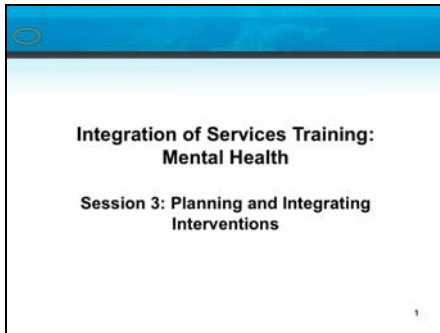


The Integration of Services Training Series

MODULE 2. MENTAL HEALTH

Session 3: Planning and Integrating Interventions

SLIDE 3-1: SESSION TITLE SLIDE



TRANSITION

Now we are going to transition to the topic of intervention and collaboration.

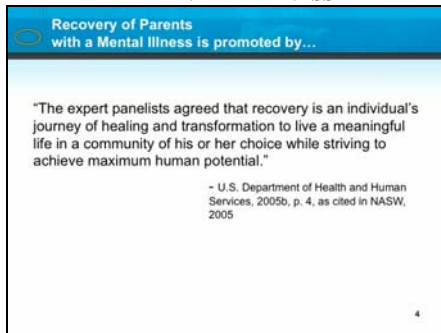
SLIDE 3-2: FAMILY



Say:

- *Families and children often need mental health services. The question often is what kind of services will be most helpful. This last session will help the child welfare practitioner better understand the philosophical underpinnings of mental health services and will provide the information that they need to help families determine exactly what services they want and for what purpose.*
- *Also, we will discuss the critical importance of collaboration with both children's and adult mental health. Although representatives from children's mental health have routinely been involved in child welfare cases, adult mental health is more of a new comer. This raises system challenges as well as opportunities.*

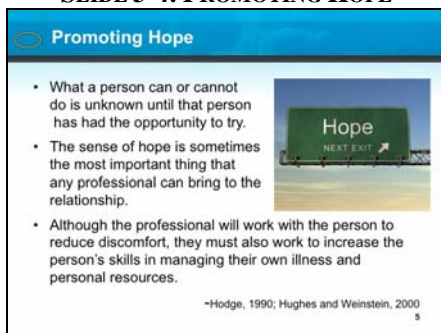
SLIDE 3-3: RECOVERY OF PARENTS WITH A MENTAL ILLNESS



Say:

- *Recovery is a mental health concept that emerged in the 1990's and now is the one of the fundamental premises of mental health services. Many of you may remember hearing phrases like, he is a chronic, he is on maintenance. Isn't that a hopeless statement. Can you imagine what it is like to hear yourself or a loved one referred to like that? Luckily times are changing. With new medications and other effective treatment mental disorders are very treatable. People who have lived in state hospitals now are working members in their communities. They are re-uniting with their children and families and recovering their roles as worker, friend, neighbor, mother, father, family member etc.*
- *Will the person ever be fully "recovered" and not require medications or supports? Maybe or maybe not but that is not the point. The point is that with treatment a full life is possible.*
- *Participating in treatment for a mental disorder is no different than taking insulin to treat diabetes. The combination of lifestyle, treatment and minimizing stress are all important components of treatment effectiveness.*
- *The quotation on the slide says it well. It is the journey of healing and transformation. These words carry a sense of hope and even joy.*

SLIDE 3-4: PROMOTING HOPE



Say:

- *Most of us have heard that believing in yourself or having a positive attitude will get you through quite a bit. You can't have that attitude without hope.*
- *People with mental health disorders say that when people treat them with respect, showing that their opinions are important, they feel valued. When people speak to them in a way that shows recognition for long term dreams and "their journey" it gives them hope.*
- *Hope may in fact be one of the best messages that investigators and case managers can give to people. Some case managers and protective investigators may feel uncomfortable with that. They are afraid of establishing false expectations.*

- *By hope we don't mean that the child welfare practitioner is implying that everything will work out for the family the way that they want. What you are saying is that you believe that this person can learn to manage their mental illness and be in their children's lives.*
- *As investigators and case managers, you are in homes where you might be the one person who introduces the idea of hope to the family.*

Ask:

What are some ways that you can convey a sense of hope?

Say:

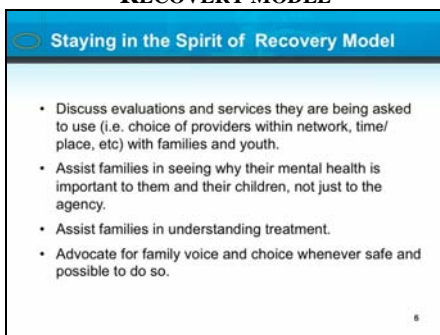
Questions or statements that give the message that the parents' opinions are important and that what they know will make a difference helps people feel respected and have hope. What do you think of these types of questions?

- *How well do you think your son's child care center is working? Do you think that they are doing a good job?*
- *Of the things that we just discussed what do you think will work best for you and your family?*

When we clearly recognize that the family member is the most knowledgeable about what is working for them it:

- *builds rapport and trust, and*
- *conveys we believe that they can make the needed changes.*

SLIDE 3-5: STAYING IN THE SPIRIT OF THE RECOVERY MODEL



Say:

- *It is important to remember that despite a psychiatric diagnosis, each person has her/his own way of experiencing their mental disorder including their own unique protective factors.*
- *The individual is the best source of how the mental disorder affects him/her and how they cope. Obtaining information from the person, their family, friends, and other professionals will provide insights into how to assist the person in selecting treatment approaches and determining the necessary supports.*
- *The recovery philosophy assumes that the person will “self-direct” their treatment.*

SLIDE 3-6: SAFETY PLANS/ADVANCE DIRECTIVES

Safety Plans/ Advance Directives

- Use advance directives to help parents plan for a possible relapse, or.
- Use safety plans to specify actions if a parent's symptoms increase.

7

Say:

Advance Directives cover:

- *Persons with a mental disorder may use advance directives to guide natural supports and professionals when the person is in crisis and cannot make decisions.*
- *Advance directive concept can be applied to safety planning in child welfare.*
- *Parents may prepare advanced directions regarding the care of their children when/if the parent has an acute episode.*

SLIDE 3-7: INTERVENTIONS

Interventions

- Help parents find the best treatment available.
- Ensure interventions and supports address all essential issues.
- Help parents plan for treatment and monitor progress.

8

Say:

- *There are many different types of mental health treatments. The child welfare participant can help the parent identify what they want to achieve in treatment.*
- *The worker can also help the parent work with the mental health clinician to ensure that the therapeutic approach supports the case plan.*
- *When the case manager knows about the treatment process, he/she can help the family member evaluate their progress against treatment goals.*

SLIDE 3-8: GOALS OF TREATMENT FOR CHILDREN

Goals of Treatment for Children

One of the major goals of treatment is to get children back on track with their lives, returning them to the things they enjoy most and thrive on, such as sports, clubs, art, spending time with friends, and more.

-- NAMI

9

Say:

- *Case managers and protective investigators help families: identify the need for treatment, access treatment such as counseling, behavioral therapies, and at times, psychotropic medication (as part of an individualized plan for the child) and develop family strategies to address the symptoms.*

TRAINER NOTE

- **Generate a discussion regarding specific outcomes we want for children in these types of cases.**
- **Endorse the following:**
 - Improved behaviors at home and school
 - Improved relationships with family and peers
 - Improved academic achievement and attendance
 - Understanding of their (or parents) symptoms and how to cope

SLIDE 3-9: SUPPORTING PARENTAL CONNECTIONS

Supporting Parental Connections

- Maintaining the parental connection to the child, when safely possible, can allow the parent to positively participate in parenting during non-acute phases of the illness.
- Training, coaching, and supportive relatives and friends can assist the parent with schizophrenia in successfully parenting when the illness is being managed.

10


Summarize:

- Building or strengthening a parent's network becomes very important when a parent has mental illness:
 - Loneliness and social isolation are common problems.
 - Having friends and family involved in ongoing treatment and support can improve long term stability and child safety.
 - Parents need to know that they are an essential part of their child's life and be continually involved.

SLIDE 3-10: RESILIENCY-CHILDREN AND YOUTH

Resiliency-Children and Youth

- Internal Factors
- Environmental Buffers



11

Say:

Recovery is a concept that usually pertains to adults. When referring to children and youth, the term used is resiliency. Resiliency, as we have mentioned earlier, refers to the child's ability to withstand adverse events without serious damage to their functioning. Resiliency can result from internal characteristics or environmental supports and buffers. Prevention activities and early intervention helps children strengthen resiliency. Children grow and mature through relationships.

Let's take a moment to look at some examples.

SLIDE 3-11: PREVENTION ACTIVITIES

Prevention Activities

- Prevention Activities
- Prevention Programs
- Early Intervention

12

Say:

- *Prevention activities include enrolling a child in a high quality child care, or helping young mothers learn child development skills. Reduction in childhood maltreatment is a prevention strategy for emotional/behavioral disorders.*
- *Early intervention includes the early identification of an emotional/behavioral disorder with immediate provision of supports and treatment for the individual and family. Working with a mother and her baby to address attachment issues is an example of early intervention. Remember in Health and Development Dr. Shonkoff stated that birth to five is the best time for early intervention. However, treatment can be effective at any age, it just is more difficult to achieve later in the child's life.*

TRANSITION

We are now going to briefly discuss Evidence Based Practice. Again, investigators and case managers are not expected to know how to select these practices. Yet, it is helpful when they do know some of the details and are able to ask specific questions of the therapist and prepare families for the first session. Also it is helpful for them to have a sense of the expected progression when they review progress.

SLIDE 3-12: EVIDENCE BASED PRACTICE

Evidence Based Practice

- Requires repeated well designed research studies.
- Studies should include control groups
- Findings should be fairly consistent across studies.
- Findings should have appropriate statistical tests.

18

Say:

Since Evidence Based Practice is such a buzz word these days it seems everyone claims that their work is an Evidence Based Practice (EBP). However, the term does have a specific meaning. To be an EBP the person must have been evaluated by well designed studies with statistically significant findings across the studies. Luckily you and I don't have to figure this out. There are several websites that are listed in your Participant Guide have an updated list of these practices.

SLIDE 3-13: EARLY CHILDHOOD MENTAL HEALTH SERVICES (ECMH)

Early Childhood Mental Health Services (ECMH)

ECMH Services include:

- Concrete Assistance
- Emotional Support to the Parents
- Developmental Guidance
- Parent Education and Support
- Consultation
- Counseling & Therapy

19

Say:

Concrete support to obtain basic critical needs often must accompany other “therapeutic” interventions. Often parents must be assisted in learning to identify dangerous situations. The child welfare practitioner and the therapist can help the parent learn to more accurately assess dangerous situations and develop appropriate responses.

Say:

- *Parents need emotional support. Child welfare practitioners can team with therapists to help parents feel that people are there to help them address issues and to affirm their strengths and abilities.*
- *Developmental guidance provides parents with information about what behaviors and capabilities are expected for young children. Sometimes pediatricians provide this assistance.*
- *Formal parent education and support groups can provide additional structure and parental guidance. The programs should be evidenced based whenever possible.*

- *Early Childhood Mental Health consultation in child care promotes the development of social and emotional skills. Consultants also work with teachers and parents to address problem behaviors with a specific child.*
- *Counseling and therapy services address the relationship-interactions between the child-parent. Two evidence based practices are Positive Behavioral Supports and Child-Parent Psychotherapy.*
- *In most cases children should not receive other therapeutic interventions when they receive psychotropic medications.*

**SLIDE 3-14:
CHILD/YOUTH MENTAL HEALTH
SERVICES**

Child/Youth Mental Health Services

- Individual/Family Therapy
- Team based interventions such as Multi-System Therapy
- Wrap around services that integrate therapeutic needs and concrete supports through teams of natural supports and professionals
- Possible psychotropic medications paired with other therapeutic services

20

Say:

- *There are several evidence-based practices available for children and youth.*
- *These range from the more traditional individual and family therapy to wrap around teams.*
- *The therapeutic approach, intensity, frequency, and duration of the service must be appropriate to the need.*
- *Just as we would never give a child antibiotics at a dose too low to be effective, we should not accept mental health services that are at an inadequate level or inappropriate for the child/family needs. Such services are often not effective.*
- *As child welfare practitioners, you have the opportunity to serve as an “expert advocate.”*

TRANSITION

During the last part of this session we will be discussing what to expect from mental health services and how to collaborate with the system.

TRAINER NOTE

The following game is on a separate powerpoint. You will need the powerpoint and some ‘play’ money for the prizes. This activity can be used at any time after Session 2. However, the earlier you play the game, the more likely you will have to aid the participants for a few questions where the information has not yet been presented.

Materials:
Who Wants to be a Millionaire Powerpoint
Play Money
Internet (optional)

OPTIONAL ACTIVITY 3-1: So You Want to be a Millionaire

PURPOSE: To review what has been discussed in the previous sections and also to think about how we understand mental health and functioning in the recovery model.

TIME: 30 minutes

DIRECTIONS:

Say:

- *Before we begin with our final section, we are going to take a break to review what we have discussed and also think about how we understand mental health and functioning in the recovery model through a game of “Who Wants to be a Millionaire.”*
- *We are going to play this game round-robin style and take turns answering the questions. Each of you will get three lifelines that you can choose from if need to use them.*
- *The first lifeline is 50:50. If you use this lifeline, I will remove two incorrect answers, narrowing your choices for you.*
- *The second lifeline is ‘Phone a Friend.’ If you choose this lifeline (and if we have internet), I will click on the lifeline and we can go to “Ask Jeeves” where you can ask your question. Otherwise, you can choose someone in this room or available by phone and ask for help.*
- *The third lifeline is “Ask the Audience.” If you choose this lifeline, I will re-read the answer choices and the group will vote by a show of hands to let you know what your colleagues think would be the correct answer.*
- *If you win, you get the money! If not, you pass on to the next person who will progress to the next answer.*

Upon completion of the game, return to the session.

**Participant Guide
Module 2, p. 4**

Say:

Let’s look for a minute at the Participant Guide on page 4.

Please notice the highlighted areas.

Ask:

Of the highlighted areas which one do you think could be addressed through mental health treatment?

Pause

Say:

Let's say that the assessment has been completed and the mental health program has recommended therapy. You, the family member and the therapist sit down with the therapist to discuss the therapy and the goals. This is a chronic neglect case and you are very concerned about the welfare of the children- there are three children under 8, a boy 7, a girl 3 and a girl 14 months.

Take a minute and make some notes.

Ask:

So what are your thoughts? What type of goals would you like to discuss with the therapist and the family member?

Record the ideas on the flip chart



Ask:

If the mental health therapist is going to address these areas—trainer points to or circles the areas—how are these other areas going to be addressed?

Record the ideas on the flip chart.



TRAINER NOTE

Trainer may need to ask specific questions about each area, such as: “What about the housing issue? Do you think the mother has a good knowledge of child development?” When you are recording the ideas try to put them on the flip chart in a way that shows an evolving case plan. Make it easy for the group to visually see the connections. If there are a lot of suggestions ask the group which ones impact safety and permanency and need to be done quickly? Next ask which ones will impact the family and children’s long term health and mental health? Can the services be “staged” or phased in? How would that work?

Say:

I am sure that you have heard the term “Wraparound” from children’s mental health. Well you have just created a wraparound plan for the mother. Now imagine that you have a similar plan for the young son who has serious emotional/behavioral problems. He goes to therapy at a children guidance clinic and also sees the school guidance counselor.

Ask:

What needs to be done to pull this all together?

TRAINER NOTE

The trainer may need to ask more questions about the coordination such as; “What about the school? How is the guidance counselor working with the clinic? Does the mother’s therapy impact his?”

Ask:

From what we have done so far what will the team look like for this family? Given the investigators short time on the case and the case manager’s responsibilities, how can this team be coordinated? How can communication be assured?

Ask:

Do you think that this coordination will benefit the case? How?

TRAINER NOTE

Before this activity, you will need to have selected and de-identified a CBHA with mental health diagnoses present. An ideal option is to have CBHAs for sibling groups where the children have different needs and diagnoses. Each table or group could take a different child in the sibling group, but all would read a similar/linked psycho-social history. This would help with the larger group interest in each group’s presentation, but would also demonstrate how different parents respond differently to different children.

Materials:

Participant Guide Worksheets Sample
Trainer Handout 1-3: CBHA

ACTIVITY 3-1: Working with a Comprehensive Behavioral Health Assessment (CBHA)

Optional: To be used with case management staff.

PURPOSE: To improve the understanding of how to access services and how to use the CBHA in Family-Centered Practice.

TIME: 30-40 minutes

DIRECTIONS:

1. Introduce the activity. Tell the participants that we are going to talk about children's mental health services and use a sample completed CBHA to do so.
2. Ask them to turn to page 28 in the Participant Guide.
3. Hand out the sample CBHA. Trainers may want to get one from their Region taking care to remove confidential identifying content.
4. Ask participants to raise their hands if they are investigators. If the investigators are spread out at different tables that is fine. If not ask the investigators to spread out and work with the case managers (necessary because investigators don't usually work with CBHA material).
5. Ask each participant to take out the Children's Mental Health in Context diagram.
6. Ask each participant to read through the CBHA and note the identified strengths and issues on the diagram in the appropriate domain (colored area).
7. Now as a group, ask them to discuss what actions should be taken as a result of the findings and recommendations in the CBHA. Ask them to be specific regarding what type of services are necessary and state why. Ask them to look at all the strengths and issues not just those that they think will require mental health services.
8. Ask each table, one at a time to report what actions they recommend.
9. Ask who would be on the family team.
10. What do you think the case plan would look like for the family?

TRAINER NOTE

The trainer should generate several questions based on the CBHA that they use.

CONCLUSION

Say:

- *Today we have talked about mental health issues and how they impact the families that we work with. It is important to remember that mental health encompasses mental well-being as well. Mental disorders vary considerably in severity, symptoms, frequency of acute episodes etc. Just knowing what the Axis I says is not very helpful.*
- *Mental health and mental disorders must be viewed from a contextual approach. Many different factors impact our emotional state daily. Each person has a different set of usual responses to these factors and stress. If a person does have a diagnosable mental disorder (emotional/behavioral for children), it is important to know past patterns of behavior, and how the four domains are influencing the person's coping mechanisms.*
- *Working with the mental health system can be difficult. Sometimes it is more challenging to get adult services because of lack of health insurance. Close coordination is essential if the mental health services are going to help the family address the issues on the case plan. Clear and frequent communication is essential.*
- *It is also important to understand how the current components of the system such as the CBHA work as a tool for the case managers and families. System design should support case managers and families to be able to access and use information easily.*
- *Ask them to complete the After Training survey and the evaluation survey and thank them for their participation.*