

Assisted Outpatient Treatment --

A Guide for Family Members

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**WHAT IS ASSISTED OUTPATIENT TREATMENT (AOT)?**

AOT is court oversight of mandatory outpatient treatment by a civil, not a criminal, court. It is intended for adults with severe mental illness, usually schizophrenia or bipolar disorder, who have difficulty adhering to mental health treatment on a voluntary basis. Participants in AOT are generally those who, through no fault of their own, lack an understanding that their illness requires ongoing treatment. (This is referred to clinically as “anosognosia.”) Consequently, they do not engage in the level of treatment necessary to keep them from getting caught in the “revolving doors” of hospitals, jails and prisons.

**Family Member Defined**

The term “family member” used in this document is viewed from a broad perspective to include parents, siblings, spouses, adult sons and daughters, partners, significant others and close friends. It can be families of origin or families of choosing.

The existence of a court order, along with consistent messages from the judge and treatment team that they care about the participant’s success in the community, are often enough to motivate participants to follow their treatment plans. The primary goal of AOT is to encourage the development of an ongoing positive relationship between the treatment team and the participant so that in time the person voluntarily engages in treatment. The treatment team often uses evidenced based interventions to increase the participant’s success.

It is important to remember that AOT is a civil court order, not a criminal court order, therefore participants are not criminals and are not put in jail if they do not adhere to their treatment plan. The goal of this court is to help participants engage in treatment, not to punish them when they do not. Instead, those who do not adhere to the treatment plan could face other consequences, such as being ordered to appear before the judge on a more frequent basis, having the length of time they are on AOT increased, or being held for evaluation and possibly hospitalized. The objective, of course, is to intervene early enough to avoid hospitalization.

Another goal of AOT is to have the court ensure that the needed services specified in the treatment plan are appropriate and actually provided. Just as the court commits the participant to engage with the treatment plan, the treatment team is also committed to providing the services specified in that plan.

While participants in AOT may never gain a full understanding of their illness, the expectation is for them to engage with and eventually take responsibility for their own treatment. The amount of time they spend in AOT varies from individual to individual and is generally based on the person demonstrating a willingness to continue in treatment. Support from family members and close friends can help promote this outcome.

**HOW DOES AOT WORK?**

AOT works differently in each state and the criteria for AOT varies by state as well. To learn about your state law, go on line to [treatmentadvocacycenter.org/browse-by-state](http://www.treatmentadvocacycenter.org/browse-by-state). Nonetheless, most state laws do have some things in common.

**Petition is filed**

In general, states require that a petition (also called an affidavit or application) be filed with the civil (or probate) court. The petitioner describes in writing why he or she believes the person meets the legal criteria for AOT.

The best time to begin the AOT process is as the person is leaving a hospital, jail or prison. At this point, the person should have received care that has stabilized their mental health condition and is better able to understand the court’s expectations. The best person to file the petition is usually the doctor who’s been overseeing the person’s care because the doctor has the information and expertise to explain to the court why AOT is necessary.

In many states, a family member (and sometimes another private citizen) is also able to file a petition for AOT. While allowable, it is not ideal because (1) it puts family members in an adversarial role in court, and (2) family members are often unable to compile the required documentation to show clear and convincing evidence that their loved one meets criteria. This is why family members are often encouraged to contact the mental health director at the hospital, jail or prison in which their loved one may soon be released to let them know about AOT and why they believe the person would benefit from court ordered outpatient treatment.

However, while it is not ideal to have a family member file the AOT petition, it is by no means impossible nor is it necessarily a bad idea. To be successful, a family member should be knowledgeable about the law or retain an attorney who is; have a well-prepared case that can be backed up with sufficient documentation (police reports, dates of recent hospitalizations, statements from previous mental health professionals, etc.); and, have realistic expectations about the outcome. Keep in mind that while your case may not be successful, it may raise awareness about AOT in your community and pave the way for others to receive the help they need through AOT.

**Petition is reviewed**

The petition is reviewed to determine if there is sufficient evidence to proceed to a hearing. If necessary, the court may order that the respondent (person described in the petition) be evaluated.

**Hearing is held**

If the court decides to proceed with the case, it will set a date for the hearing. The respondent is entitled to full due process protections. It is the responsibility of the petitioner to convince the judge (or person representing the court) that the respondent meets the AOT commitment criteria. In other words, the “the burden of proof” is on the petitioner. Experts, including psychiatrists and other mental health professionals, provide testimony in support or opposition to the petition. If the evidence is “clear and convincing,” the judge may order the person to receive involuntary treatment.

**Treatment plan is developed**

The AOT participant will be assigned to a treatment team. He or she will be encouraged to actively participate in the establishment of goals and objectives, with specific criteria for evaluating progress toward meeting those goals and objection. The court will receive regular progress reports from the treatment team.

Many people on AOT qualify for Medicaid or have private health insurance which will cover all or most of the cost of treatment. If not, the public mental health system usually covers the cost of treatment services that have been court ordered by a civil court.

**Commitment is continued**

Prior to the expiration of the period of commitment, the treatment team will decide whether to ask the court to continue the commitment. The court must find clear and convincing evidence that the person meets criteria before it can order the person to remain on AOT.

**Case is dismissed**

The length of time a person is on AOT varies from person to person. The treatment team may recommend dismissal of the case at any time prior to the expiration of order if it determines that the person will voluntarily consent to treatment. The treatment team may also let the commitment run out without requesting a continuation. Almost always, the judge will follow the recommendation of the treatment team.

**WHAT HAPPENS IF MY LOVED ONE DOES NOT ADHERE TO THE AOT TREATMENT PLAN?**

AOT is a civil court process and is for individuals who have not committed a crime. A judge can order a person to follow a treatment plan but the person cannot be placed in jail for not following through with court ordered treatment. However, there are consequences that may be imposed by the judge. These include:

* Being ordered to appear in front of the judge (sometimes referred to as a “status hearing”)
* Increasing the length of time of the person is on AOT
* Being ordered to receive a mental health evaluation to determine if the person is a danger to self or others. (If the person is unwilling to submit to an evaluation, the court may order that he or she be taken to the evaluation site by law enforcement.)
* Being placed in the hospital if the evaluation determines that the person meets the criteria for inpatient treatment

**A WORD ABOUT HIPAA**

To some degree, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) may limit the extent of your involvement in your loved one’s treatment if he or she does not give consent to providers to share information with you by signing a release of information. However, nothing in HIPAA prevents treatment providers from accepting information from family members or others who are knowledgeable about the individual and their treatment needs. A good treatment provider will want to know all the relevant information available. **If your loved one’s provider refuses to listen to your information, contact a supervisor such as the hospital administrator and insist that you be heard, and/or submit the information in writing. For more information, go to:** **https://www.treatmentadvocacycenter.org/component/content/article/183-in-a-crisis/1850-hipaa-at-a-glance**

**HOW CAN I SUPPORT MY LOVED ONE AFTER PLACEMENT IN AOT?**

There are a number of ways you can help your loved one be successful in AOT. Although HIPAA may limit the amount of information you can receive from treatment providers if there is no release of information, you can still play a pivotal role in your loved one’s recovery.

**Attend AOT hearings, if permitted**

Having a family member in the courtroom can help ease an AOT participant’s anxiety about appearing before a judge, especially if it is for the first time. In addition, if invited to speak, you can provide the judge with another important perspective on the participant’s progress in meeting treatment goals. Some judges may be willing to accept information from family members off the record if the family member is not comfortable disclosing it in front of their loved one.

**Participate in the development of the treatment plan, if permitted**

Ask your loved one if you can participate in the development of the treatment plan. This is your opportunity to have your concerns, hopes and dreams for their future taken into consideration as the team maps out a plan, together with your loved one, for attaining their life goals. You may have crucial information about experience with past medications or treatment history. While HIPAA may limit the information that you can receive, it does not limit the information that you can provide.

**Notify the treatment team when you have concerns**

Family member involvement can be enormously helpful to the treatment team because you are usually the first to notice signs of psychiatric deterioration. Bringing your concerns to the attention of the case manager early on will enable the treatment team (and court, if necessary) to intervene to prevent the situation from becoming worse or resulting in a crisis.

**Encourage your loved one to share medication concerns with the treatment team**

Oftentimes, a person on AOT is unable or unwilling to tolerate the side effects of prescribed medications. In such cases, encourage your loved one to share any medication concerns with the treatment team and the judge, if necessary.

**Recognize and celebrate improvement**

Just as family members may be the first to recognize signs of deterioration, they are usually the first to observe the benefits of treatment. It is important for you to share what improvements you are observing with the AOT participant and to take time to celebrate them together. Eventually, with your help and the help of the treatment team and court, your loved one will hopefully make the connection between these improvements and their adherence to the treatment plan.

**Let go of your role as treatment monitor**

If you have been the one who is chiefly responsible for ensuring that your loved one follows through with treatment and takes prescribed medications, AOT can be a tremendous blessing. Let the treatment team take over that responsibility and permit yourself to move into the role of engagement partner. Many AOT participants remark at how their relationships with their family members blossom as a result of this shifting of roles. During this transition, it is important that you maintain regular communication with the treatment team and let them know if you begin to see signs of deterioration or if you have other concerns so that they can intervene early.

**Take care of yourself and recognize your limitations**

If you do not take care of your own mental and physical health, it is difficult for you to be there for your loved one. Be a good role model by taking time to care for yourself when you need to. One way to do this is by connecting with a support network of other families in your situation. The National Alliance on Mental Illness and/or Mental Health America offer education and family support programs in communities throughout the country.

**WHAT CAN I DO TO HELP SUPPORT THE AOT PROGRAM IN MY COMMUNITY?**

An added bonus of including family members in the AOT process is that they often become some of the best advocates for AOT itself. Grateful family members often want to “give back” by sharing their AOT experience with others, which in turn, raises awareness about it. If you feel a calling to share your family’s story with others, please let the treatment team know (after you’ve consulted with your loved one, of course). Personal accounts can be invaluable to decision makers who must make difficult decisions regarding expansion or funding.

Additionally, if you have suggestions related to AOT improvement, do not hesitate to share them with AOT leaders. Your input helps hold them accountable to the community and can result in changes that will benefit those who come after you.

To learn more about assisted outpatient treatment, go to: [www.treatmentadvocacycenter.org](http://www.treatmentadvocacycenter.org).