Module 5: Family Conditions

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Unit 5.1: The Basic Social Unit: The Family

Family

The legal definition of a family is defined as:

- A group of individuals who share ties of blood, marriage or adoption;
- A group residing together and consisting of parents, children and other relatives by blood or marriage; or
- A group of individuals residing together who have consented to an arrangement similar to ties of blood or marriage.

Definition for household member: 65C-30.001(64) "Household Member" means any person who resides in a household, including the caregiver and other family members residing in the home.

- Household members are any additional relatives or persons residing in the home, including but not limited to visitors expected to stay an indefinite length of time or college students expected to return to the home.

Keys to How a Household Functions

Who is in the home?

- Relationship to child
- Responsibilities

Income situation

- Who are wage earners?
- Full- or part-time?
- Other sources of income? (food stamps, cash assistance, etc.)
- Is income adequate to meet family's basic needs?
- Who manages the income and budget?

Cleaning, home upkeep

- How are responsibilities shared?
- How does home look (reasonably clean and maintained)?
- Are there any hazards given the age of children? (Exposed wiring, bodies of water, etc.)

Care of children

- Routine care (clothing, bathing, feeding, changing diapers, bedtime routine, supervision)
- Discipline and behavior management
- Any special care needs of children?

Family culture

- Roles, norms, values
- Child-rearing practices
- How problems are defined and addressed
- View of help-seeking behavior

Support system

- Extended family, friends?
- What help do they provide?
- Does this family provide care and/or significant support to extended family?

Household dynamics

- Parent with chronic health condition
- Substance abuse
- Mental illness
- Domestic violence

Six Protective Factors

Nurturing and Attachment

Research shows that babies who receive affection and nurturing from their parents have the best chance of healthy development. A child's relationship with a consistent, caring adult in the early years is associated later in life with better academic grades, healthier behaviors, more positive peer interactions, and an increased ability to cope with stress.

Knowledge of Parenting and Child Development

There is extensive research linking healthy child development to effective parenting. Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.

Parental Resilience

Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

Social Connections

Research has shown that parents who are isolated, with few social connections, are at higher risk for child abuse and neglect. Parents with a social network of emotionally supportive friends, family and neighbors often find that it is easier to care for their children and themselves.

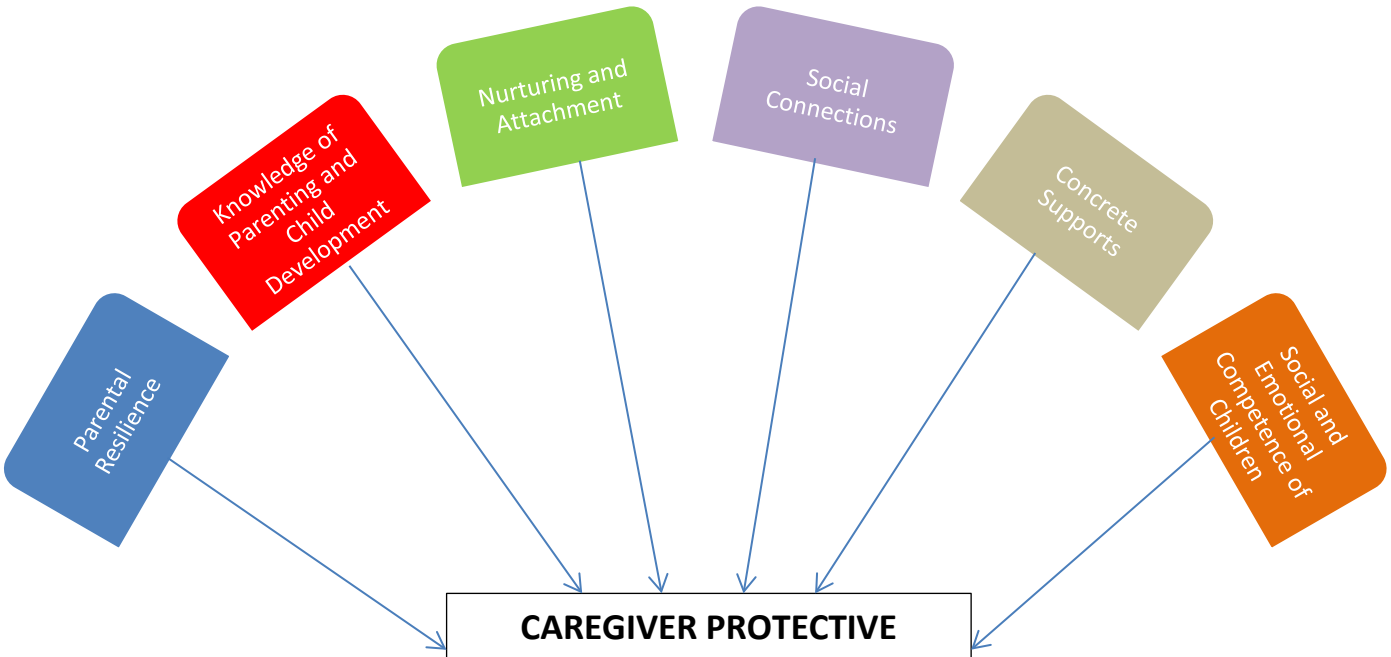
Concrete Supports

Families who can meet their own basic needs for food, clothing, housing and transportation—and who know how to access essential services such as child care, health care and mental health services to address family-specific needs—are better able to ensure the safety and well-being of their children.

Social and Emotional Competence of Children

Parents support healthy social and emotional development in children when they model how to express and communicate emotions effectively, self-regulate and make friends.

A child’s social and emotional competence is crucial to sound relationships with family, adults and peers.



CAREGIVER PROTECTIVE CAPACITIES

- **Takes action**
- **Sets aside own needs**
- **Demonstrates adequate skills**
- **History of protecting**
- **Is self-aware**
- **Intellectually able/capable**
- **Understands threats to child**
- **Recognizes child needs**
- **Understands protective role**
- **Articulates plan to protect**
- **Able to meet own needs**
- **Resilient as a caregiver**
- **Tolerant as a caregiver**
- **Expresses love, empathy and sensitivity toward child**
- **Able to intervene to protect child**
- **Positively attached to child**
- **Aligned with child**

The Family System

There are three basic concepts associated with understanding a family system:

- Interactions
  - Describe how family members behave toward each other. Over time, family members learn what to expect and adjust their behaviors accordingly. Interactions can follow a healthy or an unhealthy pattern.
- Interdependence
  - Refers to patterns of interacting that occur repeatedly in a family. These patterns of behavior become ingrained, dependent on each other.
- Balance
  - Refers to the family patterns that family members have become used to. By finding a "balance," families attempt to maintain their family system in a stable and predictable way, to keep things the same.

Unit 5.2: The Impact of Family Dynamics and Culture on Family Functioning

Family Dynamics

- Family dynamics are the patterns of relating, or interactions, between family members.
- Each family system and its dynamics is unique, although there are some common patterns, most of which are culturally based.
- Families typically have three alignment or 'grouping' patterns. They are:
  - Between the parents as a couple
  - Between siblings
  - Between each parent and child.
- Family dynamics change as the child develops and matures.
- Family dynamics can become strained when a family member wants to break with family tradition and live differently, or if a family member feels he/she cannot achieve what the family expects.
- Family dynamics can be overt (out in the open), or they can be covert (hard to see).

Family Culture

- Family culture is the set of beliefs about how things should be in the family. It covers such things as who is the head of household, who does what work around the house, and gender roles.
- Family culture also includes the value system a family holds:
  - Attitudes toward education
  - Employment and employment status
  - The importance placed on family loyalty and defending each other
  - The amount of time family members are expected to spend together.

What are Family Structures?

- There are a multitude of family structure types, including:
  - Nuclear Family
  - Extended Family
  - Blended Family (two sets of dynamics at work – one from the former family and one from the new family)
  - Working Parents Family (dynamics of work – how family members address family requirements and integrate work into them)
  - Single Parent Family (dynamics of only one parent handling it all)
  - Older Parents Family (dynamics of aging – how they may be limited in contributing to a younger child's energy)
  - Younger Parents Family (dynamics of limited life experiences, likely limited education and financial supports)
  - Stepfamily (once again, two or more sets of dynamics. Comfort level may depend on how young the interaction began with step-siblings)
  - Adoptive/Foster Family (Depending on similarity of first family to adoptive/foster family, different family structures, dynamics, no attachments to new family, etc.)
  - Never Married Family
  - Same-Sex Parent Family (societal pressures and stereotypical stigma attached to family, possible added coping mechanisms required)
  - Grandparents as Parents Family (aging considerations and attachment, plus impact of interaction, or lack thereof, with parents)
  - Military Family (the dynamics of moving frequently, one parent absent for significant periods of time)
  - Stay-at-Home Parent Family
  - Multi-generation Family (dynamics of many being involved in the family decision-making)
- Family structures can impact how a family views themselves and the outside world.
- Family structures also impact how we as child welfare professionals view the family.

Types of Family Dynamics

- Definition of family dynamics: The patterns of relating, or interactions, between family members.
- Dynamics can be overt (out in the open) or covert (hard to see).
- Use your six information collection domains, as well as interviewing and observation skills, to identify hard-to-see dynamics.
- Culture plays a role in family dynamics, too.

Interdependent vs. Individualistic

- An interdependent family is seen as a collective or unified model.
- In an individualistic family, each person is seen as an individual, rather than a component of the group.
- Your approach as a child welfare professional with an interdependent family likely will be much different from your approach with an individualistic family.

Nuclear vs. Extended

- The nuclear family would typically consider family to be the parents and the children only.
- The extended family structure is one that includes non-nuclear family members, such as grandparents, aunts, uncles, cousins, and so forth.
- The extended family is called a 'multigenerational' family if multiple generations live in the home.

Family Structures Can Be a Mixture of Structures

- These two types of family dynamic structural models can coincide together. Family structures can be a mixture of structures.
- These family dynamic models will impact how decisions are made within the family, each person's roles within the family, and the extent of flexibility in household rules.

What is Culture?

- Culture is what we do, what we think and what we feel. It is taught, learned and shared; in other words, there is no such thing as a 'culture of one.'
- Culture rules just about every aspect of life - everything a person sees and does is a result of an influence by someone or something.
- Culture fundamentally is the basis for the way we perceive the world either consciously or unconsciously. We understand or misunderstand each other from a cultural perspective.
- Family culture and family dynamics work hand-in-hand. Family culture is the set of beliefs about how things should be in the family. Family dynamics are the patterns of relating, or interactions, between family members.

Cultural Sensitivity to Various Dynamics

- Cultural sensitivity to various dynamics includes awareness that:
  - English is a second language for some families, and
  - The child may take on a more adult role in order to best communicate with different systems.
- Family dynamics are sometimes a direct response to the issues that brought the family into the child welfare system.
  - Example: In a family with domestic violence, you may find children who have taken on the role of protector, or in a family with parental substance abuse or mental health issues, you may find children who have taken on the role of caregiver to their younger siblings.

The Importance of Cultural Sensitivity

- Cultural sensitivity means that you are aware:
  - of cultural differences within family dynamics.
  - that the cultural differences and similarities between you and the family you are working with will have an impact on how you perceive each family's values and behavior. It will have an impact on the decisions you make, and it will have an impact on the services chosen to help the family.
- To be culturally sensitive, you must:
  - Recognize and value the importance of the culture of any family you work with.
  - Value diversity of perspectives, approaches and behaviors.
  - Adapt your communication style and behaviors to be compatible with another's cultural norms.
  - Be willing to learn about other cultures and, as you learn, be willing to embrace the differences rather than distance yourself from them.

Family Dynamics and Role Flexibility

- Family roles:
  - Should be clearly defined and easily identifiable.
  - Families who are having difficulties often find that their family roles are not well-defined and individual members do not understand what is expected of them.
- Family interactions change over time as children mature. For most families, this is a natural occurrence, and there is not a sudden shift unless there is something that has happened within the family unit or to a family member.
- The difference between healthy and unhealthy families in these situations is the healthy family's ability to adjust and adapt. In other words, they are able to be flexible. Unhealthy families are unable to adapt, and instead react to these changes.

Religion and Spirituality

- Religion or religiosity is another issue we also need to be sensitive to in child welfare practice can directly influence authority in the family.
  - For some families, the Bible or other written guidance gives authority on how parents parent, how decisions are made, educational choices, and medical choices.
- Patriarchal vs. matriarchal families: The father or male is recognized as the head of the household in patriarchal families; whereas, matriarchal families are families with female or mother heads of household.
  - The authority and absolute decision-making functions and roles are primarily solely on either the father or mother.
- Dialogue exists in patriarchal or matriarchal families, but in the end, one person makes the final decision.

My Family Story

My Family Story: Dynamics and Culture Worksheet

Consider these questions and answer them based on the family scenario you wrote.

Questions	Your Answers
What family beliefs can you identify through your narrative?	
What is your family's value system as portrayed in your story?	
Can you identify any covert family dynamics at work through what you described, including the family dynamic models we discussed?	
What are the aspects of culture you see in terms of what your family did, what they thought and how they appeared to feel?	
Does the example you shared portray how family culture can be modified? If so, how?	

Unit 5.3: The Dynamics of Mental Illness

Understanding Terms and Meanings

- Mental Health: the state of emotional and psychological well-being.
- Behavioral Health: focuses on the holistic view of human behavior and the well-being of the body.
- Mental Illness is the medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.
- The term “mental illness” refers collectively to all diagnosable mental disorders.
- Some of the characteristics of a person with mental illness can include:
  - Sustained and abnormal alterations in thinking, in mood, or in behavior.
  - Disruptions and impairment in a person’s daily functioning.
- Unmanaged mental illness can incapacitate individuals in their daily lives, their social interactions and in their work. Mental illness can also lead to premature death.
- The most common mental illnesses in adults are anxiety and mood disorders. Depression is generally highest in the Southeastern United States.
- A person with an unmanaged mental illness is two to six times more likely to commit suicide, intentionally kill someone else, or have a motor vehicle crash as compared to the general population in the United States.
- Children whose parents have unmanaged mental health needs are at far greater risk of developing emotional and behavioral difficulties than children of parents who do not have mental health diagnoses.
- Parents with unmanaged mental health needs are at greater risk of repeated involvement with the child welfare system and ongoing family instability, and when their children are placed in out-of-home care, they face many barriers to reunification.

Mental Illness Symptoms and Impacts

In this document you will first see for each mental illness cited a list of symptoms to be expected (Physical, Behavioral and Emotional) in the individual suffering from the mental illness.

Next, you will see a list of actual and potential, direct or indirect, impacts on the child. These are indicative of dysfunctional dynamics, beyond the normal family dynamics, that impact family members and especially impact children.

Anxiety Disorders

- Anxiety disorders are among the most common mental disorders experienced by Americans.
- There are a wide variety of anxiety disorders, including post-traumatic stress disorder, obsessive-compulsive disorder, and specific phobias.

Post-Traumatic Stress Disorder

- PTSD: an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which there was the potential for or actual occurrence of grave physical harm.
- Individuals experience or otherwise are exposed to a terrifying event or ordeal, in which there is the potential for grave physical harm or the actual occurrence of such an event.
- When this occurs, these experiences impact the individual in such a way that their experience of the event or events can be retriggered, so that they will re-experience the horrific feelings and images repeatedly, and usually unpredictably.
- Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, and military combat.

Post-Traumatic Stress Disorder: Symptoms in Individual

Physical	• Intense reactions, such as heart palpitations or panic when reminded of the event. • Unconsciously or consciously, they will work to avoid reminders of the event, such as activities, places, people, thoughts or feelings that bring back memories of the trauma.
Behavioral	• Sleep and concentration problems • Feel wound up, detached or numb • Feel irritable or angry • May be easily startled • May be hyper vigilant on the lookout for danger
Emotional	• Persistent frightening thoughts and memories of their ordeal, and revive the traumatic event through unwanted memories, vivid nightmares, flashbacks • People with PTSD often go through their daily lives feeling afraid, angry, guilty, and flat; they are likely to lose interest in day-to-day activities; and they feel cut off from friends and family.

PTSD Impacts on Child

PTSD in a parent can have an impact on the child's development both physically and psychosocially.

1. Parents who have PTSD symptoms report more behavioral problems in their children as compared to those without PTSD who responded to the survey.
2. PTSD can interfere with a parent's ability to concentrate. This, in turn, can make it difficult for the adult to learn the new skills required to care for his or her child.
3. A parent with PTSD can be less likely to adequately adhere to the child's need for help and support related to a child's medical needs, such as diabetes, cystic fibrosis or other conditions (including for children recovering from liver or kidney transplants).
4. There is a strong linear relationship between a mother's PTSD symptoms and the severe eating and sleeping challenges her prematurely-born infant has at age 18 months.
5. The parent's PTSD-generated obsession with the traumatic event can make it challenging for health care providers to efficiently obtain a history or other pertinent current information.
6. Sometimes, PTSD is associated with painful experiences in hospitals. As a result, a parent might avoid taking a child to the doctor or bringing a child for needed follow-up care and testing. This, in turn, leads the hospital and, possibly, child welfare professionals, to label these parents as being uncaring and/or non-adherent.
7. On the other hand, parents experiencing the hyper-vigilance mentioned earlier might refuse to leave their child at all during the entire hospitalization, or they might insist that only certain staff care for their child, which could diminish the chances for the child to recover.
8. A parent suffering from PTSD may exhibit persistent and sometimes irrational fears that their child might die or become critically ill again. This makes it difficult for the health care team, who must appropriately respond to these expressions of concern.

How Does PTSD Affect the Family System?

PTSD in a parent can have an impact on the child's development both physically and psychosocially. These can include:

1. Parents who have PTSD symptoms report more behavioral problems in their children as compared to those without PTSD who responded to the survey.

2. PTSD can also interfere with a parent's ability to concentrate. This in turn can make it difficult for the adult to learn the new skills required to care for his or her child.

3. A parent with PTSD can be less likely to adequately adhere to the child's need for help and support related to their medical needs.

4. There is a strong linear relationship between a mother's PTSD symptoms and the severe eating and sleeping challenges her prematurely-born infant has at age 18 months.

5. The parent's PTSD-generated obsession with the traumatic event can make it challenging for health care providers to efficiently obtain a history or other pertinent current information.

6. Sometimes PTSD is associated to painful experiences in hospitals. As the result, they as a parent might avoid taking their child to the doctor or bringing their child for needed follow-up care and testing. This in turn leads the hospital and, possibly, child welfare professionals, to label these parents as being uncaring and/or non-adherent.

7. On the other hand, parents experiencing the hyper-vigilance mentioned earlier might refuse to leave their child at all during the entire hospitalization, or they might insist that only certain staff care for their child, which could diminish the chances for the child to recover.

8. A parent suffering from PTSD may exhibit persistent and sometimes irrational fears that their child might die or become critically ill again. This makes it difficult for the health care team, who must appropriately respond to these expressions of concern.

Mood Disorders

In mood disorders, the underlying problem primarily affects a person's persistent emotional state, or their mood.
Three of the more prevalent types of mood disorders:

- Bipolar Disorder:
    - Sometimes referred to as manic-depressive disorder
    - Characterized by dramatic shifts in mood, energy, and activity levels that affect a person's ability to carry out day-to-day tasks.
    - Average age a person begins to manifest bipolar symptoms is age 25.
- Major Depressive Disorder
    - Depression impacts 15 to 25% of the overall population of the United States.
    - Less than 245 are under the care of a mental health specialist.
    - Depression occurs twice as often in women as in men. Over the average lifespan, 21.3% in women experience depression as compared to 12.7% in men. Pregnant women have the same risk of depression as other non-pregnant women.
    - In any given year, 7.5 million U.S. parents are depressed an at least 15 million U.S. children live with a parent who has major or severe depression.
    - Two types of depression discussed: a major depressive disorder and post-partum depression.
- Postpartum depression

Bipolar (Manic-Depressive) Disorder: Symptoms in Individual

Physical	• Sleep disturbances-insomnia, oversleeping, waking much earlier than usual • Changes in appetite or eating: much more or much less • Decreased energy, fatigue may alternate with bipolar • Headaches, stomachaches, digestive problems or other physical symptoms that are not explained by other physical conditions or do not respond to treatment
Behavioral	• (Mania) Increased activity or agitation/anger • (Depression) Loss of interest or pleasure in activities that were once enjoyed, such as going out with friends, hobbies, sports, sex, etc., or may be in manic state • Difficulty concentrating, remembering, or making decisions • Neglecting responsibilities or personal appearance
Emotional	• Periods of depression alternate with periods of manic elation • Persistent sad or "empty" mood, lasting two or more weeks vs. persistently “up” mood, flight of ideas • Crying "for no reason" • Feeling hopeless, helpless, guilty or worthless vs. feeling invincible • Feeling irritable, agitated or anxious • Thoughts of death or suicide

Bipolar Disorder - Impacts on Child

1. Children of parents with bipolar disorder are four times as likely to develop mood disorders as those from parents without the condition.
2. Children who have at least one bipolar parent respond to everyday stress with higher levels of cortisol than the average child.
3. Children will experience attachment and attunement issues with their untreated bipolar parent.
4. Bipolar cycling is not predictable, meaning that children have to adjust their responses depending on where their parent is in their mood cycling. This unpredictability can lead to the child being unsafe psychologically.
5. The caregiver’s capacity to be emotionally responsive is diminished.
6. Because children learn from their parents how to socially and behaviorally respond to life issues, they will tend to adopt skewed, dysfunctional behaviors form parents who are untreated and whose moods are unstable.
7. Children experience a greater risk for mental health issues later in life.
8. The child and the child-caregiver relationship is altered through skewed perceptions of their relationship.

Major Depressive Disorder – Symptoms in Individual

Physical	• The ability to work, sleep and/or eat is severely diminished in those who have major depressive disorders.
Behavioral	• Interference with daily functioning • Less attentive to their surroundings • Depressed pregnant women may be less likely to get prenatal care. • Depressed moms may be less attentive or less able to respond in a healthy way to their babies' needs.
Emotional	• Enjoyment of once pleasurable activities is severely diminished to the extent that the depression is present. • Symptoms cause distress for both the person with the disorder and those who care about him or her.

Major Depressive Disorder: Impacts on Children

Parental depression has been linked to children's early signs of, or vulnerability to, the following:

- The child having a more "difficult" temperament, including more negativity, less happiness, poorer social skills.
- The child being more vulnerable to depression.
- The child portraying more self-blame, less self-worth, and a less effective response system to stress.
- Older children and teens may experience stress from a depressed parent.

Postpartum Depression

- Postpartum depression is a mood disorder that can affect women after childbirth.
- Fathers can also be depressed in the postpartum period. This is especially the case if the mother is depressed or if the father is not satisfied with the marital relationship or if the father is not satisfied with life after the birth of the child.
- In post-partum depression, the parent's capacity to protect the child is diminished, and specifically the affected parent is less engaged with the child, which can lead to limited attachment to the child in early infancy.

Post-Partum Depression: Symptoms in Individual

Physical	• May cause sleep disturbance
Behavioral	• Can lead to difficulty in providing developmentally appropriate care to infants. • Affects ability to function in everyday life. • Withdrawal from family and friends, crying, and thoughts of hurting oneself or one's child. • Is particularly problematic because of the social role adjustments expected of new mothers, which include immediate and constant infant care, redefining spousal and familial relationships, and work role.
Emotional	• Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion. • Leads to a loss of pleasure or interest in life. • The feelings that mothers with post-partum depression feel may make it difficult for them to complete daily care activities for themselves or for others. • Feelings of irritability or anxiety. • Increased risk for anxiety, cognitive impairment, guilt, self-blame and fear.

Risk Factors for Post-Partum Depression

- Previous Episode of Depression or Post-Partum Depression
- Higher incidence if depression occurs in 3rd trimester
- Prior PPD episode increases risk; 50-70% chance of re-occurrence
- Family History of Depression of Bi-polar
- Marital/ Relationship Difficulties/Lack of Social Support

Post-partum psychosis (such as Andrea Yates)

- Very rarely 1 or 2 out of every 1,000 births
- Usually begins in the first 6 weeks postpartum; onset can be fairly rapid, within 3 days to one week
- Higher risk if diagnosed with bipolar disorder or another psychiatric or schizoaffective disorder (mood disorder and schizophrenia)
- Recurrence rate extremely high with more severe episodes common
- Est. 14 percent of mothers/ 10 percent of fathers suffer from moderate or severe postpartum depression (Pediatrics, August 2006; 118, 659-668.

Post-Partum Depression Impacts on Children

- Infants and toddlers can become withdrawn, irritable, or inconsolable.
- Child displays insecure attachment and behavioral problems.
- Child experiences problems in cognitive, social, and emotional development.
- Children have a higher risk of anxiety disorders and major depression in childhood and adolescence.

Schizophrenia

- Schizophrenia is a chronic, severe, and disabling mental disorder characterized by deficits in thought processes, perceptions, and emotional responsiveness.
- Those with schizophrenia have a stronger tendency to have co-occurring disorders, such as substance abuse, where they typically abuse alcohol and/or drugs more often than the general population. They also have a stronger tendency towards violence.
- Schizophrenia's symptoms are typically described as "positive" or "negative." Positive schizophrenic symptoms appear similar to those having a manic bipolar episode, whereas the negative schizophrenic symptoms are similar to those of a bipolar or other individual experiencing depression.

Schizophrenia: Symptoms in Individual

"Positive" symptoms of schizophrenia can appear to look like the manic phase of a bipolar episode, and "negative" symptoms of schizophrenia appear similar to those with bipolar disorder and others who are experiencing a depressive episode.

Physical	• Cognitive symptoms (or cognitive deficits), including problems with: o Attention o Memory o Executive functions
Behavioral	• (Positive) Delusions, thought disorders, and hallucinations. • (Negative) Lack of desire to form social relationships. • (Positive) Unusual thoughts or perceptions, include: o Hallucinations, o Delusions, o Thought disorders o Disorders of movement. • (Negative) Loss or a decrease in the ability to o Initiate plans. o Speak. o Express emotion. o Find pleasure in everyday life. o Plan and organize.

Emotional	• Hear voices other people don't hear, or believe other people are reading their minds, controlling their thoughts, or plotting to harm them.
	• Blunted affect and emotion.
	• Avolition (a lack of desire or motivation to accomplish goals)
	• (Negative) Loss or a decrease in the ability to
	  o Express emotion.
	  o Find pleasure in everyday life.

Dual Diagnosis

- An individual who is 'dually-diagnosed' is someone who has both a mental illness and a co-existing problem with drugs and/or alcohol. Being dually-diagnosed makes it more complicated for treatment, but unfortunately is a common situation. Many who have a mental illness also have ongoing substance abuse problems, while many who abuse drugs and alcohol also have a mental illness.
- More than one-third of all alcohol abusers and more than one-half of all drug abusers are also battling mental illness.
- In addition, there are certain groups of people with mental illness who are at increased risk of abusing drugs such as marijuana, opiates, cocaine and other stimulants, and alcohol. These include males, individuals of lower socioeconomic status, military veterans, and people with more general medical illnesses.
- It is important to note that more than one-third of all alcohol abusers and more than one-half of all drug abusers are also battling mental illness. Often this occurs when an individual with an underlying mental disorder use drugs and/or alcohol to self-medicate to experience less impact of their mental illness. This self-medication experience is temporary, and can lead to greater problems that include not only the mental illness but addiction. In addition, drugs and alcohol can worsen underlying mental illnesses.
- Individuals with mental illness and active substance or alcohol abuse are less likely to achieve lasting sobriety. It is also far less likely for the mentally ill person to be effectively treated if they are concurrently abusing drugs and alcohol. There are several reasons for this, including active users being:
  - Less likely to follow through with their mental illness treatment plans.
  - Less likely to adhere to their medication regimens.
  - More likely to miss appointments.
  - Less likely to receive adequate medical care for similar reasons
  - More likely to experience severe medical complications and early death.
- People with mental illness who abuse substances are also at increased risk of impulsive and potentially violent acts.
- Those with mental illness who abuse drugs and alcohol are also more likely to both attempt suicide and to die from their suicide attempts.
- They may be more likely to experience severe complications of their substance abuse, to end up in legal trouble from their substance use and to become physically dependent on their substance of choice.
- Lastly, some research suggests that those with dual diagnosis have higher rates of both domestic violence and poverty in their families.

Other Potential Impacts on Children

There are family dynamics and potential impacts on children that cut across all of these types of mental illness. Some examples:

- Often the family is embarrassed or ashamed of the mental illness.
- The child may be parentified and/or feel responsible for the parent's condition.
- If symptoms are severe and not managed, the child may experience a lack of adequate care or supervision if another adult is not exercising care and protection.

Florida's Baker Act: 2013 Fact Sheet

Department of Children and Families

What is the Baker Act and What Does It Do?

- The Baker Act is Chapter 394, Part I, Florida Statutes, also known as the Florida Mental Health Act.
- The Baker Act provides legal procedures for mental health examination and treatment, including:
  - Voluntary admission
  - Involuntary examination
  - Involuntary inpatient placement (IIP)
  - Involuntary outpatient placement (IOP)
- The Baker Act regulates:
  - Crisis stabilization units (CSUs)
  - Short-term residential treatment facilities (SRTs)
- The Baker Act protects the rights of all individuals examined or treated for mental illness in Florida.

What Is Involuntary Examination and How Is It Conducted?

- An involuntary exam is a psychiatric exam conducted without a person's consent, often called "getting Baker Acted."
- Involuntary exams are initiated by:
  - Law enforcement officers (49%)
  - Mental health professionals and physicians (49%)
  - Circuit courts (2%)
- Criteria for involuntary exam are that the individual:
  - Appears to have a mental illness;
  - Presents a danger to self or others; *and*
  - Refuses voluntary exam *or* is unable to understand need for exam
- Involuntary exams are provided only by DCF-designated Baker Act receiving facilities:
  - Hospitals
  - Crisis stabilization units (CSUs)
- Services focus on stabilizing the immediate crisis.
- Within 72 hours of arrival, facility must release the individual *or* file a petition for involuntary placement.
- Average length of stay is 4.5 days.
- Release must be approved by a psychiatrist or a clinical psychologist.

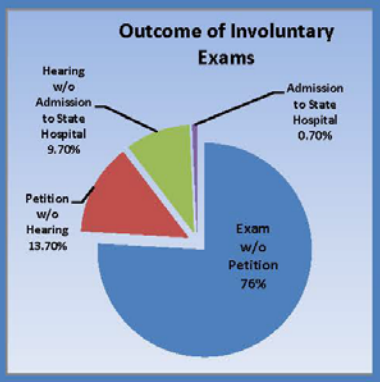
Key Statistics: Involuntary Exams

In 2011, there were:

- **150,000 involuntary exams**
- 111,000 individuals examined
- 93,000 adults examined
- 18,000 children examined

Over ten years (2002-11), there were increases of:

- **50% in involuntary exams**
- 46% in individuals examined
- 49% in adults examined
- 35% in children examined



Key Statistics: Funding & Bed Capacity

Department Budget for Baker Act Beds FY 12-13:

Adult Beds	$63.4 million
Child Beds	$14.0 million
Total	**$77.4 million**

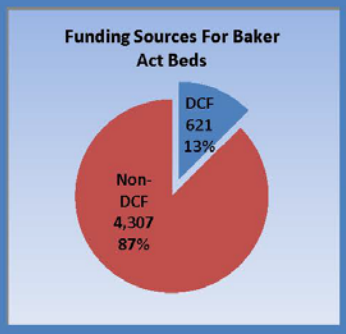
Baker Act Receiving Facilities:

CSUs (All Public)	54
Public Hospitals	13
Private Hospitals	59
Total	**126**

Baker Act Bed Capacity:

Adult - CSU	903
Adult - Public Hospital	659
Adult – Private Hospital	2,632*
Total Adult Beds	**4,194**
Child – CSU	196
Child – Public Hospital	209
Child – Private Hospital	329*
Total Child Beds	**734**

*Private hospital beds are not intended to serve indigent individuals, although they are sometimes used for that purpose.



What Is Involuntary Inpatient Placement (IIP)?

- Involuntary inpatient placement (IIP) is the Baker Act's term for civil commitment.
- IIP allows an individual to be admitted for mental health treatment (beyond stabilization of the immediate crisis) without their consent.
- IIP requires:
  - Meeting criteria very similar to those for involuntary examination.
  - A petition filed by the receiving facility within the 72 hour involuntary exam period.
  - Supporting opinions of a psychiatrist and either a second psychiatrist or a clinical psychologist.
  - A court order based on a hearing where at least one of the professionals testifies.
- An individual ordered to IIP may receive services in:
  - A state mental health treatment facility (SMHTF) ("state hospital") (avg. length of stay = 1.7 years)
  - A short-term residential treatment facility (SRT).
  - IIP may be ordered for up to 6 months, and may be extended with additional hearings.

What Is Involuntary Outpatient Placement (IOP)?

- Involuntary outpatient placement (IOP) is a form of commitment that allows individuals to be mandated by the court to receive mental health treatment on an outpatient basis.
- Criteria for IOP are more difficult to meet than criteria for involuntary inpatient placement. For IOP, the individual must:
  - Have a history of noncompliance with treatment and be unlikely to survive safely in the community without supervision.
  - Have, within the last 36 months:
    - Received at least two Baker Act involuntary exams; OR
    - Received mental health services in a forensic or correctional facility; OR
    - Engaged in serious violent behavior or attempts at self-harm
- IOP has been used infrequently and provider participation varies. It is currently available in Escambia, Santa Rosa, Leon, Volusia, Manatee, Sarasota, Seminole, and DeSoto Counties.

Unit 5.4: The Dynamics of Poverty

Could You Survive in Poverty?

Put a check by each item you know how to do.

___ 1. I know which churches and sections of town have the best rummage sales.

___ 2. I know when Walmart, drug stores, and convenience stores throw away over-the-counter medicine with expired dates.

___ 3. I know which pawn shops sell DVDs for $1.

___ 4. In my town in criminal courts, I know which judges are lenient, which ones are crooked, and which ones are fair.

___ 5. I know how to fight and defend myself physically.

___ 6. I know how to get a gun, even if I have a police record.

___ 7. I know how to keep my clothes from being stolen at the Laundromat.

___ 8. I know what problems to look for in a used car.

___ 9. I/my family use a payday lender.

___ 10. I know how to live without electricity and a phone.

___ 11. I know how to use a knife as scissors.

___ 12. I can entertain a group of friends with my personality and my stories.

___ 13. I know which churches will provide assistance with food or shelter.

___ 14. I know how to move in half a day.

___ 15. I know how to get and use food stamps or an electronic card for benefits.

___ 16. I know where the free medical clinics are.

___ 17. I am very good at trading and bartering.

___ 18. I can get by without a car.

___ 19. I know how to hide my car so the repo man cannot find it.

___ 20. We pay our cable-TV bill before we pay our rent.

___ 21. I know which sections of town “belong” to which gangs.

___ TOTAL

Definitions and Distinctions

- Poverty
  - Determined by the census bureau by income and family size.
  - Merriam-Webster Dictionary defines Poverty as a "Lack of money or material possessions."
  - In 2013, the poverty line in the U.S. was considered to be $23,850 for a family of four.
- Conditions of poverty are:
  - A lack of basic necessities and a lack of security
  - An uncertainty about where you're going to get food
  - An uncertainty about how you're going to pay your most elementary bills
  - A reliance on imperfect government institutions or overwhelmed private charities.
- Expenditures:
  - For those in poverty, 71% of the expenditures of the families of poor individuals is for food, shelter, utilities, and apparel. For those who are not in poverty, 46 percent of money spent is on basic necessities.
  - 13.5 out of every 1,000 infants born to poor mothers and 14.6 out of every 1,000 infants born to poor, single mothers die within their first year, compared to 8.3 per 1,000 of the non-poor.
- Situational poverty often is due to the 'Ds':
  - Divorce
  - Drugs
  - Domestic violence
  - Depression
  - Disability
  - Death
- Generational poverty: the state of generations of a family being impoverished, usually two generations.
  - Generational poverty mainly stems from education and economics.
  - Social and economic deprivation during childhood and adolescence can have a lasting effect on individuals, making it difficult for children who grow up in low-income families to escape poverty when they become adults.
- There is a culture of poverty in generations, based on the concept that the poor have a unique value system. In this value system, the poor may remain in poverty because of their adaptations to the burdens of poverty, which are passed on from generation to generation.

Impact of Poverty on Children

- Nearly one in every four Florida children or about 924,000 collectively, now lives below the federal poverty line.
- Two-thirds of black children live in families classified as low-income, meaning they earn less than $44,100 a year for a family of four.
- Sensory deprivation (the environment is poor in sensory experience) can cause stress for the child if there are no supports in place.

Unit 5.5: The Dynamics of Limited Cognitive Functioning on Family Dynamics

Definitions and Distinctions
Limited Cognitive Functioning

An individual would present with mental retardation if all of the following are present:

- sub average intellectual functioning - an IQ of approximately 70 or below;
- onset before age 18 of significant limitations in adaptive functioning in at least 2 of the following skill areas:

  - communication
  - self-care
  - home living
  - social/interpersonal skills
  - use of community resources
  - self-direction
  - functional academic skills
  - work
  - leisure
  - health and safety.

Intellectual Disability
This term is used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills.

Cognitive Impairment
This impairment describes when a person has trouble remembering, learning new things, concentrating, or making decisions that affect his/her everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive functions, but still be able to do their everyday activities. Severe levels of impairment can lead to losing the ability to understand the meaning or importance of something, and the ability to talk or write, resulting in the inability to live independently.

Developmental Disability
A developmental disability is a severe, chronic disability that:

- is attributable to a mental or physical impairment or a combination of those impairments
- occurs before the individual reaches age 22
- is likely to continue indefinitely

- results in substantial functional limitations in three or more of the following areas of major life activity:

    - self-care
    - receptive and expressive language
    - learning
    - mobility
    - self-direction
    - capacity for independent living
    - economic self-sufficiency

- reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Definition: Developmental Disability

Florida's Agency for Persons with Disabilities (APD) defines of **Developmental Disability** as a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

Intellectual Disabilities

Intellectual disabilities are diagnosed to be present if an individual has an Intelligence Quotient (IQ) test score of approximately 70 or below (AAMR, 2002). Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. IQ scores are determined from standardized tests given by trained professionals.

Wechsler Adult Intelligence Scale (WAIS-IV) and Stanford-Binet Fifth Edition Classification

IQ tests are used to assess:

- Verbal Comprehension
- Perceptual Reasoning
- Working Memory
- Processing Speed.

- Between 1 percent and 3 percent of Americans have intellectual disabilities.
- Use the term "intellectual disability".
- Many school age children receive a diagnosis of learning disability, developmental delay, behavior disorder, or autism instead of intellectual disabilities.
- Many adults who could be said to have intellectual disabilities live independent, productive lives and avoid all labels.

What Causes Limited Cognitive Function?

Factors that can lead to a person having limited cognitive functioning:

- **Genetic** (Example: Down syndrome, fragile X)
- **Prenatal** (Example: exposure to alcohol/drugs)
    - Adults with Fetal Alcohol Syndrome may have difficulty maintaining successful independence. They often have trouble staying in school, keeping jobs, or sustaining healthy relationships.
- **Problems at birth** (Example: lack of oxygen, labor and delivery problems)
- **Health problems**: whooping cough, measles, meningitis, extreme malnutrition, lack of medical care, exposure to toxins such as lead/mercury.
- **Post-birth problems**: head injuries/accidents.
- **Environmental Factors**: toxic stress—tied to brain development and attachment—needing the environment.

Best practices with individuals with limited cognitive functioning:

- Working with them should be behaviorally based.
- Often, there are also limited short- and long-term memory issues, attention issues, and coping and motivation issues.
- Apply concrete, literal thinking when working with an individual with limited cognitive functioning. This includes:
    - Factual day-to-day communication
    - Behavioral modeling or role-play
    - The use of visual aids such as behavior charts for both the parents and the child

Working with Individuals with Limited Cognitive Function

- Working with them should be very behaviorally based. They stop at concrete thinking and do not have abstract thought.
- It is important to consider there are also limited short and long-term memory issues, attention issues, and coping and motivation issues.
- Requires an approach that utilizes concrete thinking or literal thinking, which means that factual day-to-day communication, behavioral modeling or role-play and/or the use of visual aids such as behavior charts for both the parents and the child may be needed.

Intellectual Disability is not a Mental Illness

- Having an intellectual disability is not mental illness!
    - Mental illness is an emotional disturbance, while intellectual disability refers to a person's capability to think and reason.
- Like anyone else, a person with intellectual disabilities may become emotionally disturbed or mentally ill, but they are separate conditions
- As with parents without disabilities, the ability to parent successfully depends on a wide range of factors. These factors include:
    - higher IQ (greater than 50 or 60),
    - being married or living with the child's grandparents or daily support from a high functioning adult
    - having fewer children or only one
    - adequate motivation and willingness to accept support from service providers or informal sources
    - training in the home to enhance generalization
    - appropriate parent models during childhood
    - good physical and mental health
    - adequate finances and low stress
    - adequate education and reading skills
    - situation or reason that caused the limitation,
    - the parental capacity to provide the love and nurturance to the child
    - the availability of services to "treat" the disability.
    - the age at which the limitation or delay occurred is critical.

Review

- Cognitive development refers to the development of thought, judgment and perception, which includes what a child knows, understands, and can retain.
- This is the way a child processes information, solves problems, and thinks abstractly.
- The implications for the child and the family are highly dependent on several things:
    - The situation or reason that caused the limitation.
    - The parental capacity to provide love and nurturance to the child.
    - The availability of services to address the disability.
    - They can be good parents, can be resilient, and can and do have productive lives. They also can have a network of support through their family and/or the community.
- Challenges are dependent on the extent of the disability and should not be applied as a "blanket" across all cognitive disabilities.
    - Issues with "Intellectual Tasks or Skills" related to planning, decision-making, and coping.
    - Much more likely than the general population to have been sexually abused, abused or neglected as children, to be the victims of domestic violence as adults, and to be taken advantage of by strangers, "friends," and relatives.
    - Increased risk for lack of health care, poor health outcomes due to disease and violence, and mental illness or other condition (including stress, depression, loneliness, anxiety, and substance abuse).
    - May not have the cognitive ability to negotiate formal support systems; may have relatives/friends who are worn out by the burden of support; or their parents/caregivers may also be cognitively limited themselves.
    - May be living in poverty due to their inability to obtain an education and find and keep a job.

Challenges Working with Families with a Member who is Cognitively Limited

Challenges are dependent on the extent of the disability and should not be applied as a "blanket" across all cognitive disabilities.

1. May be Issues with:
   - "Intellectual Tasks or Skills" related to planning, decision-making, and coping
   - understanding and using information
   - understanding written and spoken language (illiteracy)
   - school failure and school behavioral issues if not properly assessed and/or diagnosed.

2. More likely than the general population to:
   - have been sexually abused, or abused or neglected as children
   - be the victims of domestic violence as adults
   - be taken advantage of by strangers, "friends," and relatives.

3. Have an increased risk for:
   - lack of health care
   - poor health outcomes due to disease and violence
   - mental illness and other conditions (including stress, depression, loneliness, anxiety, and substance abuse).

4. May face:
   - a lack of cognitive ability to negotiate formal support systems
   - relatives/friends are worn out by the burden of support or
   - parents/caregivers who are also cognitively limited themselves.

5. May be:
   - living in poverty due to their inability to obtain an education and find and keep a job.
   - dependent upon their disability benefits as their only source of financial support.

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