

New Training Manual for Florida's Supervised Visitation Programs

CHAPTER

The Impact of Parental Mental Illness, Substance Abuse, and Dual Diagnosis

Case Scenario

Sean Winters regularly attends supervised visitation with his 12-year-old daughter Lisa Winters. He was originally referred after serving a 30-month tour of Iraq serving in the military. He has been diagnosed with PTSD and depression and was recently arrested after a situation in which he threatened the police. In addition, Mr. Winters was ordered to receive substance abuse treatment for his excessive use of alcohol and marijuana. Mr. Winters arrives for his weekly visitation but appears to be extremely sluggish which is abnormal to his regular presentation. In the lobby, Mr. Winters has a discussion with another client and his mood appears to be unstable due to his fluctuating tone and erratic conversation. A staff member overhears from the conversation that he is agitated about issues that occurred earlier in the day with his roommate. The staff member states, "I'm pretty sure he's under the influence. Look at how bizarre he's acting." Despite appearing sluggish and lethargic, there is no notable issue or known substance use that would interfere with the visitation. After about 15 minutes in the visitation, Lisa tells her father about her history class and what she has learned about the Vietnam War. Lisa begins probing her father with questions about his time serving in the military and if it was similar to what she has read. Mr. Winters becomes extremely agitated and defensive. He begins to snap at Lisa and then yells at her to stop. Lisa becomes frightened and looks to the monitor in distress.

After completion of this chapter, you will be able to answer the following questions:

- After hearing the statement from the other monitor, how would you determine if Mr. Winters was intoxicated or unable to continue with the visit?
- Besides substance abuse, what else could be causing Mr. Winters change in behavior?
- What is the best time to address his irregular behavior? Before the visit starts? In the middle of the visit? Once he becomes aggressive?
- How might have his mental health illness affected his ability to parent or participate in the visitation?
- How would you deal with the incident of aggression during the visitation? What protocol or safety measures would you take?
- What precautions could have been in place to avoid the situation with Lisa completely?
- Do you have to be a mental health professional to adequately provide services to clients at a supervised visitation program? If not, what baseline information should you have?

This chapter is divided into three sections:

Mental Illness (In this Epress)

Substance Abuse (online)

Dual Diagnosis (online)

Mental illness and substance abuse can have negative consequences on parenting, children, and supervised visits. In addition to the effects of mental illness or substance abuse alone, half of individuals with a mental illness also suffer from a substance abuse disorder. The co-occurrence of these two issues is called dual diagnosis and can have its own set of concerns for visitation monitors. It is important for supervised visitation providers to know the effects of these issues on families and how to work with these issues in supervised visitation. This chapter will discuss mental illness, substance abuse, and dual diagnosis separately as visit monitors may encounter clients with any one of these issues. Monitors can use the information in this chapter to support families coping with mental illness, substance abuse, or dual diagnosis.

Did you know?

Approximately half of the population that suffers from a mental illness has at least one substance abuse disorder.

Mental Illness

Mental illness affects approximately one-fifth of the total adult population in the United States. Approximately two-thirds of women and one-half of men with mental illness are parents. Due to reportedly high incidents of custody loss with this particular population, conducting supervised visitations with families and parents living with mental illness is becoming more common. Mental illness encompasses many different categories, including substance abuse, and the symptoms from these illnesses may affect supervised visitation.



Substance Abuse

Substance abuse accounts for a number of supervised visitation cases. The symptoms of parental substance abuse can directly impact parenting capability and can lead to multiple consequences for the children involved. According to the DSM V, substance abuse is considered a mental disorder due to changes in the brain that cause symptoms similar to those of mental illness. While substance abuse disorders are different from other mental illnesses, it is important to understand how mental illness and substance abuse relate to and impact each other.

Dual Diagnosis

Historically, mental health and substance abuse have been separate systems of care. Over time, researchers have discovered that there is an emerging population that suffers from both conditions concurrently. With increasing numbers, it is likely for visitation centers to work with parents suffering from co-occurring disorders.

As visitation monitors interact with parents and families coping with mental illness and/or substance abuse, it is important to understand the unique challenges that may be faced with this sensitive and complex topic.

What will I learn in this chapter?

Upon completion of this chapter, a visit monitor will be able to:

- Understand mental illness and its effects;
- Understand common diagnoses of mental illness and their symptoms;
- Identify commonly abused drugs and their effects;
- Understand the impact that mental illness and substance abuse have on parenting, children, and supervised visitation;
- Identify and understand the relationship between mental illness and substance abuse;
- Understand the prevalence of dual diagnosis and the risks and consequences associated with it;
- Identify techniques to work with parents of mental illness and substance abuse;
- Identify how mental illness and substance abuse are intertwined with domestic violence;
- Understand the limitations of being a visitation monitor in regards to mental illness and substance abuse;
- Identify screening and risk assessment techniques to ensure safety of all parties.

Snapshots and Facts

- In 2012, there were an estimated 43.7 million adults aged 18 or older in the U.S. who had experienced a mental illness in the past year. This represented 18.6 percent of all U.S. adults.
- Almost one-third of American women and one-fifth of American men provide evidence of a psychiatric disorder in a typical year.
- Mothers with schizophrenia have higher rates of reproductive loss, e.g. miscarriages, stillbirths, and induced abortions.
- Parents with mental illness may be quite vulnerable to losing custody of their children, with studies reporting rates as high as 80%.
- Parents with mental illness often feel responsible or blamed for their children's difficulties, which are more prevalent than in children whose parents have no mental illness.

Part 1

Mental Illness

Mental illness is a broad term used to describe psychiatric disorders that impair a person's cognitive abilities, emotional reactions, behaviors, and abilities to perform activities of daily living. There is a broad spectrum of mental illnesses, and they differ in their characteristics, symptoms, prevalence, outcome, and duration. While some mental illnesses may occur in an episodic fashion, others may impact the individual chronically. The treatments of mental illness are vast and can include medications, mental health counseling, family and community support, and psychosocial therapies.

The Diagnostic and Statistical Manual V (DSM-V) is the official manual used to classify, categorize, and diagnose mental disorders. Mental health professionals use the DSM-V as a guideline for diagnosis and treatment of individuals with mental health issues. While there are numerous categories of mental illness, this chapter will discuss high prevalence mental illnesses and disorders that may impact supervised visitations.

Considering the vast amount of information to be covered on mental illness, the following section will provide insight to some of the major categories of mental illness and their symptoms. For complete access to information on mental disorders please visit www.dsm.psychiatryonline.org

DSM-V Categories

- Neurodevelopmental
- Schizophrenia Spectrum
- Bipolar and Related
- Depressive
- Anxiety
- Obsessive-Compulsive
- Trauma and Stressor
- Dissociative
- Somatic Symptom
- Feeding and Eating
- Elimination
- Sleep-Wake
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Conduct
- Substance-Related
- Neurocognitive
- Personality
- Paraphilic

Categories of Mental Illness

Category	Description	Symptoms	Disorders
Depressive Disorders	Presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.	<ul style="list-style-type: none"> • Depressed mood • Diminished pleasure/interest • Weight loss • Fatigue • Loss of energy 	<ul style="list-style-type: none"> • Major Depressive Disorder • Persistent Depressive Disorder • Disruptive Mood Dysregulation
Schizophrenia Spectrum	Abnormalities in one or more of the following domains: Delusions, hallucinations, disorganized thinking (speech), grossly disorganized/abnormal motor behavior, or negative symptoms (morbidity).	<ul style="list-style-type: none"> • Fixed beliefs • Perception-like experiences that occur without an external stimulus • Social withdrawal • Disturbances in thought and perception 	<ul style="list-style-type: none"> • Schizophrenia • Delusional Disorder • Schizotypal Personality Disorder
Trauma and Stressor Disorders	Psychological distress following a traumatic or stressful event.	<ul style="list-style-type: none"> • Anxiety or fear-based symptoms • Externalizing aggression • Dissociative features 	<ul style="list-style-type: none"> • Posttraumatic Stress Disorder • Acute Stress Disorder • Adjustment Disorder
Bipolar and Related Disorders	Serves as the bridge between Depressive and Psychotic	<ul style="list-style-type: none"> • Manic episodes of euphoric, expansive, or irritable mood. 	<ul style="list-style-type: none"> • Bipolar I • Bipolar II • Cyclothymic Disorder

	disorders. Many experience extreme mood swings and impairment in daily functioning.	<ul style="list-style-type: none"> • Depressive episodes • Mood swings 	
Anxiety Disorders	Excessive fear and anxiety, often stress-induced.	<ul style="list-style-type: none"> • Extreme sense of fear and worry • Somatic symptoms; trembling, shaking • Difficulty concentrating 	<ul style="list-style-type: none"> • Social Anxiety Disorder • Panic Disorder or Attacks • Generalized Anxiety Disorder • Phobias
Personality Disorders	<i>Pattern of behavior and experiences that deviates from the expectations of culture. The behavior is pervasive and inflexible and can lead to distress or impairment.</i>	<ul style="list-style-type: none"> • Difficulty with relationships • Lack of empathy • Problems with social skills • Personality traits are inflexible and maladaptive/inappropriate 	<ul style="list-style-type: none"> • Paranoid Personality Disorder • Borderline Personality Disorder • Narcissistic Personality Disorder
Substance Use Disorders	<i>Cluster of cognitive</i>	<ul style="list-style-type: none"> • Impaired control • Social impairment • Secretive behaviors 	<ul style="list-style-type: none"> • Alcohol Use Disorder • Substance Intoxication • Substance Withdrawal

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

Besides substance abuse, what else could be causing Mr. Winters change in behavior?

Impact of Parental Mental Illness on Parenting

Mental illness impacts everyone differently, but there is no doubt that it may affect one's parenting abilities. For many supervised visitation cases, mental illness may have played a role in custody, shared time decisions, or visitation agreements. Depending on the condition, parents with mental illness or substance abuse issues are faced with added challenges in coping with their condition and parenting. Mental illness alone is insufficient to establish parental unfitness and many parents with mental illness have and continue to avoid issues with the support of others around them. Many parents with mental illness have the desire to be good parents and can work to improve their parenting skills and reduce the risk to their children. It is valuable to understand what impact mental health and/or substances have on a parent's ability to parent or participate in supervised visitation.

In order to promote the welfare of children, parents must provide the following:

- Basic care
- Safety
- Emotional Warmth
- Appropriate stimulation
- Guidance and Boundaries
- Stability

Mental illness and substance use can affect parents' capacity to adequately address these issues.

- A higher proportion of parents with mental illness lose custody of their children than parents without mental illness. There are many reasons why parents with mental illness risk losing custody.
- The major reason for the loss of custody from parents with mental illness is the severity of the mental illness and the lack of support from other competent adults within the family.

Several aspects of parenting are examined below.

Did you know?

A 2007 study by Cleaver & Nicholson revealed that parents were not adequately ensuring their child's safety in 93% of cases where children lived with substance-abusing parents.

Parenting Skills

Mental illness symptoms may play a role in a parent's ability to parent. For example, apathy and listlessness can create difficulty in organizing day-to-day living activities. In most cases, parents with mental illness can see the following in their parenting skills:

- Unpredictable
- Inconsistent
- Ineffective

Many symptoms may contribute to the interactions a parent has with his or her child(ren). Some detrimental effects of parental mental illness and substance abuse include:

- Leading a disorganized lifestyle
- Difficulty establishing routines
- Difficulty coping adequately with unexpected life events
- Lack of attention to children/leaving children unsupervised
- Inability to provide basic care
- Inability to ensure child's safety
- Apathy, inability to provide child with emotional warmth

Parents' Perception

In some cases, mental illness or substance use can result in parents having a warped view of the world. Distorted parental perceptions can impact parenting in a number of ways:

Negative Self-Perceptions: A parent suffering from mental illness or substance use issues may see themselves as inferior parents. They could feel less competent and adequate than other parents. This could result in parents providing subpar care to their children.

REMINDER:

Mental illness alone does not establish parental unfitness and many parents are able to overcome the added stresses and can develop strong relationships with their children. Your role as a monitor is to support parents in the development and continuation of the relationships with their children.



Distorted Views: Sometimes parents with mental illness can have a distorted view of their children. They could perceive behavior problems or could place blame on children for their distress.

These issues with perception can affect the parent's capacity to adequately provide guidance and boundaries.

STOP and Think

- **How can you support parents with negative self-perceptions?**
 - Provide affirmations
 - Build on parent strengths
 - Provide educational materials
 - Discuss referrals that may offer professional services

Mental Illness and Control of Emotions

Some mental illnesses may cause parents to be irritable or angry often, while others may influence the ability to control emotions. When parents are coping with a whirlwind of emotions, it can be difficult for them to connect with their children.

- Disorders with psychosis can cause parents to have inappropriate and intense affective responses to children.
- Mood disorders can lead to mood swings and the inability to control impulsive, rapid emotions.
- When parents are preoccupied with their own feelings they may experience greater difficulty in responding to their child's needs.
- Cues can be missed and the parent can appear withdrawn and disengaged.

NOTE

Mood swings are difficult for children to understand and can impose stress and distance on parental relationships.

Consider This...

Neglect is not limited to infants and young children. Some may reserve money that is usually used for children's and household essentials to be diverted to satisfying the needs of the parent or parent's substance use. This would cause difficulty in providing older children with essentials (i.e. clothing and food) and can strain family relationships.

Neglect of Physical Needs

Some of the effects of mental illness can lead parents to neglect their own and their children's physical needs. Most parents, despite the problems they're facing, are still able to look after their children.

Unfortunately for some, there are periods of despair or intense symptom response which can cause them to lose insight on their children's needs. Neglect occurs when a parent fails to provide children with basic care. It is important to recognize when a

parent's mental health impairs the ability to care for his or her children.

Parent-Child Attachment Relationships

When parents suffer from mental illness or substance use, it can be difficult to engage in relationships with their children. For some parents, symptoms could result in the parent being emotionally unavailable to the child. Parents with substance use problems can be less responsive to their children and less willing to engage in activities or play with their children. Parents with mental illness may not readily recognize their children's cues or sufficiently understand how to

respond to such cues. Preoccupation with substances or mental health issues can lead to parents becoming emotionally distant, unavailable, or critical of their children. These concerns impact the parent-child relationship and can lead to insecure attachments. Monitors should be aware of how these mental health issues may impact parent-child interactions during visitations.



STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

How might Sean's mental illness have affected his ability to parent or participate in the visitation?

Impact of Parental Mental Illness on Children

The effect of a parental mental illness on children is varied and unpredictable. It has been found that parental mental illness poses biological, psychosocial, and environmental risks for children; despite these findings, not all children will be negatively affected or affected in the same way. A parent with a mental illness is not solely responsible for problems with the child or family. It is important to consider how mental illness affects a parent's behavior which in turn affects relationships and may cause risk to the child(ren). Some important factors to consider in determining the level of risk to a child include:

- Child's age of onset of parental mental illness
- Severity of parent's mental illness
- Duration of parent's mental illness
- Degree of stress in the family resulting from illness
- Extent to which symptoms interfere with positive parenting
- Child's age and stage of development



Looking more closely at the child's age and developmental stage, Table 7.3 notes the connection between parental behaviors and their impact on children. Use this table to identify the negative impacts parental mental illness may have on your client's ability to parent. If you see these behaviors, note the potential for negative effects on children and think of ways that your work as a monitor can help.

Table X.X
Impact of Parental Mental Illness on Children

Age of Child	Parental Behaviors	Impact on Children
Infants - Birth to 18 months	<ul style="list-style-type: none"> • Inability to focus on child's needs • Unawareness of infant's crying • Inability to bond with child • Distraction in caring for child 	Child may: <ul style="list-style-type: none"> - Be neglected - Experience tension and anxiety - Have accidents - Show lack of response - Fail to meet benchmarks in development
Toddlers and Preschool – 18 months to Age 5	<ul style="list-style-type: none"> • Inadequate time devoted to caregiving • Misread cues from child • Lack of consistency • Experience extreme stress • Model inappropriate behavior • Provide too much or too little control 	Child may: <ul style="list-style-type: none"> - Experience neglect - Experience tension - Have a lack of supervision - Experience over-stimulation or deficits in stimulation - Be a victim of abuse
School Age – Ages Six to Twelve Years of Age	<ul style="list-style-type: none"> • Inability to assist with child's academic and social development • Inconsistency with discipline • Be unavailable to child • Emotionally unstable and unpredictable • Create a disorganized lifestyle 	Child may: <ul style="list-style-type: none"> - Feel shame and self-doubt - Begin to become aware of social stigmas - Have difficulty with trust - Experience anxiety - Experience emotional neglect - Feel isolated
Adolescence – Ages Thirteen to Eighteen Years of Age	<ul style="list-style-type: none"> • Intolerance of child's moods or needs • Disengagement due to stress • Difficulty in setting boundaries • Inflexibility in meeting adolescent's needs • Restricting adolescent to care for parent or other children 	Child may: <ul style="list-style-type: none"> - Experience loss or disorganization - Feel anxious - Be sensitive to social stigma and peers - Have anger toward parent - Have difficulty concentrating - Experience problems in relationships and/or school performance - Be at risk for substance use

Risk Factors

Children of parents with mental illness are at risk for developing social, emotional, and/or behavioral problems. Factors that place children at risk, especially children of parents with mental illness include:

- Poverty
- Occupational or marital difficulties
- Poor parent-child communication
- Parent's co-occurring substance use disorder
- Aggression or hostility by a parent
- Single-parent households
- Inconsistent and unpredictable family environment



A combination of these factors increases the vulnerability of a child, and visitation monitors should consider how these factors may affect the children with whom they work. Many of these factors can be reduced through preventative strategies. For instance, monitors may provide referrals to outside professionals (substance

counseling, mental health professionals) or monitors can work with parents and children to strengthen their relationship during visitation with skills building and communication techniques.

Protective Factors and Mental Illness

One of the most important protective factors for children of parents with mental illness is for the parent to seek treatment. With numerous treatments available, parents can gain control of their symptoms or at least insight into their diagnosis. This will permit communication and strengthen the relationship a parent has with their child. Other factors that play a role in protecting children from risks include:

- Knowledge that they are not to blame
- Help and support from other family and monitors
- Positive self-esteem



- A sense of being loved by mentally-ill parent
- Positive peer relationships
- Interest in school or activities
- Healthy engagement with adults outside the home
- The ability to communicate and articulate feelings

In many cases, families, professionals and society pay more attention to the parent with mental illness and tend to overlook the children within the family. Monitors can provide more attention and support to children and this can assist in the healthy coping of mental illness.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

How might Sean's illness affect Lisa? What are the risk factors (if any) for Lisa to develop issues in other aspects of her life?

Monitoring Parents with Mental Illness in Supervised Visitation

Families come to supervised visitation for many reasons. A common reason a family may enter supervised visitation is when the parent suffers from a mental illness. Working with a parent with a mental illness can be challenging and it is important for the supervised visitation monitor to have some basic knowledge about working with individuals with mental illness.

There are many strategies and techniques that can be used to help facilitate a visit between a parent and child. This training offers information about working with parents suffering from mental illness in supervised visitation, what to do in emergency situations, and the importance of documenting incidents.



General Practice Skills for Use with Parents with Mental Illness

Many practice skills are transferable for all clients, but when working with parents with mental illness, it is important to be mindful of a few strategies. As stated previously in the chapter, mental illness can be extremely varied and you should attempt to understand your clients and their mental illness to the best of your ability but this will not make you a clinician.

Learn about Mental Illness. This chapter has provided you with a base-level of knowledge about mental illness. Despite having general knowledge, you should work to understand your client's mental illness in the way that it impacts his or her life, family, and self. After receiving a referral, it is important to review the case file and see if there is any information from a mental health professional. Seeking out information about an individual's mental illness increases your ability to avoid stigmatizing that person and his or her mental illness.



A Note on Strengths-Perspective:

Using global compliments is a great way to make parents feel comfortable in supervised visitation. An easy global compliment to use is, “Participating in visitation shows how resilient and compassionate you are. It can be difficult to balance all of the things in your life, but you are still determined to be here.”

Avoid Stigmatizing Mental Illness.

While this may go without saying, it is important for monitors to reflect on their own biases and opinions about mental illness. One thing to consider is that people with mental illness have long faced stigmatization and discrimination. Each person is different and would most likely appreciate the chance for you to understand their story and their experiences.

Maintain Confidentiality When

Appropriate. Confidentiality is held with all clients, but specifically with parents of mental illness. Sensitivity should be given to their illness. Only essential information should be shared with other professionals. In addition, parents may be concealing their mental illness for their own privacy. Not all

factors of one's mental illness is relevant to the safety or work with supervised visitation. Be mindful of the information you share with others in order to maintain trust and privacy for all.

Focus on Strengths. It may be easy to focus on the problems that an individual is facing but it is crucial to look past these to work in supervised visitation. Focusing on strengths can help build confidence in the parent and lead to more positive interactions during visits. Despite the severity of mental illness, there are always strengths to highlight and embrace. One parent may express great love for his or her children while another may be honest and kind. Reminding parents and families of their strengths will benefit everyone involved; also, parents may be more compliant and willing to receive assistance with parenting skills.

Treat Everyone as a Person First. Aside from gathering more information on the client's mental illness, you should approach parents with mental illness the same way you would any other parent. The basics of respect and understanding comply with all individuals. It is okay to discuss parenting strategies and visitation expectations, and to hold parents to the same accountability standard as all other parents. Some mental illnesses may make it more difficult to work with a parent, but using the parent's strengths as a starting point will help in the communication process. In addition, when determining if a parent is capable of participating in visitation, **remember** that mental illness does not disqualify one from being a parent.

People-First Language

Refrain from speaking about a client with disorder-leading terms; People-first language comforts individuals and allows a safe space for services. Example: You should say, "He suffers from schizophrenia" rather than calling the client "the schizophrenic dad."

Identifying and Assessing Risks

Many parents may be fully able to interact in an appropriate manner during scheduled visits despite their mental health issues, hospitalizations, or concerns with medication. Some parents with mental illnesses, however, may experience severe disorders in which their thinking or behavior is impaired. Other problems, such as medication management, may reveal that their participation in a supervised visitation setting might present a risk to others. Being aware of potential risks can assist in the determination of whether the



visit should take place as scheduled, if the visit should be rescheduled, or if special considerations should be made to accommodate the needs of the parent. The purpose of identifying risks regarding parental mental illness includes:

- 1) Determining whether mental health status may impair a parent's ability to interact effectively with his or her child during a scheduled visit.
- 2) Determining whether the child is endangered or upset over the parent's behavior, emotional response, or impaired thinking.

In your initial observations with the parent, you should consider the following:

Parenting

- Is the parent able to attend to the child's physical, intellectual, social and emotional needs during the visit?
- Does the parent have age-appropriate understanding and expectations of the child?
- Does the parent have the capacity to initiate or follow through and participate in child-centered activities?
- Is there a history of physical or sexual abuse in the family between the visiting parent and child(ren)?
- Can the parent follow directions and respect the child's boundaries?

Parent's Mental Status

- What is the apparent level of disturbance, instability, and violent tendencies or impulse control?
- Does the parent exhibit specific behavioral or psychiatric symptoms that impact his or her parenting abilities?
- Does the parent have a sense of responsibility for self, child, and family?
- Does the parent have the capacity to recognize risks to the child?
- Is the parent paranoid? If so, what is the level of paranoia? The greater the level of paranoia, the greater the risk to others.
- Does the parent comply with medications or other clinical interventions that are known to you?
- Is the parent able to form or engage in trusting relationships with visitation staff?

The Child of the Parent with Mental Illness

- Is the child acting developmentally appropriate?
- Does the child exhibit appropriate attachment to parent and to other caregivers?
- Does the child have the capacity for self-protection?

- Does the child exhibit any unusual behaviors or characteristics?
- Is the child highly anxious or fearful of seeing parent?
- Has the child been harmed by the parent?
- Does the child understand the status of the parent's mental illness?
- Is the child embarrassed by the parent's appearance or behavior?
- Does the child blame himself/herself for the parent's condition?

Mental Health Checklist

This is a guide that monitors and program directors may use in determining mental health status and thus risk factors present during a visit. This guide provides a framework to document observations in a consistent manner. Visitation monitors and directors can use this checklist to determine if visits should be held or not. Most monitors routinely look at these categories in their interactions with clients.

Reminder: This is not a comprehensive mental health assessment but should be used at the discretion of the provider to conduct objective assessments. If further assistance is needed, contact a mental health professional.

Appearance

- Disheveled
- Motor Status
- Tremors
- Awkward gestures
- Very slowed
- Bizarre dress
- Exaggerated hair
- Exaggerated makeup
- Other: Appearance

Behavior

- Posture
 - Slumped
 - Tense
- Facial Expressions
 - Fearful
 - Angry
 - Bizarre
- Movement
 - Can't sit still
 - Restless
 - Lethargic
- Voice/Speech
 - Very loud
 - Demanding
 - Scattered
 - Threatening
 - Low Response

Feeling or Mood

- Appears fearful
- Appears depressed
- Elated
- Excited
- Agitated
- Angry
- Tearful
- Perception
 - Hallucinations
 - Visual
 - Auditory

Thinking

- Orientation
 - Confusion
 - Can't identify self
 - No relation to time
- Memory
 - Can't recall info
 - Can't recall visits
 - Can't recall past events
- Thoughts
 - Expresses:
 - Suicidal thoughts
 - Homicidal thoughts
 - Delusions
 - Expresses bizarre beliefs

Staff Limitations

While most staff may not object to identifying possible signs of parental mental illness when those signs seem obvious, some staff members will not be comfortable deciding whether some more subtle signs make a visit untenable. In addition, supervised visitation monitors should not label a client with a mental illness because others may treat them differently and they could become subject to stigma. You should discuss whether or not you feel you can monitor the full array of cases referred to the supervised visitation program with a supervisor. This discussion would provide you with insight on your limitations in working with parents with mental illness. It is important to understand what is appropriate and within your training and skill set during your work with parents with mental illness. The purpose of a monitor is not to diagnose, shame, or counsel a parent, but rather to ensure the safety of the child while interacting with the parent. As you continue to learn about mental health and its impact, consider what situations are beyond your ability to address or work with.

REMINDER:
Monitors **DO NOT** diagnose or treat mental illnesses. It is important for staff to understand how to work with families coping with parental mental illness and how to respond to escalated situations due to mental illness.

When to Seek Supervisor Assistance

When interacting with parents with mental illness, many observations or symptoms may be complex. With such a sensitive and complex subject, it is best to use supervisor expertise to assist in situations where you may be unsure.

- If parent appears abnormal but does not appear dangerous
- If you feel that you are not making objective observations
- If the parent's record indicates the presence of a mental illness that you are unfamiliar with
- If you feel uncomfortable or uncertain in any case
- If the illness presents an unmanageable risk to the visitation



When to End the Visit

In some cases, symptoms from mental illness may cause problems or discomfort in a visit. To ensure the safety of the child, it is important for monitors to check-in with children throughout the visit. Below will list situations in which a visit should be terminated.

- If parent becomes aggressive or insulting to child
- If parent is unable to refocus from delusions or hallucinations
- If parent has delusions or hallucinations that appear dangerous or violent
- If behaviors endanger the child's emotional or physical safety
- If recommended by supervisor

When to Contact Law Enforcement or Security

In some rare cases, a parent may behave or react in a way that would require the intervention of law enforcement. In these cases, parents may be reacting to a medication stabilization, traumatic event, or the overwhelming symptoms of their mental illness. When law enforcement is called for a person whom is mentally ill, a Baker Act may occur. The Baker Act is initiated by law enforcement or mental health professionals when an individual presents to be a danger to themselves or others and refuses voluntary treatment. When considering this option, it is important to remember that a Baker Act is a last resort option that leads to involuntary hospitalization. Calling law enforcement can also lead to a situation that is over-escalated; and unfortunately not all law enforcement officers are trained to work with persons with mental illness. It is recommended by mental health professionals to avoid the involvement of law enforcement unless absolutely necessary. Despite this recommendation, you must know when it is appropriate to involve law enforcement for the protection of clients and staff at your program.

- If parent becomes a danger to him/herself or others
- If parent threatens child or staff with violence
- If parent has a weapon of any kind
- If parent threatens harm to him/herself

Worried you don't have training on observations?

Don't worry, Chapter X of this manual will help prepare you for observing and recording during visits.

Just keep reading!

STOP and Think

When these problems present, monitors must file a critical incident report and may consider termination of the case which are both covered in Chapter 11 of this manual.

When to Make Referrals

As stated earlier, visit monitors may or may not be aware of presenting mental illness in clients. There may be cases when a visit monitor is not aware of any mental health history, treatment, or issues. Providing any treatment or assessment of clients is unethical and outside of visitation staff's realm of work, but there may be times when staff can make referrals to professional mental health or substance abuse services. It may be appropriate to make a referral in the following situations:

- If parent engages in unusual behavior over extended period of time
- If parent appears to be struggling with changes
- If symptoms appear to interfere with visitation and parent/child relationship
- If parent does not have a case manager or other assistance

When making a referral to parents that may need mental health services, remember that it is important to address the issue sensitively. Parents may be faced with changes and challenges in life and there are many community resources available to help parents with coping skills or other specialized services to address mental health or substance use concerns.

Guidelines for Making Referrals to Outside Services

- 1) Identify the most appropriate staff member to facilitate the referral process; this will likely be the program director or lead staff member. A supervisor with a good relationship with the parent will be trusted and the parent may be more likely to accept the recommendation. This staff member must have an understanding and respect for the parent's culture, beliefs, and values. This understanding will help match appropriate services to the parent and the parent will be more likely to participate in services that reflect their values, culture, and preferences.
- 2) Ensure that staff has knowledge of mental health and substance abuse services available in the local community. Important information to include is who offers services; cost for services; and what type of services are offered (i.e. psychotherapy, support groups, family therapy).

Community Resources

Visitation staff are encouraged to become familiar with services available in the community. Staff can expand their knowledge by exploring a few of the following...

- Mental Health Consultants
- Local Community Mental Health Centers
- Private practitioners (LCSW/LMHC, etc.)

- 3) Engage parent in a discussion about the benefits of receiving services and what type of help my best match their needs. Also, it is important for monitors to understand relevant barriers that may interfere with a parent seeking services. Barriers can include:
 - a. The cost of services
 - b. Transportation barriers
 - c. Cultural and linguistic competence of providers
 - d. Fear of losing other services
 - e. Stigma or unpleasant past experiences with mental health services
- 4) Document referral in client’s file. When a referral has been made, monitors must document all relevant information in the file. Also, any referrals or other interaction with parents with case managers must go through the case manager first. A case manager may be able to provide a referral or has already initiated the process of meeting the client’s needs.
- 5) Follow-up with parent. This is important because monitors may need to understand if a parent accepted or denied the referral. A parent may need a different referral or may not be interested in seeking services.

<u>What Can You Say?</u>	
<p><i>“I know we’ve had to reschedule several of your visits this month. It is not uncommon for problems to trickle down into our lives. I was wondering if maybe you’d be interested in working with a social worker from Park Community Services to help with some of the issues you’re facing.”</i></p>	<p>“I’ve noticed you’ve been going through some difficult times lately. It is difficult to cope with so many challenges at one time. I want you to know that there are services available that might be able to help you through this difficult time. Have you heard of the Stronger Parents Support Group available at Sunrise Community Center? I think you would be able to connect with people with similar experiences to you.”</p>
<p><i>“I know you’ve been working with your case manager, but we continue to have issues with you arriving for visits intoxicated. Do you think it would be helpful to have more help from someone who specializes in substance use? I can talk to your case manager about possibly providing you with a referral to the Starting Over Treatment Center.”</i></p>	<p>“You are so strong and resilient and you continue to give your best effort. I was wondering if you called the referral I gave you a couple of weeks ago? I hope it was helpful or if not I can find another center that might be a better fit for you.”</p>

Strategies for Working with Parents with Mental Illness

During a visit, it is the monitor's job to facilitate a safe interaction between a parent and child. In order for this interaction to be safe, the monitor must be aware of any reports of parental mental illness. It is the monitor's job to be alert, aware, and conscious of the interactions in the visit. Below are some strategies for working with families with a parent who suffers from a mental illness.

Before the Visit

- Review your case file and be aware of any potential mental illness or areas of concern.
- Avoid misinformation or myths regarding mental illness. Research potential diagnosis for a general background about the parent's illness.
- Meet with the parent before scheduling a visit to better understand how he or she acts and is affected by the mental illness. Discuss how the parent is feeling, if they are compliant with their medication, and what other treatment they may be receiving.
- Prepare the visiting parent of expectations during the visit and how their children may react to seeing them and their behavior.
- Meet with the children before the visit to better understand what they may be feeling. Allow them to voice any concerns they have. Assure them that you will be there to make sure the visit is safe.
- Inform the children in an age appropriate manner why their parent may be acting different because of their illness or medications.
- Reduce any excess noise or distractions in the room where the visit will be taking place. Avoid televisions, radios, cell phones, hand held games, etc.



During the Visit

- If the parent becomes agitated or upset, ask the parent if he or she needs to take a break. If the parent takes a break, see if time away gives them the opportunity to control emotions to continue the visit.
- If the children become agitated or upset, ask if they need to take a break. If the children are still upset after the break, ask if they would like to terminate the visit.

- If the parent expressed delusional thinking or hallucinations, DO NOT deny or affirm these. Try and refocus the parent on the visit and the children.
- If the parent engages in behavior that compromises or endangers the emotional or physical safety of the children, end the visit.

After the Visit

- Document the case. Include any information about abnormal behavior or appearance on the part of the parent.
- Check in with the children and see how they are feeling after the visit. If they are uncomfortable with visiting their parent in the future, give them alternatives such as having a shorter visit, drawing a picture, or writing a letter.
- Consult the case manager to ensure that therapy or treatment is offered to the client.
- Make sure everyone leaves the facility safely and separately.

Interacting with Children of Parents with Mental Illness

As you've read in earlier sections of this chapter, children of parents with mental illness are at a much higher risk for numerous social, behavioral, emotional and psychosocial issues. Adding the factor of supervised visitation can contribute to difficult child outcomes. When working with children of parents with mental illness, it is important to recognize how parental mental illness may affect them; and how your interactions in supervised visitation can support children of parents with mental illness.

Guidelines to Interaction with Children of Parents with Mental Illness

- 1) **Reassurance** is a key part of working with children. It is important for children to know that they're not alone. Dealing with issues related to mental illness during visitation can cause a lot of confusion for children. In some cases it may be appropriate and necessary to refer the child or family to

REMINDER:

Every family and child is different. Some parents may not choose to share information about their mental illness with their children. Honesty and information is important if the child asks or if there are obvious issues during visitation related to the parent's mental illness.

Discuss what is appropriate to discuss with the child with a supervisor and the parent.

support groups about coping with parental mental illness. The opportunity to talk with others facing similar situations is comforting and healing.

- 2) **Honest acknowledgement** of the difficulties facing parents and children is important to dispel any secrecy or shame related to mental illness. While some may think it is preferred to protect children from harsh topics, this can lead to resentment and misunderstandings. It is important to talk openly about problems to avoid adding stress or shame to the problems.
- 3) **Information about the illness** can help children understand what is happening to their parent and themselves. Talking openly about these issues helps reduce the stigma and encourages children to have comfort in supervised visitation.
- 4) **Remind children they are not to blame** to relieve guilt and shame. It's reassuring for children to be told they didn't do anything wrong and problems are not their responsibility.
- 5) **Allow kids to be kids** especially in supervised visitation. There may be preoccupation with the parent's mental illness and even added burdens or responsibilities. Time in visitation should focus on the relationship and not the parent's mental illness.
- 6) **Offer a safe space** for children to talk. For monitors, this includes making referrals to community groups, school counselors, or religious leaders. A positive adult to talk to is key to better outcomes for children of parents with mental illness.



STOP and Think

After reading this section, you should be able to answer the following questions regarding the case scenario from the beginning of the chapter.

What is the best time to address Sean's irregular behavior? Before the visit starts? In the middle of the visit?

How would you deal with the incident of aggression during the visitation? What protocol or safety measure would you take?

What precautions could have helped to avoid the situation with Lisa?