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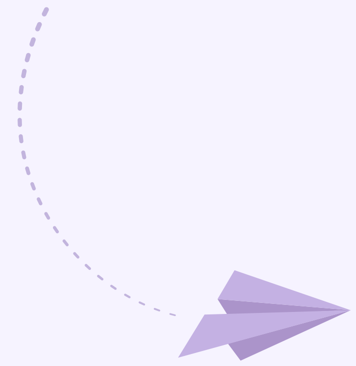

CASE STUDY

Issues That Lead to the Overuse of Psychiatric Medication among Foster Children

Children in foster care system experience emotional challenges if compared to the children living at home with their parents for several reasons. First, children encounter traumatic conditions before entering the system. Consequently, they are more likely to have psychological problems than those living under normal conditions in their natural family settings. Secondly, the movement from one foster care home to another destabilizes a child's emotions and increases the likelihood of emotional instability. Manifestation of psychological problems in children in foster care is likely to be more than in other children, which prompts care providers to concentrate on providing psychotropic drugs.

The first main issue likely to increase the overuse of psychiatric medications in foster care homes is the lax oversight provided by government agencies. The Department of Children and Families (DCF) is mandated to provide oversight duties to foster care systems. Some of the responsibilities of DCF include recording the number of children using psychiatric medications and the type of medication used. In the case of Florida's DCF, none of these responsibilities were carried. The DCF's database did not have an updated record of the number of children using psychotropic prescriptions. The DCF could not prevent the overuse of drugs without such records since it did not know all the children using them. The absence of information on the drugs used limits the DCF in its role to determine effects of the drugs.

The second issue that would increase the usage of drugs is the violation of current guidelines relating to consent before administering the treatment. The case workers are required to get an informed consent from the child's parents before putting the kid on medication. The

personnel in foster care system often flout the guidelines, as the Florida case has demonstrated. The case worker in charge of the child who died claimed that the parents had consented, but the information was found to be untrue. Secondly, the caregivers are required to obtain judicial consent in case it is impossible for a parent to provide such an approval. In several of judicial consent forms, the information indicated that they could have been falsified. The number of documents showing that case workers obtained approvals on Saturdays and Sundays raises questions on their credibility, although it is possible that some were signed over the weekend.

The third issue relates to the reliability of parental consent. In several cases, children were abused and mistreated by their parents before being rescued and placed under the system. Additionally, some of the parents may be drug addicts. When being consulted on the use of psychiatric treatment on their children, they may not understand the implications involved. Moreover, they may be too willing to sign the forms to ensure their children remain within the system. Informed consent requires the parents and caregivers to discuss in details the effect of the drugs. Unfortunately, most of the parents spend little time to comprehend the drugs. Signing of consent forms is thus not informed because it is not based on understanding. As a consequence, the ease of obtaining the consent may increase the likelihood of psychotropic drugs being given to children who do not require them.

Ethical Issues for Both DCF and Individual Case Workers

Both the DCF and case workers have ethical responsibilities to execute their duties effectively. Despite their obligations, they fell short of the standards, by which they should carry out their duties. The DCF has a moral commitment to monitor the welfare of children in the foster care system and offer an appropriate guidance where it is necessary. One of the tools that DCF can utilize to achieve this objective is accurate data. The data can indicate where problems are bound to emerge and thus enable the agency to focus its attention there and avert negative consequences. It was unethical for DCF not to maintain such accurate data. The absence of information on the number of children under psychiatric medication led the organization to neglect its duty of protecting children from harm. Children are vulnerable because they cannot make decisions. Adults in charge of foster care children who have gone through traumatic situations should have excellent ethical standards.

The failure to include medication being taken by kids in the database was an act of negligence and unethical behavior. People who give children medication must be careful to record the drugs and the quantities being taken. Such information can help future physicians to diagnose children based on their history. Failure to keep the drug records denies the doctors a chance to determine the drugs that are functional for various conditions. Since the psychotropic medication has negative mental implications on children, their continued use worsen their condition instead of curing them. As such, it is unethical to proceed giving the drugs to children

without monitoring their efficiency on the condition being treated.

On the other hand, the case worker acted unethically by providing false information about Gabriel's mother having consented to the medication. The case worker was the primary caregiver to the child and should have been truthful and aware of the consequences of her actions. The most ethical behavior would have been to seek consent from the parent and if not possible, from the court. The case worker has an ethical responsibility to explain to the parents of children about the drugs and alternatives available.

Legal Ramifications for DCF Administrator to Consider

The administrator should consider a scenario where he is likely to face a negligence charge. His responsibility is to ensure that there are adequate procedures in foster care homes to protect children and improve their welfare. The laxity with which he conducted his supervisory role led to negligence cases. The administrator could be charged with negligence, should advocacy groups go to court and present evidence that the drugs had negative mental results in children. Investigations in the death of Gabriel may reveal that the administrator could have prevented it by keeping and monitoring data on medication. Consequently, he could be accused of contributing to the death of the child, which amounts to a crime. Consequently, if he is charged with the crime, he could lose his job.

The administrator has been given the oversight role because of his

qualification. He should have been aware that psychotropic drugs should be administered as part of a comprehensive treatment plan (Stanley, & Humphreys, 2006). His failure to ensure that the procedures were followed could be interpreted as absconding duty. One of legal complications that arose from Gabriel's death is the violation of laws that guided foster homes on how to administer mental illness drugs. The violations happened despite the DCF's supervision. The administrator should contemplate being charged for failing to follow the law by allowing foster homes to operate without obtaining consent.

Additionally, he could face charges of failing to enforce ethical standards and promoting forgery. A large number of consent forms were found not to be original and may not have originated from the judiciary. Presence of such crimes within a system being supervised by the administrator could raise legal questions on his suitability for supervisory job.