

Key Issues in Child Welfare: Behavioral Health (abridged eLearning Storyboard)



We've covered the key issues of substance use disorders and intimate partner violence. Let's talk now about behavioral health. While we cover these issues separately, it is important to note that behavioral health issues often co-occur with substance use disorders and intimate partner violence.

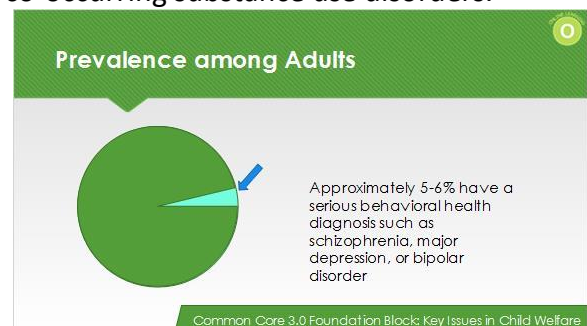
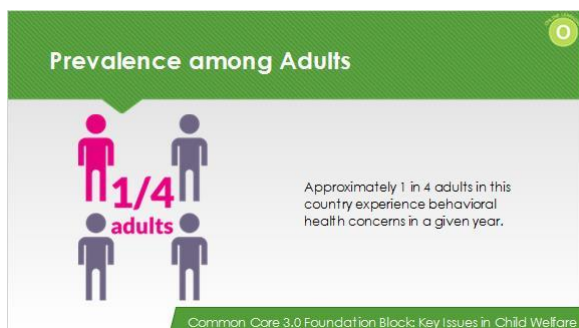
Before beginning this module, open and print out the ***Behavioral Health Disorders*** document. You'll refer to this document as we go through the various behavioral health disorders we see in families. (Include Link to handout).

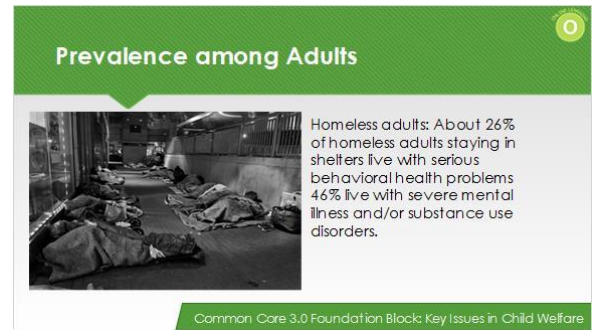
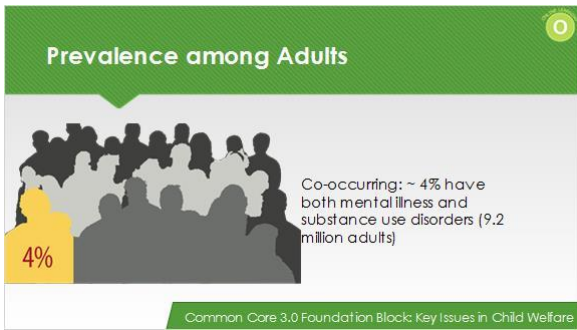
Throughout this module, we'll refer to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (also known as the DSM 5) for definitions of behavioral health conditions.

Prevalence among Adults

Let's start with some basic information about the prevalence of behavioral health disorders in the US.

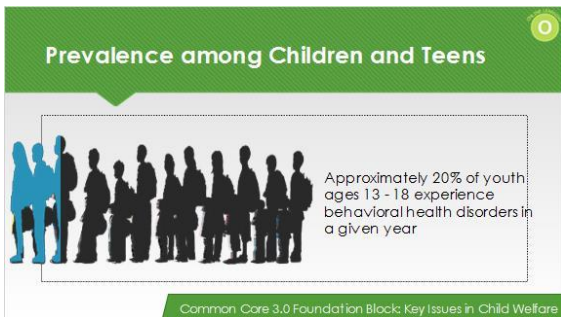
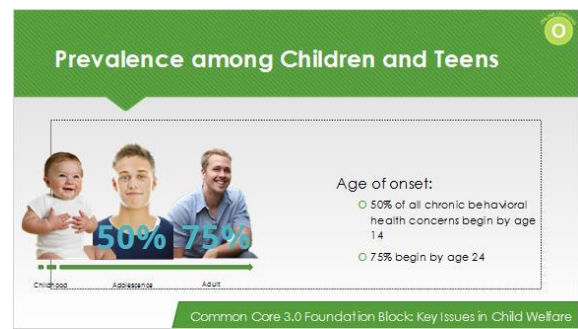
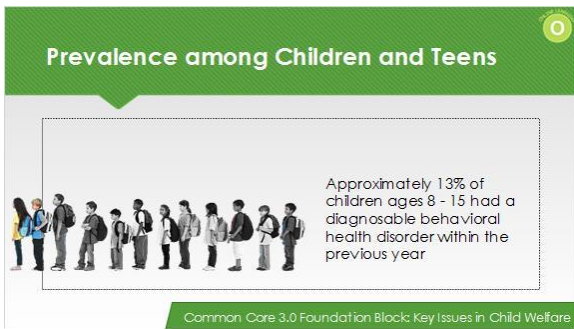
- Overall, an estimated 1 in 4 adults in this country will experience a behavioral health concern in a given year.
- Approximately 5 to 6% of adults will be diagnosed with a serious behavioral health disorder such as schizophrenia, major depression, or bipolar disorder.
- Because many individuals attempt to deal with emotional dysregulation through substance use, around 4% or 9.2 million adults have both behavioral health concerns and substance use disorders.
- About 26% of homeless adults staying in shelters live with serious behavioral health concerns and an estimated 46% live with behavioral health problems and co-occurring substance use disorders.





Prevalence among Children and Teens

Among children and teens, approximately 20% of youth ages 13 to 18 experience severe behavioral health concerns in a given year. The average age of onset is between age 14 and age 24. 50% of all chronic mental illness begin by the age of 14; 75% begin by age 24.



Behavioral Health Disorders in Adults

Behavioral Health Disorders in Adults


- Anxiety Disorders
- Trauma and Stress-related Disorders
- Depressive Disorders
- Bipolar and Related Disorders
- Psychotic Disorders
- Personality Disorders

Common Core 3.0 Foundation Block: Key Issues in Child Welfare

Now that you understand the basic prevalence of behavioral health concerns, let's review some specific disorders seen frequently in adults. There are six categories to review - Anxiety, Trauma and Stress-related Disorders, Depressive Disorders, Bipolar and Related Disorders, Psychotic Disorders, and Personality Disorders. Please note that this is not a comprehensive review of all possible behavioral health conditions. This is an overview of select issues you will be more likely to encounter in your work.

Anxiety Disorders

- Panic Disorders
- Generalized Anxiety Disorder



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Anxiety disorders are among the most common mental health disorders, with a lifetime prevalence rate of 17% meaning 17% of adults will experience an anxiety disorder at some point in their lives. According to the DSM 5, anxiety disorders can look like excessive, unwarranted fear and may manifest in behavioral disturbances that arise in response to feeling fear, including physiological autonomic responses linked to fight or flight responses, such as panic disorders.

They may also look like excessive worry in anticipation of a future threat and manifest as muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors such as a need to take protective action to avoid danger.

Anxiety Disorders: Signs and Symptoms

People with anxiety disorders may feel:

- A.Excessive anxiety and worry
- B.Difficulty controlling worry.
- C.And three (or more) of the following
 - Restlessness
 - Fatigue
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance

It is important to note that the experience of anxiety varies across ethnic and race groups. A recent US study found that Asian Americans reported lower rates of all anxiety disorders compared to other groups. White Americans experienced higher rates of social anxiety disorder, generalized anxiety disorder and panic disorder than African Americans, Latin Americans, and Asian Americans. African Americans were more likely to experience post-traumatic stress disorder than the other groups. The study also found a link between perception of racial discrimination and experience of anxiety disorders, and noted that this link also exists for major depressive disorder and substance use disorders.

Anxiety Disorders: Impact on Parenting


The main impact of anxiety in parents is development of anxiety in children. Children of anxious parents are much more likely than other children to have an anxiety disorder. Some of this difference can be explained by genetics, but other factors such as parenting also play a role.

Although some of the links are still theoretical, researchers think that parents experiencing anxiety are more likely to be highly critical, over-controlling, exhibit low levels of warmth and deny autonomy to their children. These parenting styles, in turn, are linked to diagnosis of anxiety in children.

Trauma and Stressor-Related Disorders

Trauma and Stress-Related Disorders

- Post-Traumatic Stress Disorder
- Adjustment Disorders
- Reactive Attachment Disorder



Common Core 3.0 Foundation Block: Key Issues in Child Welfare

According to the DSM 5, trauma- and stress-related disorders include disorders in which exposure to a traumatic or stressful event directly linked to the behavioral health concern. These include posttraumatic stress disorder (PTSD), reactive attachment disorder, and adjustment disorders, among others.

As we discussed in our section on Intimate Partner violence, many families and children are affected by trauma and stress-related disorders such as PTSD. These disorders compromise parents' ability to make appropriate judgments about their own and their child's safety and to appraise danger; in some cases, parents may be overprotective and, in others, they may not recognize situations that may be dangerous for the child.

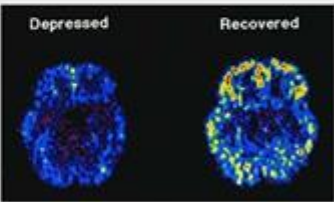
Adjustment disorders refer to the development of emotional or behavioral symptoms that occur within three months of a stressful event and are centered on that stressor.

The symptoms or behaviors must be significant enough to impair functioning.

Depressive Disorders

Depressive Disorders

- Major Depressive Disorder
- Dysthymia (persistent depressive disorder)



Human Brain

Depressed Recovered

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According to the DSM 5, depressive disorders include major depressive disorder (including major depressive episode) and persistent depressive disorder (dysthymia), among others. The common feature of these disorders is the presence of sad, empty, or irritable mood, accompanied by physical symptoms and thought patterns interfere with activities of daily living.

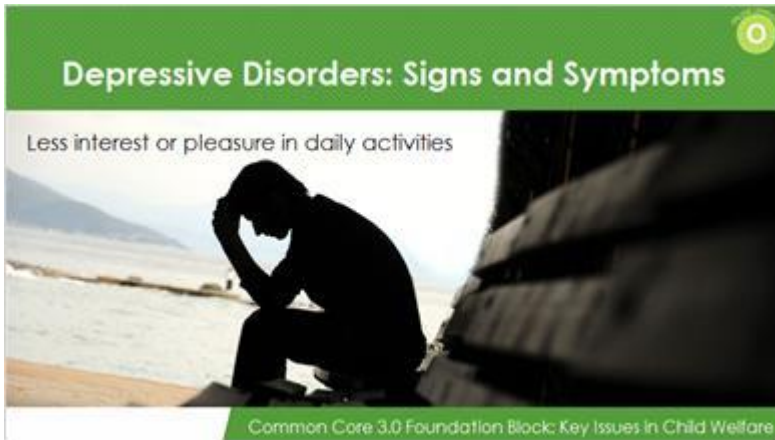
As you can see from the PET scan image, depression affects brain function and people experiencing depression

have cognitive differences that impact their ability to interact with others, engage in tasks, and make decisions.

Major depressive disorder is diagnosed when someone has episodes of at least 2 weeks' duration with evident changes in mood expression, thinking, and ability to function. Clinicians making this diagnosis are careful to differentiate between depression and sadness or grief.

Persistent depressive disorder (dysthymia) is a more chronic form of depression. It is diagnosed when the mood disturbance continues for at least 2 years.

Depressive Disorders: Signs and Symptoms



Observable symptoms include:

- Feels sad, empty or hopeless
- Markedly less interest or pleasure in daily activities
- Significant weight loss or gain
- Loss of energy
- Insomnia or Hypersomnia
- Difficulty concentrating
- Psychomotor agitation or retardation
- Feelings of worthlessness or inappropriate guilt
- Thoughts of death or suicide

It is important to remember that how people think about and describe symptoms of depression differs among ethnic groups. For example, members of ethnic minority groups may be more likely to think of symptoms of depression as social problems or emotional reactions to situations, while the white middle class people think of depression as a physical illness that responds to specific treatment. This will impact the type of treatment different groups seek to help them resolve their symptoms.

Depressive Disorders: Impact on Parenting



Parental depression negatively affects parents' ability to take care of their children.

Research indicates that mothers experiencing depression are less likely to engage in behaviors that promote safety (like using car seats and child proofing homes) and are more likely to use corporal punishment. Intimate partner violence is linked to maternal depression.

Children with depressed parents have worse health, behavioral health, and developmental outcomes than children whose parents are not depressed, including increased likelihood of behavior problems, academic difficulties, health problems, and delays in cognitive and motor development.

Mothers with the most severe experiences of depression have the most severe consequences for their children in child development and behavior outcomes.

It is important to note that research has identified potential positive impacts of treatment for parental depression on child outcomes, showing that when mothers are successfully treated for depression, their children also are less likely to be diagnosed with or show symptoms of depression.

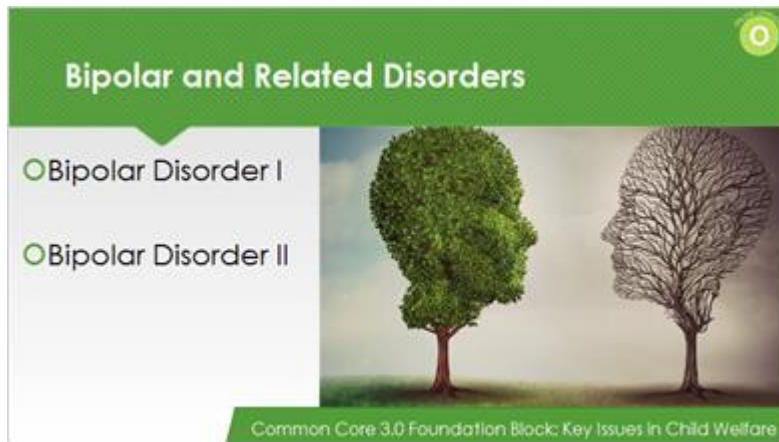
There is less research available about fathers and depression, but depressed fathers are more likely than non-depressed fathers to report spanking their one-year-old children, and less likely to report reading to them.

Depressive Disorders: Link to Trauma



In a recent treatment trial, researchers worked with 686 patients with chronic depression. Among those 686 patients, more than a third of the experienced the death of a parent before age 15; more than 40 percent reported experiencing physical abuse as a child; 16 percent reported childhood sexual abuse; and 10 percent reported neglect.

Bipolar and Related Disorders



According to the DSM 5, Bipolar and related disorders include bipolar I disorder, bipolar II disorder and other less common conditions.

For a diagnosis of bipolar I disorder, it is necessary to have at least one manic episode. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes. The manic episode manifests as at least a week of elevated, expansive, or irritable mood in conjunction with abnormally and persistently increased goal-directed activity. People experiencing a manic episode may exhibit inflated self-esteem, grandiosity, pressured speech, flight of ideas, extreme distractibility, involvement in risky behaviors or activities with a high likelihood of negative consequences such as excessive shopping or unsafe sexual activity.

For a diagnosis of bipolar II disorder, it is necessary to have at least one episode of major depression and at least one hypomanic episode (a hypomanic episode involves an elevated mood, similar to a manic episode, but is less severe). Bipolar II often results in impairment in work and social functioning.

Bipolar and Related Disorders and Substance Use

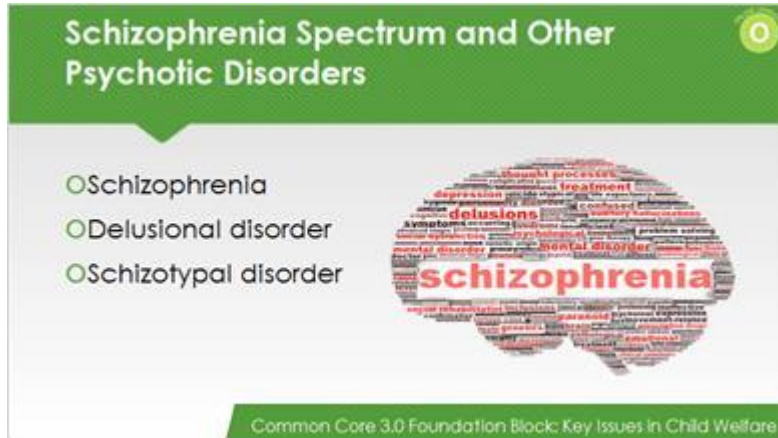
The National Institute on Drug Abuse notes that bipolar disorder and substance co-occur at a high rate. Unfortunately, in addition to commonly occurring together, substance abuse complicates treatment of bipolar disorder as people with this dual diagnosis get less benefit from traditional behavioral health treatment modalities, experience longer mood swings, are more likely to be hospitalized and have a higher rate of suicide attempts. They also experience more difficulty in substance abuse treatment.

Substance use symptoms including acute intoxication and effects of long term use can be mistaken for symptoms of both depression and mania leading to difficulty differentiating among symptoms of Bipolar disorder and Substance Use Disorder. Social workers should consult with substance abuse treatment professionals and behavioral health clinicians to determine the impact of these two commonly occurring conditions and develop treatment recommendations that address both concerns.

Bipolar and Related Disorders: Impact on Parenting

Research indicates that children of parents with bipolar disorder are more than twice as likely to develop a behavioral health disorder and 4 times more likely to develop an depressive disorder or bipolar disorder compared to other children.

Schizophrenia Spectrum and Other Psychotic Disorders



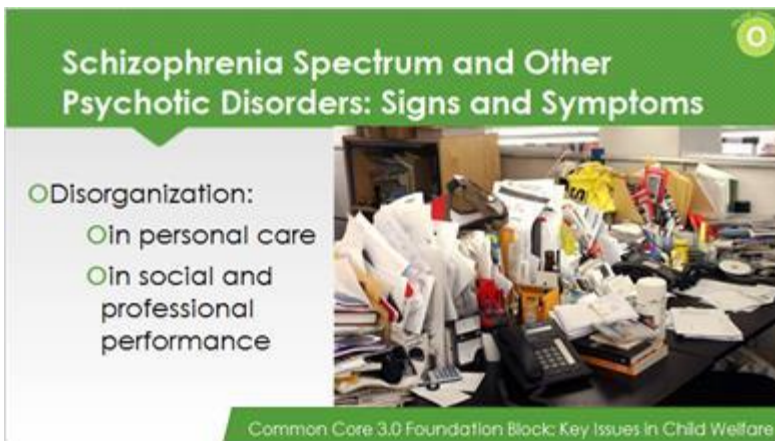
According to the DSM 5, schizophrenia spectrum and other psychotic disorders include schizophrenia, delusional disorder, and schizotypal disorder. These disorders include hallucinations, delusions, impaired insight and beliefs, and paranoia.

People with schizophrenia are impacted in at least two of the following ways for a significant time period: delusions, hallucinations, disorganized thinking or speech, grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms such as flat affect and lack of motivation.

Delusional disorder is indicated if the person has one (or more) delusions with a duration of 1 month or longer, but they do not meet the diagnostic criteria for schizophrenia. In this diagnosis hallucinations are less common and when they occur, they are linked to the subject of the delusion. Other than the specific delusion, the person with this disorder is able to function.

Schizotypal personality disorder is part of the schizophrenia spectrum, but the DSM 5 also includes it in the section on Personality Disorders. The diagnosis schizotypal personality disorder refers to a pattern of social and interpersonal problems, including reduced capacity for close relationships; cognitive or perceptual distortions; and unusual behavior. While there are challenges thinking and perception with this disorder, they are below the threshold for the diagnosis of a psychotic disorder.

Schizophrenia Spectrum and Other Psychotic Disorders:



Some common symptoms of schizophrenia spectrum and other psychotic disorders are

- Hallucinations and delusions
- Disorganized speech
- Disorganized or catatonic behavior
- Flat affect
- Lack of energy or motivation
- Disorganization in personal care and in social and professional performance
- Profound disruption in cognition and emotions
- Perceptions of reality that are strikingly different from the reality seen and shared by others around them

Schizophrenia Spectrum and Other Psychotic Disorders: Impact on Parenting

Schizophrenia and other psychotic disorders cause significant challenges in function and can greatly impair a parent's ability to provide care to children. However, there are parents with this disorder who are able to successfully parent, with the right support and treatment. In order to successfully parent, the person with this disorder must have good insight into their condition and a good recognition of symptoms.

Parents with little insight into their diagnosis and one or more of the following factors are considered to be impaired in their ability to parent:

Current active psychiatric symptoms of hallucination, delusion, or disordered thinking

A pattern of violent behavior

Co-occurring substance use

A pattern of intimate partner violence

Stressors and limited social support

Unrealistic parental expectations

Treatment to improve parenting capacity should focus on recognizing early signs of increasing symptoms, the importance of taking prescribed medication and engaging in treatment, increasing empathy toward the baby or child, and development of realistic expectations about child development and child behavior.

Personality Disorders



According to the DSM 5, people with a personality disorder have challenges in their interpersonal functioning related to specific personality traits. The specific personality disorder diagnoses include antisocial, borderline, narcissistic, obsessive-compulsive, and schizotypal personality disorders.

The challenges to functioning experienced by people with these disorders is noted to be pervasive across different types of interaction and consistent over time.

Those with **antisocial personality disorder** have a lack of concern for others and do not conform to legal or ethical constraints on individual behaviors.

Those with **borderline personality disorder** have an unstable self-image and expression of mood with impulsivity, risk-taking, and hostility.

Those with **narcissistic personality disorder** have challenges to their self-esteem that they seek to regulate through attention and approval seeking, and either overt or covert grandiosity.

Those with **obsessive-compulsive personality disorder** exhibit rigid perfectionism, inflexibility, and restricted emotional expression.

Those with **schizotypal personality disorder** have a distorted self-image that leads to difficulty with social and close relationships, and have challenges in cognition, perception, and behavior.

It's important to note that personality disorders are culturally bound to some extent. They are based on culturally specific definitions of self, self-esteem, and values. Social workers and clinicians should bear this in mind when considering a personality disorder diagnosis and treatment.

Personality Disorders: Impact on Parenting

A recent analysis of available research found that evidence supports a link between having a personality disorder, having challenges with parent-child interactions and engaging in problematic parenting practices. Researchers concluded that people with a personality disorder diagnosis may need help and support to avoid impaired parenting behaviors and develop a positive parent child relationship. Personality disorders are

closely linked to trauma history and co-occurring substance use, so effort must be made to ensure treatment and support address those issues if needed.

Other research shows that mothers with borderline personality disorder show limited sensitivity to their children and are more intrusive than other parents. They also have problems labeling their own emotions and have high levels of stress related to parenting. Children show less connection to their mothers and face a higher rate of behavioral health concerns.

A 2014 study found that mothers with borderline personality disorder who have maltreated their children were more likely to have physically abused their children or engaged in physical abuse and neglect.

Parenting with a Behavioral Health Disorder



Behavioral health disorders express themselves very differently from person-to-person. Two individuals suffering from the same condition, for example, can vary enormously in terms of their ability to handle day-to-day demands.

It is clear that behavioral health concerns are linked to increased risk of child maltreatment; however, social workers should not automatically identify children as being at risk based on the presence of a behavioral health concern.

Behavioral health concerns are a complicating factor, not de facto evidence of child maltreatment. The child welfare social worker must assess safety and risk in the context of the parent's behavioral health needs. Mitigating factors like parental protective capacity and availability of support networks are included in the assessment. In addition, factors such as the parent's awareness of and insight into the behavioral health concern are important, as is the parent's history of treatment compliance and violence and the presence of co-occurring substance abuse or intimate partner violence. Each family must be assessed on their own terms, in a cultural context and in conjunction with a child and family team which should include behavioral health specialists if possible.

Mitigating Factors: Strengths and Protective Actions

When working with families experiencing behavioral health problems, the social worker must have a strength-based lens. One way to do that is to measure not just the problems that a parent has, but to also assess their strengths and capacity for protective action.

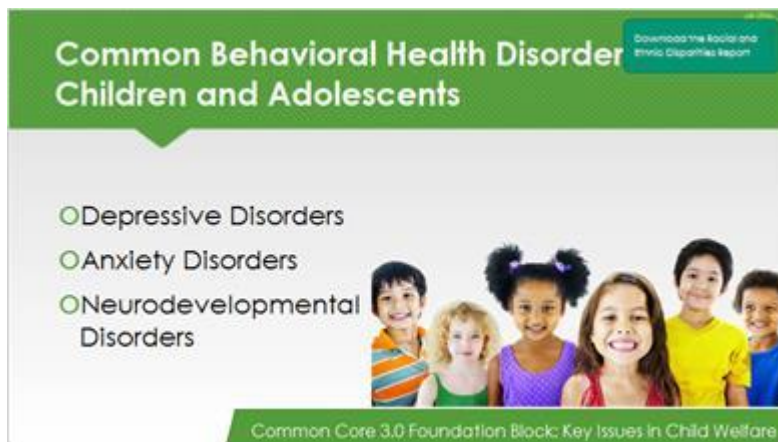
Key strengths to consider include resources and coping skills the parent has (despite any behavioral health concerns) that contribute in positive ways to family life.

These skills are important to identify because families can draw on them for developing safety plans.

Protective capacity is measured by considering specific actions that have been taken by the caregiver that directly address the safety threat and are demonstrated over time. These are observed activities that have been demonstrated in the past and can be directly incorporated into the safety plan for the family and child. They may also include actions taken by the child in some circumstances.

Protective actions taken by the child can also be considered when determining whether or not a child can be safe in the care of a parent with a behavioral health condition.

Common Behavioral Health Disorders in Children and Adolescents



Let's now take a closer look at the behavioral health conditions that typically impact children.

According to research conducted by the Centers for Disease Control, approximately 13 percent of children ages 8 to 15 had a diagnosable mental disorder within the previous year. The most common disorder was attention-deficit/hyperactivity disorder (ADHD), affecting 8.5 percent of this population. This is followed by major depressive disorder at 2.7 percent.

Additional research conducted in 2010 identified the most commonly occurring behavioral health disorders among adolescents, finding that anxiety disorders were the most common condition, followed by behavior disorders, and depressive or mood disorders, with approximately 40% meeting criteria for more than one disorder. The overall prevalence of disorders with severe impairment and/or distress was 22.2% (11.2% with mood disorders, 8.3% with anxiety disorders, and 9.6% behavior disorders).

The median age of onset for these behavioral health disorders was youngest for anxiety at 6 years old, followed by 11 years for behavior disorders, and 13 years for mood disorders.

Neurodevelopmental Disorders include ADHD, autism and other intellectual disabilities. Autism Spectrum Disorders are rarer than the other disorders listed above, but the incidence rate is growing. According to the CDC, as of 2014 approximately 1 in 68 children (or 1.5%) is diagnosed with autism spectrum disorder.

As we discuss prevalence of behavioral health concerns among children, it must be noted that while prevalence rates are similar across cultural, ethnic and racial groups in the US, children from minority racial or ethnic communities do not receive treatment at the same rate as white children.

During this section of the course, we'll discuss the signs and symptoms for the conditions that most frequently impact children.

While we won't revisit the diagnostic criteria for Mood, Depressive, and Anxiety disorders, we'll share some information about how those disorders manifest in children. We'll then move on to learn more about Behavior disorders, and Neurodevelopmental disorders. First though, let's look at some important things for social workers to understand: the role of trauma in the behavioral health needs of children, the behavioral health needs of children and youth in foster care including the use of psychotropic medication, and the behavioral health needs of very young children.

The Impact of Childhood Trauma



California child welfare agencies strive to be trauma informed and use trauma informed practices in our work with children and families. Trauma-informed practice requires that we assess both children AND parents for current and prior trauma, so that we can build case plans that address and include supportive interventions that get at the root of why children come into care.

Children who experience events that cause them to fear for their lives or fear that physical harm might happen to them can have PTSD as a result. Typical events that result in PTSD symptoms in children include physical and sexual abuse, violent crime, or accidents. PTSD can also if children experience violence happening to others. This can include exposure to violence in the community or intimate partner violence in the home.

An additional concern for children in foster care is Reactive Attachment Disorder. Reactive Attachment Disorder is exhibited by a consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers in which the child rarely seeks or responds to comfort when distressed and includes episodes of unexplained irritability, sadness, or fearfulness toward the caregiver even during nonthreatening interactions.

Clearly, many children entering foster care have experienced one or more of these events and are likely to have resulting signs of PTSD or, more rarely, reactive attachment disorder. Social workers must be sure they are aware of the trauma history of the children they work with and arrange behavioral health treatment that addresses these concerns.

Outcomes for Children Experiencing Trauma



Outcomes for Children Experiencing Trauma

Adverse Childhood Experiences have been linked to

- Risky health behaviors
- Chronic health conditions
- Early death
- Prevention and treatment can help
- Parent education
- Therapy and counseling

Common Core 3.0 Foundation Block: Key Issues in Child Welfare

A large scale public health research project called the Adverse Childhood Experiences Study (or ACES) has identified that children who experience traumatic events have far reaching negative lifetime outcomes compared to children who do not have similar traumatic experiences. These outcomes include risky health behaviors, health problems, and shorter life expectancy.

Prevention and treatment can help by preventing adverse experiences and reducing the impact of those that already happened. Effective prevention and treatment options include parent education, behavioral health services, social support services, and services that address poverty and inequality.

Behavioral Health Needs of Children and Youth in Foster Care

Children who are in contact with the child welfare system are at high risk for developing behavioral health concerns. Unfortunately, in the past, children involved with the system have not received the help they need. Some studies report that fewer than 25% of kids in care who needed services actually receive them and that number is even lower for children who remain home with their parents.

Social workers have a key responsibility to screen all children entering care to determine their need for services and ensure those services are delivered in a way that meets the child's needs and is culturally relevant. Social workers should consult with behavioral health professionals through Child and Family Teams to ensure children are receiving the care they need and assess progress along the way. Follow your county protocols to provide this initial screening and activate the Child and Family Team process in your work.

Use of Psychotropic Medication

According to research conducted by the US government, there are significant problems with the way psychotropic medications are used in foster care. We've established a high need for behavioral health intervention among children and youth in care, but that higher need does not account for the unsafe medication practices happening in foster care. These practices go beyond higher rates of using medication to treat behavioral health needs, to include practices that are dangerous including prescribing multiple medications at once, prescribing very high doses of medication, and prescribing psychotropic medications to very young children. These practices pose significant risk to children and do not typically increase the effectiveness of the medication. As social workers, you will have an important role in managing the use of psychotropic medications with the youth you serve. There are many resources available to you to help talk to

youth about medications, track adverse and helpful reactions to medication, and help youth advocate for their needs.

Foster Youth Mental Health Bill of Rights

In an effort to help foster youth advocate for better behavioral health treatment, foster youth developed a bill of rights that has been adopted in California. Click the resource tab to review the Foster Youth Mental Health Bill of Rights. You may print and distribute this document to youth and use the document to facilitate conversations with youth about their behavioral health needs.

Infant Mental Health

Infant mental health services address the social and emotional well-being of the very young child in the context of family relationships, beginning at birth and extending through the preschool years. The goals of the behavioral health intervention with children age 0-3 are to promote emotional well-being in young children and their families, to reduce risk factors, and to prevent and/or ameliorate emotional problems. These services can help families care for young children in ways that prevent adverse traumatic experiences and promote health attachment and nurturing relationships.

Almost half of toddlers who receive child welfare services have identified behavioral and developmental needs, but very only 22% receive services. Home visiting and parent child interaction coaching are two helpful practices that improve the relationship between parent and infant. Play therapy and developmental services are effective interventions as well.

Children and adolescents who have experienced trauma are more likely than other children to have symptoms of major depression. Symptoms of depression in children include disrupted sleep patterns, difficulty

Cultural Considerations

A person's beliefs, norms, values and language affect how we perceive and experience behavioral health conditions. Cultural differences can influence whether or not we seek help, what type of help we seek, what coping styles and supports we have and what treatments might work for us. Diverse communities face many barriers such as higher levels of stigma, misinformation about behavioral health and language that prevent them from receiving care. Even when they are able to access treatment, these communities often receive poorer quality care due to lack of cultural competence, bias and inadequate resources. This results in misdiagnosis, dropping out of treatment and a longer time to achieve recovery. However, when a behavioral health professional does take into account cultural needs and differences, outcomes can be significantly improved. Although everyone's experience is unique, knowing about research, behavioral health perspectives and challenges specific to your community can help you get better treatment. Here are some tips to help you find the right provider for your cultural background.

What will your role be?

You are not expected to be an expert in addiction science, violence prevention or psychology, but you need to be able to identify the signs of substance use disorders in parents and the foster youth with whom you work. It will be important to identify the signs of neglect as a result of these issues if they happen in isolation from each other or if they co-exist, and understand that these can be an underlying symptom of trauma.

You'll need to determine if the child is safe to remain in the home, when it's safe to return a child, link families to trauma informed, culturally relevant services to address the key issues. And finally, your role includes educating families, collaterals, service providers, and colleagues about common misperceptions associated with substance use disorders, intimate partner violence and/or behavioral health. All interactions with the family and interventions should be trauma informed.

Determining child safety

It's very important to determine if a child is safe in their home. As a child welfare worker, you will need to determine if any safety threats are present. Using the SDM Safety tool ensures you are reviewing the safety threats comprehensively. And if you see a threat, you address it in a safety plan. You may need to consider potential removal of the child and will need to consult with your supervisor during all safety assessments.