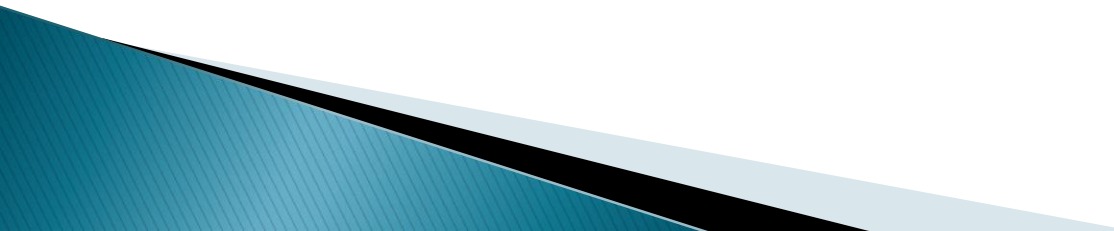


Mental Health Disorders
Children's Justice Initiative
Zealous Advocacy in CHIPS Cases:
What Parents' Attorneys Need to Know to
Effectively
Advocate for their Clients
Day 1 – May 15, 2013


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Overview

- ▶ Review of “common” mental health disorders and how they are diagnosed.
 - ▶ Impact of mental health concerns on ability to function and parent.
 - ▶ Short term and long term outcomes and recovery prognosis.
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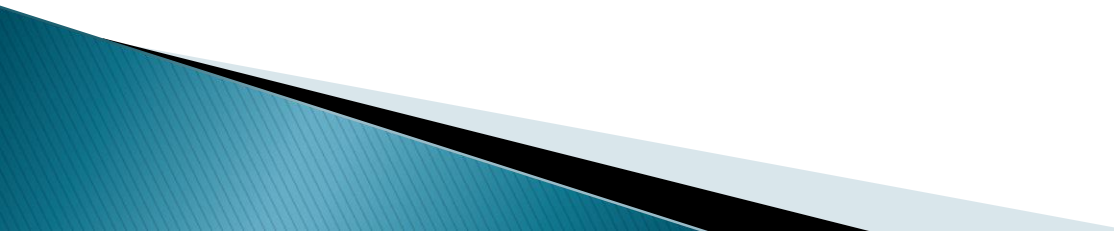
Why is this information important for attorneys?

- ▶ Without appropriate mental health care, it will be challenging for attorneys to implement any changes necessary in parenting skills and safe, permanency placement.
 - ▶ Gives information for you to be a part of the collaborative team which increase positive outcomes for your client.
 - ▶ May help you gain understanding of client's behavior if client has untreated mental health/substance abuse concerns.
 - ▶ Assists you in being more effective in advocating for your client and their family's needs.
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Mental Health Disorders

- ▶ Commonly diagnosed mental health disorders in CHIPS cases include:
 - Depression
 - Mood disorder
 - Major depressive disorder
 - Dysthymic disorder

Commonly Diagnosed Mental Health Disorders

- ▶ Post Traumatic Stress Disorder (PTSD)
 - ▶ Borderline Personality Disorder
 - ▶ Generalized Anxiety Disorder
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Adverse Childhood Experiences

(www.ACEstudy.org)



Childhood Traumatic Events: Effect on Mental Health

-980% increase in odds of a mental health diagnosis
if exposure to 7 CTE's

-500% increase in Alcoholism with 4 or more CTE's

Childhood Trauma

- Adverse childhood experiences are surprisingly common, although typically concealed and unrecognized.
- ACE's still have a profound effect 50 years later, although now transformed from psychosocial experience to organic disease, social malfunction, and mental illness.
- Adverse childhood experiences are the main determinant of the health and social well-being of the nation

Mental Health Disorders

- ▶ “Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.”
 - National Alliance on Mental Illness (NAMI).

Depression

- ▶ Major Depressive Disorder requires two or more major depressive episodes.
- ▶ Diagnostic criteria:
 - Depressed mood and/or loss of interest or pleasure in life activities for at least 2 weeks and at least five of the following symptoms that cause clinically significant impairment in social, work, or other important areas of functioning almost every day:

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 noticed by others.
6. Fatigue or loss of energy.
7. Feelings of worthlessness or excessive guilt.
8. Diminished ability to think or concentrate, or indecisiveness.
9. Recurrent thoughts of death ([APA, 2000](#), p. 356).

Depression

- ▶ Not otherwise accounted for by:
 - Medical concern
 - Substance induced mood disorder
 - Other mental health disorder

Post Traumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:


- (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- (2) The persons response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

Post Traumatic Stress Disorder

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
2. Recurrent distressing dreams of the event.
Note: In children, there may be frightening dreams without recognizable content.

Post Traumatic Stress Disorder

3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
 4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
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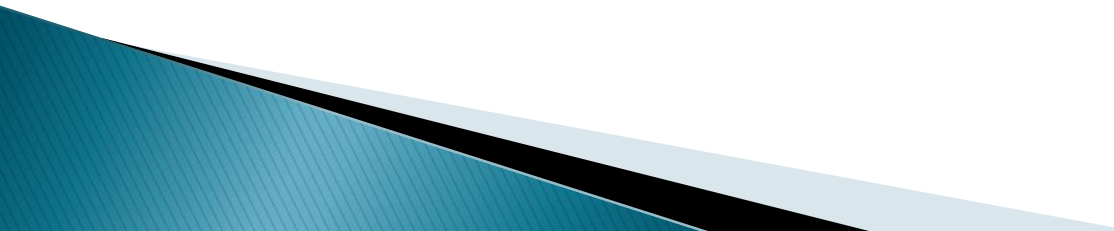
Post Traumatic Stress Disorder

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Post Traumatic Stress Disorder

Criterion D: hyper-arousal Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least **two** of the following:

1. Difficulty falling or staying asleep
 2. Irritability or outbursts of anger
 3. Difficulty concentrating
 4. Hyper-vigilance
 5. Exaggerated startle response
- 

Post Traumatic Stress Disorder

Criterion E: Duration of the disturbance (symptoms in B, C, and D) is more than one month.

Criterion F: functional significance

- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if:
 - **Acute:** if duration of symptoms is less than three months.
 - **Chronic:** if duration of symptoms is three months or more.
- Specify if: With or Without delay onset: Onset of symptoms at least six months after the stressor

Borderline Personality Disorder (Complex PTSD)

The *DSM-IV-TR* requires that at least five of the following criteria (or symptoms) be present in an individual for a diagnosis of borderline disorder:

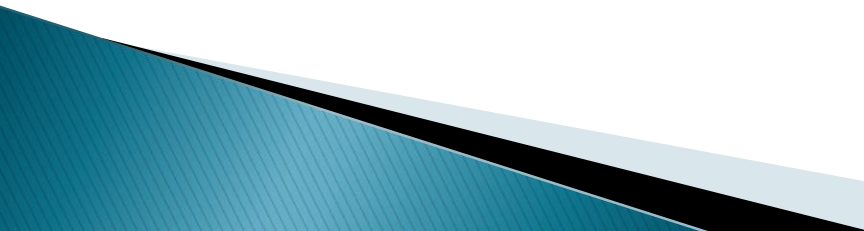
1. Frantic efforts to avoid real or perceived abandonment •
2. Pattern of unstable and intense interpersonal relationships, characterized by alternating between idealization and devaluation ("love-hate" relationships)
3. Extreme, persistently unstable self-image and sense of self
4. Impulsive behavior in at least two areas (such as spending, sex, substance abuse, reckless driving, binge eating)

Borderline Personality Disorder (Complex PTSD)

5. Recurrent suicidal behavior, gestures, or threats, or recurring acts of self-mutilation (such as cutting or burning oneself).
6. Unstable mood caused by brief but intense episodes of depression, irritability, or anxiety.
7. Chronic feelings of emptiness
8. Inappropriate and intense anger, or difficulty controlling anger displayed through temper outbursts, physical fights, and/or sarcasm
9. 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.

Generalized Anxiety Disorder

DSM-IV-TR criteria diagnostic criteria for generalized anxiety disorder are as follows:

- ▶ A. Excessive anxiety and worry (apprehensive expectation), occurring more-days-than-not for at least 6 months, about a number of events or activities (such as work or school performance).
 - ▶ B. The person finds it difficult to control the
- 

Generalized Anxiety Disorder

- ▶ C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more-days-than-not for the past 6 months).
 - 1.restlessness or feeling keyed up or on edge
 - 2.being 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)

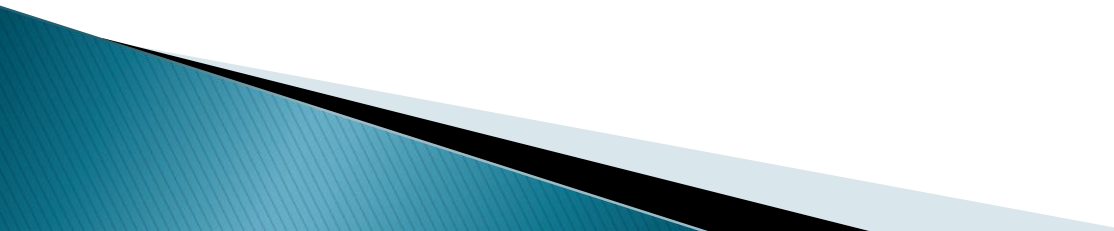
Generalized Anxiety Disorder

- D. The focus of the anxiety and worry is not confined to features of other Axis I disorder (such as social phobia, OCD, PTSD etc.)
- E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism), and does not occur exclusively during a mood disorder, psychotic disorder, or a pervasive developmental disorder

Diagnosis

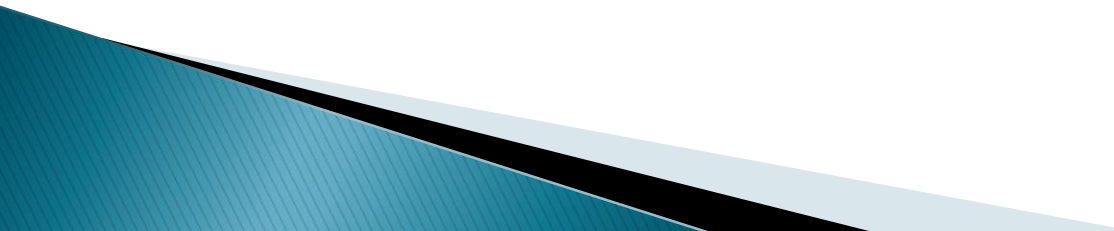
- ▶ Have client make an appointment with mental health therapist, psychiatrist and/or medical doctor to be evaluated & assessed.
- ▶ Assessment process can include:
 - -interview with client
 - -assessment/diagnostic measures
 - -collateral interview
 - -referral to outside specialist to rule out other diagnosis (e.g., medical, substance abuse)

Impact of mental health disorder on functioning & ability to parent

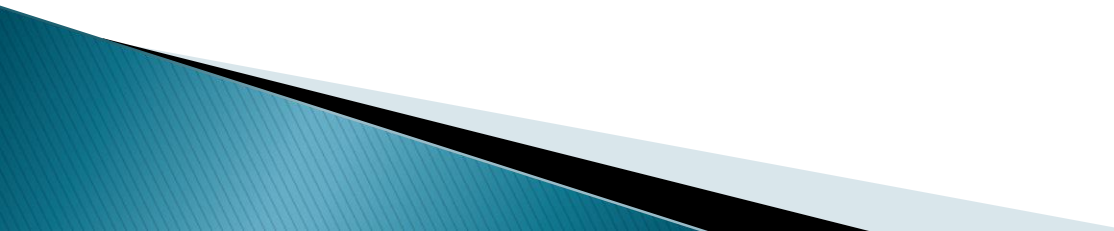
- ▶ After client has completed assessment and if they have acquired a diagnosis in the process, they can begin first seeking treatment to improve functioning and mood.
 - ▶ Addressing the parent's need while simultaneously addressing parent's ability to parent will produce best outcomes.
 - ▶ If the mental health disorder goes untreated, the ability to parent will remain unsuccessful.
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Impact of mental health disorder on functioning & ability to parent

Treatment for mental health disorder includes:

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

Integrated care for:

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

Ability to Parent

As previously discussed in diagnostic criteria, it is easy to see how untreated mental health disorder would easily distract from parent's ability to parent successfully.

Common characteristics of parent's with untreated mental health symptoms include:

- Decreased patience
- Inability to successfully multi-task
- Less involved with children and children's activities
- Less emotionally involved with children
- Decreased ability to meet basic needs of self and children.

Short & Long Term Outcomes Recovery Prognosis

The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.

(NAMI)



Short & Long Term Outcomes

Recovery Prognosis

With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.

(NAMI)

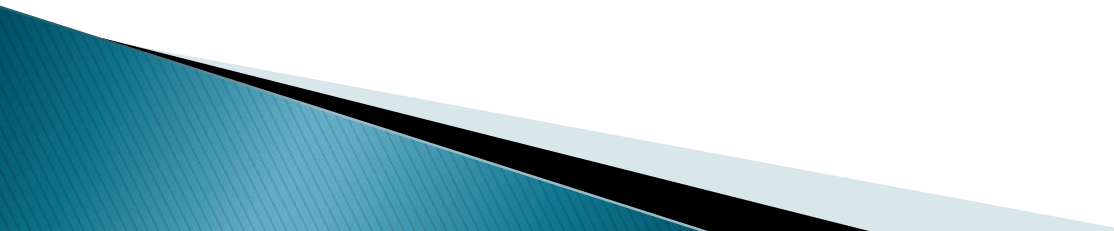


How to help parents so child can return safely home

- ▶ 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 so child can return safely home

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
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Resources

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