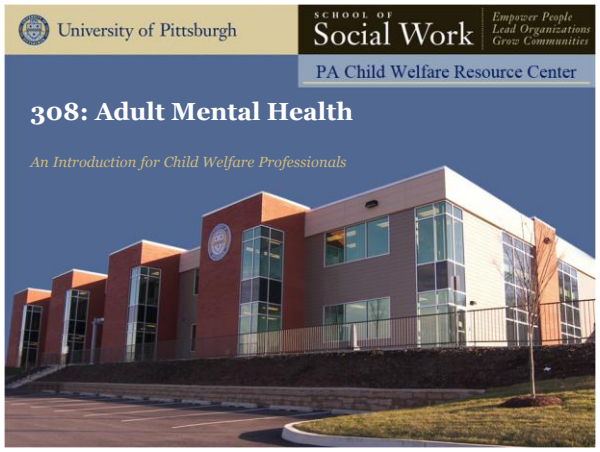
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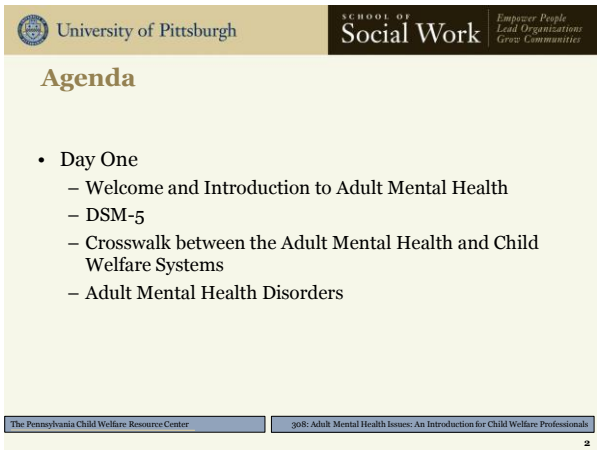
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Agenda
• Day One
– Welcome and Introduction to Adult Mental Health
– DSM-5
– Crosswalk between the Adult Mental Health and Child Welfare Systems
– Adult Mental Health Disorders
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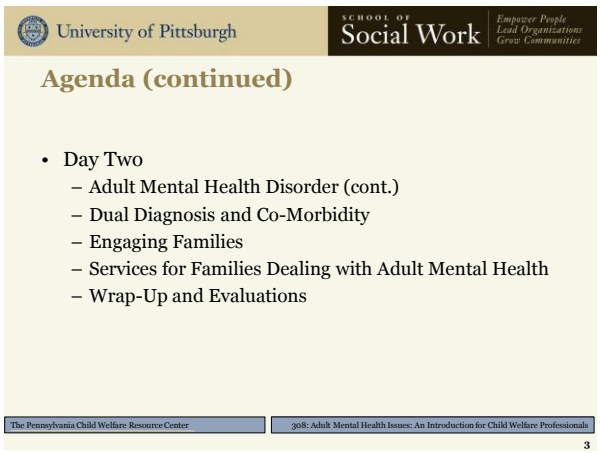
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Agenda (continued)
• Day Two
– Adult Mental Health Disorder (cont.)
– Dual Diagnosis and Co-Morbidity
– Engaging Families
– Services for Families Dealing with Adult Mental Health
– Wrap-Up and Evaluations
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Learning Objectives

- Name the laws and regulations that are associated with adult mental health issues
- Recognize how and when a caseworker needs to intervene to assure safety, permanency, and well-being for children/adolescents
- Identify the diagnostic criteria for adult mental health disorders and how they manifest behaviorally
- Determine connections between the behavioral indicators for adult mental health disorders and child safety and risk

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Mental Health is…

…a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

U.S. Department of Health and Human Services. (1996). *Mental Health: A Report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

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Results of Ice Breaker Activity

Poster #	Person's Name	What They Are Known For	Diagnosis
1.	Abraham Lincoln	16th president	Depression
2.	Lionel Aldridge	Hall of Fame football player for the Green Bay Packers	Paranoid Schizophrenia
3.	Leo Tolstoy	Author of *War and Peace*	Depression
4.	Winston Churchill	Prime Minister of England	Bipolar
5.	Vivien Leigh	Actress	Bipolar
6.	Sylvia Plath	Poet/Novelist	Depression
7.	Patty Duke	Actress	Bipolar

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Results of Ice Breaker Activity (continued)

Poster #	Person's Name	What They Are Known For	Diagnosis
8.	Charles Dickens	Novelist	Depression
9.	Ernest Hemmingway	Novelist	Depression
10.	Theodore Roosevelt	26th president	Bipolar
11.	Ted Turner	Businessman	Bipolar
12.	Mike Wallace	Journalist	Depression
13.	Tracy Ullman	Actress/ Comedienne	Bipolar
14.	Brooke Shields	Model/Actress	Postpartum Depression

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Results of Ice Breaker Activity (continued)

Poster #	Person's Name	What They Are Known For	Diagnosis
15.	Michael Jackson	Singer	None
16.	Cesar Chavez	Farm Laborer/Labor Leader/Civil Rights Activist	None
17.	Geronimo	Medicine Man/Apache Warrior	None
18.	Tina Turner	Singer	None
19.	Bjork	Singer	None
20.	Ozzy Osborne	Singer	None

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Prevalence of Mental Health in the United States

- An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.
- This figure translates to 57.7 million people. In addition, mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44.
- Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity. (NIMH, 2008)

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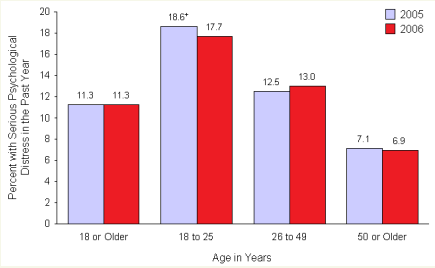
Rates of Serious Psychological Distress

Figure 8.1 Rates of Serious Psychological Distress in the Past Year among Adults Aged 18 or Older, by Age: 2005-2006



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Biopsychosocial Model

- Temperamental
  - Easy, difficult, slow to warm up (Chess & Thomas, 1991)
- Environmental
  - Family dynamics, parenting styles, larger social systems, adverse life stressors
- Genetic and physiological
  - Predispositions
  - Physical health

(American Psychiatric Association, 2013)

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Decision Making Crosswalk

Mental Health	Child Welfare
Referral	**Referral**
Safety Assessment/Decisions	**Safety Assessment/Decisions**
Immediate Safety Plan – Is emergency hospitalization necessary?	**Immediate, Preliminary Safety Plan – Is emergency placement necessary?**
	Safety Plan – What interventions are necessary to address safety threats?
Diagnostic Evaluation to explore:	**Risk Assessment to explore:**
• **Axis I & II - Exploration of symptoms**	• **Child Factors - Exploration of abuse & neglect**
• **Axis III & IV – Medical, Psychosocial and Environmental Factors**	• **Caregiver & Environmental Factors**
• **Axis V –Severity of Symptoms and ability to function**	• **Overall Risk and Severity**
Development of a Treatment Plan	**Development of a FSP and CPP**
Ongoing Mental Health Assessment – medication management, treatment interventions	**Review Process – Review, Revise and Implement Plans**

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Commitments

- **201 - Voluntary commitment – (Mental Health Procedures Act §7201-7207)**
- **302 - Emergency Involuntary Examination and Treatment – (Mental Health Procedures Act §7302)**
- **303 - Extended Involuntary Emergency Treatment - (Mental Health Procedures Act §7303)**
- **304 - Court Ordered Involuntary Commitment - (Mental Health Procedures Act §7304)**

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Pennsylvania Mental Health Procedures Regulation

- Implements and supplements the Mental Health Procedures Act (50 P.S. § 7101-7503) and the Mental Health and Mental Retardation Act of 1966.
- Establishes procedures for treatment of persons with mental illnesses.

Excerpted from Title 55, PA Code, Chapter 5100. www.pacode.com

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Pennsylvania Mental Health Procedures Regulation (continued)

Procedures for treatment include:

- Adequate treatment – facility, type of service, etc.
- Treatment facilities – appropriate, approved facilities
- Responsibility to develop and review treatment plan – consumer involved in his/her own treatment plan
- Appeal process
- Contents of treatment plan and review of treatment plan

Excerpted from Title 55, PA Code, Chapter 5100. www.pacode.com

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Pennsylvania Mental Health Procedures Regulation (continued)

Procedures for treatment include:

- Role of Mental Health Review Officer – must be trained in mental health law
- Confidentiality of records – persons over 14 years of age control the release of their records
- Bill of Rights for patients/consumers – rights are posted in every approved MH facility, includes grievance and appeal procedures
- Continuity of care – discharge planning

Excerpted from Title 55, PA Code, Chapter 5100.
www.pacode.com

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Pennsylvania Mental Health Procedures Regulation (continued)

Procedures for treatment include (continued):

- Voluntary treatment (examination and treatment; notices; withdrawal discharge and transfer)
- Involuntary treatment (examination and treatment; jurisdiction and venue of legal proceedings; who may be considered for involuntary treatment; standard; admissions to state operated facilities of involuntary committed consumers)
- Procedures for persons charged with a crime or under sentence receiving involuntary or voluntary treatment
- Costs of treatment – establishes liability for treatment costs between the state and the county; also determines county of residence as the county where the consumer had legal address prior to treatment.

Excerpted from Title 55, PA Code, Chapter 5100.
www.pacode.com

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Definition of a Safety Threat

A **SAFETY THREAT** is the conditions or actions within the child's own home that represent the likelihood of imminent serious harm to the child. A safety threat only exists if it meets the safety threshold.

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Definition of a Safety Threshold

SAFETY THRESHOLD is the point when a caregiver's behaviors, attitudes, emotions, intent, or situations are manifested in such a way that they are beyond being risk influences and have become an imminent threat to child safety. In order to reach the Safety Threshold, a condition must:

- Have potential to cause **Serious** harm to a child
- Be specific and **Observable**
- Be **Out of control**
- Affect a **Vulnerable** child
- Be **Imminent**

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Types of Protective Capacities

- **Cognitive Protective Capacity (Thinking):** Does the caregiver of origin have the specific knowledge, understanding, and perceptions to protect the child?
- **Emotional Protective Capacity (Feelings):** Does the caregiver of origin have the specific feelings, attitudes, and identification with the child and motivation to protect the child?
- **Behavioral Protective Capacity (Action):** Does the caregiver of origin behave in a manner that is consistent with protecting the child?

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Mental Health Affects on Children

- Almost 1/3rd of American women and 1/5th of American men provide evidence of psychiatric disorder in the past 12 months. 65% of these women are mothers; 52% are fathers.
- Rates of child psychiatric diagnosis among offspring range from 30% to 50%, compared with an estimated rate of 20% among the general child population.

(Nicholson et al, 2001)

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Mental Health Affects on Children (continued)

- Research indicates that children who have a parent with mental illness are at significantly greater risk for multiple psychosocial problems.
- Children whose parents have a mental illness are at risk of developing social, emotional, and/or behavioral problems.
- The environment in which children grow affects their developmental and emotional well-being as much as their genetic makeup does.

(Nicholson et al, 2001)

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Types of Disorders

- **Depressive Disorders**
  - Major Depressive Disorder
  - Persistent Depressive Disorder (dysthymia)
  - With peripartum onset
- **Bipolar and Related Disorders**
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Cyclothymic Disorder
- **Anxiety Disorder**
  - Panic Disorder
  - Agoraphobia
  - Post-Traumatic Stress Disorder
  - General Anxiety Disorder

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Types of Disorders (continued)

- **Personality Disorders**
  - Antisocial Personality Disorder
  - Borderline Personality Disorder
- **Schizophrenia Spectrum and Other Psychotic Disorders**
- **Somatic Symptom and Related Disorders**
  - Factitious Disorder imposed on self
  - Factitious Disorder imposed on another

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Mood Episodes

Depressive episode

At least two weeks of depressed mood or loss of interest or pleasure accompanied by at least four additional symptoms of depression:

- Significant weight gain or loss
- Insomnia or hypersomnia
- Observable agitation or slowing
- Fatigue/energy loss
- Feelings of guilt or worthlessness, indecisiveness or inability to concentrate
- Re-current thoughts of death or suicidal ideation, attempt or plan

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Mood Episodes (continued)

Manic Episode

Distinct period (at least 1 week) marked by abnormally and persistently elevated, expansive, or irritable mood, plus at least 3 of the following:

- Grandiosity
- Decreased need for sleep
- Pressure of speech
- Flight of ideas
- Distractibility
- Increased goal-directed activity or psychomotor agitation
- Involvement in pleasurable activities with a high potential for painful consequences (e.g. gambling, fast driving, sexual promiscuity)

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Mood Episodes (continued)

Hypomanic Episode

At least 4 days of markedly elevated, expansive, or irritable mood.

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Bipolar Questions

- ✓ What answers for bi-polar remained the same? Why or why not?
- ✓ What answers for bi-polar are different? Why or why not?
- ✓ What other concerns do you have with the addition of mania?

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Anxiety Disorders

- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder

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Personality Disorders

- **Cluster A:** Characterized by a pervasive pattern of oddness, eccentricity
- **Cluster B:** Characterized by a pervasive pattern of emotionality, drama, and erratic behavior
- **Cluster C:** Characterized by a pervasive pattern of anxiety, fearfulness

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Definition of Dual Diagnosis…

A person who has both an alcohol or drug problem and an emotional/psychiatric problem.

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Statistics on Dual Diagnosis

Psychiatric Disorder	Increased Risk for Substance Abuse
Antisocial Personality Disorder	15.5%
Manic Episode	14.5%
Schizophrenia	10.1%
Panic Disorder	4.3%
Major Depressive Episode	4.1%
Obsessive-Compulsive Disorder	3.4%
Phobias	2.4%

National Drug Intelligence Center

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Co-Morbidity

The presence of more than one mental health disorder occurring in an individual at the same time.

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Co-Morbidity and Mental Illness

- 45 percent of those with one mental disorder met criteria for two or more disorders.
- Major Depressive Disorder is a very common comorbid disorder.
- Personality Disorders are often criticized because their comorbidity rates are excessively high, approaching 60%
- Comorbidity is also found to be high in drug addicts, both physiologically and psychologically.

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Co-Morbidity and Mental Illness (continued)

- OCD is sometimes accompanied by depression, eating disorders, substance abuse, or other anxiety disorders.2-4 Symptoms of OCD can also coexist and may even be part of a spectrum of other brain disorders, such as Tourette's syndrome.
- OCD and Schizophrenia have been seen together as the OCD seems to be a coping mechanism that help the person with schizophrenia feel protected.
- An association also exists between respiratory diseases and Panic Disorder.

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Saleeby Quote…

At the very least, the strengths perspective obligates workers to understand that; however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles. (Saleeby, 1992)

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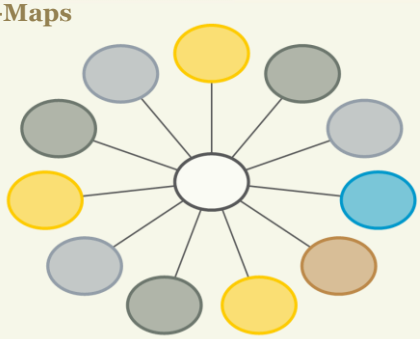
Eco-Maps



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Safety Decisions

Safe:

Either caregiver's existing Protective Capacities sufficiently control each specific and identified Safety Threat or no Safety Threats exist. Child can safely remain in the current living arrangement or with caregiver(s) of origin. Safety plan is not required.

Safe with a Comprehensive Safety Plan:

Either the caregiver(s) of origin existing Protective Capacities can be supplemented by safety actions to control each specific and identified Safety Threat or the child must temporarily reside in an alternate informal living arrangement. No court involvement is necessary; however a Safety Plan is required.

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Safety Decisions (continued)

Unsafe:

Caregiver(s) of origin's existing Protective Capacities cannot be sufficiently supplemented by safety actions to control specific and identified Safety Threats. Child cannot remain safely in the current living arrangement or with the caregiver(s) of origin; County Children and Youth Agency must petition for custody of the child. A Safety Plan is required.

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6 Stages of Change

- Pre-contemplation – unaware, uninterested or unwilling to make a change e.g. denial
- Contemplation – considering the change e.g. on the fence
- Determination – deciding and planning to change
- Action – making the change
- Maintenance – keeping the change going, includes relapse
- Termination – permanent change

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Parenting Domains

- Focus on parenting
- Focus on mentally ill parent
- Focus on other caregiver, if relevant
- Focus on marriage/partnership, if relevant
- Focus on the child
- Focus on Context

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Psychological Evaluations

- Psychological evaluations are intended to:
  - provide a structured, organized, and succinct description of current psychological functioning
  - include cognitive abilities and emotional experience.
- Psychological evaluations offer:
  - insight as to the severity of a particular disturbance and of the capacity for adequate functioning.
  - a formal and structured way of gathering objective information

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Psychological Evaluations (continued)

- Psychological evaluation may be used to:
  - confirm or impressions formed by referring therapists
  - modify impressions formed by referring therapists
- A Psychological evaluation may identify:
  - needs in therapy
  - highlight issues that may come up in treatment
  - recommend particular forms of intervention
  - offer guidance about potential outcomes of treatment

- Psychological evaluations typically begin with a clinical interview, and may include any number of psychological tests.

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Psychological Evaluations (continued)

- Psychological tests can include:
  - assessments of personality styles
  - tests of emotional well-being
  - intellectual (or IQ) tests
  - tests of academic achievement
  - tests for possible neurological damage
  - tests for specific psychological disturbances and their severity

- Psychological tests may also include:
  - interviews with significant others (such as caregivers, spouses, or social worker)
  - a review of past records and relevant documents

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Components of a Psychological Evaluation

- Reason for the evaluation
- History of the present illness
- Past psychiatric history
- General medial history
- History of substance use
- Psychosocial/Developmental history (personal history)
- Information derived from the interview process

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Components of a Psychological Evaluation (continued)

- Social history
- Occupational history
- Family history
- Review of symptoms
- Physical examination
- Mental status examination
- Functional assessment
- Diagnostic tests

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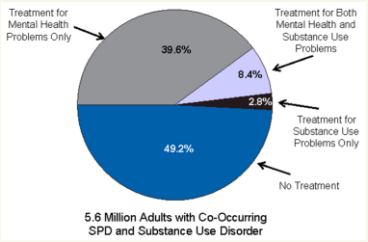
Past Year of Treatment

Figure 8.2 Past Year Treatment among Adults Aged 18 or Older with Both Serious Psychological Distress and a Substance Use Disorder: 2006



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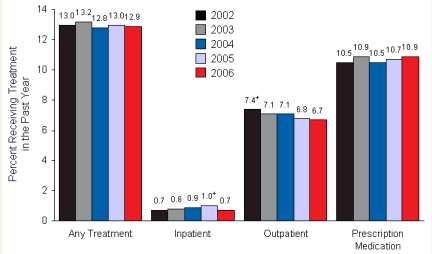
Type of Treatment

Figure 8.6 Past Year Treatment for Mental Health Problems among Adults Aged 18 or Older, by Type of Treatment: 2002-2006



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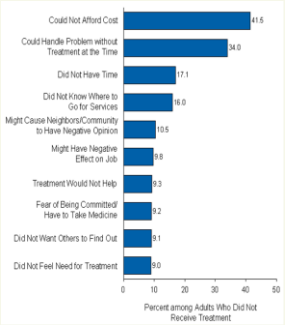
Reasons for Not Receiving Treatment

Figure 8.7 Reasons for Not Receiving Mental Health Treatment in the Past Year among Adults Aged 18 or Older with an Unmet Need for Treatment Who Did Not Receive Treatment: 2006



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When a Caregiver Needs Hospitalization

- How do you help the caregiver with the mental health needs tell the child about their caregiver's illness and need for hospitalization?
- How might the caregiver feel?
- What might be some concerns of the caregiver?

- What do you tell the child about how long they will be separated from their caregiver and who will be caring for the child?
- What do you tell the child about when they will see their caregiver again?
- What other information do they need?

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Transfer of Learning

- ✓ What are two things you learned today that you might apply immediately to your casework?
- ✓ What are three concepts you plan to share with your supervisor?
- ✓ Which resources/handouts from your session today do you plan to share with co-workers?

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