



FOSTER CARE™
ALUMNI
of America

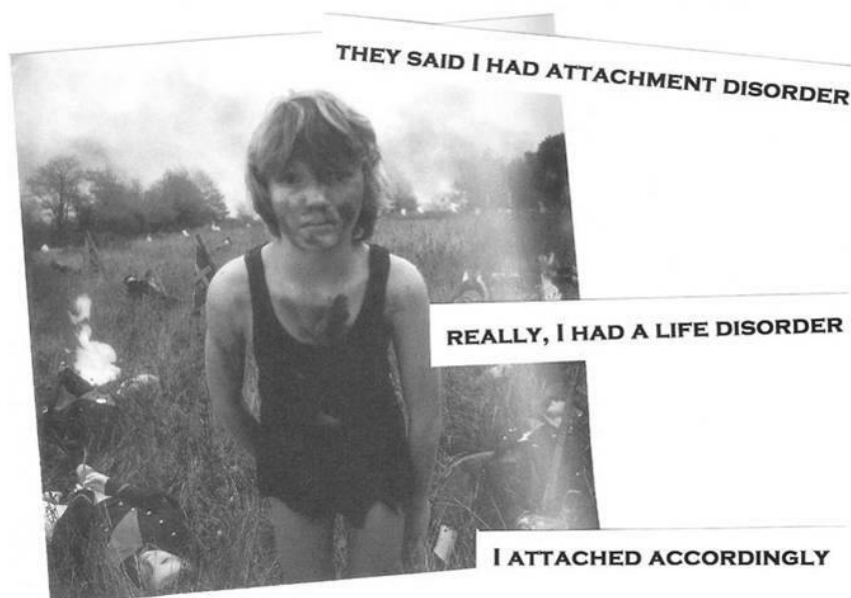
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The mission of Foster Care Alumni of America is to connect the alumni community and to transform policy and practice, ensuring opportunity for people in and from foster care.

Whether you are an alumnus of foster care or one of our allies, please visit www.FosterCareAlumni.org to join our organization and support our mission.

What alumni of foster care want you to know:

Foster Care Alumni of America is proud to be a member of the national Task Force on Foster Care through the American Academy of Pediatrics. As part of our work with the AAP, we've been conducting a survey of our members about their experiences and recommendations regarding health and mental health care access and services. In addition, we have a national community art project where people in and from foster care have submitted postcard art about what they've learned, what they want to share in connection to their foster care experiences. Here are some of the insights we've gathered.

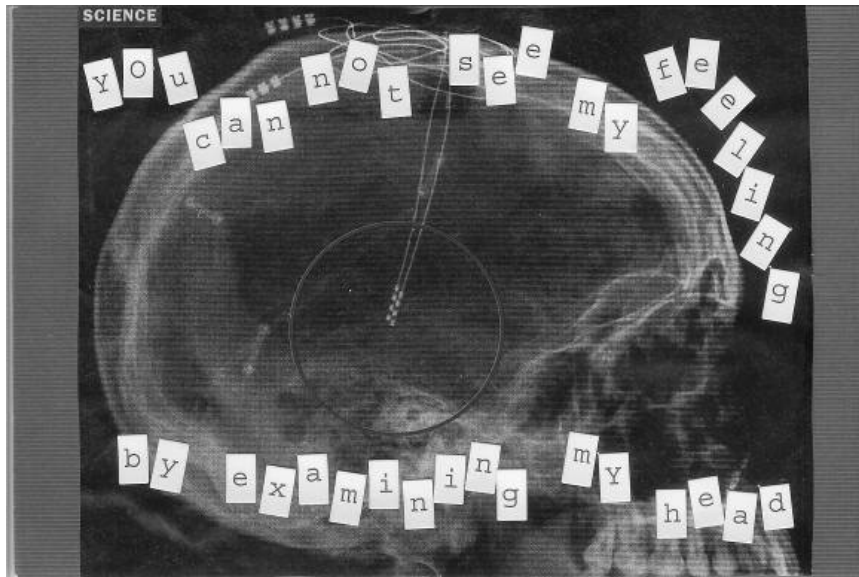


“I was over-diagnosed and over-medicated. I was depressed and emotional when I first entered care and I did not respond to antidepressants. So they thought I had something more serious, but what I had was a life problem.”

--Alumna of care, mid-20s, Ohio

“Don't assume that foster children are "damaged" and need to be "fixed". Do your homework and learn as much as you can about the culture of foster care. Often individuals who are privileged in our society overlook even the simplest of things that foster children must deal with every day (e.g., who loves me? where do I belong?). Society continues to send messages to foster children about the value of family (e.g., home is where the heart is - family is the key to happiness) however, those who live outside of secure committed families feel marginalized and disempowered.”

--Alumnus of foster care



“Scary things in my case file made people assume that there were scary things inside my head. I really was struggling, but I needed time with people, attention, someone who loved me, somebody to talk with who wasn't there for a paycheck.”

--Alumna of care, late 30s, Virginia

“I was put on medication as soon as I entered the system. Did they understand I was grieving, scared, confused about my life? No, they figured let's give her a pill. All I ever wanted was for someone to listen.”

--Alumna of care, California

“Once I left the system I became homeless and without money to afford medication I was left to my own devices: self-medicating with drugs. Luckily, the law "helped" me to learn my lesson. As an adult, my own children are in foster care. I don't think this would have happened if I'd gotten what I needed as a child and I'm working so hard to make it different”

--Alumnus of care

“Pills can't take away what happened to me.”

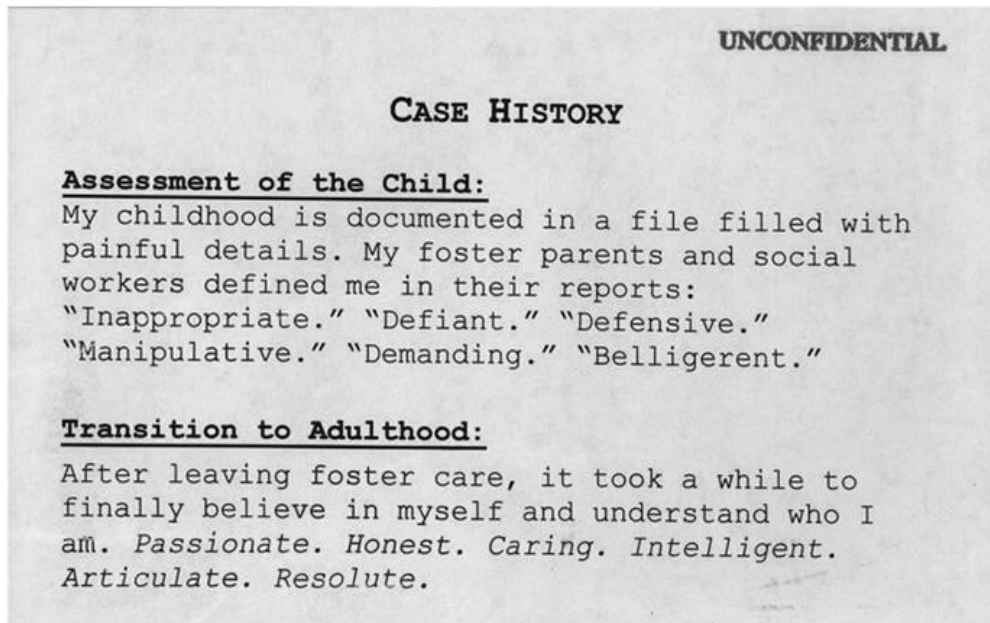
--Alumna of care

“The system enabled me to become chemically dependant to my meds. I sought out ways to feel numb once the system was gone, once my medical was cut off -- alcohol and drugs.”

--Alumnus of care

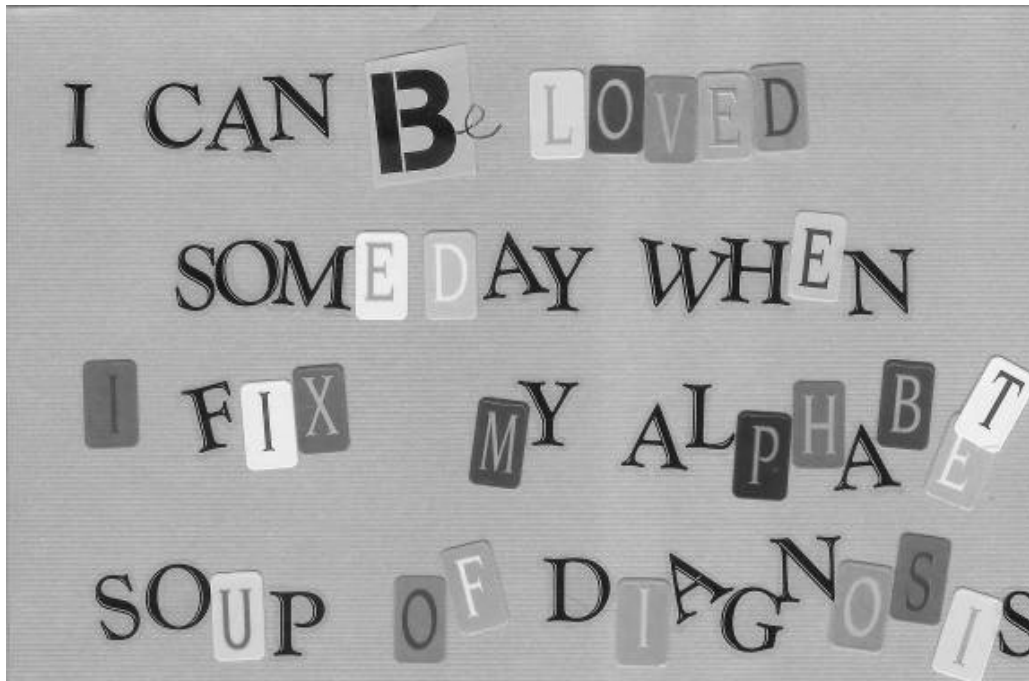
“The best care I got was people accepting me where I was at...not trying to change me as though I was broken/damaged, but being allowing me the room to express my experiences without judgment from the doctor or counselor. The most helpful experience was one in which the counselor or doctor did not assume they knew me based on a file.”

--Alumnus of care




“My case file made me look very oppositional--I had a long criminal history as well as chemical abuse issues. What seemed to escape the notice of the system was the fact that any criminal or using behaviors were all connected to my biological family--either activities done WITH them or as a method of coping with them. I think because of that, I wasn't taken seriously. I wasn't respected or heard.”

--Alumnus of care



“I had 8 diagnoses. I wish they would have had compassion and realized group homes were tough...and so was my childhood...and just given it time....or provided me with an adjustment disorder diagnosis.”

--Alumnus of care

<p>PILLS COULD NOT FIX</p>	<p>THE FACTS</p>
	<p>OF MY CHILDHOOD</p> <p>I had no family and no one who loved me I would never have parents again I would never have my virginity, so there was no reason to 'save myself' for anyone Which was lucky because I had to make a living somehow—I was alone I did the best I could And I learned and changed and made a better life I'm not alone anymore. I'm not for sale anymore. I'm not in need of numbing pills anymore</p>

Recommendations from alumni of foster care about the use of psychotropic medications:

- 1. Consistency is the key to adequate and appropriate mental health care. We need stable placements, we need a ‘medical home’, and we need professionals who know us and our circumstances—and who care about us enough to be effective advocates.**
- 2. Medication should not be the first option considered and should *never* be the only mode of support we receive. Pills cannot change the experiences we’ve faced or the life situations we’ve been put into.**
- 3. We need access to well-trained and supported professionals who can provide culturally competent services. The culture of foster care includes both challenges and victories that need to be recognized and supported by the people responsible for our care.**
- 4. We need ongoing access to health care even after we’ve been adopted, reunified, or emancipated. Our needs don’t change just because the court order or case plan does.**
- 5. We need to know about our own lives, and need to be the primary voice in planning and decision-making. We need access to our records, information about our diagnoses and medications, and the power to seek or refuse treatment based on an educated and supported knowledge about our own lives.**

On behalf of all of us in and from foster care, thank you for standing in the place where our parents belong. Thank you for considering the expertise we have to offer as people who have learned about foster care from the inside. Know that our organization, Foster Care Alumni of America, is available any time policy related to foster care is being considered. We have members from all 50 states, with our youngest members being 18 and our eldest in their 80s. It matters to us that the youth who come after us in foster care have the best that the system has to offer—stability, love, safety, and peace—and we want to help you make that happen.