Angela Smith

From: "HEAL" <heal@heal-online.org>
To: <vikki.yasher@bchfs.org>
Sent: Saturday, June 04, 2011 6:26 PM
Attach: Dual Diagnosis.pdf; Residential Programs.pdf; Resource Guide.doc; placement packet 2-15-11.pdf
Subject: Fw: BCHFS Information Request

Dear Vikki,

Thank you for sending the attached information to us. We have attached it in order to assist you with locating the documents with which we have additional concerns and questions.

In our initial request, we asked for a list of programs to which you refer when unable to assist individuals/families seeking assistance. You did include your internal "Resource Guide". However, you did not supply a list of external programs or consultants you use or contact when unable to help. Will you please send us the list of non-BCHFS programs you partner with or refer to when unable to assist? Thank you in advance.

We understand that you offer a variety of services and that we may not have been specific enough regarding the client/parent handbooks we were seeking. We would like to review the parent and client handbooks for your Residential Treatment Program (long-term). If you use a level/phase system in your treatment program, as is suggested by the reference to Level 4 "Privileges" in the Placement Packet description of the Snow School, please include a detailed explanation of the level system. Thank you for your assistance.

From this point forward, we will be breaking our questions/concerns into sections based on the attached documents. We will include questions/comments regarding each document and we hope you can help resolve any misunderstandings regarding your services.

Resource Guide.doc

Early Childhood Mental Health Section

What emotional, social, and/or behavioral issues do you find in children ages 0-5 years old?

Children/toddlers are new to the planet and finding their way in the world with the guidance and care of more experienced human beings/adults. It is generally understood that early childhood is a time that requires a lot of attention and care. Our concern is that the focus appears to be on the psychological "flaws" perceived by others in regards to the developing child which would be counter-intuitive to addressing any adjustment or development issues likely caused by inferior parenting or failures in adult attention/supervision/guidance.

What methods do you use to treat children from 0-5 years old? Is it family-focused? Do you place the responsibility for behavior, social, and emotional growth on the parents/schools/environment or on the child?

How does child development and parenting/environmental factors influence your treatment protocol when dealing with young children/infants/toddlers?

What ethical concerns or considerations do you take into account when providing treatment to children who are so young and not yet developed? What are the short-term and long-term risks of exposing children to mental health services at such a young age? And, do these risks, in your opinion, ever outweigh the potential benefit of seeking mental health services for children 0-5 years of age?

So you know, our National Coordinator has a Certificate in Child Development and some of these practices have raised serious concerns regarding the welfare and development of children exposed to or scapegoated at such an early age for family failures and inadequacies.

Help Me Grow

Do you advise parents to seek a second medical/mental health opinion prior to enrolling in this service?

Is this service voluntary for the children as well as the parents? Meaning, are children ever forced to enroll or coerced by family/community members to enroll in this program? How do you define "voluntary" in regards to these services?

What do you mean by "developmental delay"? And, how do you determine whether or not the "developmental delay" is serious or only a slight deviation from what is considered the norm? Do you think that the world benefits from artists and geniuses? Would you consider a genius or an artistically-inclined child to be abnormal and in need of mental health treatment to conform to the norms you and/or others in your field believe should be the norm for children? What ethical considerations are taken into account prior to beginning work with a youth in your programs?

Community Counseling Services

What do you mean by oppositional? Is healthy questioning of authority encouraged? Do your services work to empower and encourage youth or to control and limit youth? Rebellious or oppositional behavior is usually a symptom of a lack of mutual respect and open communication between family members. Is this something you address? If so, how do you assist families in developing communication skills and mutual respect so that the dynamic is not unduly oppressive to the child?

Community Mentoring Services

What do you mean by "emotionally troubled"? Are the root causes of childhood disturbance addressed? Meaning, do you look at the social/school/home environment and stimuli to determine what factors are adversely affecting the child so those factors can be addressed to improve the lives of not only the child you are assisting, but, also to improve community/school/family life overall to ensure that children's needs are being met effectively?

Group Therapy

Is the focus on oppression or healthy self-expression? In your anger management programs, do you assist youth in learning how to express their feelings in a non-violent manner or do you work to force them to suppress or otherwise deny their feelings in order to conform with external expectations?

What do you believe constitutes "sexual behavior problems" in youth? Would masturbation or developmentally appropriate curiosity result in puritanical and oppressive rules regarding personal sexual exploration? In other places in your documents, you do list excessive masturbation in private as a symptom of a problem. Who makes these determinations? And, are they based on legitimate Human Sexuality (Behavioral Psychology) determinations regarding what is normal sexual development and what is abnormal or a threat to personal well-being? Do you have an expert in Human Sexuality at BCHFS?

Home-Based Family Treatment

With what programs do you provide in-home follow-up services? When a child is returned home from a long-term residential program and you are called in to assist with the adjustment to living at home, what programs request or refer to you for that help? Please be as specific as possible.

Mental Health Assessment

What do you mean by "community sources"? Do you take children/families who ask for your help directly? Or, do all enrollments need to be made through a government/social services agency or court order?

Pro-Kids & Family

What methods do you use in the "diversion program"? Please describe in detail what the diversion program entails.

Psychological Evaluation

Is it appropriate to evaluate children as young as 3 for mental health issues? What science or methods are the basis for such evaluations and treatment at BCHFS?

Residential Treatment Campus

What do you mean by "serious acting out behaviors"? Are these the behaviors listed in the behavioral assessment you request parents to fill out in the placement packet? If so, many of those behaviors are not what HEAL would believe to warrant placement in a residential program. This is a concern.

We are concerned that everything is done in-house which allows for very little opportunity for oversight or reporting of any violations. What access do children in the residential program have to emergency services, telephone, or other means of reporting any issues? What is the complaint process at BCHFS? Please let us know.

What referral services refer to you and what programs do they refer to for long-term placement of children they refer? Please provide a list of external referral agencies and programs with which you work or associate?

In regards to your Secure Treatment program, what is the longest a child has stayed in the program? We understand you claim the average stay is 90 days. How long have you held a child in your program?

In regards to your Specialized Holistic Aggressor Recovery Program (SHARP), what methods do you use to assist abused children in dealing with their post traumatic stress that results in physical/sexual acting out? Is the focus on resolving the issues surrounding the initial trauma or is the focus on teaching the child self-control without addressing the underlying factors that resulted in the post-trauma and acting out?

In regards to your Open Residential Treatment program, what more restricted programs refer children and families to you for transitional care?

Group Homes

What is the "Nurtured Heart Approach"?

In our initial research, we found that the "Nurtured Heart Approach" is specifically "designed" for a "difficult child". The language of "difficult child" alone suggests that the child is being used as a scapegoat and that the child is not respected as an individual in the treatment model. This is exacerbated by the claims that it is used to treat "ADHD", "ADD", and "ODD". Source: http://difficultchild.com/. The association with Oprah and vicariously Dr. Phil is also a concern. Dr. Phil McGraw repeatedly enrolls children in abusive programs such as Aspen Education Group and Provo Canyon School. Howard Glasser appears to be the primary proponent for this method. On the following website describing Glasser's approach, there is a cartoon depicting a child as "the little *?!**&*". Source: http://photorar.bloguez.com/photorar/1981456/Difficult-Child This shows an antagonistic approach to the child as opposed to an encouraging and "positive" approach as is suggested by the promotional information regarding the Nurtured Heart Approach program. Regardless, this approach appears to be behavior management/modification focused.

How do these methods assist with self-actualization? How does BCHFS work within the community to improve environmental factors such as effective and respectful teachers, communities, and families? Has BCHFS reviewed "Help at Any Cost" by Maia Szalavitz, "Reclaiming Our Children" by Dr. Peter Breggin, and "Toxic Psychiatry" by Dr. Peter Breggin? If so, how do these resources influence your methods at BCHFS?

In regards to the Treatment and Therapeutic Foster Care section, how does BCHFS define "unhealthy behavior"? Does BCHFS believe that self-advocacy is an unhealthy behavior? For instance, if a child/teen is angry because they are being treated unfairly, is the focus on correcting how the child is being treated or how the child responds to being treated in a disrespectful/unfair manner? Basically, is the child used as the primary focus of the child's problems or is the family/school/community environment criticized, adjusted, or otherwise dealt with if their practices are inducing the natural response of frustration or anger in the child?

Dual Diagnosis.pdf

What do you mean by intensive, life changing treatment?

What do you mean by evidence-based daily therapeutic programming? What methods do you use and what evidence can you provide to show that those methods are effective? Do you mean scientifically proven to work? Or, do you mean that the "feedback" on the methods you use within your own system evidence their efficacy? Are there any third-party, independent research results that show your methods are effective? If not, we would not consider your program to be evidence-based and would consider your use of the phrase "evidence-based" to be misleading. Please explain.

What do you mean by "semi-private rooms"?

placement packet 2-15-11.pdf

Do you accept private/parent placement without court order or social services referral?

How many children are enrolled in your programs through their school districts and IEPs?

Why do you require so much information regarding the employers of parents who enroll their children? How is this information used by your organization?

Why do you require the birthdate and birthplace of the parents of children enrolled in the program?

Why do you require the location of the wedding/marriage of parents of children enrolled in the program?

Why do you require the social security number of children enrolled in the program? The school requirement claims it is optional. But, you still require it. Why?

How much does the program cost?

DENTAL AND OPTICAL PAYMENT AUTHORIZATION

The primary issue is that parents who do not have insurance or dental coverage are responsible to pay for dental services. You claim the state requires that children in the program receive a dental and eye exam. And, you require parents to pay for it and to use Dr. Jimenez. The concern with this is that it seems unconscionable to charge for this service while asking the parents to sign a liability waiver that excuses Dr. Jimenez of any harm that may come to the child due to his treatment of the child. Such a liability waiver suggests that you and your associates are more interested in protecting yourselves than protecting the families and children you serve.

Do you follow the mandates of informed consent prior to providing services to children and families?

Authorization for Dental Treatment

The issues with Dr. Jimenez's waiver are discussed above.

Does Dr. Jimenez ever prescribe medication for issues unrelated to dental care/pain relief to children enrolled at Berea? If so, under what circumstances?

BCHFS NOTICE OF PRIVACY

Our primary issue is with the following passage in the notice, "By signing this form, you consent to our use and disclosure of protected health information about your treatment, payment and health care operations."

It is possible the language is just misworded and needs to be corrected by you/BCHFS. The word "about" should be for the "purposes of" in order to not be considered a blanket waiver of privacy rights. This is a concern as the

language does not protect the interests of individuals signing it and lends itself to confusion in regards to effect and meaning.

Are clients notified when there is a change in the notice so that they can be aware of the need to request the updated version?

Medical Agreement

In researching the Nurtured Heart Approach (mentioned above), we found many links on the difficultchild.com website advising against the use of psychotropic medications with children. Do you consider psychotropic medications to be in-line with the Nurtured Heart Approach methodology? How many children in your program are on psychotropic medications?

What do you mean by "lab tests that are appropriately supportive of the medication"?

Why do you include a general liability waiver in regards to adverse reactions a child may have to the treatment you provide?

Consent for Treatment

Are you licensed as a drug rehabilitation/medical services provider?

What undesirable side effects have been the result of your treatment methods? Please explain.

What are the potential consequences of refusing or withdrawing from the treatment program? Are the youth enrolled in the program voluntarily? Do the youth enroll themselves on a voluntary basis? Do you require, when it is a parent/private placement (as opposed to a court ordered, social services, gov't agency placement) that the child/youth be enrolled voluntarily? When a youth wishes to unenroll from the program, how is this handled? Are children able to voluntarily unenroll from the program if not under court-order or other government-agency placement?

Will you send us a copy of the "Client's Bill of Rights and Grievance Procedure"?

CONSENT FOR TREATMENT FOR PSYCHOLOGICAL SERVICES

If the child is uncomfortable with the testing procedure, does the child/teen have the right to stop the assessment? Does the child/teen have the right to refuse treatment?

Psychology Supervision Disclosure Statement

How do you operate your Group Counseling sessions? Do you use confrontational therapy? Are clients put in charge of facilitating the group? If so, under what circumstances?

HIPAA RECEIPT

The Notice of Privacy discussed above raised concerns regarding the disclosure of PHI without limitation by BCHFS. Do you also provide a written copy of HIPAA Privacy Rights to your clients? Are these issues and others only addressed verbally? If so, why?

Parent/Guardian Restraint Information

We understand that restraint may be necessary if someone is posing an immediate serious physical threat to self or others. However, it has been our experience that restraint is often misused at residential programs.

Would you consider causing a delay in moving from one area of the program to another to be a "threat of bodily harm"? For instance, some programs have claimed that failing to walk at a pace to keep step with the rest of the clients on the way to a therapy session or dining hall is creating a risk of bodily harm. The programs claim, "If the

kids don't get to the dining hall, they may not eat. If they don't eat, they are malnourished. Malnourishment creates a risk of bodily harm. Therefore, it is necessary to use restraint/pressure points to move a non-compliant child from one area of the facility to another." This type of logic is not accepted at HEAL. Can you clarify what circumstances lead to the use of restraint in your programs? Is it used to force compliance with program rules, schedules and procedures because any non-compliance is deemed by BCHFS to create a risk of bodily harm? Please explain.

In our investigation into the PAARR system, we found the following issues of concern: According to information we found on the PAARR system, it does use physical "assistance" to move children from one area of the program to another. See: http://ibs.colorado.edu/cspv/infohouse/violit/violitDetails.php?recordnumber=599&vio_name=violit. The behaviorist model imposed seems opposed to any real efforts to assisting children in the self-actualization process. And, the focus on external expectations (mob rule mentality) over individual critical thinking and self-respect adds to our concerns. It should not be the primary focus of children to concern themselves with the expectations of others. Children should be nurtured, guided, and taught by example. What about the child's expectations of his/her environment/community? How is questioning authority or being proactive in critical thinking/problem-solving assisted by your methods?

BEREA CHILDREN'S HOME AND FAMILY SERVICES

Authorization to Release/Obtain Information

Do you spend as much time evaluating the school/home environment/parental behavior as you do on the child's behavior? If not, why not? Doesn't a child-centered approach scapegoat the child?

There were other issues with this section. But, they have already been addressed in discussion of the other documents above and we chose not to repeat the questions/concerns here.

Berea City School District

STUDENT REGISTRATION FORM

On this form, the social security number of the child is optional. Why do you require it in your paperwork? (Question already asked above, but, wanted to reference where providing the information was "optional" as referenced above.)

CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

Do you think parents seeking your services have the expertise necessary to determine whether or not their child's behavior is significantly "abnormal"? Do you think it is appropriate to use a parent's/layperson's subjective and likely biased opinions of a child when recommending treatment?

Why do you need to know the type of work the parent is usually engaged in?

Sections I-IV require the parent to compare their child to other children and mark whether or not their child deviates from what their perception of an "average child" is. This suggests your treatment model is about forcing conformity as opposed to legitimate child development and self-actualization work.

Would you say that your treatment model is more about behavior modification and forced conformity or resolving complex family and individual issues while assisting clients in the self-actualization process?

Do you think parents seeking help are involved enough in their child's lives to be able to accurately answer questions regarding how many friends the child has? Wouldn't it be more appropriate to evaluate the child in person and spend time getting to know the child from the child's perspective prior to enrollment in a residential treatment program?

"Please print. Be sure to answer all items."

"0= Not True (as far as you know) 1= Somewhat or Sometimes True 2= Very True or Often True"

The overall issue is with the questions and the form of the questionnaire. The questionnaire is prone to create bias and to manipulate parents into believing normal behaviors are behavioral problems in need of "correction". It is also suggestive in putting the "(as far as you know)" by the answer that would eliminate a concern, while not putting "(as far as you know)" by the other answer options. Do you believe that a parent's opinion is always correct and that the child's behavior is always as adults report it and never as the child reports it?

These are serious concerns. HEAL has worked with a young woman whose father placed her in a residential treatment program. The father had been raping her repeatedly and she finally reported it to her school counselor who contacted the authorities. Before the authorities launched their investigation, the father sent her to a residential program where she was denied contact with the outside world. It took her two years in talking with a therapist at this program before the therapist finally believed there may be some truth to her story and checked with her school counselor. At this point, she had lost her liberty and been treated like a criminal for being a rape victim. Her father was finally prosecuted and she was released. But, we are sure you can understand why it is important not to scapegoat children or accuse them of falsehoods or wrongs without looking at the family and thoroughly investigating issues reported.

Often when parents claim children are "accident prone" it is to cover up abuse in the home. How is this questionnaire used by BCHFS?

Question 60 on Page 4 is a concern. Do you believe parents/laypersons are properly trained in Human Sexuality and able to determine whether or not a child's private "play with own sex parts" is excessive? If parents answer this question affirmatively (i.e. Sometimes True/Very True), how do you address the concern?

Do you explain to parents that some of the concerns such as that in question 69 (secrecy) are to be expected as children mature and need more privacy, independence, and respect in that regard?

Children have limited purchasing power. Isn't it the parents responsibility to manage how many "things" a child has that he/she doesn't need? How is this addressed by BCHFS?

What do you mean by strange behavior?

What do you mean by strange ideas?

HEAL has assisted many families as well. Parents have called us claiming that their Catholic child was reading about Judaism and that they considered this a "strange idea/behavior". Parents have called us claiming that their child's interest in non-family held political views (such as interested in Democratic candidates/Republican candidates when the family is of a different political party association) are strange behaviors and strange ideas. How do you approach parents who believe censorship in regards to religion and politics or other areas of public discourse and education is appropriate and that deviations from those family-affiliations is a serious threat in need of immediate intervention/institutionalization? How would you respond to such parents and would you enroll their child in your program based on such concerns?

How do you treat youths who are homosexual or desire to be transexual (i.e. "sex change")?

If a parent reports that a child is "unusually loud", do you recommend that the child have his/her hearing checked to make sure there isn't a medical explanation for the child's loudness?

J. & G. SNOW SCHOOL DRESS CODE

Why must all students wear a belt?

Why are girls not allowed to wear skirts/dresses?

Why is self-expression censored? Why are children not allowed more variety in clothing, jewelry, and accessories?

What is "Level 4"? Please provide a detailed description of any level system in place at Berea or in the School

code. Please include a list of levels and privileges and consequences for each level.

Why are bookbags not allowed?

Why are personal hygiene items not allowed?

Why are trappers not allowed?

Residential Programs.pdf

Will you explain your methods and treatment model and how it is of "high quality" and "state of the art"?

Thank you for reading through this. We look forward to your response and hope that our communications will further both our efforts in public and family service.

Sincerely,

The HEAL Team

----- Original Message -----
From: Vikki Yasher
To: heal@heal-online.org
Sent: Thursday, March 24, 2011 7:06 AM
Subject: RE: BCHFS Information Request

Good Morning!

Thank you for your interest in our residential facility here at **Berea Children's Home and Family Services**. Our facility offers a variety of services and residential treatment programs that meets the varying needs of children referred to us. I've attached our resource guide and a brochure describing our residential programs in some detail.

BCHFS employs an evidence based trauma focused treatment approach using a variety of established therapies including Cognitive therapy, Behavioral therapy, Family therapy and Group therapy. At the placement meeting, our therapists will write an Individual Treatment Plan for your child that will address his trauma and the effects of that trauma.

Our therapists and other professionals are licensed by the State of Ohio and the Counselor, Social Worker and Marriage & Family Therapist Board.

The length of the program varies with the progress of the child. An average stay here in most residential programs runs from 6 months to 12 months time. But, there are children who progress more quickly and some need a longer stay to reach their goals.

Please let me know if I can answer any other questions for you. My contact info is below.

Thank you,

Vikki Yasher
Coordinator of Residential Intake and Marketing

Berea Children's Home and Family Services
202 East Bagley Road
Berea, OH 44017

Office: 440 260 8262
Fax: 440 260 8284
Cell: 216 906 9574
email: vikki.yasher@bchfs.org

Dear BCHFS Representative:

We would like to learn more about your programs and services. Please send us your enrollment packet and include any/all waivers and admissions forms. Also, please send a copy of your student/client/parent handbook (s). And, please include the complete list of programs to which you refer clients you are unable to serve at your program.

Thank you for your time and consideration.

Sincerely,

The HEAL Team
HEAL
126 SW 148th St
Ste C100-422
Seattle, WA 98166-1984
Ph. (877)845-3232