



**OLYMPIC
HEALTH &
RECOVERY
SERVICES**

Mental Health Presentation and Considerations: Dependency Courts

May 19, 2026

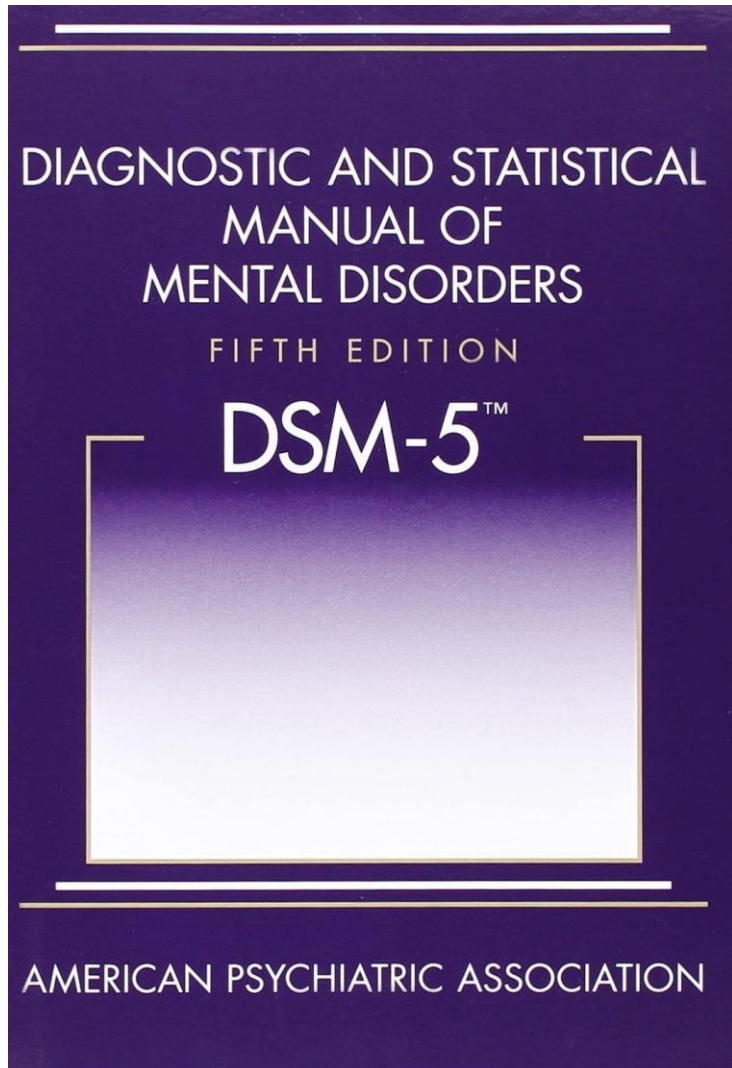


Presenting Team

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Common Diagnoses

SPECIFIC CRITERIA

DIAGNOSING STANDARDS

THERAPEUTIC COURT APPLICATION

Anxiety and Panic Disorders

Anxiety:

Excessive worrying and difficulty controlling worrying

Irritability

Sleep disturbances

Physical symptoms (fatigue, muscle tension, increased heart rate)

Panic: Numbness or tingling, choking, dizziness, blacking out, fear of dying.

Post Traumatic Stress Disorder:

Anxiety symptoms related to trauma*

Anxiety and Panic Disorders

How it may show up in the courtroom: fear, hesitant communication, avoidance, panic- absence

How it might impact parenting: avoidance, low tolerance for stressful interactions or overprotection/fear of what ifs

Impact on engaging with court services: fear sx in court service settings, perceived threats, physical overwhelm

Support strategies:

- Trauma-informed hearing structure (explain processes, repeat information, be clear about what will happen, allow for questions and clarification)
- Allowing breaks when overwhelmed
- Warm hand-offs to service providers

Mood Disorders, Depression

Depressed mood

Minimal interest or pleasure in doing things, even things they once loved

Significant changes in weight

Insomnia or hypersomnia. Fatigue, loss of energy

Feelings of worthlessness and/or guilt

Difficulty thinking or concentrating

Suicidal thinking

Mood Disorders, Depression

How it may show up in the courtroom: apathy, low motivation, communication problems, anger

How it might impact parenting: inconsistency, less emotional availability and engagement, less consistency for structure

Impact on engaging with court services: attendance, cognition, organization, follow-through

Helpful court strategies:

- Provide simplified, step-by-step tasks
- Set achievable expectations that match energy levels
- Normalize symptoms to reduce shame
- Reinforce progress, no matter how small

Mood Disorders, Bipolar 1 and 2

Bipolar is *not*:

Rapid shifts in mood within the same interaction. These are periods of days or weeks.

Bipolar 1:

Mania- Elevated, expansive, or irritable mood. Increased energy, grandiosity, very talkative, racing thoughts, purposeless movement, high risk behaviors (spending sprees, excessive gambling, risky sexual behavior)

Bipolar 2:

Hypomania- Low level mania symptoms (no full-blown mania). Must have episodes of depression

Mood Disorders, Bipolar 1 and 2

How it may show up in the courtroom: energy highs and lows, pressured speech, expansive ideas, overwhelmed, irritable

How it might impact parenting: emotional intensity and responsiveness, interest in supervision and structure can vary (inconsistent participation)

Impact on engaging with court services: organization, follow-through

Helpful court strategies:

- Keep expectations consistent and predictable across hearings
- Provide clear, written instructions to support memory and follow-through with manageable steps
- Check in regularly, as functioning can vary week to week
- Avoid assuming stability, watch for consistency
- Coordinate with mental health and medication providers for stabilization updates

Schizophrenia Spectrum (Psychotic disorders)

Delusions (fixed ideas that do not change)

Hallucinations (auditory, visual, tactile, gustatory, and olfactory)

Disorganized speech (derailment, incoherence, loose associations)

Disorganized or catatonic behavior (physical movements that don't appear to have a purpose)

Negative symptoms (no facial expressions, no motivation)

Presentation:

Overt or obvious symptoms.

Someone talking to themselves. Or talking about completely unrelated topics.

Schizophrenia Spectrum

How it may show up in the courtroom: flat affect, low energy, anger, difficulty answering questions, distrust of the court process or paranoia.

How it might impact parenting: minimal emotional availability and engagement, less capacity for supervision of children and difficulty following or providing structure

Impact on engaging with court services: organization, follow-through

Helpful court strategies:

- Don't argue with delusions
- Normalize symptoms to reduce shame
- Provide structured check-ins
- Break requirements into smaller, manageable steps

Substance Use Disorders

Alcohol, cannabis, opioids, opiates, methamphetamines.

Comorbid- Multiple diagnoses, often mental health and substance use

Co-occurring treatment is often needed to address the substance use and mental health symptoms simultaneously.

Substance Use Disorders

Why it matters:

Symptoms may be masked or intensified by substances

Parents may be misdiagnosed or under-diagnosed

Treatment engagement is harder when withdrawal or cravings are present

Court additions:

Encourage integrated (co-occurring) treatment

Prioritize stabilization before making parenting capacity conclusions

Build incremental, achievable steps

Personality Disorders: Borderline PD, Antisocial PD

Interpersonal conflicts

- Problematic relationships with others
- Idealization and devaluation
- Unstable self-image

Emotional distress

- Feelings of emptiness
- Emotional reactivity
- Suicidal gestures/actions

Behavioral Concerns:

- Failure to conform to social norms
- Deceitfulness
- Impulsivity
- Irritability and aggressiveness
- Disregard for others' safety
- Irresponsibility
- Lack of remorse

Personality Disorders: Borderline PD, Antisocial PD

How it may show up in the courtroom: conflicts with others, engaging presentation, minimization or externalizing responsibility, appearing unconcerned, high emotion expression

How it might impact parenting: impulsivity, availability for empathy, emotional intensity and responsiveness, potential exposure to unsafe environments, minimize needs of child

Impact on engaging with court services: minimizing responsibility, difficulty following rules, conflict in court, misleading communication, attendance issues, low motivation without clear consequence

Helpful court strategies:

- Use clear, behavior-based expectations and concrete metrics
- Reinforce accountability consistently and unemotionally
- Focus on external motivators (deadlines, incentives, consequences)
- Set strict structure and follow through reliably
- Avoid engaging in debates over rules or responsibility



Understanding Treatment

Current Models: Dependency Courts

Common Diagnoses and Treatment

Assessment (Mental Health Evaluation vs.
Psychological Assessment)

Group

Individual

Psychiatry/Medication Support*

Co-Occurring Options (Group, Individual, Medication)

Complementary Skill Development

Duration*

Recovery Groups



Recovery Within Dependency Court Settings

What Recovery Looks Like

Individuals facing challenges

Meeting requirements

Complementary support

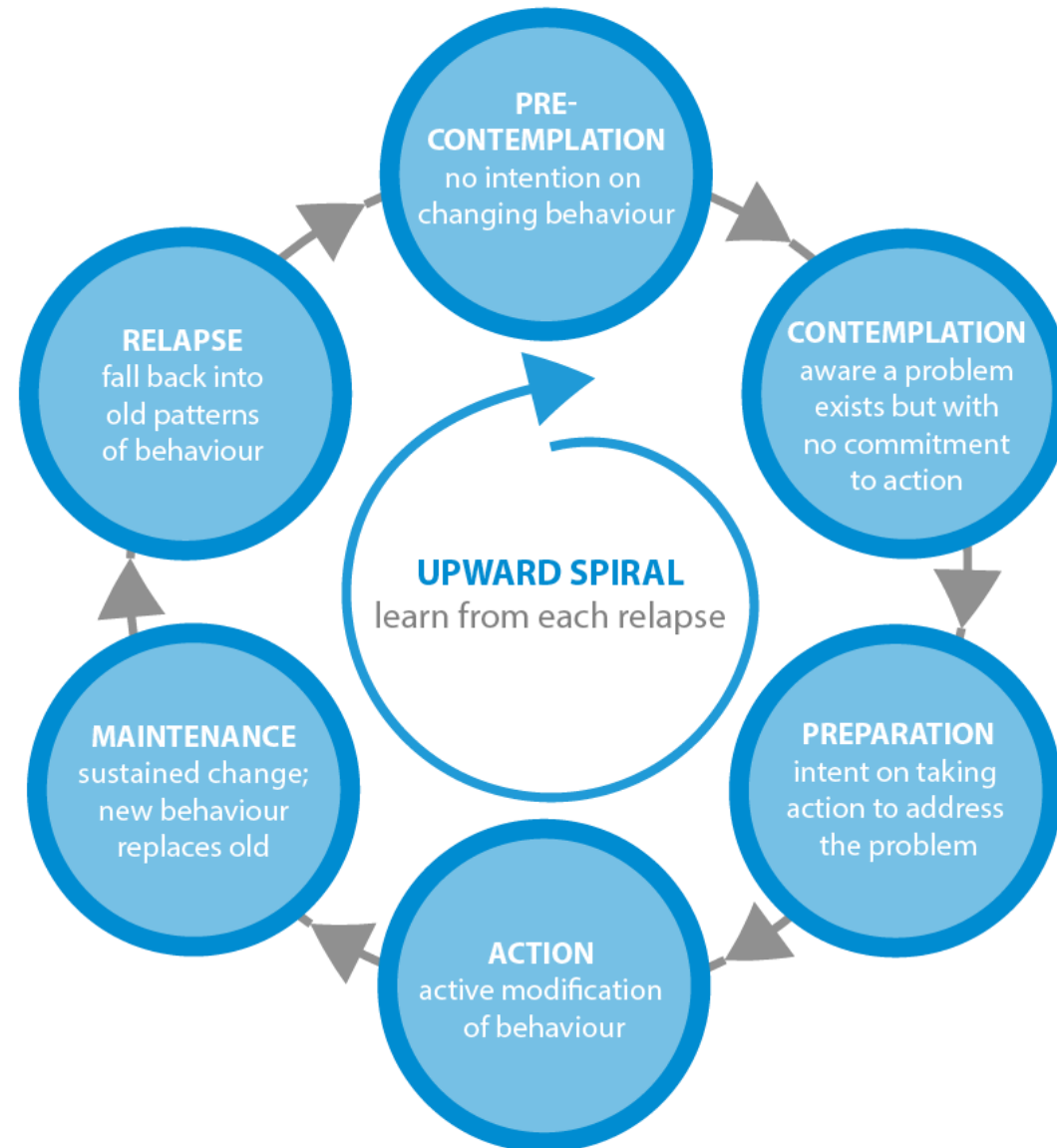
Maslow's Hierarchy of Needs



Stages of Change

Realistic movement through the process

STAGES OF CHANGE



Nuance of Court Ordered Treatment

Types of Support:

- Assessment
- Group
- Individual
- Risk Assessment
- Safety Planning*

Additional Concerns:

- Accountability
- Metrics
- Assessment
- Team-Based Approach
- Other Tools and Collaboration

Court Engagement Strategies for Parents with Mental Health Challenges











- Use plain language (remove legal jargon)
- Provide written and verbal instructions every hearing
- Break tasks into small assignments
- Confirm understanding rather than assume it
- Build rapport; avoid adversarial tone
- Use consistent judicial messaging
- Celebrate incremental progress
- Incorporate parents' strengths into the record

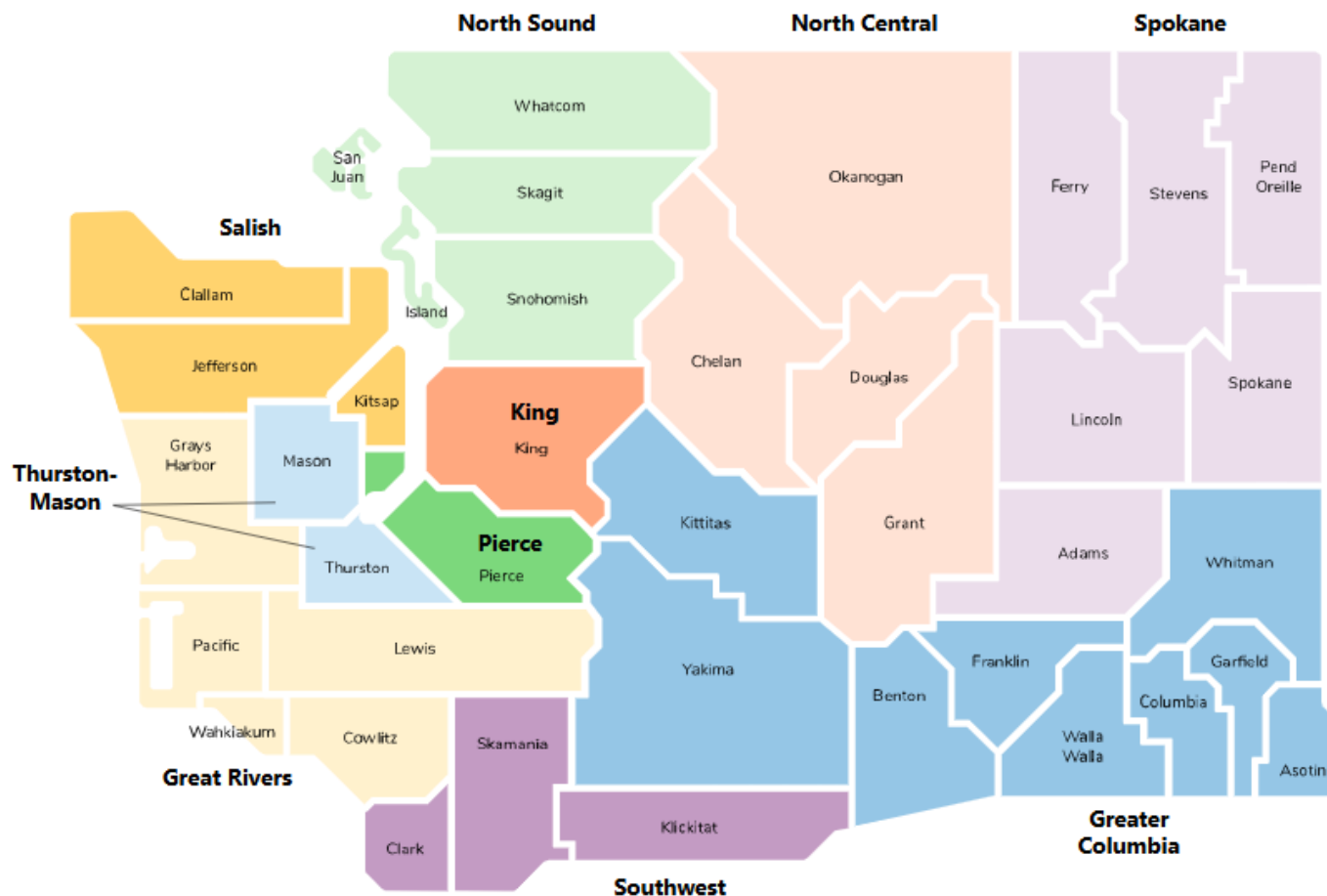
Judicial Officer Best Practices in Dependency Cases

- Control the temperature of the courtroom
- Recognize behavior as symptom-based, not willful
- Use consistency and predictability
- Provide empathetic but maintain boundaries in engagement
- Stabilization before evaluation
- Encourage multidisciplinary meetings
- Prioritize parent voice and trauma-informed engagement
- Only order Psychological Assessments when absolutely necessary for diagnosis

Regional crisis lines

You can call **988** or **your local county crisis line** to request assistance for yourself or anyone else who is experiencing a behavioral health crisis (24 hours, seven days a week, 365 days a year). **Crisis lines are available for all Washingtonians, regardless of your insurance status or income level.**

Region	Phone
 Great Rivers	1-800-803-8833
 Greater Columbia	1-888-544-9986
 King	1-866-427-4747
 North Central	1-800-852-2923
 North Sound	1-800-584-3578
 Pierce	1-800-576-7764
 Salish	1-888-910-0416
 Southwest	1-800-626-8137
 Spokane	1-877-266-1818
 Thurston/Mason	1-800-270-0041



<https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines>

OHRS Resources and Support



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Mobile Crisis Team

- Assesses risk and safety factors of clients in crisis in the Thurston and Mason communities. Provides mobile crisis intervention services in varied environments.

Alternative Response Teams

- Alternative Responder teams provide outreach, engagement, and liaison support to individuals seen on a recurring basis that require short term intensive case management. They bridge gaps between police and/or emergency medical contacts and social services providers

Designated Crisis Responders (DCR)

- Provides Involuntary Treatment Act (ITA) evaluation services according to RCW 71.05 and 71.34

Regional Crisis Line

- Thurston-Mason Crisis Services: 360-754-1338 or 800-270-0041 24/7 Free Crisis Intervention



Discussion