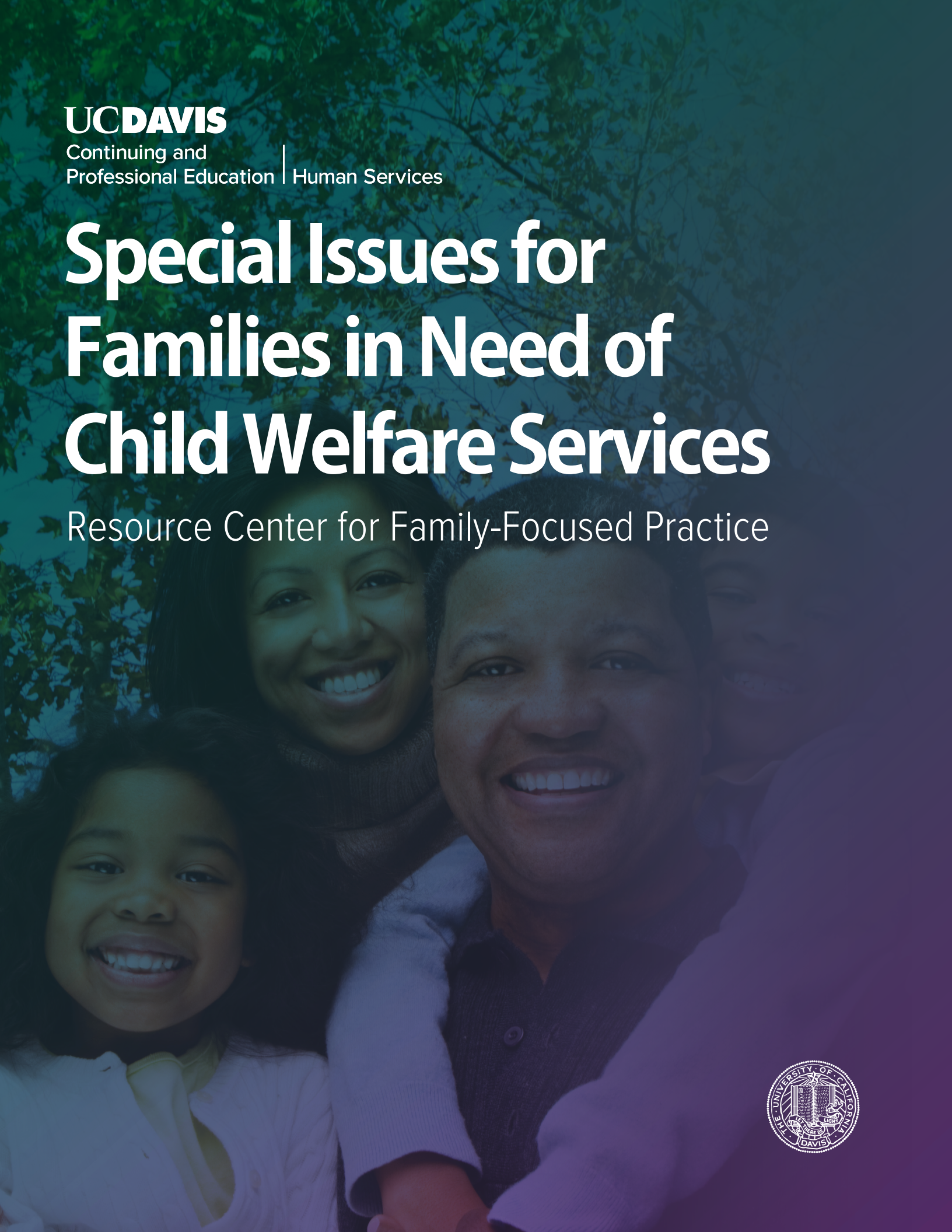
UCDAVIS
Continuing and Professional Education | Human Services

Special Issues for Families in Need of Child Welfare Services

Resource Center for Family-Focused Practice



Special Issues for Families in Need of Child Welfare Services

Mental Health and Mental Illness

By Edward Pieczenik, L.C.S.W.

UCDAVIS Continuing and Professional Education | Human Services

Learning Objectives

Knowledge

- K1: Trainee will be able to recognize how various mental disorders can affect a person's ability to parent.
- K2:Trainee will be able to recognize the difference between chronic and acute symptoms and the potential prognosis of commonly found mental health disorders.
- K3: Trainee will be able to identify the cultural implications surrounding mental health issues.
- K4: Trainee will be able to identify common case plan interventions that are most often used by child welfare workers to assist children, adolescents, and caregivers suffering from a mental disorder.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Learning Objectives

Skills

- S1: Utilizing a case scenario, the trainee will be able to identify possible symptoms, warning signs, and behaviors that could indicate a mental health concern.
- S2: Utilizing a case scenario, the trainee will be able to describe the potential impact on parenting, risk, and permanency of symptoms and behaviors associated with mental health diagnoses of a parent or child.
- S3: Using a case scenario, the trainee will be able to analyze and articulate how cultural factors influence behavior and how this behavior can be misconstrued as symptomatic of a mental disorder.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Learning Objectives

Values

- V1: Trainee will value the child welfare worker's role in educating families, collaterals, service providers, and colleagues about common misperceptions associated with certain mental disorders.
- V2: Trainee will value the cultural differences among families and the need for sensitivity when working with families with mental health issues.
- V3: Trainee will value the importance of seeking out clinical case consultations and thinking critically when working with children, youth and families who have a mental health diagnosis.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Agenda

- Definition of Mental Health & Mental Illness
- Stigma & Prejudice
- Understanding Mental Health from a Lifespan Perspective
- Culture & Mental Health
- DSM
- Anxiety Disorders
- Mood Disorders
- Personality Disorders
- Psychosis
- Dual Diagnosis
- Factitious Disorders
- Dissociative Disorders
- Eating Disorders
- Working with Family Members
- Resources & referrals

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Definition of Mental Health and Mental Illness

- Mental health must also always be understood within a cultural context.
  - Definition of Mental Illness by the individual's culture
  - Religious Practices
- *Mental health:* refers to successful performance of mental. functions, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.
- *Mental disorders:* health conditions that are characterized by alterations of thinking, mood, or behavior (or some combination) associated with distress and/or impaired functioning.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Risk Factors

STIGMA:

- Literally means "damage to a reputation"
- Refers to shame & marginalization society places on mental health disorders
- Produces prejudice, rejection, & discrimination
- Can keep people with mental disorders "in the closet" and secretive
- Influences the degree & kind of funding for services and research

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Stigma and Prejudice

- Throughout history, there has been prejudice and discrimination practiced against those people living with mental illness.
- While some progress has been made in the understanding of mental illness, misperceptions continue.
- Stigma can impede those with mental disorders in accessing resources: such as employment, housing, and health care.
- It is estimated that 2/3 of people who have diagnosable mental disorders do not seek treatment. This number is even higher for people-of-color.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Stigma : What the Worker Can Do.

- The worker can be helpful in many ways in addressing stigma
- Encouraging the client to get help for their diagnosis.
- Act as a mediator or advocate between the individual and the resources they need.
- Educate the family members, other professionals, and the client about getting assistance for their condition.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Protective Influences

Some areas of strengths include :

- Internal Coping Resources
- Hardy "personality" traits
- Social Support
- Individual's ability to incorporate others' perspectives, insights and ideas
- Compliance with treatment plans and medication
- Installation of hope

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Understanding Mental Health From a Lifespan Perspective

- Almost everyone experiences stress & other risk factors at some point in their lives.
- One in five Americans experiences a mental health disorder in the course of a year.
- Approximately 15% of all adults who have a mental disorder have a co-occurring substance abuse disorder (Dual Diagnosis).
- Some mental disorders appear more commonly among children and youth (i.e. ADHD, Autism Spectrum Disorders).

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Developmental and Environmental Influences

- And an individual's symptoms and signs, will be influenced by environmental factors. These can enhance or impede an individual's functioning.
- Existing social supports,
- Socioeconomic conditions,
- Impact of racism or prejudice

UCDAVIS Continuing and Professional Education | Human Services

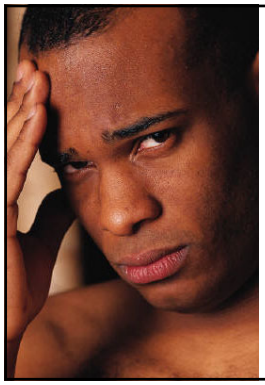
Resource Center for Family-Focused Practice

Interaction of Biological, Psychological, and Social Factors

- Biopsychosocial context
- Myth that it is either nature or nurture that determines our developmental trajectories but a combination of both.
- Biology, psychology, sociology, and culture interplay during different phases of the lifespan.
- Assisting clients with a mental disorder might entail referrals to a variety of sources which captures this biopsychosocial context. (i.e. physician, Medi-Cal, psychologist)

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice



Culture and Mental Health

- There are four major components of cultural formulation.
- Cultural identity of the individual;
- Cultural factors related to the individual's psychosocial environment and level of functioning;
- Cultural elements of the relationship between the individual and the worker;
- Cultural explanation of the individual's illness;

Resource Center for Family-Focused Practice

- Evaluate mental health issues in their cultural context.
- Minority groups may evidence paranoia, which in fact is based upon real experiences of prejudice, discrimination, or even persecution.
- If you are not a member of that minority group, it is important to have some working knowledge about what the history has been.
- Don't assume you know an individual's experience. Let them tell you and maintain an attitude of respect and interest.

Culture and Mental Health

Culturally Sanctioned Psychotic Behavior

- There are some cultural rituals that involve seemingly psychotic behaviors such as:
- Hallucinations,
- Speaking in tongues,
- Altered states of consciousness.
- The Navajo have a ritual called "moth craziness" and the idiom "runs amok" derives from the religious ceremony of "amok"
- Mal ojo or "evil eye"
- Rituals of voodoo
- Curses or spells

Culture and Mental Health : How the Worker Can Help

- Call upon some of their client' s unique cultural resources and systems of supports.
- Show that a certain behavior is not considered a sign of mental illness in their client's culture.
- Demonstrate respect for the person's culture, tackling any institutional racism that exists in the plan.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

DSM Today

- The DSM was released in 1994.
- A greater number of experts were involved in the development.
- A more stringent review was undertaken.
- The DSM also took into account cultural diversity. Culture/ethnicity, age, sexual preference, and gender features were incorporated in diagnostic categories.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

DSM-V

- Workers engaged in child welfare services are not responsible for diagnosing mental disorders.

Becoming familiar with the DSM V allows you to:

- Respond to the needs of the client for referrals.
- Recognize & identify signs of mental health issues.
- Advocate for the client.
- Communicate with other mental health personnel.

Diagnostic Structure of the DSM-V

- DSM-V is a criteria-based, hierarchical diagnostic system.
- Diagnostic criteria are rules that describe or define the disorder.
- Type, intensity, duration, and effect of the various behaviors and symptoms.
- Hierarchical refers to some diagnoses having precedence over others.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

DSM V-Common Definitions

- Sign is "an objective manifestation".
- Signs are observed by the examiner rather than reported by the "affected individual."
- Symptom is "a subjective manifestation".
- Symptoms are reported by the affected individual rather than "observed by the examiner."
- Criteria set for a particular diagnosis is determined by the grouping or syndrome of "signs and symptoms."
- Syndrome is a grouping of signs and symptoms.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

The Multiaxial System

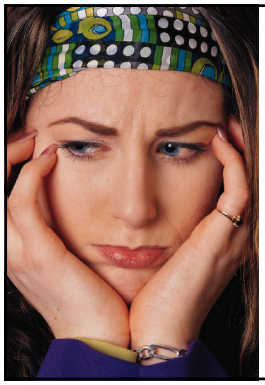
- Axis I is used for reporting all the various mental disorders or conditions except for Personality Disorders and Mental Retardation.
- Axis II Personality Disorders and Mental Retardation are coded on Axis II.
- Axis III notes current general medical conditions that are potentially relevant to the understanding and management of the individual's mental disorder.
- Axis IV is for reporting psychosocial and environmental problems.

DSM Continued

- Axis V provides for an impression of the clinician's judgment of the individual's overall functioning at the time of evaluation. The GAF scale is located in the DSM.
- The DSM-V also includes ten appendices. Two appendices for workers engaged in child welfare services are:
  - Appendix C: Glossary of Technical Terms. Definition of selected terms used in mental health are included.
  - Appendix I: Glossary of Cultural Bound Syndromes. This particular appendix includes a glossary of culture bound syndromes and an outline of cultural formulation.

Limitations of the DSM V

- Describes signs and symptoms of mental disorders.
- Does NOT encompass all conditions that may be a legitimate focus of clinical attention or research.
- Primary focus is on mental disorders occurring in individuals rather than in families, groups, or society.
- Many symptoms may overlap categories and there may be a combination of conditions co-existing in an individual.



Anxiety Disorders

- Anxiety disorders are considered to be very common.
- In a given year, 13.3% of the population in the United States suffers from an anxiety disorder.
- Characterized by a heightened state of arousal or fear in relation to stressful events or feelings.
- The frequent experience of anxiety, worry, and apprehension is more intense and lasts for a longer period of time than the anxiety experienced by a person in everyday life.

Resource Center for Family-Focused Practice

Anxiety Disorders

- Cognitive symptoms can include worries, intrusive thoughts, obsessions, dissociation, and/or psychic numbing.
- Emotional symptoms can include fears, apprehension, nervousness, heightened state of physical arousal, alertness, hypersensitivity.
- Somatic symptoms can include motor tension, the startle response, autonomic hyper-arousal, rapid shallow breathing, increased heart rate, muscle tension, sweating, trembling, and/or other physical sensations or complaints.
- Behavioral symptoms can include hypervigilance, avoidance of evocative stimuli, absorption, compulsions, rituals, and/or compensatory behavior.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Common anxiety disorders that workers encounter include:

- Anxiety Disorder: a general state of apprehension without any trigger, precipitant, or apparent logical reason.
- Panic Disorder: sudden, unpredictable but intense periods of anxiety that flood the individual to the point of immobilization.
- Posttraumatic Stress Disorder: cognitive, emotional, and behavioral disturbances that develop after an extra-ordinary stressor that would tax the person's coping abilities (i.e. rape, physical assault, accidents, death, tragedies).

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Posttraumatic Stress Disorder

- Existence of a recognizable stressor that would evoke significant distress due to it's extraordinary impact .
- Re-experiencing of the trauma through nightmares, flashbacks, recurrent dream, intrusive recollections of the event.
- Numbing of responsiveness, emotions, being easily startled, irritability, and/or being easily distracted.
- Marked diminishment of interest in one or more significant activities.
- Feelings of detachment or estrangement from others.
- Constricted range of affect.
- Other symptoms that were not present prior to the traumatic event.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Obsessive Compulsive Disorder

- Anxiety disorder with obsessions and compulsions.
- Obsessions: inappropriate, recurrent, and persistent thoughts experienced as intrusive and inappropriate to the individual's conscious thought process.
- Compulsions: inappropriate, recurrent and repetitive behaviors or rituals that the person feels driven to perform.
- Adults recognize that these obsessions and compulsions are excessive or unreasonable. Children do not realize this.
- Obsessions and Compulsions take up substantial time and interfere with one's work, social relationships, or other areas of functioning.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

CASE VIGNETTE

Carla, age 50, is a single mother of two children, John, age 12 and Susan, age 10. CWS was contacted by the school due to excessive absences of both children from school and mother not responding to school authorities when they asked her to come to a hearing on the issue. When asked why the children didn't go to school, Carla stated that she was fearful that her ex-husband would learn of their whereabouts should he see the children and follow them home. She disclosed that she had been so fearful that he would find them, she has not left the home except at night sometimes. She claims the husband threatened to kill her should she leave him during several domestic abuse episodes. Carla claims that the children study on their own and that "their presence calms her nerves". She admits to difficulty sleeping and eating as well as feeling agitated.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Questions to answer

- Are there signs and symptoms present that would impact parenting and the ability to protect?
- What strengths can be noted and how would you engage the client based on these strengths?
- What might be described as chronic vs. acute in the situation?
- What might be some case plan interventions that you would make given the signs and symptoms identified?
- What referrals might be helpful?

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Mood Disorders

- Noticeable disruption of mood that is outside the bounds of normal mood fluctuations.
- Characterized by some form of depression, mania, or both conditions in an alternating fashion.
- In children this can manifest as irritability, disinterest in usual activities, anger, somatization, or distractibility/inattention.
- One-year preva1ence rate in the United States: 2.5% of children, 8.3% of adolescents, and 9.5% of adults.

Depression

- Major Depressive Episode: Over 2 Week Period, 5 of the following symptoms including ongoing depressed mood:
  - depressed mood most of the day, every day
  - in children and adolescents, the predominant mood may be irritability and anger
  - diminished interest and pleasure in everyday activities
  - weight loss or gain
  - insomnia or desire to sleep continuously
  - agitation or psychomotor retardation
  - lack of energy
  - feelings of worthlessness or guilt
  - difficulty in concentration and decision making
  - preoccupation with death, self-mutilation, or suicidal ideation

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Common mood disorders workers encounter:

Major Depressive Disorder

- Major depressive disorder is characterized by one or more significant major depressive episodes.
- Referral to a psychiatrist or physician for a medication evaluation is essential.
- Psychotherapy and medication is considered the treatment of choice.
- "High risk" diagnosis for suicidal ideation or intent.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Depression

Dysthymic Disorder

- Report a low-grade depression that has been occurring for at least two years for adults and one year for children and adolescents.
- These individuals may also benefit from a medication evaluation as well as psychotherapy.
- "Double Depression": This is defined as someone who has a dysthymic condition with major depressive episodes that are superimposed.

Bipolar Disorder

- Bipolar Disorder is characterized by dramatic mood swings, from mania to depression, with periods of normal mood in between.
- Bipolar I has Manic Episodes whereas Bipolar II has Hypomanic Episodes.
- Hypomania is a less severe form of mania.
- This diagnosis necessitates consultation with a psychiatrist for a medication evaluation.

Manic Episode

Manic episodes are characterized by :

- an unusual and persistent elevated, expansive or irritable mood with inflated self-esteem, self-concept or grandiosity
- decreased need for sleep
- excessive talking
- flight of ideas or delusional thinking
- distractibility and lack of focus
- psychomotor agitation, inappropriate goal-directed activity, or risk-taking behavior

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

CASE VIGNETTE

Anna, age 35, speaks very rapidly and displays energy and enthusiasm. She relates that she is excited because she will soon be an internationally recognized chemist since she is working on a special project for cleaning carpets which will revolutionize the industry. She rambles on that she is very busy and has been unable to get much sleep. She claims she does the best she can to watch her 3 year old son but since he is active, it is only natural that he might fall & hurt himself. Anna relates she doesn't understand why the M.D. contacted CWS since she did eventually bring her son to the doctor when he had a fever of 104. Anna seems preoccupied and doesn't directly answer the worker's questions. She also doesn't interact with her son who is playing by himself and when he comes up to her, she will often redirect him to go play again.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Questions to answer

1. Are there signs and symptoms present that would impact parenting and the ability to protect?
2. What strengths can be noted and how would you engage the client based on these strengths?
3. What might be described as chronic vs. acute in the situation?
4. What might be some case plan interventions that you would make given the signs and symptoms identified?
5. What referrals might be helpful?

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Personality Disorders

- "An enduring pattern of inner experience, and behavior that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment in functioning."
- There are 3 Clusters coded on Axis II
  - Cluster A : Paranoid, Schizoid, and Schizotypal
  - Cluster B : Antisocial, Borderline, Histrionic, and Narcissistic
  - Cluster C : Avoidant, Dependent, and Obsessive-Compulsive

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Borderline Personality Disorder

Symptoms of Borderline Personality Disorder (BPD) :

- Instability in mood, thinking, behavior, self image
- Easily depressed
- Cannot bear to be alone/constant demand for attention
- Quick to take offense
- Makes unreasonable demands
- Engages in provocative behavior
- Chronically angry
- Claim they are "bored", "life is empty"
- Suicide threats
- Self-destructive, impulsive behavior

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

More Facts on BPD – from www.narsad.org

- Borderline Personality Disorder occurs in roughly 2-3% of the general population.
- About 25% of patients with BPD also have PTSD.
- Current consensus is that childhood abuse may be important in some cases but is not a necessary cause of Borderline Personality Disorder.
- BPD occurs three times more often in women as in men.

CASE VIGNETTE

Juan, age 33, has custody of his 4 children because his ex-wife has an addiction to amphetamines. He had also been using but now claims he is not and has been clean for several years since he took custody. He wasn't continuously working when he took over the custody of the 4 children and entered the CalWORKs program. He had been recently sanctioned by the program because Juan tried to "make a few bucks under the table" and it was discovered by CalWORKs. CWS was contacted by neighbors who report that the children have been left unsupervised and appear disheveled and hungry. Juan becomes angry and defensive saying that the government has no right to restrict him from trying to earn a living. He remarks "what is he supposed to do now that CalWORKs won't provide childcare & he has to put food on the table and a roof over their heads"? He says they should give him what he is entitled to get as a citizen and that CWS should stay out of his business.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Questions to answer

1. Are there signs and symptoms present that would impact parenting and the ability to protect?
2. What strengths can be noted and how would you engage the client based on these strengths?
3. What might be described as chronic vs. acute in the situation?
4. What might be some case plan interventions that you would make given the signs and symptoms identified?
5. What referrals might be helpful?

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Schizophrenia

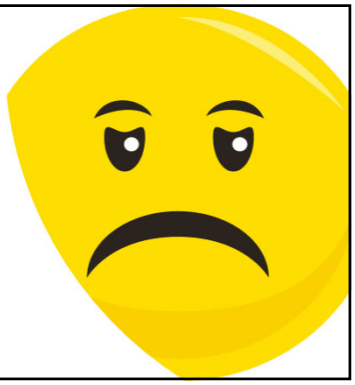
Symptoms include:

- Hallucinations: hearing internal voices or experiencing other sensations not connected to an obvious source
- Delusions: a false belief generated within the person's mind in which the individual assigns unusual significance or meaning to normal events, or holds fixed false beliefs
- Illusions: the distortion of perception or sensation when there is a real external stimulus
- Disorganized speech, babbling, inarticulation
- Incoherence: loose mental associations or tangential thinking which is illogical
- Loss of ego boundaries
- Grossly disorganized or catatonic behavior
- Bizarre behaviors: peculiar or unusual actions or behaviors
- Flat, inappropriate or bizarre affect: facial gestures or expression that does not fit with real life situations
- Mood disturbances: fluctuations of emotions or complete withdrawal without a trigger or apparent reason

Impaired functioning: individuals may demonstrate marked lack of interest, motivation or initiative for their personal care, in their social relations, and in their responsibilities

Induced Psychosis

- Organicity: the reduced ability to maintain one's functioning due to disease process, acute or chronic toxicity, or injury/damage to the brain resulting in brain dysfunction:
- Biorhythm disturbance: negative effects on wake-sleep cycle
- Disorientation: inability to recognize the current day, time, place or person
- Disorganized thought process: impairment in memory, judgment, decision-making, comprehension, logic, abstractions, rationality
- Perceptual problems: misinterpretation, illusion, delusion
- Personality changes
- Language impairments: slurred speech, inarticulation



Case Vignette

An anonymous caller had concerns about physical abuse of a sibling group. There are 5 children ages 6-16. The caller said "there are often screams from the children in the home." The father had his first psychotic break a number of years ago believing that everyone was against him. He will live apart from the family for the time being. He was physically abusive to the two older boys in the past. While you are there, you notice the eight year old girl has a huge bruise on her arm. This girl also appears withdrawn. Mother seems bright and loving but overwhelmed. Mother states she's doing the best she can with a sick husband and 5 children to care for.

1. What are the strengths in this family and how could you use these in case planning?
2. What referrals would you make that might be helpful?

UCDAVIS Continuing and Professional Education | Human Services

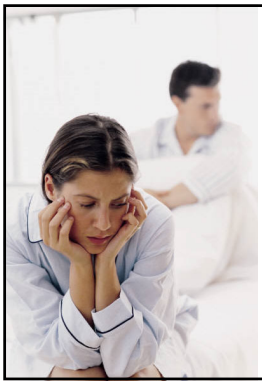
Resource Center for Family-Focused Practice

Substance-Related Disorders

- Between 80-90% of child welfare cases are involved in drugs/alcohol.
- Many symptoms and behaviors of individuals abusing substances are similar to other mental disorders.
- Maladaptive use or dependence on one or more substances.
- Use of one or more substances can occur through ingesting, injecting, or inhaling and can result in adverse social, behavioral, psychological, and physiological effects.
- Maladaptive symptoms may include delusions, hallucinations, depression, excitation, irritability, anxiety, euphoria, mania, restlessness, sleep problems, and cognitive disturbances.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice



Dual Diagnosis

- Dual Diagnosis refers to having a mental disorder as well as a substance abuse disorder.
- This occurs in roughly 15 % of all adults.
- This poses a challenge to the mental health system which often has specialty in either disorder but not both.
- Currently, there is an active and concerted attempt to train mental health providers in this area.

Resource Center for Family-Focused Practice

Factitious Disorders

- The individual attempts to assume the role of a sick person, who is in need of help, by intentionally producing physical and/or psychological symptoms.
- The motivation is a psychological need to assume the sick role. Factitious disorders are distinguished from acts of malingering:
- In malingering, the goal is to avoid environmental circumstances through intentionally producing physical or psychological symptoms.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Factitious Disorder by Proxy *(or Munchausen by Proxy)*

- In this disorder an individual is deliberately faking or producing illness in another person who is under the care of the individual. In this situation, the individual is satisfying his or her needs at the expense of another person.
- Prevalence: According to the DSM-IV it is a rarely reported diagnosis and often may not be recognized.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Dissociative Disorders

- A disturbance of one's sense of personal continuity due to a disruption of the normal integrative functions of memory, consciousness, sense of personal identity and/or perception of reality.
- The ability to separate off certain mental contents from the usual flow of consciousness.
  - This disorder has been associated with individuals who are overwhelmed by intense pain and trauma.
  - Dissociation used as a means to protect themselves from their distressing thoughts, feelings, and memories.

Dissociative Disorders Continued

The nature and severity of dissociative symptoms can vary from person to person.

Five essential dissociative symptoms identified are:

- Amnesia (loss of memories of personal information or events of a specific time period),
- Depersonalization (feelings of detachment from oneself),
- De-realization (feeling of detachment from one's surroundings, including people in one's environment),
- Identity confusion (a feeling of puzz1ement, confusion or inner conflict about one's sense of identity) and
- Identity alteration (an organized shift in the characteristic way in which one perceives, thinks about, and relates to others and the world at large).

Eating Disorders

- Eating disorders are characterized by a severe disturbance in eating behavior and body image.
- Individuals with an eating disorder may excessively restrict food intake or engage in binge eating.
- This is usually followed by compensatory behavior that includes excessive exercise, purging through self-induced vomiting, or the misuse of laxatives or diuretics.
- This disorder can be life threatening.

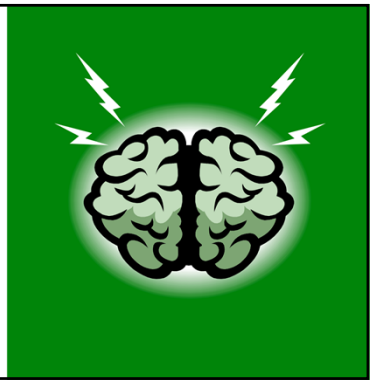
Working With Families

- Work in tandem with other professionals, don't isolate yourself.
- Know and understand the various systems in which you are working.
- Develop relationships with different agency personnel.
- Assure someone is assigned the case manager role.
- Set up measurable goals and have clearly written contracts between the family and you.
- View families from a strengths perspective.

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

SUPPORT
REASSURANCE
CLARIFICATION OF ISSUES
CONCRETE INFORMATION
DECREASE THEIR ANXIETY
INSTALLATION OF HOPE

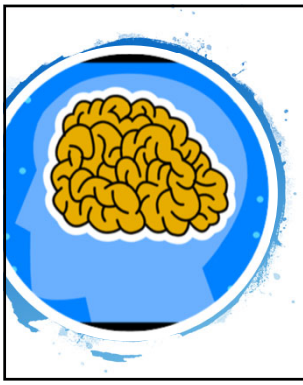


Resources and Treatment

Linkage with services that the person requires is often the first step in stabilizing an individual with a mental health disorder.

Here are a few examples;

- Community Mental Health-Psychiatrist, Mental Health Personnel, Case Management
- Day Treatment Services
- Board and Care Facilities
- Private Insurance
- Medi-Cal, Medicare, AFDC etc.
- Non-profits in the area



Working With Other Professionals

- Work collaboratively with other professionals or paraprofessionals.
- Some of these individuals may be :
  - Psychiatrist, Psychologist, LCSW, MFT, or other Mental Health professional
  - Case manager
  - Teachers
  - Employers
  - Mentors
  - What other professionals have you had to connect with?

Referrals to Mental Health and Community Resources

- Inform mental health about the reason for the referral
- Use a client release form
- Include appropriate client contact information
- List other agencies and professionals involved in the case
- Clearly state your agency's expectations for the referral outcome

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Guidelines for making a Referral

- Disorientation to person, place, time, or date
- Preoccupation with specific thoughts or ideas
- Denial of severity or that problem exists
- Flashbacks or hallucinations, delusions
- Feelings of disconnectedness, unreality, numbness, dissociation
- Difficulty carrying out basic life functions
- Bizarre, self-mutilating or assaultive behavior
- Emotional hysteria or emotional withdrawal
- Unfocused agitation, ritualistic or uncontrollable behaviors

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Questions to answer

1. Are there signs and symptoms present that would impact parenting and the ability to protect?
2. What strengths can be noted and how would you engage the client based on these strengths?
3. What might be described as chronic vs. acute in the situation?
4. What might be some case plan interventions that you would make given the signs and symptoms identified?
5. What referrals might be helpful?

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Additional Instructions

At your table, please discuss what might change in your answers if this case was about:

- African-American woman & Asian friend
- Hispanic woman & Native American friend
- The women were not just friends but lovers
- Would you engage them any differently?
- What would you need to consider in terms of cultural issues?

UCDAVIS Continuing and Professional Education | Human Services

Resource Center for Family-Focused Practice

Thank You

Ed Pieczenik, LCSW

UCDAVIS
Continuing and Professional Education | Human Services