

Parent/Caregiver-Initiated  
Treatment  
Survey Results

January, 2010

# Three Case Studies

- Situations where parents have been willing but powerless to intervene to help youth avoid deterioration in social and emotional development
  - 13 Year Old Boy Who Declines Potentially Medically Necessary Outpatient Mental Health Treatment
  - 14 Year Old Girl Who Presents Likelihood of Serious Harm to Others is Sent Home By Hospital without Treatment
  - 15 Year Old Boy With Serious Behavioral Health Concerns Who Does Not Receive Appropriate Treatment in the Community

# Poorly Communicated Headlines

- “Police Begin Campaign to Run Down Jaywalkers”
- “Local High School Dropouts Cut In Half”

# Most Striking Conclusions

- Over 75% of respondents think that the parental expectations for in-patient evaluations are reasonable
- A majority of the respondents think that the intent of the law is not being satisfied in any of the cases.
- A majority of the respondents think that customary process is being followed in all cases.
- Only 25 to 36% believe that the letter of the law supports the practices in these cases.

# Case 1

- A 13 year old boy with no previous police record has been punching holes in the neighbor's tires. The neighbor has known the boy for many years and out of concern for his welfare chooses not to file a police report. The neighbor instead informs the boy's parents. The boy's father remembers the trouble he had with the law as a kid. The parents together take their son to a local community health center for evaluation. After a brief **private chat with both the boy and his parents separately**, the parents are asked by the professional to stay in the waiting room during the evaluation. The boy is embarrassed by his recent behavior and not very talkative during the interview. He just wants to go home and forget about this latest incident. After an hour, the boy emerges with the **professional who advises the parents that it would be a good idea to keep an eye on their son. The parents want more to be done expressing that they have been worried about his difficulties at school over the last few years** and now this latest incident. The professional gives them a pamphlet and points out the phone number for Family Reconciliation Services. The boy's father makes the call and after a brief interview with a counselor on the phone about the family environment, the father is commended by the counselor for his excellent work as a parent and encouraged to continue to provide the great family support that his son will continue to need.

# Case 1 Results

	Yes	Only Partially	No	Don't Know
Do you believe that the parents' expectations are too high?	5.1% (2)	10.3% (4)	<b>76.9% (30)</b>	7.7% (3)
Do you think the intent of the law is being satisfied?	7.7% (3)	20.5% (8)	<b>53.8% (21)</b>	17.9% (7)
Do you believe the letter of the law is being violated in any way?	20.5% (8)	20.5% (8)	<b>35.9% (14)</b>	23.1% (9)
Do you believe that customary process is being followed?	<b>53.8% (21)</b>	15.4% (6)	10.3% (4)	20.5% (8)

# Intent of RCW 71.34 is well stated

It is the purpose of this chapter to assure that minors in need of mental health care and treatment receive an appropriate continuum of culturally relevant care and treatment, including prevention and early intervention, self-directed care, parent-directed care, and involuntary treatment

It is also the purpose of this chapter to protect the rights of minors against needless hospitalization

It is also the purpose of this chapter to assure the ability of parents to exercise reasonable, compassionate care and control of their minor children when there is a medical necessity for treatment

# Case 1 Selected Comments

- This was terribly mishandled. It seemed as if no one knew what to do with the situation. What should have happened is a well trained counselor should have told the parents that this warranted a longer evaluation and a set of appointments should have been scheduled including a thorough review of the boys history with the parents. The parents should then be advised depending on the results of the more in-depth evaluation that some counseling would be a good idea and then accept the long haul of finding out what was really bugging the boy so that he was acting out.
- The evaluation process was not complete for this family. Nor the referral process. The parents are left with the additional burden of finding access to treatment, supports, and services.

# Outpatient Treatment Scenario

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- Scenario – Parent Brings Minor Age 13 or Older to an Outpatient facility for Medically Necessary Treatment Evaluation
- *Alternate Case A – Minor Age 13 or Older Does Not Make Request That Parent(s) Participate in Intake Evaluation and Refuses Treatment*
- *Alternate Case B – Minor Age 13 or Older Does Not Consent to Outpatient Treatment*

# Case 2

The parents of a 14-year-old girl with a behavioral health history and diagnosis of autism have been given legal guardianship of their daughter. She has been approved for admission by one of the State's children's long term inpatient facilities but since she vehemently opposes the treatment, has not been admitted by the facility which cites the State law that no residential treatment facility may detain a person against their will. The girl has been experiencing **unusually explosive emotional cycles** over the last few weeks. The parents report feeling like they are "walking on eggshells" at home around their daughter. On one particular day, **the mother is verbally berated and pushed to the floor by her daughter. Per the family's crisis plan, the police are called and the daughter is taken to emergency room for evaluation.** When asked by the emergency room staff member whether their daughter has a counselor that she visits regularly, the parents describe the weekly visits and characterize them as being "unproductive". The girl appears to hospital staff to be functioning well in the emergency room and pleads to go home. A hospital staff member has a talk with the girl who promises to behave better at home. The **parents really want their daughter to stay long enough to be re-evaluated and "stabilized" in order to improve the chances for success in the home environment. But the hospital staff members insist that there appears to be no cause for an in-patient stay and the girl is sent home with her parents.**

# Case 2 Results

	Yes	Only Partially	No	Don't Know
Do you believe that the parents' expectations are too high?	6.1% (2)	9.1% (3)	<b>78.8% (26)</b>	6.1% (2)
Do you think the intent of the law is being satisfied?	6.1% (2)	21.2% (7)	<b>51.5% (17)</b>	21.2% (7)
Do you believe the letter of the law is being violated in any way?	<b>30.3% (10)</b>	15.2% (5)	<b>30.3% (10)</b>	24.2% (8)
Do you believe that customary process is being followed?	<b>57.6% (19)</b>	12.1% (4)	12.1% (4)	18.2% (6)

# Case 2 Selected Comments

- This girl could easily be found a danger to self or others and should have had an evaluation by the CDMHP's . She likely would have been found comittable but no one would have been willing to take her knowing that hospitals could do little for a girl with autism and everyone would have passed the buck because the right resources simply don't exist in our community - exception the OP clinic at CHDD.
- I think that until age 18, parents should legally be able to make a decision, as should trained mental health professionals re: the need to involuntarily detain a child/adolescent for evaluation and/or treatment.
- Sadly, i believe that is the current process. That needs to change, to protect families of these kids, as well as to give the kids themselves the chance for better mental health and a more productive, satisfying life. A 14-year-old autistic kid is probably functioning at a much younger mental and emotional age, and is not mature enough to know whether she needs hospitalization or more treatment. The staff need to listen carefully to the parents, and give them more power in determining their child's treatment.

# Definition of Gravely Disabled Minor – RCW 71.34.020

- a minor who, **as a result of a mental disorder**, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and **escalating loss of cognitive or volitional control over his or her actions** and is **not receiving such care as is essential for his or her health or safety**.

# Definition of Likelihood of Serious Harm – RCW 71.34.020

- "Likelihood of serious harm" means either:
- (a) A substantial **risk that physical harm will be inflicted by an individual upon his or her own person**, as evidenced by **threats or attempts** to commit suicide or inflict physical harm on oneself;
- (b) a substantial **risk that physical harm will be inflicted by an individual upon another**, as **evidenced by behavior which has caused such harm** or which places another person or persons in **reasonable fear of sustaining such harm**; or
- (c) a substantial **risk that physical harm will be inflicted by an individual upon the property of others**, as **evidenced by behavior which has caused substantial loss or damage to the property** of others.

# Parent-Initiated Scenario

## Page 4

- Scenario – Parents or Police Bring Minor 13 Years of Age or Older Who Presents Likelihood of Serious Harm or Grave Disability to Hospital (Emergency)
- *Alternate Case A – Professional in Charge of Facility Does Not See Evidence of a Mental Disorder or Need for Immediate Treatment*

# Case 3

- A 15 year old boy is having behavioral challenges at home and more than the usual amount of trouble in his special education classroom at school. Counseling and medication are helping but not enough to prevent threats at home or classroom disruptions at school. The parents are encouraged by other parents at their local support group to file an At Risk Youth Petition. Family Reconciliation Services evaluates the family and does not recommend At Risk Youth process due to the seriousness of his documented mental health history. On the basis of signs of increased aggression and hyper-sexuality, **his psychiatrist arranges with the family's insurance company for intake at a local hospital.** The hospital weans him from current medications and switches to a new regimen. **After 14 days, the parents are told that, although concerning behavior has been observed during the stay, it is no longer necessary for the youth to be treated in the hospital.** Although the insurance company is poised to authorize further inpatient treatment at an out of state facility, they are never notified. The **parents** worry about the hospital staff's concerns and the medication having been started only a few days earlier. They **want him to stay longer until the new medications are fully adjusted but reluctantly agree to take him home.** He is released with a CGAS score in the upper 30's (serious problems – major impairment in several areas and unable to function in one area) and the **recommendation to pursue an At-Risk-Youth petition.** Two months later, the boy commits a serious felony crime and is transferred to the adult jail awaiting arraignment and trial. The parents are told by the youth's counselor that she thought this could happen. The parents are held responsible for the cost of their son's incarceration as long as he is a minor.

# Case 3 Results

	Yes	Only Partially	No	Don't Know
Do you believe that the parents' expectations are too high?	0.0% (0)	6.5% (2)	<b>83.9% (26)</b>	9.7% (3)
Do you think the intent of the law is being satisfied?	12.9% (4)	9.7% (3)	<b>64.5% (20)</b>	12.9% (4)
Do you believe the letter of the law is being violated in any way?	<b>41.9% (13)</b>	9.7% (3)	25.8% (8)	22.6% (7)
Do you believe that customary process is being followed?	<b>58.1% (18)</b>	6.5% (2)	12.9% (4)	22.6% (7)

# Case 3 Selected Comments

- I feel the parents were desperate for help for their mental impaired son as i was many times. I feel the law does not know how to deal with mentally impaired youth as the judge told me "this is not a mental health facility" and released my daughter back to me after she assaulted me.
- Again , the parents don't seem to have any input and they are most at risk with child. Yet child shouldn't be in judicial system due to disabilities. There should be other options as son is handicapped.
- Hopefully this is fiction. A juvenile should not be in adult jail awaiting proceedings. This is a court process. The parents are being bounced around by people who don't know the chaotic system
- Parents should file the ARY despite FRS advice. FRS is not the gatekeeper only a legally required step. between mental health and juvenile justice.

# Definition of Medical Necessity – RCW 71.34.020

- "Medical necessity" for inpatient care means a requested service which is reasonably calculated to:
  - (a) Diagnose, correct, cure, or alleviate a mental disorder; or
  - (b) prevent the worsening of mental conditions that endanger life or cause suffering and pain, or result in illness or infirmity or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no adequate less restrictive alternative available.

# Parent-Initiated Scenario

## Page 10

- Scenario – Parent Brings Minor Age 13 or Older to an Inpatient Treatment Facility for Medically Necessary Treatment Evaluation
- *Alternate Case F (page 13)* – Department Determines That it is no Longer Medically Necessary for the Minor to Receive Inpatient Treatment

# At-Risk Youth as Mental Health Treatment

- In 2005, HB 2153 proposed “Revising provisions pertaining to at-risk youth proceedings”.
- The definition of an "at-risk youth" is expanded to include youth with a possible substance abuse or mental health problem. The expanded definition of an at-risk youth includes a juvenile: 3) who has a *possible substance abuse or mental health problem but no pending criminal charges* pertaining to the substance abuse or mental health problem.
- **Testimony Against:** We appreciate the desire to limit the number of days a youth may be detained in detention, but we would like to add to the definition of "mental health problem." We are already seeing ARY petitions filed on kids in King County who have mental illnesses. **The court system is not the place for these kids.**

# Family Reconciliation

- **RCW 13.32A.010**
- **Legislative findings and intent.**
- **The legislature finds** that within any group of people there exists a need for guidelines for acceptable behavior and that, presumptively, **the experience and maturity of parents make them better qualified to establish guidelines beneficial to and protective of their children.** The legislature further finds that it is the right and responsibility of adults to establish laws for the benefit and protection of the society; and that, in the same manner, **the right and responsibility for establishing reasonable guidelines for the family unit belongs to the adults within that unit.** Further, **absent abuse or neglect, parents have the right to exercise control over their children. The legislature reaffirms its position stated in RCW [13.34.020](#) that the family unit is the fundamental resource of American life which should be nurtured and that it should remain intact in the absence of compelling evidence to the contrary.**

The legislature recognizes **there is a need for services and assistance for parents and children who are in conflict.** These conflicts are manifested by children who exhibit various behaviors **including: Running away, substance abuse, serious acting out problems, mental health needs, and other behaviors** that endanger themselves or others.

# Conclusions

- Over 75% of respondents have validated the parental expectations for treatment
- A majority of the respondents believe that the intent of the law is not being satisfied by common practice
- The letter of the law seems to allow what we believe to be customary practice
- Changes to the law are warranted