

Cases Involving Parent/Caregiver- Initiated Treatment For Minors

Results of a 2009 Web Survey

January 6, 2010

This paper presents the results of a Survey Monkey web questionnaire answered by up to thirty-nine respondents across Washington State. The stories were developed to help understand the effect of current Washington State law on youth between the ages of 13 and 18 who are severely impacted by behavioral health issues. While details have been modified in some areas and merged from multiple situations, the cases that are presented are based on the real-life experiences of families in Washington State. Additional stories were submitted by survey respondents and are included in the appendix.

Case 1 - 13 Year Old Boy Declines Potentially Medically Necessary Outpatient Mental Health Treatment

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. Based on your experience, how would you answer the following questions?

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

CASE 1 COMMENTS	
1	I see many issues with new therapist who have no children and they are no working with children and parents who need parenting classes,mental health help, etc... I find the therapist lunging for having the child committed or on medication.
2.	With my experiences with agencies that work with kids like to one mentioned about I have found that the agency most often would rather than give help to the parents; but I know these agencies have guidelines to go by and do not waver any from these guidelines and/or a set in their ways and are not open to new and innovative ideas. I have had really good luck with Catholic Community Services and the way they are open to the parents concerns as well as the childs.

3.	Parent needs to work on connecting with son and find a supportive therapist locally to support and facilitate structure around this.
4.	For many years i was told my child was a spoiled child until i took her to a pediatrician who treated children with behavioral disorders and he recognized mental health issues in my daughter immediatly. The children don't suffer any consequences for their actions and therefore don't feel any remorse. The law does not support the parents to help their children. The FRS only lasts a few weeks and my daughter could manipulate the BEST psychiatrists. Unfortunately the process of the government punishing the children today is taken so lightly that they end up being adult criminals knowing the system won't do anything to them. My daughter laughed at the police, courts, judges and juvenile system everytime we walked out.
5.	Parents are held responsible yet the decision to cooperate is left to the child. The parents know more about behaviors of child and should be listened to hence they believe their son needs help(counseling etc,)
6.	The law if a major obstacle of the parent being able to work with the problem. The parent is helpless to understanding what the youth is going through and able to communicate with his youth to the parent's total frustration. A legal stubling block that occurred over and over again.
7.	The standard of practices is to protect from spending and liability. If the child is hurt in the process, or the family, doesn't seem to matter. Agency protocols are also choked with paperwork required to prove if one part of a treatment plan works, and are held accountable for the outcome of that one part. Even the treatment plan is chopped down to fit the probabilities of insurance payment and liability requirements.
8.	The customary process is to blame the parents
9.	Customary yes, correct no
10.	The age of consent law is being misinterpreted by mental health agencies at the expense of families rights and responsibilities. The law was meant to allow children over 13 to access mental health services without their parents permission. Period.
11.	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 indepth 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.
12.	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.
13.	nothing wrong with high parent expectations unless it's a way to avoid looking at reality-based ability
14.	don't know the law
15.	I think the beginnings of mental illness are not recognized or acknowledged when workers in the mental health system evaluate these kids. Possibly that is partly a funding problem. However it leads to hideous results, such as murder, when these kids' issues are not caught and treated early. The system needs a drastic change!

Case 2 - 14 Year Old Girl Who Presents Likelihood of Serious Harm to Others is Sent Home by Hospital without Treatment

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. Based on your experience, how would you answer the following questions?

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

CASE 2 COMMENTS	
1.	I believe in most cases with healthy families, the parents know best or can describe what is going on best. I believe if they feel unsafe for themselves, their child should be detained either by juvy or medical facility until further evaluation.
2.	I believe that the agency did not listen closely to what the parent's were reporting and they only listen to the girls outward sign of being in control of her outbursts.
3.	If parents are not satisfied they should find a new better matched therapist.
4.	I just read my story of my life with my daughter who was also abusive towards my toddler son and myself, we lived in fear for many years and i could not have her placed anywhere else to protect myself or my son. I was afraid the state was going to remove him. She assaulted another student at school, i was called to the school, she was screaming and yelling and threw herself onto the floor and i had to carry her out to the car. she then began screaming that she was going to kill the girl and kill herself and attempted to jump out of my vehicle while i was driving her to the hospital. when we arrived and waited for over an hour she had calmed down and told the doctors that she didn't want to kill anyone or herself and they sent her home. The law seems to punish parents and make them feel like they created a monster child. We have no rights to help our children yet they let the children make an adult decision when their mind is impaired and cannot make the right decision for themselves. The hospital/courts cannot take the word of the parent and they could only treat what they believed was nothing but a temper tantrum. Had they seen her in her MANIC, they would've probably had to have had called in 6 men to hold her down cause she is like HULK when she is in her MANIC.
5.	There seem to be safety issues that are not being addressed on the part of the parents. They are not being listened to as to issues at home
6.	The parents lose in this case as does the youth. No communication.
7.	Since the girl is a danger to others, she could be detained for 72 hours and then beyond if the court ordered it. Customary process if being followed, but correct process may not be.
8.	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.
9.	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.
10.	It is unfortunate that the parents of this child, who know this child the best, do not have any say-so in how to get help for their child. The child has more rights than the parents.
11.	well...parents start out expecting med/psych staff to understand their point of view...not just the minor's
12.	don't know the law
13.	Sadly, i believe that is the current process. Thatneeds 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.

Case 3 – 15 Year Old Boy with Serious Behavioral Health Concerns Does Not Receive Appropriate Treatment in the Community

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. Based on your experience, how would you answer the following questions?

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

CASE 3 COMMENTS	
1.	I believe the hospital should be held accountable due to the new medication, the seriousness of the boy's issues -CGA's. I would definitely see parents hiring an attorney to go after the hospital or the county or both.
2.	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.
3.	Worrying and being reluctant is hardly taking action and voicing concerns...parents are being too passive. Blaming without acting is unproductive.
4.	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.
5.	Sadly the youth is not really being helped although the parents are trying to work for the youth's plausible plan. No one is listening to the parent.
6.	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 between mental health and juvenile justice.
7.	The parents need a good lawyer. The hospital released him too soon and the parents had made a good faith effort to get him appropriate care. In reality the parents nor the hospital should be held responsible for the boys behavior (and he should be treated as a juvenile not an adult) but the parents could likely sue the hospital for prematurely discharging him and not facilitating a longer term care setting.
8.	It sounds too familiar. The parents know their child best and know what treatment he needs. Too often the hospitals and other mental health workers do not see a problem. Did they not consider his CGAS score at all? Many of these kids are savvy at appearing very together for awhile, then blowing up and decompensating at home. The whole system needs a drastic change. This case is especially sad as insurance had even authorized further treatment.
9.	don't know the law
10.	Parents should file the ARY despite FRS advice. FRS is not the gatekeeper only a legally required step. I assume that "customary process" to be how things are usually done, not how they should be done.

Appendix - Additional Stories

1.	<p>Daughter had brain surgery; was in many hospitals due to psychosis; at one point was changed on medications while inpatient, then I was called to come and pick her up. I refused and told them if they let her leave the facility I would call every news station and attorney that would listen. They kept her until she was stable. This should have been the outcome without the threats of news and attorneys. She was also overdosed on meds many times, where I found her on the floor in the kitchen and bathroom, grey, unresponsive, sweating, and given no relief except to be told keep an eye on her and if she becomes unconscious call 911. Obviously not waiting to call, and taking her in.</p>
2.	<p>Please keep in mind the lack of outpatient care and lack of evidence based practices for families of children/youth served in non-public mental health services. These children/youth also end up in criminal justice and other systems due to lack of quality care and a continuum of outpatient services that also result in overuse of emergency rooms.</p>
3.	<p>My daughter's had severe temper tantrums at age 2-3 yrs where she would hurt herself, throw things, scream "No Mommy No" and i wasn't even in the room when she was put in time out. I inquired with her pediatrician several times about behavior to be told "she's just a spoiled child" yet i knew i that she was not. Several incidents in daycares of biting, kicking, hitting etc... Age 5 yrs old she was in church daycare when she stuck a child in the face with a pair of scissors, 6-7 numerous disruptive conduct, abusive, defiant behavior and i would be called to her school 2-3 times per week and suspended. Age 8 she kicked my windshield in cause i didn't have \$.50 to buy her a soda. She had been kicked out of 5 daycare centers and i had to latchkey her at age 10 yrs of age due to no more daycare centers left in the area that could transport her to her school. We had seen several psychiatrists who try to talk with her but she would not speak to them so they would not continue services. At age 8 yrs old i finally found a pediatrician who dealt with behavioral disorders and after hearing my story he told me "this is not normal behavior". I was happy but sad and began a long journey of trying to get my daughter the help she needed. We went to several counseling agencies, anger management, family counseling, medications switched often, diagnosed with several mental health issues. At age 10 we moved and i finally obtained a IEP for her in school due to her behavior in school. She was constantly in the office for behavioral issues and i was called to the school 2-3 times per week and she would be suspended. By the time she was in junior high school, she became even more obsessed with everyone else's life and personal business (students, teachers) that a teacher almost obtained a restraining order against her for stalking. She was even more violent and aggressive and we would continue counseling, meds etc... and she would continue to be suspended from school. By the time she was in high school the behavior issues continued and the aggressive behavior became for violent. At times someone could just say the wrong thing to her to set her off and she would assault you. Sexual behavior became an issue and i would have to drive around all night with her brother in the car trying to find her. I filed a FPS, FRS, IFPS, At risk youth, STEP UP ANGER MGMT, CHANGES support group, SKCRG and became a regular to the juvenile court system in trying to get my daughter help but the court would tell me that she didn't have to take her medication. I tried to enforce my household rules to have HER ATTORNEY over rule me. She had more rights than I the parent who is responsible for her did. I could not remove her from my home to have them garnish my paycheck so i would lose my home and not be able to support my other child so i was stuck living with a TICKING TIME BOMB in my home. She was referred as MT SAINT HELENS by the school staff cause she could blow at anytime. By the 12th grade and multiple IEP mtgs, juvenile, counselors, meds, she had been suspended 22 times since 7th grade and expelled in her 12th year for having a taser gun in her purse. With the help of my support group i stripped her of everything but her bed, blanket and clothes. Christmas she received luggage, birthday's were either pots, pans, linen, etc... only things she needed and nothing she wanted. I informed her she would be leaving my home at age 18 yrs. I had been assaulted by her till i had blood pouring out both of my arms by the time the Sheriff arrived, thrown across rooms, chased down the hallway, kicked, spit on, verbally assaulted to the point of severe depression and PTSD. I am still dealing with the aftermath of living in an abusive home life that i could get away from. Even when she threatened to kill the whole family, tried to commit suicide, assaulted me several times to have the police return her back to me. I actually thought of running away with my son to save both our lives. I had my son sleeping in my room with the door locked, dresser pushed up against the door, fire ladder ready in case she set us on fire and knives in my drawers in case she tried to kill us. She did move out 8/23/09 the day before her 18th birthday and is now on state assistance, working with DVR attending the UW but still continues to now assault her</p>

	<p>boyfriend verbally and cuts him with knives. She is a guest in my home on rare occasions due to my fear of my own child who has now been diagnosed borderline personality disorder and refuses counseling and takes meds that don't even help her. I'm a survivor and i continue to help other parents who are going through the same if not similar events as i did.</p>
4.	<p>My experience as a medical patient sees this all as very normal treatment in the medical community. These stories portray the parents as passive and whining individuals not taking responsibility for speaking their mind.</p> <p>I am diagnosed with Multiple Sclerosis and know that often the first place that is approached for help with almost any medical matter, psychological or physical, is not the be-all end-all solution to the problem. New therapists, methods of treatment, and personal actions that can be taken are almost infinite and eventually relief is found.</p> <p>Options these parents had to avoid other trouble could have been seeing an art therapist, taking the child on vacation, requested another doctor do the evaluation, requesting regular follow up outpatient appointments to watch progress or lack thereof, finding a new treatment center if this is not provided etc.</p> <p>My story ends up being one of a survivor who was eventually able to find the community and resources needed once I wasn't under control of my parents.</p>
5.	<p>I have a son who is being rejected from school district after accusing a teacher of touching him inappropriately. the law enforcement told us due to his disabilities he was not a good enough witness even though they believed something did in fact happen. He missed over a year of school as after changing schools they sent him home within the first couple of hours yet in due process hearing disallowed us to bring up incident even though it had a lot to do with behaviors. He is currently in a "therapeutic school" I have had a hard time understanding just what my sons rights are . He is currently diagnosed with high functioning autism and mental retardation. His rights we feel have been violated in a number of areas.</p>
6.	<p>As previously stated we are the natural parents who witnessed extreme behavior change and lack of cooperation or understanding when talking with our youth beginning at eleven years of age. When dealing with the legal and criminal side we had NO access with their work or communication or our son's reaction to his "problems" of addiction in reference to substance abuse. His entire life from 14 years on began a downward path. He tried to change it, as we did within the law. He thought he could do it himself. There was by law no interaction with the psychiatrists, and with the counselors at the juvenile detention and treatment centers. We were left to our own conclusions, which were isolating from other parents who did not experience substance abuse with all of its complicated issue. But so much of this was not revealed until his late 30's to 40' in notes he wrote privately, like a diary, which gave us insight into his struggle. We had our own helplessness and confusion and disagreements with family members (extended) as well as immediate. It all became our daily life as much as his for all these many years. He spent time incarcerated, lost one eye's sight at Monroe prison, lived as a an accused criminal because he was addicted to multiple uncontrolled substances; didn't get help from the six treatment centers AFTER treatment) to stay clean and relapse each time within 30 days. Such a gifted, talented, and loving, sociable person lost out on his life potential. We took some blame too. Felt guilty to not help him, except at the end when it appeared his was ready. All this time without the initial information and understanding at his early age to have more insight into the disease and his internal struggle. What a waste of a perfectly wonderful, dearly loved life. So very sad for him and us and his many friends. He was known to help others easily at the end, because he'd given up on knowing what to do for himself.</p>
7.	<p>It was recommended that my Autistic Daughter be placed in a clip facility for the second time due to her aggressiveness and severe ODD. She refused because she could due to her being over 13. her attendance at school is currently around 50%. And she consistently refuses to go to counseling of take her meds.</p>
8.	<p>I have already submitted our story in the form of a written testimony to Rep George Miller in Congress.</p>

9.	<p>As you may have guessed I am a professional</p> <p>My kids were easy to raise but did have struggles with dyslexia. My daughter has a PsyD and is a counselor for teenagers.</p>
10.	<p>My 15 year old cousin began displaying serious behavioral difficulty at age 9; he filed numerous CPS reports against our family that were all investigated as unfounded; at age 13 he was entered into the At Risk Youth Program where he received an attorney who argued for him, against his parents re: basic household rules; he refused inpatient treatment; was allowed to commit over \$10,000.00 damage to his parents home; was verbally and physically abusive to his parents and siblings; the entire family was traumatized by the "help" or lack of help available in the WA mental health system while a 13yo ruled the house and was constantly educated re: his "rights" but never his "responsibilities". He is currently living on the streets, not attending school, actively using drugs...and I guess this is acceptable, as per WA current laws he's legally able to make independent decisions re: involuntary mental health or drug treatment. I'm an experienced and awarded Mental Health RN and could do nothing to help my family. I've never experienced anything as irresponsible and inhumane as the WA state mental health system; I consider it nothing more than state mandated child neglect and was open in voicing my view while I worked in the state and in fact, was a Director of Nursing at one of the few inpatient treatment centers who work with adolescent involuntary detention. I've since moved out of state as I was unable to find an ethical way to understand the system in which I was working. It was heart wrenching to watch my family struggle through this ineffective system. I find it a direct conflict of interest that the only people in the state of WA who can issue an ITA are the few CDMHP's assigned this task and who are paid by the state.</p>
11.	<p>I have two adopted daughters, now 14 and 16. Their birth parents are drug addicts. We've been through the court system and At Risk Youth services with our older child twice. Both girls are into drugs, alcohol, and prostitution. We are "normal" parents, have good jobs and well- educated. We have been fighting for our daughters health and safety for 3 years now. Our oldest has been hospitalized many times for as long as 14 months. She carries a long list of diagnosis. Our younger daughter is just beginning the pattern that her sister started. We find the judicial system give too much control to the underaged children. Since we as parents are held responsible for what their child does, we should have more control as to how we can get help for them. A child between the ages of 14 - 16 can make medical decisions for themselves. If they choose not to be hospitalized or get birth control, the parents have no say-so. These children are not mature enough to make these important decisions on their own. The pattern continues as these young girls become pregnant and are not able to care for them. There is NO logice to this madness.</p>
12.	<p>Our bipolar teenage daughter started decompensating in May partly due to inappropriate contact from her birthmom. She ran away multiple times, was involved in prostitution, was choked by a gang member, was off her meds the whole time, and became very disoriented and paranoid. When found in a motel room with a 27-year-old by the police, we asked the county mental health professionals to evaluate her. They said she was "not suicidal or homicidal" so could not be hospitalized involuntarily. She was later found by At-Risk Youth court to be incompetent to follow her At-Risk Youth petition after reviewing her psychiatrist's mental health assessment. Too many kids like our daughter slip through the cracks. They could be helped but the current system fails them.</p>