

Adult Mental Health Disorders

Children's Justice Initiative

*Applying Best Practice to Effectively
Advocate for Clients*

DEENA MCMAHON

MCMAHON COUNSELING & CONSULTATION

dcmahon@mcmahonccs.net

651-210-0335

Overview

2

- This presentation covers common diagnoses, different assessment tools, treatment options, impact on parenting, and ways to help your clients work towards successful reunification.

Common Diagnoses in CHIPS Cases

3

- Bipolar Disorder
- Anxiety/depression
- Mood disorders
- Personality Disorders
- PTSD

Cluster B Personality Disorders

- Borderline Personality Disorder
- Antisocial Personality Disorder
- Narcissistic Personality Disorder
- Histrionic Personality Disorder
- Dependent Personality Disorder

Organic

- **Organic neurological conditions:**
 - Autism
 - Traumatic Brain Injury
 - Pervasive Developmental Disorder
 - Tourette's Syndrome
 - FASD
 - Cognitive Disabilities

Often-Missed Diagnoses

6

- Prenatal exposure to alcohol and drugs
- History of abuse
- Cognitive disabilities
- ADHD
- Autism
- TBI

Dual Diagnosis

7

- Mental health disorders co-occur.
- They are highly correlated with addiction, domestic violence and dependency problems.
- **Pick the service with the biggest impact and most immediate benefit first.**

How Are They Diagnosed?

8

- Diagnostic Assessment
- Psychological Assessment
- Neuropsychological Assessment
- DXs are listed in order of importance in DSM-5 (no longer using multi-axial system).
- An accurate assessment drives treatment, services, and medication options.

Explain The Results

9

- ❑ People may misunderstand their diagnosis.
- ❑ They may not have had anyone go over the results.
- ❑ They are not familiar with mental health jargon.
- ❑ They have no idea what the implications are for them or their children.

Psycho-Social Stress

10

Psychosocial and environment

- Violence
- Crime
- Addiction
- Grief and loss
- Neglect
- Abuse
- Homelessness
- Financial hardship
- Parent-child conflict
- Relationship problems
- Lack of social support

A Hard Life

11

- Most of the parents you work with had a hard life. Their childhood needs were not met. They did not develop a secure attachment to their parents. They often struggle to meet their own basic needs.
- It is not surprising that they are scared, angry, and very defensive.

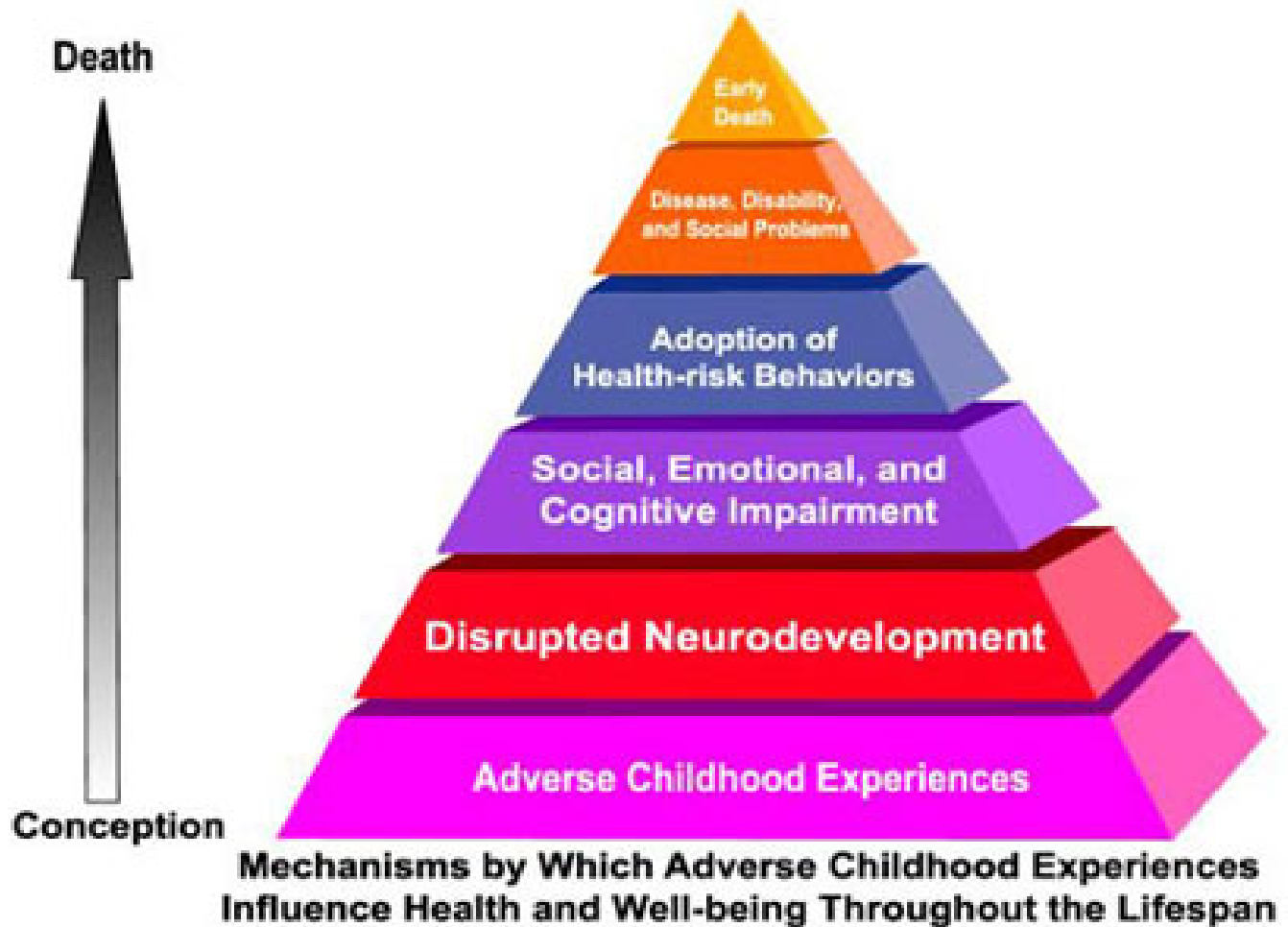
Address Resistance

12

- The sooner they “buy-in”, the better.
- They will be perceived as cooperative.
- They may benefit from services they engage in.
- They will be offered more contact with their children.

Adverse Childhood Experiences

(www.ACEstudy.org)



Childhood Trauma and Mental Health

14

- 980% increase in odds of a mental health diagnosis if exposure to 7 CTEs
- 500% increase in alcoholism with 4+ CTEs

Childhood Trauma

15

- ACEs are surprisingly common, although typically concealed and unrecognized.
- ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience to organic disease, social malfunction, and mental illness.
- ACEs are the main determinant of the health and social wellbeing of the nation.

External Challenges

16

- Housing
- Work
- Job
- Relationships
- Parenting Skills
- Stability – over time in all of these areas.
 - ▣ These all effect the parent-child relationship.

Internal Challenges

17

- Diminished sense of self worth
- Impaired confidence
- Isolation or social withdrawal
- Feelings of not fitting in
- Loss of joy or pleasure in daily life

Impact on Children

- Child suffers anxiety.
- Child feels it is their fault.
- Child is worried they will turn out like their parent.
- Child normalizes the illness and sees all adults as unreliable or unsafe.
- Child develops emotional disturbance.

Critical Prognostic Indicators

- Can the parent empathize – experience their child’s emotional world?
- Does the parent accept responsibility (even some) for their circumstances?
- Is the parent knowledgeable (or willing/able to learn) about child development?
- Does the parent have a support system?

Risk Factors For Children

- Five years old or younger
- No siblings
- Low cognitive abilities
- Mother is the ill parent
- Maternal delusions are centered on the child
- Parent can provide for basic needs BUT nurturance is absent

(William Bradshaw U of MN)

Therapy or Services?

- Concrete services (e.g., supportive living, transportation, budgeting, daycare, medication management) are often more useful when offered with psychological services such as counseling, psychotherapy, or group work.

Skills or Values

- Services can teach skills.
- Services might shift thinking and offer insight.
- Services can offer incentives or consequences.
- Services are seldom able to change one's beliefs or values.
- Services seldom teach good judgment or common sense.

Effective Services

- ▣ Group outpatient/inpatient treatment
- ▣ Medication and medication management
- ▣ Exercise
- ▣ Nutrition
- ▣ Sleep management
- ▣ Case management
- ▣ Individual psychotherapy

Types of Therapies

- EMDR – Eye Movement Desensitization Reprocessing
- DBT – Didactical Behavioral Therapy
- PCIT – Parent Child Interaction Therapy
- CBT – Cognitive Behavioral Therapy
- Biofeedback
- Psychodynamic
- Play therapy, directed or self directed
- Family, group, individual, couples

Integrated Care For:

- Mental health disorders
- Trauma
- Substance use concerns
- Medical concerns
- Chronic pain

PTSD Symptoms

- Intense fear/ confusion/concentration gaps
- Sleeplessness – bad dreams, terror
- **Anxiety** and hypervigilance or dissociation
- Exaggerated **startle** and **arousal** responses, moody or irritable
- Frequent physical complaints

PTSD Treatment

- Cognitive Behavioral Therapy
- EMDR
- Desensitization
- Bio feedback/relaxation
- Group therapy
- Couples/family therapy
- Individual therapy
- Medication for depression/anxiety

Impact on Parenting

- Instability and unpredictability
- Easily triggered and 'flies off the handle'
- The child is afraid.
- The parent is ashamed and isolates.
- The child may get unintentionally hurt.
- The parent-child relationship is stressed.

Prognosis

- PTSD can be treated, managed and, sometimes, put to rest.
- It is expected that a person will re-experience the trauma throughout one's life span, thus requiring episodic treatment.

Depression / Anxiety

- These disorders can be very similar, but they are also often confused/misdiagnosed.
- They often co-exist as a dual diagnosis.

Depression / Anxiety

- These are brain-based illnesses with no one single cause.
- Not necessarily related to major life event or stressor, but may be triggered or exacerbated by trauma or distress.
- They are often misdiagnosed.
- Symptoms can vary greatly based on developmental stage of person.

Diagnosing

- A complete **history**
- Onset and **severity**
- Prior **treatment**
- Physical **health**
- Family history
- **CD evaluation**, if needed
- **Suicidal thoughts**

Symptoms of Depression

1. Depressed mood most of the day
2. Diminished interest or pleasure in all or most activities
3. Significant unintentional weight loss or gain
4. Insomnia or sleeping too much
5. Agitation or psychomotor retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive guilt
8. Diminished ability to think/concentrate, or indecisiveness
9. Recurrent thoughts of death

Symptoms of Anxiety

Anxiety and worry are associated with 3+ of the following symptoms (with at least some symptoms present more often than not for 6 months):

1. Restlessness (feeling keyed up or on edge)
2. Easily fatigued
3. Difficulty concentrating or mind going blank
4. Irritability
5. Muscle tension
6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

Treatment

- Most effectively treated with **medication and therapy**
- Accurate and early diagnosis
- **Individual and group therapy** focusing on adaptive skills and disturbance in emotional and relationship functioning.

Impact On Parenting

- ❑ The parent is overly focused on themselves, thus emotionally unavailable to the child.
- ❑ The child learns to read the parent's cues and care take.
- ❑ The parent underestimates how harmful neglect is.
- ❑ Depression causes attachment wounds.
- ❑ Depressed/anxious parents are not child-focused.

Prognosis

37

- The severity and chronicity must be considered.
- If the parent has services and support in place, reunification is much more likely.
- Most parents with these disorders are able to achieve a level of functioning that exceeds minimal baseline functioning.

Borderline Personality

- This is a tremendous challenge to live with and work with, as it creates chronic relationship stress and conflict.
- Healthy physical and emotional boundary formation is absent.
- The person is often extremely unhappy and angry but externally focused.

Borderline Personality

- Emerging research describes this disorder in a similar fashion to children with severe **attachment problems**.
- Lack of **interpersonal relationship** health.
- Lack of child-centered thinking.
- **Push me pull me** dynamic, too close, too far away.
- Impossible to please in the long haul.

Features



- These folks have a history of failed relationships.
- They have **little insight** into why.
- They have **unclear boundaries** and responsibilities between adults and children in their families of origin that will repeat themselves.

Borderline Personality (Complex PTSD)

1. Recurrent suicidal behavior/threats or acts of self-mutilation (such as cutting or burning oneself).
2. Unstable mood caused by brief but intense episodes of depression, irritability, or anxiety.
3. Chronic feelings of emptiness
4. Inappropriate and intense anger, or difficulty controlling anger displayed through temper outbursts, physical fights, and/or sarcasm.
5. Stress-related paranoia that passes fairly quickly and/or severe dissociative symptoms- feeling disconnected from one's self, as if one is an observer of one's own actions.

Treatment

- This population is **treatment-resistant** and not prone to use insight-oriented therapy.
- Group work is good.
- DBT and CBT can help.
- They tend to fire therapists over time.
- They do not have a sense of empathy for the distress they cause others; they must learn attunement and empathy.

Impact on Parenting

- They have a hard time giving what they never got.
- Internally-focused and seldom see their child as harmed, as they are always the victim.
- They use consequences out of need to punish rather than teach.
- They will be extremely hard to shift, not consistent, can't separate self from child.

Prognosis

44

- The course of BPD depends on the severity of symptoms, stress level, support system, functional impairment, the presence of other disorders, and the person's ability to stay in treatment.
- All personality disorders are lifelong patterns. However, with proper treatment, studies show:
 - ▣ Vast majority of patients will experience at least some reduction in symptoms.
 - ▣ Symptoms may get less intense with age.
 - ▣ About 50% recover (no longer meet diagnostic criteria).

Bipolar Disorder I & II

- This is often misunderstood and used in a rather glib fashion today.
- Unmanageable moodiness that is outside the person's control leaves the person feeling out of control.
- Often **associated with alcohol** and other substance abuse.
- Some family history is helpful.

Symptoms

- **Presence or history** of a major depressive or manic/hypo manic episode.
 - ▣ It may be a **one-time episode, or reoccurring**, and may be mild, moderate or severe.
- Lethargy, catatonia
- Sleepless, restless energy
- **Unpredictable**, moody, can't regulate.
- Symptoms cause impairment in life domains.

Treatment

- Individual and group work
- Medication
- Family therapy
- Supportive systems in place

Impact on Parenting

- Inconsistent—may emerge at any time, so the child is anxious or fearful.
- Parent can look fabulous when they are medication-compliant.
- Parent normalizes “crazy” episodes and so will child.
- Parent can be dangerous to self/others.
- Child is hypervigilant and independent.

Prognosis

49

- Can be severe and long-term, or mild with infrequent episodes.
- Most people can return to normal functioning in between episodes.
- A typical patient averages 8-10 manic or depressive episodes over a lifetime.

Understand Their Challenges

50

- They are probably inaccurate self reporters and often cast themselves as victims of CPS. They often are victims, but not of the agency. Because it feels 'all the same to them' they are not sure how to respond.

Know What is Possible

51

- They will often not be capable of taking a phone number you give them, going home and making a required appointment.
- They often do not understand or remember their case plan.
- They may need a great deal of help organizing their schedules to maintain visits and appointments.

Remain Compassionate

52

- In bad moments they will consume you, blow up your email, stalk your Facebook, and blame you if they are not granted what they want, in court. They expect to be your priority and have no concept that you might have one or two more active cases.

Understand Their Experience

53

- They feel shame.
- They feel guilt.
- They feel overwhelmed.
- They have many unaddressed grief and loss experiences.
- They have layered trauma.

Integrated Care

- Mental health disorder
- Trauma
- Substance use concerns
- Medical concerns
- Chronic pain concerns

Recovery Prognosis

- The best treatments for serious mental illnesses are highly effective:
 - ▣ 70-90% of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.

(NAMI)

Recovery Prognosis

- With effective medication and a wide range of services tailored to their needs, most people can significantly reduce the impact of their mental illness and find a satisfying measure of achievement and independence.
- A key concept is developing strategies to manage the illness process.

(NAMI)

Meeting Timelines

57

- Have mental health assessed to see what barriers need to be addressed.
- Emphasize the importance of keeping visits.
- Encourage starting/regularly attending therapy.
- Support med compliance.
- Talk about progress and effort vs. completion of a case plan.

Barriers

58

- Lack of psychiatric care and evaluations
- Long waiting list
- Client resistance
- Transportation – time and distance
- Cultural and language barriers

How to Help Parents

- Support parents in being consistent with mental health treatment.
 - ▣ Collaborating with professionals to continue evaluation on level of care needs, types of services, and frequency.
 - ▣ Maintaining care as parents' mood improves, as children are returned home, etc.

How to Help Parents

Support families in obtaining and continuing community resources together.

- ▣ Family therapy
- ▣ In-home family therapy
- ▣ PCA services for children as needed
- ▣ IEP/school support/tutoring
- ▣ Government assistance as needed

Make A Connection

61

- Affirm their need for help.
- Agree that things have been hard for them.
- Tell them good things about their children and that their children need them to recover.
- Help them and everyone else involved understand that change/recovery is often possible, but mental health conditions can be chronic.