

A young family seeks answers.

“We went through the system of care process and they said, ‘you don’t have to do it alone, we’ll help you every step of the way.’”



Even with no prior experience in child rearing, Hope felt something was wrong with her son from the very beginning. He always seemed agitated and ill at ease. Their physician could offer no explanation. Being young and first-time parents, Hope and her husband David reasoned that the problem was probably the result of their lack of parenting

What is a serious emotional disturbance (SED)?

SED includes a range of behavioral and emotional disorders severe enough to limit or interfere with a child's ability to function in the family, school, or community.

experience, so they set out to correct the situation by reading books and attending classes on the subject. While this approach increased their knowledge of parenting practices and child development, it provided little insight into their son's behavior.

Delays in speech and motor development and frequent emotional outbursts only increased their anxiety about their son.

By the time he was old enough to enter a preschool for developmentally delayed children his condition had worsened. Frequent violent outbursts left Hope's legs black and blue. When he told his mother he wanted to die Hope and David made the decision to take their three-year old son to Intermountain Hospital, a psychiatric facility in the Boise area. Unable to find anything wrong, the boy was released the following day. Hope and David felt frustrated and alone. They knew there was something seriously wrong with their son, yet the doctors remained skeptical. One physician went so far as to insist that Hope was the problem – that she was inventing symptoms and attributing them to her son just so she could draw attention to herself. The family was finally able to see a psychiatrist, who diagnosed their son as having attention deficit hyperactive disorder (ADHD) and advised a treatment plan that included medication.

A family history offers a clue, but real questions remain.

The diagnosis didn't come as a complete surprise. When Hope was nine, her mother was treated for mental health issues. David, Hope's husband, was often moody and withdrawn, but his condition worsened in response to his son's declining mental health. With pediatricians and psychiatrists openly critical of her parenting style, a husband unable to provide more than limited support, and church, family, and friends apparently incapable of coping with her son's condition, Hope felt very isolated and alone.

When their son was almost five, Hope and David had a second child, a girl. Even with a new child in the house the family continued to seek out additional medical advice for their son, but with little success. By seven years of age their son's frequent references to voices and talk of dieing once again prompted Hope and David to take him to Intermountain Hospital. Over the course of a three-day stay the boy was examined by a new staff psychiatrist who felt the earlier ADHD diagnosis was incomplete. After conducting a series of tests, the doctor concluded he was bipolar in addition to being ADHD. For the first time Hope and David felt they were actually getting the information they needed about their son's condition.

The Idaho System of Care provides help.

The boy's condition remained a source of concern, even with the diagnosis. An attempted suicide at age nine landed him back at St. Alphonsus Hospital for a week, but in the end doctors could offer little more than drug treatment for the boy. When he was 10 years old he had a psychotic manic breakdown that lasted 72 hours. David and Hope tried to get their son admitted to the hospital, but they had to wait 24 hours before a bed was available. Once he was admitted, his condition was judged serious enough to warrant a hospital stay of nearly three weeks. It was during this hospitalization that Hope and David first learned about the Idaho System of Care.

Approached by a family advocate with the Idaho Federation of Families, they were advised to contact a member of the local children's mental health council, who encouraged the family to attend a council meeting to learn what could be done for their son. It wasn't long after attending the council meeting that Hope and David had a treatment plan in hand that included counseling, support from Children's Mental Health Services, special support at school, and, access to information about additional services available to their son. As Hope explains it, "In a short period of time we went from being a partner in the process to becoming an active and very vocal advocate for the system of care, and it was all the result of this abundance of information we were getting for the first time."

Hope and David's son has been free from hallucinations for more than six months and consequently is able to participate more fully in school and family life. From the Barlow's perspective, the Idaho System of Care is responsible for his turn around. "We were so frustrated, Hope says, "and then we went through the system of care process and they said, 'you don't have to do it alone, we'll help you every step of the way,' and all we could say was an emotional, 'thank you.'"

The Idaho System of Care helps children with serious emotional disturbances and their families find the answers they need to live happier, healthier, and more productive lives.



BUILDING ON EACH OTHER'S STRENGTHS.

For more information about the Idaho System of Care and services and support available in your area, call the Idaho CareLine by dialing 211 or 1-800-926-2588.

You also can contact the Idaho Federation of Families, an Idaho-based support organization for families with children affected by SED, on the Web at www.idffcmh.org or by calling 1-800-905-3436.