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SUPREME COURT OF THE STATE OF WASHINGTON

In re Welfare of B.P.,

STATE OF WASHINGTON, DSHS,

Respondent,

v.

H.O. (Mother),

Petitioner.

ANSWER TO AMICUS BRIEFS OF DRS. SPIEKER & HARRIS,
KING COUNTY DEPARTMENT OF PUBLIC DEFENSE, AND
CENTER FOR CHILDREN & YOUTH JUSTICE

ROBERT W. FERGUSON
Attorney General

REBECCA R. GLASGOW, WSBA 32886
Deputy Solicitor General

AMY SOTH, WSBA 26181
Assistant Attorney General

OID No. 91087
PO Box 40100
Olympia, WA 98504
360-664-3027

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I. INTRODUCTION

Some amici, including two psychologists who have never met or treated H.O. and B.P., criticize the services provided during dependency. But these amici fail to explain how the actual substance of the services provided to H.O. and B.P. was inappropriate. Moreover, they fail to consider B.P.'s mental health needs, including her immediate need to have caregivers who could provide stability and the security of a predictable schedule, and who could read her sometimes confusing cues. They also fail to consider that while the therapeutic visitation made progress, the trial court also heard how this mother was not ready for further progress until she completed at least six more months of individual therapy.

This Court's review is based on the record before the trial court. The multiple therapists and counselors who actually treated H.O. and B.P. did not recommend different services or unsupervised visitation, even though they could have at any time, because they understood what H.O. and B.P. needed, and what H.O. was ready for given her mental and emotional health. This Court should consider the general information about attachment and bonding that amici provide. But because they have not treated, evaluated, or even met H.O. and B.P., this Court must review the trial court's findings based on testimony of experts tested by cross-examination at trial.

The information from amici confirms how trial courts and this Court must recognize that each dependent child and parent requires an individual service plan targeted at meeting the child's needs and

remedying parental deficiencies. The myriad therapists, chemical dependency counselors, psychologists, and other expert evaluators and treatment providers who team up to provide services to a parent and child need room to exercise professional judgment about what is best for a child at a particular time and what is, and is not, available and capable of correcting parental deficiencies in the foreseeable future.

That fundamental need for individualized assessment and services also counsels against any holding that prescribes a service that might be inappropriate or harmful depending on the actual circumstances of a parent and child. Similarly, this Court should protect the ability of the lower courts and the child welfare system to meet a child's needs by providing services to foster parents or caregivers, even when a parent has not yet progressed sufficiently in chemical dependency or mental health treatment for the service to be appropriate yet for the parent. Appellate review of whether a parent received appropriate services should not mechanically expect parallelism in services to caregivers and parents; it should examine each record developed by a superior court that has initial responsibility for ensuring that appropriate services were offered.

II. ARGUMENT

A. **Courts Should Continue to Rely on the Professional Judgment of the Therapists and Treatment Providers Who Are Treating Children and Parents Subject to Dependencies**

This Court should avoid second-guessing the expertise of the treatment providers who have evaluated or treated a particular parent and

child. Here, no professional who provided treatment in this case concluded that H.O. was ready for reunification and none had even recommended that she was ready for unsupervised visitation or overnight visits with B.P. No expert testified that H.O. could become fit to parent B.P. independently within the foreseeable future.

1. Drs. Spieker and Harris support that services are often necessary to meet the child's immediate needs after a broken attachment, and a parent must be ready to support an attachment before it can be repaired

Drs. Spieker and Harris helpfully describe the highly individualized nature of services related to attachment and bonding issues. Their arguments show why this Court should avoid conclusions or rulings compelling parents and foster parents to receive parallel services, recognizing instead that each case is different. For example, the foster parents must meet the child's immediate, day-to-day needs, which may be unique and significant as a result of the harm the parent's actions have caused for the child. But where a parent has significant deficiencies, like substance abuse or mental health issues, the parent may not yet be ready for the same services. Worse, forcing a child to participate in "parallel" services with a biological parent may be harmful for the child.

Drs. Spieker and Harris speak to this point when they acknowledge that when a child suffers a disruption in a primary attachment, "it is important for [the child] to be placed in an environment where they can have healthy emotional development; this type of development can only occur when [the child has] a caregiver who responds to their needs in a

nurturing and caring manner.” Amicus Br. Drs. Spieker & Harris at 19-20. In this case, Ms. Clemons met with B.P. and her caregivers eight times in order to ensure these needs were met. VRP at 160-61. Ms. Clemons helped B.P.’s caregivers understand her confusing cues and to problem-solve, for example, by pointing out that B.P. suffered more upset when there were disruptions in her schedule. VRP at 160-61, 166. It would have made no sense to withhold these services to help B.P. until a parent was in a position to participate in some mirror version of such services.

Drs. Spieker and Harris also emphasize that “a parent’s inability to support an attachment due to a limitation of the parent (mental health issues) is very different and should not be treated the same by the courts as the child welfare agency failing to provide the opportunity to form the attachment.” Amicus Br. Drs. Spieker & Harris at 17. This recognizes that a parent’s compromised ability to support an attachment with their child, for example, because of ongoing chemical dependency issues or barriers in their own mental and emotional health, could delay or prevent the progression of attachment services for the parent and child.

Again, that is what occurred here. At trial, the State’s attorney asked H.O.’s mental health counselor: “what, as a therapist, do you want to see from her to feel like . . . she has made enough progress to allow—to work on these attachment services with her children?” VRP at 145. Ms. Gormon-Brown answered: “continued ability to process her trauma narrative and to fully acknowledge the impact that this narrative has had on her life to be able to really connect—to really identify and connect

feeling states with the trauma that occurred and to be able to resolve that.” VRP at 146. Ms. Gormon-Brown further testified that it could take “at least another six months in individual therapy” “to resolve [H.O.’s] trauma history.” VRP at 149-50.

In addition, providing certain services to a parent and child prematurely solely to mirror assistance given to a child and foster parents, could be particularly damaging to a child in the context of attachment and bonding issues. For example, if chemical dependency providers are concerned that a parent still has a high risk of relapse, encouraging a delicate child to forge a stronger attachment to a still-unreliable parent could lead to further harm and heartbreak for the child if the parent lets her down once again. This was a real concern in this case where there is expert testimony that at the time of trial, B.P. had an emerging emotional relationship with her mother, like that of a favorite babysitter, and separation would not be particularly harmful so long as B.P. remained connected to her primary attachment figure. VRP at 78-79, 130-31. But if B.P. developed a stronger attachment to her mother, B.P. would suffer further damage to her mental health if her mother disappeared again. *E.g.*, VRP at 71-72, 84-85, 162-64, 226-29; *see also* VRP at 394 (H.O. admitting a third abrupt removal from her mother’s care would be “devastating” for B.P.).¹

¹ With her first inpatient treatment, H.O. remained clean for a total of about ten months, and she lived in a transition facility for about three months before she relapsed. *See* VRP at 251-53, 255-56. At the time of the termination trial, after her second round of inpatient treatment, H.O. had been clean for a total of about ten months, and she had been out of inpatient treatment for about two months. *See* VRP at 270, 353.

To be sure, in some cases the experts might tell a trial court that a parent should receive parallel services. But strict parallelism between services given to a parent and services given to the child's current caregivers should not be mandated absent evidence showing that a particular service is necessary and likely to be beneficial, reasonably available, and would not be harmful to the child. This individualized evaluation requires consideration of whether a parent is *ready* for particular services, as well as the overriding obligation to protect a child from harm under RCW 13.34.020. The amici doctors thus provide valuable information that, read fairly, should ensure that this Court eschews a formulaic prescription for services or an uncritical reliance on parallel services. A trial court needs to weigh individualized evidence in every case. Appellate courts, in contrast, examine whether the trial court relied on substantial evidence in making its findings.

2. This Court should focus not on labels or names for services, which change over time, but instead on the actual content of services provided

New developments are a constant in the fields of child development, brain science, psychology, and psychiatry. This Court should not tie the hands of treatment providers and trial courts by mandating or requiring a service that has a particular label at this moment. Instead, the Court should conclude that a trial court's focus should be on evaluating whether the actual services provided addressed the underlying

parental deficiency or barrier to reunification. A focus on labels, rather than actual content, misses the point of services.

Amici have confirmed that it would be problematic to mandate that a particularly-named service, like “attachment therapy,” is required when one of the problems is a lack of bond between the parent and child. To illustrate this, the term “attachment therapy” has inconsistent definitions, as it sometimes refers to a controversial therapy for children with severe behavior problems that involves physically restraining them, proving that reliance on labels alone is perilous. https://en.wikipedia.org/wiki/Attachment_therapy. For the same reason, this case should not provide a basis to mandate that something labelled “attachment services” is required whenever there is a broken attachment between a parent and child. Instead, this Court should continue to require that services must be provided that are targeted at remedying the deficiency—in some cases, a lack of a parent-child bond—whatever the label. *See* RCW 13.34.180(1)(d). This protects the discretion that expert treatment providers need in designing an individualized treatment plan for the child and the parent.

Emphasizing content over labels also permits future trial courts to hear and evaluate detailed testimony from treatment providers that will better scrutinize the adequacy of the services actually provided. This ensures that the parent’s rights are protected and that the trial court engages in a genuine determination of whether RCW 13.34.180(1)(d) has been met, rather than a superficial determination based on labels.

Drs. Spieker and Harris illustrate the need to examine the nature and purpose of a service when they explain what attachment services should accomplish for a parent and child. In doing so, they describe what Ms. Eastep and Ms. Gormon-Brown provided for H.O.

For example, Drs. Spieker and Harris explain that attachment services should “teach[] the mother to note when a child’s signal (i.e. crying) occur[s], interpret the signal accurately, and then respond promptly and appropriately.” Amicus Br. Drs. Spieker & Harris at 9. In this case, Ms. Eastep worked with H.O. and B.P. in 22 two-hour sessions, and her primary therapeutic goal was to work on the bond between them and help H.O. learn B.P.’s cues. VRP at 66-67; CP at 184 (unchallenged FOF 25 (“first” goal was “to build a relationship between [H. O] and [B.P.]”). Ms. Eastep also explained that she worked with H.O. to understand B.P.’s behaviors and react appropriately. VRP at 73-75, 80-81, 94, 100. She also helped H.O. to solve problems, for example, by suggesting that H.O. spend more time with B.P. and her caregivers to remedy B.P.’s confusion and anxiety. VRP at 78, 80-81. She helped H.O. work on strategies for gaining the caregivers’ trust. VRP at 80.

To the extent that Drs. Spieker and Harris mention Parent-Child Interaction Therapy, presumably as an alternative to the therapeutic services Ms. Eastep provided, they do not show that such therapy would have been more beneficial. That type of therapy is mostly targeted at helping parents to learn how to manage challenging behaviors arising from behavioral disorders, and they do not explain how that focus would have

been more beneficial in this situation. *See* <http://www.pcit.org/what-is-pcit1.html>; Amicus Br. Drs. Spieker & Harris at 10. Here, the testimony showed the trial court that Ms. Eastep provided live, one-on-one feedback to H.O. targeted at improving the relationship between H.O. and B.P.²

In sum, this Court should decline to mandate a service with a particular label. Treatment providers serving a particular child or parent need flexibility in determining what they can safely receive.

3. The general information about attachment in the Amicus Brief of Drs. Spieker & Harris is otherwise consistent with the testimony in the record

The general information about attachment and bonding in the Amicus Brief of Drs. Spieker and Harris is consistent with the expert testimony presented in this case and with the trial court's findings. The experts treating or evaluating H.O. and B.P. explained that a very young child often develops a primary attachment to one primary caregiver. *See, e.g.,* VRP at 67-69, 104-06. The amici provide similar information. Amicus Br. Drs. Spieker & Harris at 1-2 (primary attachment for young children tends to be with "one or a few selected, non-interchangeable older individuals" (internal quotation marks omitted)). The very early stages of a child's development are a critical period for the development of attachments. Amicus Br. Drs. Spieker & Harris at 7; VRP at 106 (after one

² As a further example of how labels might obscure a fair approach to services, Drs. Spieker and Harris also mention a program providing services targeted at attachment after reunification, but those services are provided after a child has moved back in with her parent. *See* Amicus Br. Drs. Spieker & Harris at 12-13 (discussing in home services post-reunification). Here, no expert testified that H.O. was ready to have B.P. returned to her mother's care or that reunification could occur in the near future.

year “it’s not as easy” to develop a primary attachment). “Neuroscientists now agree that the essential task of the first year of life is the co-creation of a focused attachment bond of emotional communication between the infant and . . . her primary caregiver.” Amicus Br. Drs. Spieker & Harris at 7.

Amici are also consistent in explaining how a young child encounters significant distress when he or she loses their primary attachment figure for whatever reason. Amicus Br. Drs. Spieker & Harris at 4 (describing children crying, throwing themselves about “and in every way showing how distraught they were”). This is consistent with the expert testimony and trial court findings that H.O.’s disappearance from B.P.’s life because of her relapse caused B.P. great distress. The impact on her was “horrifying” and her caregivers had to seek medical attention for her. VRP at 226-29. The amicus brief of Drs. Spieker and Harris describes the symptoms of two types of attachment disorder, something that the experts in this case were concerned B.P. could develop if she were subjected to further disruptions in her primary attachment, for example, if she were returned to her mother and her mother relapsed again. Amicus Br. Drs. Spieker & Harris at 13-14; VRP at 71-72, 162-64.

Amici also explore how a parent’s inability to meet the emotional needs of a young child can have negative impacts on that child’s mental and emotional health. Amici explained that very young children tend to be secure when their mother is living in favorable circumstances, but when her circumstances are unfavorable, perhaps for example, when she is using

drugs, the child becomes insecure. *See* Amicus Br. Drs. Spieker & Harris Br. at 3. Moreover, where an attachment figure is “inconsistently responsive and sometimes insensitive to the child’s signals,” or rejects the child’s attachment behavior, the child can become insecure in her attachments. Amicus Br. Drs. Spieker & Harris at 5-6. This is consistent with testimony from Ms. Gormon-Brown and the GAL, who emphasized the importance of H.O. being emotionally attuned to B.P. and able to help her regulate strong emotions. VRP at 140-42, 196 (describing H.O.’s “protective shell”), 234-35.

Moreover, Drs. Spieker and Harris confirm that it is the child’s primary caregiver who must teach the child an “ability to communicate emotional states” and “to self-regulate those emotional states” forming “a basis for all subsequent social relations.” Amicus Br. Drs. Spieker & Harris at 7; VRP at 141-42, 234, 276-77.

Finally, although Drs. Spieker and Harris explain what sorts of assessments are used for evaluation, they do not argue that the assessment Carol Thomas performed in this case was somehow inadequate. Amicus Br. Drs. Spieker & Harris at 9, 11-12. They do not argue that there were any deficits in any assessments performed in this case at all. Drs. Spieker and Harris encourage videotaping of assessments, but this Court should decline to impose a videotaping requirement in every case. Parents in a dependency may already feel scrutinized, so an individual parent’s objection to videotaping could be understandable. The relative benefits and burdens of videotaping a parent’s interactions with their child should

be evaluated by the expert performing the assessment.

4. This Court should not consider specific opinions from amici about this mother and child because they have never met H.O. and B.P. and there is no opportunity for cross examination

This Court should decline to consider any opinion specific to H.O. and B.P. conveyed in the amicus brief by Drs. Spieker and Harris. *Engstrom v. Goodman*, 166 Wn. App. 905, 909 n.2, 271 P.3d 959 (2012) (“a motion to strike is typically not necessary to point out evidence and issues a litigant believes this court should not consider”). Drs. Spieker and Harris present an opinion about the mother and child in this particular case, going beyond a general discussion about attachment and bonding. *See* Amicus Br. Drs. Spieker & Harris at 15-16. But they make no effort to comply with the requirements for supplementing the evidence in the record under RAP 9.11. And for the same reasons articulated in the State’s answer to H.O.’s motion to supplement the record with the declaration of Dr. Solchany, they similarly could not meet all of that rule’s requirements for supplementing the record. As a result, this Court should decline to consider any opinions expressed about this particular parent and child.

To the extent that Drs. Spieker and Harris are expressing disagreement with Ms. Eastep and Ms. Thomas, they misapprehend that testimony. Ms. Eastep and Ms. Thomas did not testify that B.P. could not develop more than one attachment. In fact, they both noted that B.P. was progressing in her attachment to H.O. VRP at 67-68, 113. And Ms. Eastep concluded that H.O. had advanced from a social relationship to an

emerging emotional relationship akin to a favorite, long-term babysitter. VRP at 78-79. Ms. Eastep and Ms. Thomas also indicated that B.P. was unlikely to see H.O. as her primary attachment figure as long as her primary caregivers were her relatives who she had been living with for over a year. VRP at 68, 71, 78, 120. Drs. Spieker and Harris acknowledge that from a child's perspective, different relationships may have different qualities (Amicus Br. Drs. Spieker & Harris at 15) and at the time of trial B.P. saw her relative caregiver as her primary attachment figure and she saw her mother like a child would see a favorite babysitter. VRP at 63-64, 78-79.

However, when Drs. Spieker and Harris argue that B.P. should be able to re-attach to her mother and reunification is unlikely to cause attachment disorder, they do not acknowledge or account for the fact that H.O. had not demonstrated she could remain sober independently and parent on her own, without the intense support of outpatient treatment and structured living. VRP at 35, 37, 190-92, 245; CP at 183 (unchallenged FOF 17). The record showed that if B.P. broke her attachment with her relative caregiver and reattached with H.O., and then suffered detachment again because her mother relapsed, that would cause significant harm to B.P. VRP at 71-72, 84-85, 162-64, 226-29, 394. Drs. Spieker and Harris fail to acknowledge H.O.'s long history of IV drug abuse.

In sum, this Court should decline to consider any specific opinion about this mother and child because Drs. Spieker and Harris have never met H.O. and B.P., and they have not been subjected to cross examination.

To the extent their opinions are considered, this Court should recognize that they failed to evaluate the full testimony of the experts in context.

B. Contrary to Amici's Assertions, the Trial Court's Finding of Parental Unfitness Was Not Based Solely on a Lack of Attachment

The King County Department of Public Defense (KCDPD) and Drs. Spieker and Harris seem to assert that but for B.P.'s lack of attachment to H.O., H.O. was "otherwise fit" to parent B.P. at the time of trial. KCDPD Br. at 3; Amicus Br. Drs. Spieker & Harris at 20. Those arguments contradict the expert testimony in the record and the trial court's findings. H.O. was unfit because of two parental deficiencies: (1) she had not established that she could remain sober and parent in an unstructured, independent setting and (2) she had not shown she was emotionally healthy enough herself to meet B.P.'s special needs for a primary caregiver who was reliable and able to read her cues and respond appropriately to B.P.'s emotions. VRP at 35, 190-92, 245; CP at 183 (unchallenged FOF 17); VRP at 80, 136-48; CP at 183 (unchallenged FOF 16). As explained in the State's prior answer, at pages 14-14, to the ACLU Amicus Brief, the trial court's finding of current parental unfitness was based on these parental deficiencies, not on a comparison of the benefits of B.P.'s relative caregivers versus H.O. CP at 185-86 (FOF 30-32) (finding lack of demonstrated ability to remain sober in an unstructured setting, failure to comply with outpatient treatment support group requirements, failure to demonstrate an ability to cope with her own

emotions and place B.P.'s needs above her own). Thus, the unfitness finding in this case was not based solely upon a lack of attachment, nor was it based on an evaluation of the child's best interest.

As the State has previously discussed, this is not a case where the trial court put the cart before the horse, as amici allege. *See* State's Answer to ACLU at 13-14. The trial court's order reflects the appropriate progression of findings: first, the State proved all of the elements of RCW 13.34.180 (CP at 181, 185-87); second, H.O. is unfit to parent B.P. (CP at 187-88); and third, termination was in B.P.'s best interest (CP at 188). The trial court did not skip any steps or equate unfitness with a finding that B.P. would be better off remaining with her relatives. CP at 179-89.

KCDPD asserts that the parental fitness inquiry should focus only on the parent, and not the child. KCDPD Amicus Br. at 4. But that would require trial courts to assume that children are fungible, and a child's particular needs and whether the parent can meet them are irrelevant to the unfitness inquiry. It would also require the Court to undermine or reverse its historic understanding that the child's welfare is the court's primary consideration in a dependency and termination. *E.g.*, *In re Dependency of M.H.P.*, 184 Wn.2d 741, 762, 364 P.3d 94 (2015). Each trial court can—and must—consider a parent's fitness in light of the particular needs of the dependent child. *In re Welfare of A.B.*, 168 Wn.2d 908, 918, 232 P.3d 1104 (2010) (focusing on whether parent is “currently unfit to parent the child”); *see also, e.g.*, *C.P. v. R.S.*, 961 N.E.2d 592, 595 (Mass. 2012) (“A

parent may be fit to raise one child but not another.”); *In re Guardianship of Estelle*, 875 N.E.2d 515, 520 (Mass. 2007) (asking whether the parent was “fit to parent *this* child in *these* circumstances at *this* time”).

Finally, KCDPD expresses concern, without a single citation to evidence or scholarly publication, that the experts working with children and families in dependencies will not appropriately assist them in forging and repairing bonds and attachments. KCDPD Amicus Br. at 11-12. This ignores the fact that parents can obtain their own experts to testify in dependency and termination proceedings at public expense if they are indigent. *E.g.*, *In re Dependency of M.H.P.*, 184 Wn.2d at 748 (expert services at public expense in a parental termination proceeding).

C. Lack of Visitation Was Not Raised as an Issue in This Appeal

KCDPD asserts that visitation was inappropriately denied in this case. KCDPD Amicus Br. at 15. Yet, lack of visitation was not an argument that H.O. raised in her motion for discretionary review. Mot. Discr. Review at 1, 11-14. This makes sense because even after B.P. was removed from H.O.’s care for the second time, the court ordered visitation three times per week until visits became harmful because H.O. was showing up high on methamphetamine or not at all. CP at 182 (unchallenged FOF 12), 89; VRP at 226-29 (impact on B.P. was “horrifying”; distress and reactive behavior so alarming, caregivers sought medical care); VRP at 263-64 (aggression and disorganized behavior towards H.O. during visits).

Because H.O. had ample visitation when she was not using methamphetamine, it makes sense that a lack of visitation was not an issue raised here. This court recently reiterated it does not consider or address issues raised only by amicus. *E.g.*, *City of Seattle v. Evans*, 184 Wn.2d 856, 861 n.5, 366 P.3d 906 (2015) (citing *Citizens for Responsible Wildlife Mgmt. v. State*, 149 Wn.2d 622, 631, 71 P.3d 644 (2003)).

D. As the Center for Children and Youth Justice Argues, B.P. Has a Right to Permanency and She Will Suffer Real Harm if She Is Deprived of This Right

As the Center for Children and Youth Justice (CCYJ) more fully explained, children in foster care are entitled to a system that promotes permanency. A child has a right to “speedy resolution” of their dependency proceeding. RCW 13.34.020. The concept of speediness must be understood from the child’s perspective. *In re Welfare of Hall*, 99 Wn.2d 842, 844, 850-51, 664 P.2d 1245 (1983). A child cannot wait on the availability of a parent to begin forming primary attachments that are necessary for the child’s mental health. CCYJ Amicus Br. at 2. That is why, even if this Court were to conclude that the mother did not receive “attachment services” or “attachment therapy,” reversal is appropriate only if additional services would have remedied the parent’s deficiencies in B.P.’s foreseeable future considering her age. *E.g.*, *In re Dependency of T.R.*, 108 Wn. App. 149, 164, 29 P.3d 1275 (2001). Six months in the life of a fifteen-month-old, and eight months for a four-year-old are not within

the foreseeable future. *In re Welfare of Hall*, 99 Wn.2d at 844, 850-51; *In re Dependency of P.A.D.*, 58 Wn. App. 18, 27, 792 P.2d 159 (1990).

Here, the trial court appropriately found “overwhelming” evidence that, given the mother’s current state, it would take a year or more for H.O. to be ready to parent B.P., and that was too long, given that B.P. had already been in a dependency for her whole life and out of her mother’s care for the prior 20 months. CP at 186 (FOF 34); VRP at 129-32, 149-50, 197-98, 283 (Thomas, Gormon-Brown, Paullin). No expert testified H.O. would be ready to parent independently within a year.

Significantly, there is also ample evidence in the record that H.O.’s disappearance from B.P.’s life twice in B.P.’s first year of life made B.P. need stability more than other children. VRP at 161-62, 234. B.P., in particular, needs permanency for her mental health, development, and well-being. VRP at 160-62, 282-85; CP at 94.

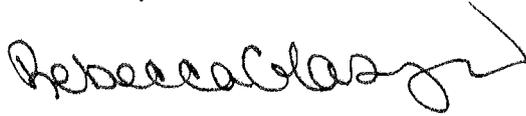
III. CONCLUSION

The need for individualized assessment and services in every case is fundamental. This Court should not prescribe a service with a particular label or mandate a service that might be inappropriate or harmful in the interest of parallelism. Instead, treatment providers and trial courts should remain free to address appropriate services depending on the circumstances of a particular parent and child. Here, appropriate services were provided, targeted at remedying parental deficiencies, but further attachment work would not have been fruitful until H.O. progressed in her

individual therapy. Moreover, the experts did not believe H.O. would be ready for reunification in the near future. Substantial evidence in the record supports the trial court's findings and this Court should affirm.

RESPECTFULLY SUBMITTED this 13th day of May 2016.

ROBERT W. FERGUSON
Attorney General



REBECCA R. GLASGOW, WSBA 32886
Deputy Solicitor General

AMY SOTH, WSBA 26181
Assistant Attorney General

OID No. 91087
PO Box 40100
Olympia, WA 98504
360-664-3027

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I certify, under penalty of perjury under the laws of the state of Washington, that I served, via electronic mail, a true and correct copy of foregoing document, upon the following:

Kristina M. Nichols
Jill Reuter
Nichols Law Firm, PLLC
PO Box 19203
Spokane, WA 99219
WA.Appeals@gmail.com
Jillreuterlaw@gmail.com

Nancy L. Talner
901 Fifth Ave., #630
Seattle, WA 98164
talner@aclu-wa.org

Sara L. Ainsworth
907 Pine Street, Suite 500
Seattle, Washington 98101
sainsworth@legalvoice.org

Sharon J. Blackford
1100 Dexter Avenue N., Suite 100
Seattle, WA 98109
sharonblackford@gmail.com

Devon Knowles
1215 E. Columbia Street
Seattle, Washington 98122
knowlesd@seattleu.edu

Lillian M. Hewko
110 Prefontaine Place S., Suite 610
Seattle, Washington 98104
lillian@defensenet.org

Joseph A. Rehberger,
Cascadia Law Group PLLC
606 Columbia Street NW, Suite 212
Olympia, WA 98501
jrehberger@cascadialaw.com

Linda Lillevik
Carey & Lillevik, PLLC
1809 7th Avenue, Suite 1609
Seattle, WA 98101-1313
lindalillevik@careylillevik.com

D'Adre Cunningham
Hannah Roman
Tara Urs
The Defender Association Division
King County Department of Public Defense
810 Third Ave., 8th Floor
Seattle, WA 98104
D'Adre.Cunningham@kingcounty.gov
Hannah.Roman@kingcounty.gov
Tara.Urs@kingcounty.gov

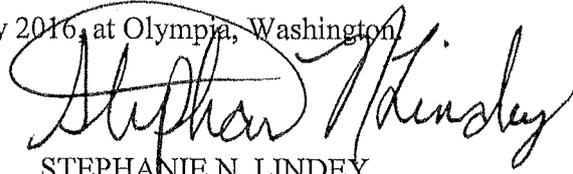
Alena Ciecko
Irina Nikolayev
Society for Counsel Representing
the Accused Division
1401 East Jefferson, Suite 200
Seattle, WA 98122
Alena.ciecko@kingcounty.gov
Irina.Nikolayev@kingcounty.gov

Kathleen McClellan
Northwest Defender Association Division
King County Department
of Public Defense
1109 1st Ave., Suite 300
Seattle, WA 98101
kathleen.mcclellan@kingcounty.gov

Kelli Johnson
Associated Counsel for the Accused
Division
King County Department of Public
Defense
110 Prefontaine Place South, Suite 200
Seattle, WA 98104
kelli.johnson@kingcounty.gov

Anita Khandelwal
Director's Office
King County Department of Public Defense
401 Fifth Ave., Suite 213 Seattle, WA 98104
Anita.khandelwal@kingcounty.gov

Dated this 13th day of May 2016, at Olympia, Washington.



STEPHANIE N. LINDEY
Legal Assistant

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Subject: RE: In re Welfare of BP; 91925-9; Answer to Amicus Briefs of Drs. Spieker & Harris, King County Department of Public Defense, and Center for Children and Youth Justice.

Received 5-13-16

Supreme Court Clerk's Office

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Cc: 'WA.Appeals@gmail.com' <WA.Appeals@gmail.com>; 'Jillreuterlaw@gmail.com' <Jillreuterlaw@gmail.com>; Glasgow, Rebecca (ATG) <RebeccaG@ATG.WA.GOV>; Jensen, Kristin (ATG) <KristinJ@ATG.WA.GOV>; Soth, Amy (ATG) <AmyM2@ATG.WA.GOV>; 'Nancy Talner' <TALNER@aclu-wa.org>; 'sainsworth@legalvoice.org' <sainsworth@legalvoice.org>; 'sharonblackford@gmail.com' <sharonblackford@gmail.com>; 'knowlesd@seattleu.edu' <knowlesd@seattleu.edu>; 'lillian@defensenet.org' <lillian@defensenet.org>; 'jrehberger@cascadialaw.com' <jrehberger@cascadialaw.com>; 'lindalillevik@careylillevik.com' <lindalillevik@careylillevik.com>; 'D'Adre.Cunningham@kingcounty.gov' <D'Adre.Cunningham@kingcounty.gov>; 'Hannah.Roman@kingcounty.gov' <Hannah.Roman@kingcounty.gov>; 'Tara.Urs@kingcounty.gov' <Tara.Urs@kingcounty.gov>; 'Alena.ciecko@kingcounty.gov' <Alena.ciecko@kingcounty.gov>; 'Irina.Nikolayev@kingcounty.gov' <Irina.Nikolayev@kingcounty.gov>; 'kathleen.mcclellan@kingcounty.gov' <kathleen.mcclellan@kingcounty.gov>; 'kelli.johnson@kingcounty.gov' <kelli.johnson@kingcounty.gov>; 'Anita.khandelwal@kingcounty.gov' <Anita.khandelwal@kingcounty.gov>

Subject: In re Welfare of BP; 91925-9; Answer to Amicus Briefs of Drs. Spieker & Harris, King County Department of Public Defense, and Center for Children and Youth Justice.

Dear Clerk,

Attached in case number 91925-9, please find the following document:

1. Answer to Amicus Briefs of Drs. Spieker & Harris, King County Department of Public Defense, and Center for Children and Youth Justice.

Thank you,

Stephanie N. Lindsey

Solicitor General Division

PO Box 40100

Olympia, WA 98504-0100

(360) 586-3114

StephanieL1@atg.wa.gov