From:	Lustbader, Andrew
To:	Judy Blei (judy@jblei.com); "Jillian Wood" (jillianwood@sbcglobal.net)
Cc:	Veltri, Victoria
Subject:	clinical vignette for the record
Date:	Wednesday, October 17, 2012 4:28:43 AM

I am furnishing a rather schematic vignette meant to capture cost transfers to the public schools (funded by the property tax, the most regressive tax) as well as to DCF. I know about the case because I was asked to evaluate the student in question. At the time of the most recent evaluation the student was nearly 17 and in the 11th grade at one of the Fairfield County public high schools. I had seen him two years before and in the ensuing two years things have gone from bad to worse. At the initial evaluation, chronic deficits across all domains of social functioning were evident and these were tied to problems with executive functioning, mood regulation, and learning difficulties. As if these difficulties were insufficient, his parents were at war with each other and were using the student and his younger brother as pawns in their conflict. At PPT, placement at a very decent therapeutic day program was arranged and the school provided a range of counseling and other supports. Although the parents were both employed in Fairfield County and had ostensibly decent insurance coverage, the therapy available through insurance was limited to medication maintenance and weekly therapy with a social worker or psychologist. Practitioners on the list hardly had the skill set needed to intervene with the family and to promote the student's growth and stability. Without the additional supports the school provided, the student would have deteriorated quickly

As it was, the young man settled into the therapeutic day program and appeared to be progressing decently. Escalation of difficulties at home, however, led to the student reporting his mother, with the support of his disaffected father, to DCF for sexual abuse. The investigation failed to substantiate his allegations. In the aftermath, he sabotaged his therapeutic day program and became involved in a set of truly problematic sexual misadventures. At one point, when he was quite depressed, he attempted suicide. A brief (5 to 7 day) hospitalization and several weeks of IOP were provided through the insurance. Meanwhile the regression induced by the family events to which I alluded had led to global and extreme compromises in social functioning. Academic performance had deteriorated and heroic special educational interventions were unhelpful. Peer and family relations had hit a nadir. The student fought with his brother and father and this necessitated the involvement of the police on several occasions. The family was pressuring the school to arrange a therapeutic residential placement at huge expense to the school system already strapped financially. Eventually DCF agreed to provide a level to Level II group home placement, since remaining at home was increasingly imperiling family members, as well as and mortgaging the students future. (The legal system had already been involved and further infractions of the sexual nature might well have led to his incarceration.) The school agreed to pay for an appropriate therapeutic educational day program, as well.

The insurance, however, even though any reasonable indicators were met for intermediate term psychiatric hospitalization and extended step down treatment, as would of been done a few years ago, provided nothing in this situation beyond a brief hospitalization, far too brief IOP, and inadequate individual psychotherapy and medication maintenance. The public sector saved the day, while insurance profited from the clever transfer of responsibility and risk to the public sector.

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Andrew Lustbader, M.D., F.A.A.P.
Assistant Clinical Professor–Yale Child Study Center
Chair--Mental Health Blueprint CCCAP-CTAAP Joint Committee
Medical Director–Child Guidance Center of Mid-Fairfield County
Director–The Therapeutic Center for Children and Families
203-454-2428, Ext.704
Fax: 203-454-2447
Email: andrew.lustbader@yale.edu
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