully, pharmaceutical companies will take advantage of this incentive and help us understand how, when, and when not, to use their products in children. A more active partnership and dialogue can only serve to benefit these children.

But, it is in the trenches where the prescription pen becomes the mighty sword in this battle. This is where the abuse is happening. This is where the drugs are mis-used as weapons to subdue and *control* behavior. Again, let me reiterate, I am *not* talking about the *appropriate* use of these medications when prescribed by specialty-trained professionals in conjunction with evidence-based behavioral therapies. In those cases, many of these drugs provide profoundly positive effects.

The risks of this polypharmacy, the use of multiple drugs from multiple categories, is unfathomable. Research does not support this practice and drug-to-drug interactions potentially create more problems than they solve.

As if this were not enough, it seems that government-run programs are subsidizing these negligent practices. Medicaid and similar state-run programs pay for the cost of medical care for most of these children in foster care. It is reported these children are prescribed psychotropic medications at more than *three times the rate* of lower-income children from intact families who also are covered by Medicaid. This needs to and must be further investigated.

The time is now for good science and *not convenience* to be our guide. If research does not support *the way* we practice, we must *reexamine* the way we practice. We are long past due in looking at the research to determine if these drugs are effective, or for that matter, even safe.

Further, it is time to look at the foster children on an individual, case-by-case basis. They are not a "one size fits all" population. As I said, and cannot emphasize to you enough, some of these children have **no mental illness** or disorder whatsoever, yet they are medicated.

Others actually *do* have a legitimate illness or disorder but are **improperly diagnosed** by caregivers either not properly skilled or unaware of how to access or rule out relevant diagnostic criteria. For example, someone in a manic phase of bipolar disorder might erroneously be diagnosed with ADHD and therefore be given medication lacking therapeutic efficacy and in fact it could potentially have the effect of pouring gas on a fire.

Still other foster children may be **properly diagnosed but improperly treated** with medications with no scientific support for use with that particular disorder. This is especially disturbing when we have non-medication treatment techniques that *are* proven effective, **and very importantly, do not have the long list of medication side effects.**

We must not forget the standard of care in the prescribing of psychotropic medication requires **appropriate monitoring**. This is oftentimes difficult and time consuming, but it comes with the territory. Without proper monitoring, drugs have the potential to delay the development of normal adaptation processes, which can further handicap a child. The over reliance on medication, without proper behavioral interventions, does nothing to help a child develop coping and problem-solving skills essential for educational, social and moral development. These are the very skills needed to overcome their history and help fill the gaps in their development that led them into the foster care system.

Even the appropriate use of medication in some disorders can place a child at greater risk for future dependence on prescription or non-prescription drugs. We know that many of these drugs have addictive elements.

The absence of this monitoring results in more than just a few foster teens actually selling their drugs on the street rather than taking them.

Dr. Charles Sophy, a highly skilled and experienced psychiatrist and Medical Director of the Los Angeles County Department of Children and Family Services, recently shared with me a shocking anecdote. It seems some of the children in the foster care system in LA approached him on a street near a shelter. Without realizing who he was, they attempted to SELL him the psychotropic drugs they had been prescribed. Instead of taking them, they chose instead to turn the pills into a source of cash! Streets leading up to certain shelters are referred to by some of these children as "the gauntlet." Those seeking shelter there believe they first have to run a "gauntlet" of drug dealers and other predators hanging around there knowing these children are coming by. These are

the very same children and the very same drugs we are talking about here today. It happened more than once in less than an hour!

This story is to me both staggering and frightening. One can only hope foster parents and prescribers notice if drugs important enough to prescribe weren't even being taken! We are the grown ups here. Aren't we the ones responsible enough to pay closer attention to these at risk youth who so desperately need our support and guidance?

The news is not all dreary. Psychological science has advanced tremendously over the past 15-20 years. We have evidence-based behavioral treatments known to be very effective in producing positive behavior change. Applied consistently by professionals, parents and schools, the results are far more enduring than the use of stopgap measures like prescription drugs. These techniques are effective. They do not have dangerous side effects. They empower children by demonstrating behavior change is not only possible, it is a result of their own efforts. It engages children in the process and in the solution.

Imagine the feeling these children can experience knowing they possess the skills needed to succeed in this world. To look at yourself in the mirror and have the tools, the confidence, and know, "I can do it!" I personally can think of no greater gift. The loving arms these hero foster parents provide these children are also immeasurable in impact. (God bless the foster parents!)

Having said that, I would like to add a very personal note to this discussion. When I was a teenager, there was a brief but memorable period of time when I was homeless. I remember all too well the feeling of hunger, cold and most devastatingly, the feeling of being *alone*. I remember the struggle trying to go to school, to fit in with peers who had a family, a bed, and a meal awaiting them at the end of the day. I was living in a parallel universe.

I'll never forget the feeling of relief when my father and I were able to move from our car to a small room in a YMCA, and then finally to an apartment. It would be several months before we could afford the deposit required to turn on the electricity. This was my life at the time. No one suggested mind-altering drugs to help me feel better or act differently. What I did have were people in my life who believed in me and helped me believe in myself. One particular football coach allowed me to be a part of a team when I was an outsider and needed very much to *belong* somewhere. I learned what it means to be resilient and not to view myself as a victim. I faced the responsibility for my actions, my failures, my future. Sometimes, nothing is more powerful than a child feeling a caring adult's arm around his or her shoulder to guide them through the maze of life. Foster parents are by and large unsung heroes. My wife Robin and I have had the great honor of being national spokespersons for "CASA," the Court Appointed Special Advocates program, for the last several years.

It is the responsibility of each and every one of us to teach America's foster children the skills they need to be happy, productive citizens. This wisdom comes from a unified and integrated system that truly creates the conditions under which a disadvantaged youth can navigate a course filled with obstacles, and with the finish line in sight, find the strength, determination, motivation and courage to cross the line to success.

Fortunately, there *are* those involved in this important work that "get it" and get it in a big way. There are some extraordinary efforts under way to do the right thing and make a difference in the lives of foster children. The GAO produced a very important document which not only comprehensively assesses this problem, but provides meaningful guidance to states on best practices for overseeing psychotropic prescriptions for foster children. The Texas Department of Family and Protective Services and the University of Texas College of Pharmacy have provided a well reasoned set of general principles evaluating medication utilization parameters for children and youth in foster care. The Illinois Department of Children and Family Services has developed a very comprehensive set of guidelines for the practice of pediatric pharmacology developed specifically for this population. Many of these, and other entities, have brought us closer to what is hopefully becoming the standard of care in the use of psychotropic prescribing in children and adolescents.

I want to conclude my remarks by saying, like many of you, I am grateful for all the opportunities I have for health, love, hopes and dreams for my own children and grandchildren. I recognize all children are not this fortunate. The 400,000 children in this great country who are placed in foster care *each year* due to abuse and neglect have neither the voice to advocate for themselves, nor the strength, maturity or resources to protect themselves. If we continue to throw drugs at them, drugs that in many cases are not even approved or recommended for children, are we not saying, "you are forgotten, you are not worth the effort of actual treatment, you are *inconvenient?"*

We must *all* step up to bridge the gap to take these children from victims to victors. We must and can do better.

I want to thank this Committee for inviting me to participate in this very important forum so close to my heart. A wise man once said, (well actually it was me that said it), "You can't fix what you don't acknowledge." This committee is boldly acknowledging a problem. I feel confident the solutions are closer today because of your interest. I came today accompanied by Dr. G. Frank Lawlis, Psychologist and Chairman of the Dr. Phil Show Advisory Board, Dr. Charles Sophy, Psychiatrist and Medical Director of the LA County DCFS and also a member of our Advisory Board, who I mentioned earlier, and Dr. Marty Greenberg our Director for Professional Affairs. I, in fact, we, would be happy to answer any questions.