

UPENN COLLABORATIVE ON
COMMUNITY INTEGRATION

HELPING BEHAVIORAL HEALTH CLIENTS WITH PARENTING & CHILD CUSTODY ISSUES

GUIDEBOOK AND TRAINING MATERIALS FOR HALF-DAY TRAINING FOR CASE MANAGERS AND OTHER SERVICE PROVIDERS

Developed by:

Edie Mannion, M.F.T.

Training and Education Center (TEC)

Mental Health Association of Southeastern Pennsylvania

Barbara Granger, Ph.D.

Matrix Center at Horizon House



A Project of the UPENN Collaborative on Community Integration of Individuals with Psychiatric Disabilities

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ACKNOWLEDGEMENTS

This guidebook is made possible through the efforts of a variety of people committed to heightening the awareness of this social issue and ways to balance addressing parents' needs with keeping children safe.

The research, training and dissemination activities for this project are supported by the Rehabilitation, Research & Training Center on Promoting Community Integration for Individuals with a Mental Illness of the National Institute on Disability and Rehabilitation Research (NIDRR).

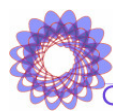
The research project that heightened understanding and confirmed the need to address child custody: "Involvement in the child welfare system among mothers with serious mental illness." *Psychiatric Services*, 57, 493-497, 2006, has been published by Min Park, Ph.D., Phyllis Solomon, Ph.D. and David Mandell, Ph.D.

The co-authors of this guidebook, Edie Mannion, M.F.T. from the Mental Health Association of Southeastern Pennsylvania and Barbara Granger, Ph.D. of the Matrix Center at Horizon House, led an effort to build on this research by developing and piloting training and resource materials to improve the knowledge and skills of case managers to support parents in recovery with their needs to maintain or regain child custody.

We wish to acknowledge expertise offered by people in recovery who have sought assistance in keeping or regaining custody of their children. Their experiences have informed professionals, ultimately reflected in the research, training and resource materials that have guided the planning and development of this guidebook.

Lisa Pettinati, J.D., Director of Horizon House Targeted Case Management Services invited us to pilot the training with her staff and asked them to review the child custody assessment tool and other materials developed for this guidebook. In addition, Sandra Romeo, former director of case management and homeless services at the Mental Health Association of Southeastern Pennsylvania, also arranged for her staff to participate in a pilot training and gave feedback on some of these materials.

Lauren Rieser Shawl, M.S., from the Mental Health Association of Southeastern Pennsylvania contributed to content organization and developed the final formatting for this guidebook. Others who contributed to preparation of materials contained in this guidebook include: Loran Kundra, J.D., from the Mental Health Association of Southeastern Pennsylvania, Nanina Takla, J.D., and Sarah Katz, J.D., from Community Legal Services, Philadelphia PA, Roberta Sands, M.S.W., Ph.D., from the Graduate School of Social Work, University of Pennsylvania, and staff of the Pennsylvania Family Support Alliance.



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SECTION TWO: SMALL GROUP PRACTICE

- Small Group Practice Sheets for Groups 1 – 5, using Scenarios #1 - #5
- Addressing the Key Issues in the Scenarios

IMPORTANT – Give these out AFTER the Small Group Practice is completed!

SECTION THREE – Part 1: HANDOUTS for PARTICIPANTS

- Training Description, Learning Objectives and Curriculum Overview (see above)
- Printed copy of PowerPoint slides (included, 2 to a page)

SECTION THREE – Part 2: HANDOUTS for PARTICIPANTS - These must be downloaded individually from the links below.

- “Custody Assessment Worksheet” www.upennrrtc.org/resources/view.php?tool_id=38
- “Child Welfare & Custody Issues” www.upennrrtc.org/resources/view.php?tool_id=36
- “Understanding Child Abuse and Neglect in Pennsylvania: *A General Guide...*”
www.upennrrtc.org/resources/view.php?tool_id=118
- “Positive Parenting and Child Resilience” www.upennrrtc.org/resources/view.php?tool_id=37
- “Parenting Resources Worksheet” www.upennrrtc.org/resources/view.php?tool_id=178
Use this worksheet to create a list of local resources for parents with psychiatric disabilities, including legal, housing, emergency respite childcare. This can also be used separately as a resource/handout to give clients.



INTRODUCTION

WHO IS THIS GUIDEBOOK FOR?

This guidebook is written on behalf of the many parents who have lost custody of their children as part of the experience of their psychiatric disabilities. The materials covered here are meant to assist parents in keeping their children and/or getting them back. People who provide supportive services can facilitate the understanding needed to make choices and solve problems concerning child custody. The people who should find this guidebook helpful are case management staff and other behavioral health staff working on recovery goals with people who are parents or considering parenting.

FIVE SCENARIOS

The following scenarios offer us a practical reminder on just how challenging these issues can be for people:

Scenario #1

A case manager is getting to know an attractive, 25-year old client and learns that she hangs out at a corner bar when she feels lonely on weekends. She claims she mainly goes to find a boyfriend, not to drink, and admits she has had unprotected sex with men she's met. She also admits that she's not sure if she really wants to use birth control because she'd love to have another little girl like her Tonya. After a long battle with child protective services in her county, she lost parental rights and does not know where Tonya is because it was a closed adoption. She feels her heart broke over losing her and she can't get over it.

Scenario #2

A case manager is trying to help a client who is struggling to parent her sons, ages 5 and 3. She tells the case manager that her kids sometimes seem "possessed" because they throw themselves on the floor and use curse words. When visiting her apartment, the apartment seems dirty and disorganized, and the mother admits she has not cleaned it for the last few months because she is too "stressed out" from watching her "bad kids" all the time. The children seem to be of average weight for their ages and do not appear to have any signs of physical abuse, although their hygiene seems poor. They get their mom's attention when they yell, throw things or bother each other. She claims she's never had any involvement or services from the child protective service system, and angrily tells the case manager, "I don't want nothing to do with them!"

Scenario #3

A case manager gets an emergency phone call from a client, saying an investigator from Child Protective Services is at her house because someone reported her for child abuse of her 4-year old daughter. She's enraged that they already questioned her daughter at her daycare without telling her, and now they won't tell her who reported her. She wants to know what she should do or say so they don't take her daughter.



Scenario #4

A case manager has a client who is furious that his 9-year old son was just placed in foster care because he slapped him hard to show him he needs to change his bad attitude. He suspects someone at his son's school called Child Protective Services on him. He almost starts to cry as he pleads with the case manager to help him get his son back as quickly as possible because he grew up in foster care and claims he had foster families who were cruel to him.

Scenario #5

A case manager attends a family court hearing of a 23-year old client, and the judge makes the decision to terminate parental rights due to her failure to meet her goals over the last 15 months. She is hysterical and tells the case manager that the only way she'll be able to cope is to go back to using. She adds that the judge won't be able to stop her from having another baby.

These scenarios will be discussed later in the guidebook with some guidance on ways you might respond to these situations.

WHY IS THIS ISSUE IMPORTANT NOW?

Public behavioral health systems are in the process of moving beyond deinstitutionalization, illness management and rehabilitation models to programs that help the people they serve attain wellness, recovery and community integration. Community integration involves removing barriers and increasing supports for people in recovery from mental health challenges to have equal opportunities to live, learn, work and play alongside other community members.

One important area of community integration is achieving expected social roles, which include intimate, sexual relationships and parenting. This guidebook focuses on helping case managers and other behavioral health service providers remove barriers and increase supports so that people in recovery can maximize their chances of success by choosing wisely – if and when to become parents and to be as successful as possible at parenting well and maintaining custody of their children if they choose to do so.

Research shows that parenting and custody issues for people with mental illness are of no small concern. The National Co-morbidity Study of 1990-92 (N=8,000) found that over 44 million Americans (1 in 4 people) have a mental illness, with 65% of the women being mothers and 52% of the men being fathers. In a study of services provided through the Office of Mental Health in New York State, 45% of women under the age 35 in intensive case management programs were mothers and 25% of all supported housing clients were parents (Blanch, Nicholson & Percell, 1994).

Fertility rates for women with a severe mental illness equal those of the general population (Apfel & Handel, 1993; Nimgaonkar, et. al., 1997). There is also evidence of an increase in childbearing among women with psychiatric disabilities over the last decade. (Miller & Finnerty, 1996; Nimgaonkar et. al., 1997). Many parents report that they avoid mental health treatment for fear of losing custody of their children (Hearle et. al., 1999, Sands, 1995). Their fears may be well-grounded. Studies have reported high child custody loss rates for parents with a mental illness (Nicholson et. al., 1993, Blanche, Nicholson & Purcell, 1994).



Park, Solomon and Mandell (2006) conducted the largest study ever done comparing Medicaid-eligible mothers with and without claims for psychiatric services (N=4,827) to examine their involvement with the child protective service system in Philadelphia. The results showed that mothers with a mental illness were three times more likely to have children receiving child protective services and three times more likely to have children in out of home placement than mothers with no claims for Medicaid funded psychiatric services. Having had a psychiatric inpatient hospitalization increased the likelihood of child welfare involvement two times and having a child in out of home placement nearly three times. The authors concluded further that the behavioral health systems and the child protective services systems are gateways into each other's services, a finding that has many important implications including the need for earlier treatment to reduce the risk of child custody loss and the need to provide parenting resources to parents with a mental illness as part of their treatment and ongoing recovery.

Studies have shown that for those Americans who seek mental health treatment, systems are often not "family-friendly." For example, a 1990 national survey found that fewer than one-third of states' behavioral health systems routinely collected information about the parenting status of women in their care (Nicholson, et. al., 1993). Other studies have indicated a general lack of attention to the needs of mothers with a mental illness, including a lack of special services to help them cope with the demands of parenting, an absence of service research that might inform service planning and a lag between research and practice (Test & Berlin, 1981; Bachrach & Nadelson, 1988).

One parent with a mental illness in Arizona who had to fight to regain custody of her daughter learned that eight states (Alaska, Arizona, California, Kentucky, Maryland, South Carolina, Utah and Wyoming) and Puerto Rico cite mental illness as one of the grounds for not making "reasonable efforts" to provide assistance and services needed to preserve and reunify families, a mandate of the federal Adoption and Safe Families Act of 1997. (Nb. The anti-discrimination project of the UPenn Collaborative on Community Integration has prioritized this issue for its work with legislators in these states.)

The Invisible Children's Project of the National Mental Health Association (now Mental Health America) generated best practices in working with parents. Their findings included the need for family-focused case management that help parents with finances and access to affordable housing, planning for emergency and non-emergency childcare, referral to parent support groups and parenting classes, referral to resources for their children, referral to parent-friendly medication counseling and treatment services, vocational training and crisis financial aid. These findings combined with both the imperatives related to recovery-oriented services and availability of evidence based practices for provision of mental health services and supports contribute to the importance of addressing this issue now.

The references cited above and other reference material that was found useful in understanding issues related to parenting and custody are included in the Reference section at the end of this guidebook.



DEALING WITH THE CASE MANAGER DILEMMA: Approaches for working with clients who have minor children

In all of these scenarios, like in many situations involving families with minor children, providers who work with parents are challenged to **balance** their mandate and responsibility to develop a good working alliance involving mutual trust with their adult clients AND the mandate and responsibility to ensure the safety and welfare of minor children in the care of their clients. It can be tempting for providers to simplify their dilemma by buying into the common societal prejudice that people with mental illness should not raise children.

This guidebook uses the following approaches to help case managers and other providers manage this dilemma in a fair and balanced way:

1) A Family-Friendly Approach: Although there will always be situations where foster care is necessary to keep children safe, it is important to evaluate each situation with the consideration that the best interests of the children are often served by the best interests of the family. There is mounting evidence that splitting up families has a detrimental effect on the best interests of the children and their parents. A large study by Doyle (in press) followed 15,000 youths from 1990 to 2002 and randomly assigned children to child abuse investigators with a high tendency to remove children from their homes. He found that children assigned to investigators with a high rate of removal were more likely to be placed in foster care, have a higher delinquency rate, higher birth rate and lower earned income. In short, children and youth experiencing similar levels of neglect or abuse who were removed and raised in foster care did not do as well in life as those raised by their biological parents with supports. And although much more research is needed, loss of child custody and parental rights is reported as a traumatic trigger for relapse in many parent testimonials, and the experience of being removed from the parents and raised in foster care is reported by many adults as highly traumatic with some long-lasting negative effects that may not compensate for the possible long-term benefits.

2) An Honest Approach: Clients may already know or fear that case managers and providers can report them for suspected child abuse and neglect, so secrecy on this issue does not offer the opportunity to work through the tensions in the case manager and the client caused by this fact. Case managers can promote trust if they explain to their clients that though this may be their legal and/or ethical duty, they are committed to helping their clients maintain and regain custody of their minor children if that is what their clients want and are willing to work with them to attain. Case managers can state that they care about the client's love of their children, and do not want to ever be put in the position to make a child abuse report or testify against their client in family court. They can emphasize that if the client is willing to work on recovery and parenting issues that challenge their parenting, the chances are very good that child custody loss will not be a problem, or in cases where parents have already lost custody and still have parental rights, reunification can be hastened by their work together.



3) A proactive approach: Planning ahead to prevent childcare emergencies or symptoms that necessitate calling child protective services (CPS) can go a long way in reducing child custody loss. Case managers can help their clients plan ahead in recognizing warning signs that their ability to keep their children healthy and safe is compromised and identifying trustworthy family members, friends, or non-CPS community programs who can provide emergency respite childcare. Some parents who have waited for emergencies without planning were forced to call CPS for emergency childcare or lost custody for neglect or abuse due, and then eventually lost their children to closed adoptions.

HOW TO BEST USE THIS GUIDEBOOK

The materials in this guidebook have been developed and tested with a variety of audiences. It is anticipated that the guidebook can be useful for people who are direct practitioners and for people responsible for organizational development – those people supervising and training case managers and behavioral health care practitioners, as well as program planners, evaluators and advocates.

As an individual practitioner, you should be able to use this guidebook to

- Increase your knowledge by reviewing the training slides, references and fact sheets;
- Expand your ability to assess client needs by reviewing the child custody assessment tool to see what questions might be integrated into your current intake and assessment activities;
- Increase your client engagement skills by using the specific strategies for assisting your clients in planning and problem solving to prevent loss of custody or to maximize connections to their children; and
- Heighten awareness of this important resource by introducing this guidebook to your colleagues.

People who are responsible for supervising and training case managers and behavioral health practitioners should be able to use this guidebook to

- Increase the knowledge of their workforce by integrating into their training offerings, in part or full, the slides and support materials offered in the guidebook;
- Increase the benefits of your program for your clients by integrating the child custody assessment tool into your overall assessment and evaluation activities;
- Increase the opportunities for your clients by publicizing your interest in this issue and ability to assist people on their recovery journey; and
- Increase the quality of your public education and advocacy activities by integrating the resources from this guidebook strategically into your activities and events.

We hope that you will find that these materials are useful and also hope that if you find the need for more or different information as you continue to use them on your own or with others in your organization, that you will contact us with your comments and suggestions.



HOW CASE MANAGERS AND OTHER PROVIDERS CAN HELP BEHAVIORAL HEALTH CLIENTS WITH PARENTING AND CHILD CUSTODY ISSUES

Curriculum Overview of a Half-Day Training Seminar for Case Managers and Non-Clinical Service Providers in Adult Behavioral Health Systems

Training Seminar Description: This training seminar will help participants with the dilemma of balancing the responsibility to develop an alliance with their clients and the responsibility/mandate to report child abuse or neglect. Participants will receive key information and resources for helping adult clients in recovery from psychiatric disabilities successfully negotiate the stages of parenting, including unprotected sexual activity, avoiding involvement with child protective services after having children, dealing with child abuse investigations, regaining custody from child protective services, and managing the trauma and grief of having parental rights terminated.

Learning Objectives At the conclusion of this training, participants will be able to:

- Summarize a strategy for balancing the responsibility to develop an alliance with their clients and the responsibility/mandate to report child abuse or neglect
- List the stages of parenting and child custody loss
- Describe at least one step they can take to help a client with parenting and child custody issues at each of these stages
- Identify at least 2 resources for helping their clients with parenting and child custody issues

Training Outline (Half day; approximately 2.5 Hours):

- I. Opening Remarks (5 minutes)
 - A. Trainers' introductions
 - B. Rationale: Why this training now? Select a few points from the introduction section of this guidebook and add any local factors that may influence the reason for this training now
- II. Ice Breaker Options (20 Minutes)
 - A. Anonymous Attitudes Assessment:
 1. Ask participants to anonymously write on a 3x5 card their "first thoughts or feelings when they hear this term, "Parents with a mental illness who have minor children"
 2. Collect the cards and read the responses out loud
 3. Ask the group to describe whether the responses reflect attitudes that are positive/optimistic or negative/pessimistic



- B. Focused Discussion: Ask participants for a few brief questions or concerns related to each of the following stages of parenting or child custody loss that their clients may have experienced (optional: summarize responses on flipchart):
 - 1. Are sexually active, but not using birth control
 - 2. Have children with no custody loss (yet)
 - 3. Are being investigated for child abuse
 - 4. Have lost legal custody of a child
 - 5. Have lost parental rights

- C. Benefits and Risks: Group exercise for small groups:
 - 1. Divide the large group in two: The Benefit Group and the Risk Group
 - 2. Ask each group to choose a recorder/spokesperson
 - 3. Ask the Benefits Group to make a list of 5 benefits of having children and maintaining custody of them to parents in recovery from psychiatric disabilities and ask the Risks Group to make a list of 5 risks of having children and maintaining custody of them to parents in recovery from psychiatric disabilities
 - 4. Allow a brief large group discussion comparing lists

- III. Presentation and discussion of Power Point slides in this guidebook (45 minutes)

- Break (15 minutes)

- IV. Small Group Practice (45 minutes)
 - A. Count off by 5's
 - B. Refer participants to the instructions for each group at the end of this sheet
 - C. Large group discussion:
 - 1. Spokespersons from each group report their group's ideas
 - 2. Add any suggestions that are not mentioned, using the section of this guidebook, "Addressing the Key Issues in the Case Scenarios"

- V. Closing comments and questions from participants (10 minutes)

- VI. Evaluations of seminar (5 minutes)



SLIDE 1



How Case Managers Can Help Behavioral Health Clients with Parenting & Child Custody Issues

Edie Mannion, M.F.T.

Mental Health Association of Southeastern PA

Barbara Granger, Ph.D.

The Matrix Center at Horizon House

UPENN Collaborative on Community Integration



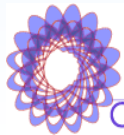
- If you are using these slides to give a presentation, it can help to start by asking participants for the issues and concerns they have about this topic of parenting and child custody issues that they have found challenging, then list them on a flipchart, and highlight slides that are relevant to their concerns as you proceed through these slides.
- Many case managers are concerned about time constraints, so address this issue up front by providing a list of local resources for parenting and custody issues and emphasizing that this presentation will help them know when and how to refer clients in different stages of parenting and child custody loss to these resources.



SLIDE 2

UPENN Collaborative on Community Integration: The RRTC Promoting Community Integration of Individuals with Psychiatric Disabilities

- Based at the University of Pennsylvania with The Clearinghouse at the Mental Health Association of Southeastern Pennsylvania, and The Matrix Center at Horizon House, Inc.
- Conducting research, training and technical assistance on diverse topics, i.e., housing, education, employment, citizenship, Olmstead implementation, peer support, and others.
- Visit our website <http://www.upennrrtc.org> to learn more and access information, products and links.



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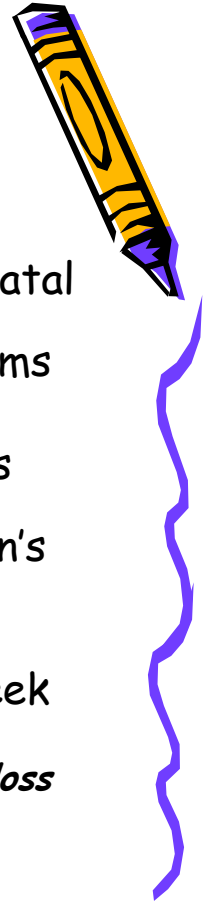
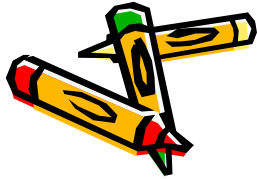
- These slides were piloted with case manager supervisors at two agencies, case manager supervisors for the whole Department of Behavioral Health in Philadelphia, PA, and representatives from all case management teams in Philadelphia.
- Using these slides and the adjoining notes will help you take advantage of what we learned in developing and piloting this training.
- The slides and notes can also be used as a self-learning tool



SLIDE 3

Research on Parents with Mental Illness

- Have children at similar rates as general population, but higher rates of custody loss (as high as 70%)
- Have same rate of child abuse as general population, but higher rate of child neglect
- Receive less pre-natal care & have more obstetrical problems
- Report difficulties managing mental illness and children's needs
- Are hesitant to seek treatment...
Fear child custody loss



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*References for this presentation are provided separately in this guidebook.

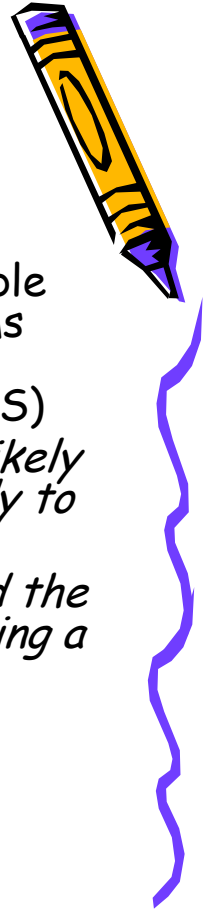


SLIDE 4

The Philadelphia Story

(Park JM, Solomon, PS & Mandell, D.
Psychiatric Services, 57(4): 493-397, 2006

- Largest study ever comparing 4,827 MA-eligible mothers in Philadelphia with and without claims for psychiatric services to examine their involvement with child protective services (CPS)
Mothers with mental illness were 3 times as likely to have children in CPS and 3 times more likely to have a child in out of home placement
- *Psychiatric inpatient hospitalization increased the likelihood of CPS involvement 2 times and having a child in out of home placement nearly 3 times.*



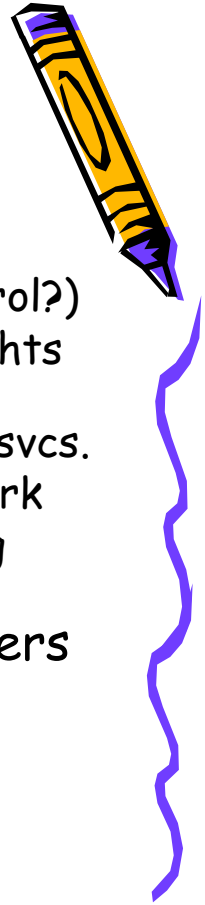
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SLIDE 5

Research Implications

- Behavioral health providers need to help their clients:
 - Discuss their readiness to parent (birth control?)
 - Learn about state child abuse laws & their rights
 - Understand the importance of planning for respite childcare other than child protective svcs.
 - Use parenting as an incentive for recovery work
 - Strengthen their parenting skills by accessing parenting resources
- Collaboration and cross training of providers in adult behavioral health and child protective service (CPS) systems



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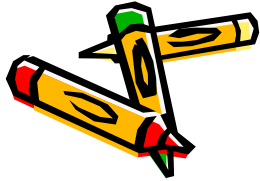


SLIDE 6

"THE CASE MANAGER DILEMMA"

HOW TO BALANCE

- The responsibility to develop a good working alliance involving mutual trust with their adult clients AND...
-
- The responsibility to ensure the safety of minor children in the care of their clients, and report child abuse/neglect



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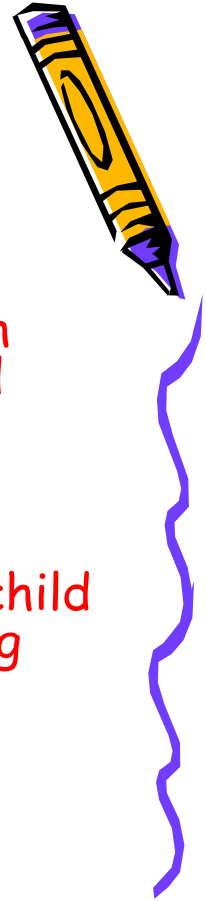
- Many case managers express concern about this ethical dilemma. These slides and notes are meant to help them balance these responsibilities, but cannot replace case supervision and sharing of agency policies around these challenging issues. This dilemma and the possible prejudices that influence how case managers respond to this dilemma are addressed in the section of this guidebook, *The Case Manager Dilemma*. You may want to emphasize points from this section and distribute it as a handout for training participants.
- The opening ice breakers in the training curriculum are meant to help participants share their feelings and concerns about this dilemma, and give the trainer opportunities to empathize and reassure them that though these ethical dilemmas often do not have easy answers and deserve discussion and supervision, this training attempts to use a family-friendly, honest and proactive approach to help them address this dilemma in a fair and balanced way.



SLIDE 7

1. Learn your state's laws for reporting child abuse

- Some states designate certain service providers as "mandated reporters" with protections for reporting and fines and penalties for not reporting
- Ask for this information and training
- Learn your agency's policies and procedures for collaborating with the child protective service system and reporting clients for child abuse or neglect



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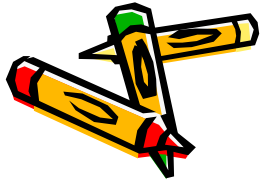
- Many providers worry about their liability for not reporting child abuse or neglect, so arranging to distribute information or having additional training about your state's laws for mandated child abuse reporting laws and penalties for violating these laws is critical in helping providers feel safe enough to focus on this material.
- We had good outcomes with providing training on mandated reporting in the morning, and then presenting this information in the afternoon for a group of 50 case managers.



SLIDE 8

2. Show sensitivity to parenting issues

- Ask your clients about their children!
- If they share parenting concerns or feelings about parenting or child loss, balance empathy with reassurance and hope for having their parenting needs addressed
- If they have trouble talking, explain that many parents with illnesses or disabilities worry about their ability to be good enough parents
- Reassure parents that if they want help with their parenting concerns, you can link them to resources.



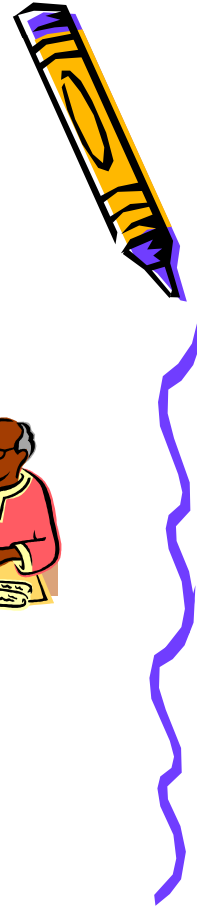
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SLIDE 9

3. Assess their motivation to address parenting

" DO YOU WANT TO WORK TOGETHER ON YOUR PARENTING CONCERNS?"



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Clients may already know or fear that case managers and providers can report them for suspected child abuse and neglect, so secrecy on this issue does not offer the opportunity to work through the tensions in the case manager and the client caused by this fact. Case managers can promote trust if they explain to their clients that though this may be their legal and/or ethical duty, they are committed to helping their clients maintain and regain custody of their minor children if that is what their clients want and are willing to work with them to attain. Case managers can state that they care about the client's love of their children, and do not want to ever be put in the position to make a child abuse report or testify against their client in family court. They can emphasize that if the client is willing to work on recovery and parenting issues that challenge their parenting, the chances are very good that child custody loss will not be a problem, or in cases where parents have already lost custody and still have parental rights, reunification can hastened by their work together.



SLIDE 10

4. Assess their custody arrangements

- Use the “**Child Custody Assessment Worksheet**” to explore child custody arrangements, identify key contact people and identify any concerns related to their children
- Get names and phone numbers of people they designate or non-CPS programs that provide day and overnight respite childcare on short notice



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- Since parents with psychiatric disabilities with multiple minor children often have complicated custody arrangement, you can keep track of these arrangements by using the *Custody Assessment Worksheet* in this guidebook.
- If a parent has custody of any minor children, it is extremely important to record the name and contact information of any family or friends they identify as back-up childcare providers in case they need respite or have to be hospitalized and cannot care for their children temporarily.
- If your community offers programs outside of Child Protective Services that offer respite childcare, especially emergency overnight respite childcare, referring clients to these programs and helping them register their children before there is an emergency can help them avoid getting involved in the Child Protective Service System, and possibly never getting their children back. There have been cases where parents called CPS for emergency respite childcare because they knew they could not care for their children and had no other resources, but then came under the scrutiny of CPS and eventually lost their parental rights.



SLIDE 11

5. Identify their parenting needs





SLIDE 12

Questions to Assess Parenting Needs



SEXUALLY ACTIVE:

Do they want to discuss birth control and readiness to parent?

PREGNANT: *What do they need to get prenatal/postpartum care?*

HAVE CHILDREN:

Do they want help avoiding the risk of being reported or losing child custody?



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- Many case managers report that most of their clients who are parents have already lost parental rights, so they do not see this information as relevant. It is important to emphasize that these parents are at high risk for having more children, especially if the grief and trauma of losing their children is not addressed.
- It is also important to emphasize that even if they have clients who are not currently parents, they can become parents at any point if they are sexually active or vulnerable to being sexually exploited.



SLIDE 13

Questions to Assess Child Custody Loss Issues



UNDER INVESTIGATION FOR CHILD ABUSE:

Do they want to know the do's and don'ts?

HAVE LOST LEGAL CUSTODY OF A CHILD:

Do they want help with reunification?

HAD THEIR PARENTAL RIGHTS TERMINATED:

Do they want counseling or support?





SLIDE 14

Helping Sexually Active Clients with Birth Control?

- If they want help with this issue, assess what methods they are willing to use
- Are they willing and able to talk about the pros and cons of parenting? (See next slides)
- Help them make an appointment at a health clinic or Planned Parenthood if they are interested in methods that are not "over-the-counter"
(birth control pills, patches, ...)



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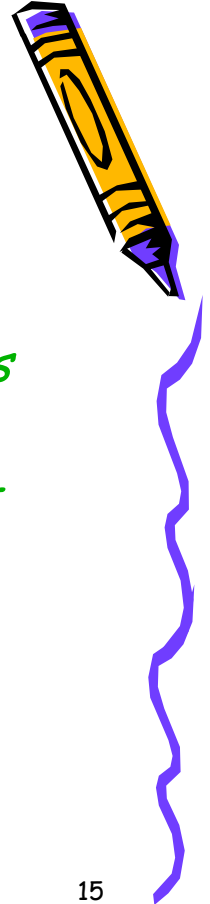
*It is important to be sensitive to a client's cultural and religious background and how these factors may affect their ability to consider birth control.



SLIDE 15

Pros of Parenting: Advantages to Recovery

- *Creates meaning and purpose in life*
- *Motivates people for recovery/wellness*
- *Can improve self-esteem*
- *Provides opportunities for exchange of love and support*
- *Helps people feel connected to others*



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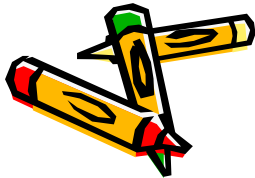
*Some clients may benefit from a discussion about how they see the advantages and disadvantages to becoming parents at this point in their lives, and these ideas can be offered in the discussion.



SLIDE 16

Advantages of Parenting to Community Integration

- *Parenting creates natural support opportunities:*
 - *Neighborhood activities*
 - *Daycare & school activities*
 - *After-school programs & sports*
- *Parenting as a key social role shared with other parents in the community & sub-culture*



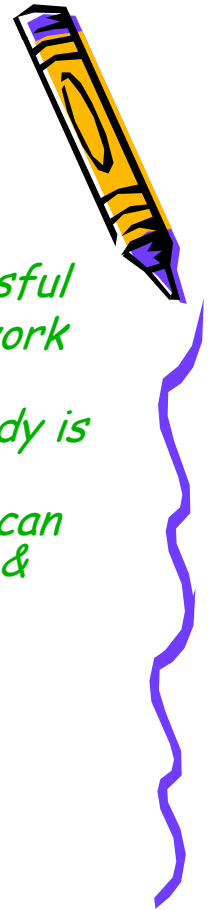
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SLIDE 17

Risks of Parenting

- *Treatment avoidance due to fear of child custody loss*
- *Pregnancy risks*
 - *Hormone changes*
 - *Stopping medicine*
 - *Postpartum depression*
- *Sleep interruption for child care and feeding*
- *Parenting is stressful*
- *Loss of housing, work and social choices*
- *Losing child custody is traumatic...*
- *Prejudice/stigma can add to the length & trauma of child custody loss*



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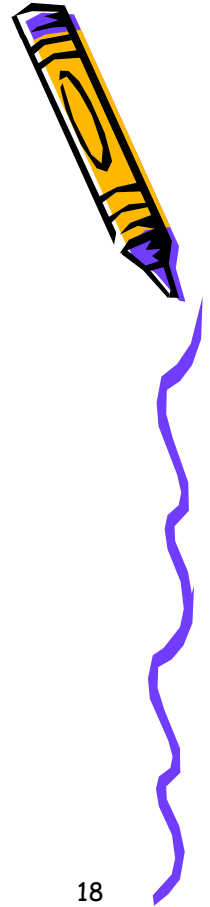
- It is particularly important for women to understand the risks of pregnancy to their recovery, and the potential risks of medication, drugs and alcohol to their developing fetus.
- Some psychotropic medications have not been found to present major risks to the fetus, but others can cause significant birth defects. Pharmacists can be consulted for the latest data on the recommendations for how a particular medication can effect pregnancy and the developing fetus. Sometimes the risks of discontinuing a fairly safe medication outweigh the risks to the pregnancy or fetus, so clients should be encouraged to review with their psychiatrist if and when to discontinue their psychotropic medication if they become pregnant or are trying to become pregnant.



SLIDE 18

Referrals to Resources for Pregnancy

- Crisis pregnancy counseling?
- Prenatal care and nutrition?
- Drug or alcohol use?
- Medication that could harm the baby?
- Labor & delivery classes



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SLIDE 19

Resources for Delivery and Postpartum Care

- Do they know signs of labor?
- Have they arranged for care of other children while in the hospital?
- Do they need in-home help for learning infant care?
- Are they being monitored for signs of postpartum depression?



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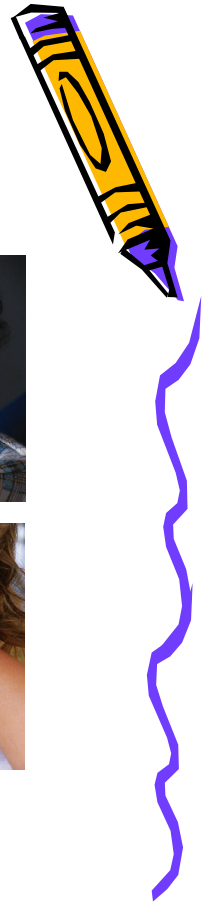
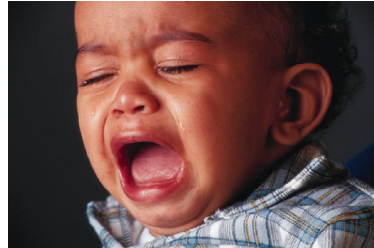


SLIDE 20

Helping Parents Avoid Being Investigated

Help parents understand child abuse laws to help them avoid child abuse or neglect

Check if any state or local legal or social services offer presentations or information on your state's laws and your county's CPS system



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* If the client is able to read and comprehend printed information adequately, the case manager can share printed information from the Power Point slide and Community Integration Tool fact sheets included in this guidebook, or share this web site's Child Custody Guidebook for Parents In Recovery from Psychiatric Disabilities when it becomes available.



SLIDE 21

Helping Parents Avoid Being Investigated (2)

- Help them with organizing routines regarding school, health, dental, and play/social activities
- Link them to resources that can help them understand & meet their children's developmental needs (e.g., parenting classes, support groups)
- Identify respite childcare before needed
- Express concerns & problem solving if you observe warning signs of child abuse or neglect



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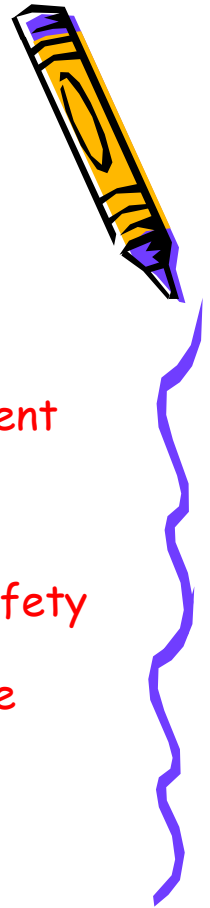
* Concerns can be expressed in a way that can help you balance your responsibility to protect children with maintaining your client's trust, such as *"I know you love your children and I don't want to have to involve Child Protective Services, so will you work with me to address the concern I have about your parenting?"*



SLIDE 22

Parent Risk Factors for Child Custody Loss

- Active symptoms, especially with lack of insight & verbal threats
- Active addiction
- Childhood history of neglect/abuse
- Social isolation, especially during stress
- Unrealistic expectations of a child
- Insecure attachment to child
- High stress plus a difficult child
- Home health or safety hazards
- History of violence



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* The more of these risk factors that are present in a client, the more vigilant case managers should be in assessing the welfare of that client's children.



SLIDE 23

Helping Parents Under Investigation

- Link to legal advice
- Discourage them from signing forms such as voluntary placement agreements or consents before consulting an attorney
- Encourage them to allow investigators into their home, but have a witness if possible
- Remind them that anything they say or do can be used against them
- Identify any trusted family members or friends willing to take custody



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* In some states, signing agreements to voluntarily allow children to be removed from a parent's care means the CPS has more time before the initial hearing and also means they must leave and get a court order before they can remove the child, which gives the parent more time to contact a lawyer for legal advice.



SLIDE 24

Helping with Family Reunification

- Encourage your clients to let you help them negotiate the CPS system
- Remember that any information you provide to the CPS system can be held against your client
- Provide information about your state's laws and procedures for family reunification
- Ask to see their plan for family reunification



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- Some clients prefer that their case manager not contact CPS because they would lose trust, so this decision should be evaluated on a case-by-case basis.
- Lawyers generally recommend that behavioral health providers only release basic information to CPS, such as the client's diagnosis, treatment and recovery recommendations, and cooperation with treatment and recovery recommendations.
- Making a copy of the plan for family reunification can help case managers stay aware of their clients' goals, meeting dates and court hearings so they can better offer support and even attend meetings and hearings.



SLIDE 25

Helping with Family Reunification (2)

Talk to your supervisor about your agency's policies for releasing information to CPS, responding to subpoenas, testifying in court and other legal matters

- Case managers are not "expert witnesses" but provide links to "experts" -
- so you may not have to testify in court
- Progress notes can be subpoenaed



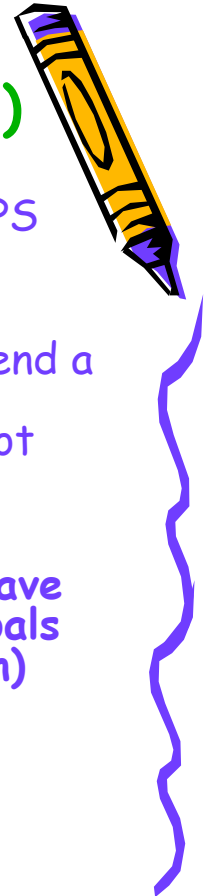
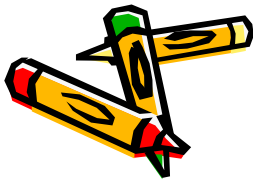
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SLIDE 26

Helping with Family Reunification (3)

- Ask if they want you to accompany them to CPS meetings or family court hearings
- Be prepared for “ethical dilemmas” if you attend a CPS meeting or court hearing and your client provides information you know or suspect is not true
- New federal laws mean that parents only have 12 months to achieve family service plan goals or risk losing their parental rights (adoption) so help them meet their goals fast!



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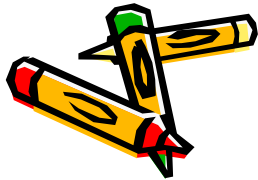
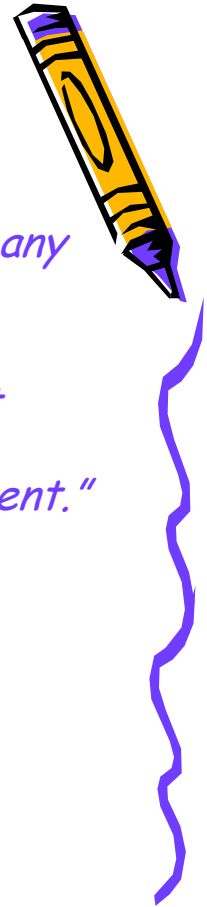
- Be prepared for other “**ethical dilemmas**” such as attending a CPS meeting or court hearing and hearing your client provide information you know or strongly suspect is not true. *It is a challenge for case managers to balance their need to form an alliance with their clients and their responsibility to protect children from harm.*
- Sharing the burden about how to handle such ethical dilemmas with a supervisor or trusted colleague can minimize your anxiety or guilt about how you respond.



SLIDE 27

Give Clients Tips about Family Reunification

- *"Meet your reunification goals fast, including any goals specifying treatment."*
- *"Sign release forms that only allow treatment providers to release diagnosis, treatment recommendations and compliance with treatment."*
- *"Establish a good relationship with everyone involved...If you get angry, be assertive not aggressive or it could be held against you."*



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These tips are also summarized on the Community Integration Tool, *Parenting with a Mental Illness: Child Welfare & Custody Issues*



SLIDE 28

Tips about Family Reunification (2)



- *"Educate your attorney about your illness."*
- *"Maintain as much contact with your child as possible and keep up with visits. Help them understand that you are ill but getting help."*
- *"Keep notes of dates and events related to your case."*
- *"Be prepared for all meetings & court hearings."*



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- Many attorneys are vulnerable to our society's stigma and misinformation about mental illness, and can better represent their clients if they better understand that their client is in a treatment and recovery process that is effective.
- Helping clients with getting organized can be critical. Keeping a notebook of all names, dates and type of contact with people involved in their case can help them show that they are serious and organized. Keeping a calendar with all meeting dates, court hearings, parenting classes or other dates related to their case can help make sure they attend all scheduled meetings.



SLIDE 29

Helping Parents Who Lose/Lost Parental Rights

- Losing a child to adoption can be one of the most traumatic human experiences for parents & children, especially if the adoptive parent does not agree to open adoption
- Many parents will seek to have more children to replace the lost child, **especially if their trauma and grief are not addressed...**
SO PROVIDE RESOURCES & SUPPORT FOR GRIEF & TRAUMA COUNSELING!



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* Many communities do not yet have these groups, so if your agency cannot help one get started or locate one, referral to a counselor who specializes in grief and trauma may be the only option.



SLIDE 30



- If you are using these slides to make a presentation, we recommend that you save time to follow this presentation with an opportunity to practice using this information.
- For example, we have found it helpful to form small groups and assign one of the five case scenarios to each group without giving them the tips, and ask them to make a list of what the case manager should do to help the parent in each scenario, based on the information just presented



ADDITIONAL RESOURCES

- “Helping the invisible children: Supporting parents with mental illness and their children.” (2003) Best Practice/Next Practice (three good resource pages):

<http://www1.nmha.org/children/evidenceBasedPractices.pdf>
<http://www.mentalhealthamerica.net/go/information/get-info/strengthening-families>
<http://www.nmha.org/go/invisible-childrens-project>
- Parenting Programs and Resources Guide:
http://www.upennrrtc.org/resources/view.php?tool_id=128
- Coping... You Are Not Alone: An interactive web site for youth growing up with mental illness in the family. <http://www.mhasp.org/coping/>
- For printed resources, please see the “Handouts for Participants” section of this tool kit.



REFERENCES

- Apfel, RJ, & Handel, MH. (1993). *Madness and Loss of Motherhood: Sexuality, Reproduction, and Long-term Mental Illness*. Washington, DC: American Psychiatric Press.
- Bachrach, LL, & Nadelson, CC (Eds.) (1988). *Treating Chronically Mentally Ill Women*. Washington, DC: American Psychiatric Press.
- Blanch, A., Nicholson, J., Purcell, J. (1994). Parents with severe mental illness and their children: the need for human service integration. *Journal of Mental Health Administration*, 21, 388-396.
- Dickerson, F. et al. (2004) "Sexual and reproductive behaviors among persons with mental illness." *Psychiatric Services*, 55(11), 1299-1301.
- Doyle, J. (in press). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*.
- Ellen, E. (1999) "Interventions aim to prevent depression in high-risk children." *Psychiatric Times*, 16(9).
- Fox, L. "Missing out on motherhood." (1999) *Psychiatric Services*, 50(2), 193-194.
- Hanrahan, P. et al. (2005) "The Mothers' Project for Homeless Mothers with mental illnesses and their children: A pilot study." (Brief Report) *Psychiatric Rehabilitation Journal*, 28(3), 291-294.
- Hearle, J., Plant, K., Jenner, L., et. al. (1999). A survey of contact with offspring and assistance with child care among parents with psychotic disorders. *Psychiatric Services*, 50, 1354-1356.
- Joseph, J., Joshi, S., Lewin, A. & Abrams, M. (1999) "Characteristics and perceived needs of mothers with serious mental illness." *Psychiatric Services*, 50(10), 1357-1359.
- Leib, R., et al. (2002) "Parental major depression and the risk of depression and other mental disorders in offspring: A prospective-longitudinal community study. *Archives of General Psychiatry*, 59(4),
- Levinthal, A., Jacobsen, T., Mijller, L. & Quintana, E. (2004) "Caregiving attitudes and at-risk maternal behavior among mothers with major mental illness. *Psychiatric Services*, 55(12), 1431-1433.
- Mental Health America (2006). Invisible Children's Project. Retrieved October 4, 2007 from http://www.nmha.org/go/icp_project.
- Miller, LJ, & Finnerty, M. (1996). Sexuality, pregnancy, and child-rearing among women with schizophrenia-spectrum disorders. *Psychiatric Services*, 47, 502-506.
- Montgomery, P. (2005) "Mothers with a serious mental illness: A critical review of the literature." *Archives of Psychiatric Nursing*, 19(5), 226-235.
- Mowbray, C., Bybee, D., Hollingsworth, L, Goodkind, S. & Oyserman, D. (2005) "living arrangements and social support: Effects on the well-being of mothers with mental illness." *Social Work Research*, 29(1), 41-55.
- Mowbray, C. Oyserman, D., Bybee, D. MacFarlane, P. & Rueda-Riedle, A. (2001) "Life circumstances of mothers with serious mental illnesses." *Psychiatric Rehabilitation Journal*, 25(2), 114-123.



- Mowbray, C., Oyserman, D., Zemencuk, J. & Ross, S. (1995) "Motherhood for women with serious mental illness: pregnancy, childbirth, and the postpartum period." *American Journal of Orthopsychiatry*, 65(1), 21-38.
- Mullick, M., Miller, L. & Jacobsen, T. (2001) "Insight into mental illness and child maltreatment risk among mothers with major psychiatric disorders." *Psychiatric Services*, 52(4), 488-492.
- Nicholson, J. (1996) "Services for parents with mental illness and their families." *The Journal of the California Alliance for the Mentally Ill*, 7, 66-68.
- Nicholson, J. (2005) Letter to the Editor: Use of child custody as leverage to improve treatment adherence. *Psychiatric Services*, 56(3) 357-358.
- Nicholson, J., Geller, J, Fisher, WH, et. al. (1993). State policies and programs that address the needs of mentally ill mothers in the public sector. *Hospital and Community Psychiatry*, 44, 484-489.
- Nicholson, J. Geller, J.L. & Fisher, W. (1996) "'Sylvia Fumpkin' has a baby: A case study for policymakers." *Psychiatric Services*, 47(5), 497-501.
- Nimgaonkar, VL, Ward, SE, Agarde, H, Weston, N., & Ganguli, R. (1997).
Fertility in schizophrenia: Results from a contemporary US cohort. *Acta Psychiatrica Scandinavia*, 95, 364-369.
- Park, JM., Solomon, P, & Mandell, DS. (2006). Involvement in the child welfare system among mothers with serious mental illness. *Psychiatric Services*, 57, 493-497.
- Sands, RG. (1995). The parenting experience of low-income single women with serious mental disorders. *Families in Society: Journal of Contemporary Human Services*, 76, 86-96.
- Sands, R., Koppelman, N. & Solomon, P. (2004) "Maternal custody status and living arrangements of children of women with severe mental illness." *Health & Social Work*, 29(4), 317-325.
- "Strengthening Families Fact Sheet: When a parent has a mental illness, serious mental illness and parenting." National Mental Health Association.
- Styron, T., Pruett, McMahon, T. and Davidson, L. (2002) *Psychiatric Rehabilitation Journal*, 25(3), 215-222.
- Swartz, H., et al. (2005) "Depression and anxiety among mothers who bring their children to a pediatric mental health clinic." *Psychiatric Services*, 56(9)1077-1083.
- Test, MA., & Berlin, SB. (1981). Issues of special concern to chronically mentally ill women. *Professional Psychology*, 12, 136-145.