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 as a result of alleging threatening 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 different from his regular presentation. In the lobby, Mr. Winters has a discussion with another client and his mood appears to be unstable – his voice is fluctuating from loud to soft, and his conversation revolves around people he thinks are following him. 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." The director allows the visit to occur. After about 15 minutes into the visit, 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, asking if it was similar to what she has read. Mr. Winters becomes extremely agitated and defensive. He yells "You don't understand war!" He begins to snap at Lisa and then yells at her to stop apologizing. 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 irregular behavior? Before the visit starts? In the middle of the visit? Once a client becomes aggressive?
- How might have mental 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 provide adequate services to clients at a supervised visitation program? If not, what baseline information should you have?

Introduction

This chapter is divided into three sections:

Mental Illness

Substance Abuse

Dual Diagnosis

Mental illness and substance abuse can have negative effects 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 significant percentage of supervised visitation cases. The symptoms of parental substance abuse can impact parenting capability directly and can lead to multiple consequences for the children involved. According to the American Psychiatric Association, 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 annually.
- 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, some studies reporting rates as high as 80%.
- Parents with mental illness often feel responsible or blamed for their children's maladaptive behaviors, 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 (e.g. feeding, dressing). 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 in the United States. 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.

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**

Considering the immense 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

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.	• Depressed mood • Diminished pleasure/interest • Weight loss • Fatigue • Loss of energy	• 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).	• Fixed beliefs • Perception-like experiences that occur without an external stimulus • Social withdrawal • Disturbances in thought and perception	• Schizophrenia • Delusional Disorder • Schizotypal Personality Disorder
Trauma and Stressor Disorders	Psychological distress following a traumatic or stressful event.	• Anxiety or fear-based symptoms • Externalizing aggression • Dissociative features	• Posttraumatic Stress Disorder • Acute Stress Disorder • Adjustment Disorder
Bipolar and Related Disorders	Serves as the bridge between Depressive and Psychotic	• Manic episodes of euphoric, expansive, or irritable mood.	• Bipolar I • Bipolar II • Cyclothymic Disorder

	disorders. Many experience extreme mood swings and impairment in daily functioning.	• Depressive episodes • Mood swings	
Anxiety Disorders	Excessive fear and anxiety, often stress-induced.	• Extreme sense of fear and worry • Somatic symptoms; trembling, shaking • Difficulty concentrating	• Social Anxiety Disorder • Panic Disorder or Attacks • Generalized Anxiety Disorder • Phobias
Personality Disorders	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.	• Difficulty with relationships • Lack of empathy • Problems with social skills • Personality traits are inflexible and maladaptive/inappropriate	• Paranoid Personality Disorder • Borderline Personality Disorder • Narcissistic Personality Disorder
Substance Use Disorders	Cluster of cognitive	• Impaired control • Social impairment • Secretive behaviors	• 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 at 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, and 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 any risk to their children. It is valuable to understand what impact mental health and/or substances has on a parent's ability to parent or participate in supervised visitation.

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.

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 address these issues adequately.

- 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.

Parenting Skills

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

- Unpredictability
- Inconsistency
- Ineffectiveness

These problems may also affect parents who do not have a mental illness.

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

REMINDER:

Mental illness alone does not establish parental unfitness. Many parents are able to overcome the added stresses of illness 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.

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 inadequate care to 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 provide adequate 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, 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 when responding to their child's needs.
- Parents can miss their children's cues, and can appear withdrawn and disengaged.

NOTE

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

Neglect of Physical Needs

Consider This…

Neglect is not limited to infants and young children. Some people 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 can cause difficulty in providing older children with essentials (i.e. clothing and food) and can strain family relationships.

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 sight of 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.

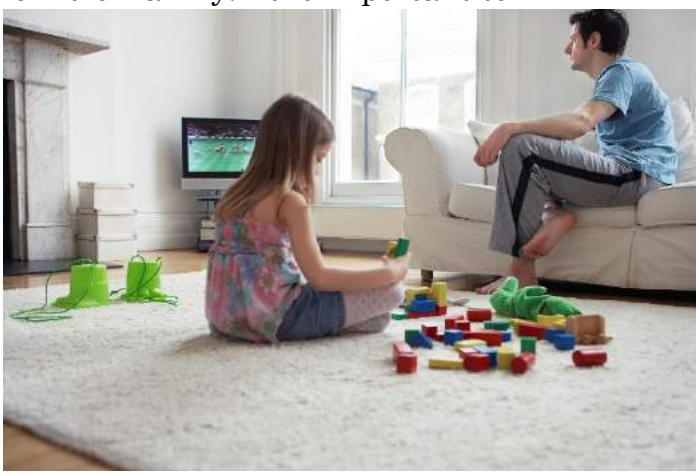
STOP and Think

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

How might Mr. Winters' 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 at time 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 impact on children. Use this table to identify the negative impact 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 Response	Impact on Children
Infants - *Birth to 18 months*	• Inability to focus on child's needs • Unawareness of infant's crying • Inability to bond with child • Distraction in caring for child	Child may: - 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*	• 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: - 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*	• 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: - 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*	• 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: - 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 (without a support system)
- 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 skill 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 secure 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 parent with mental illness
- 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 help them develop healthy coping mechanisms.

STOP and Think

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

How might Mr. Winters' illness affect Lisa? What are the risk factors (if any) for Lisa's wellbeing?

Monitoring Parents with Mental Illness in Supervised Visitation

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 skills are transferable for all clients, but when working with parents with mental illness, it is important to be mindful of a few specific strategies.

Learn about Mental Illness. This chapter has provided you with a base-level of knowledge about mental illness. Remember, though, the chapter does not make you a professional clinician. When you receive a new referral, be sure to review the file thoroughly. If a mental health professional has been involved in the case, be sure to read his or her notes. Do this to determine whether there is any specific behavior that you should be aware of or on the lookout for.

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 our patience and willingness to support their parent-child relationship at visits.

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.

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 their 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 benefit 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

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 has been diagnosed with schizophrenia" rather than calling the client "the schizophrenic dad."

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.

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:

<u>Parenting</u>

- 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 of 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 is acting differently than normal 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. Several situations in which a visit should be terminated are listed below.

- 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 the supervisor.

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!

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 Florida Mental Health Act of 1971 (Florida Statute 394.451-394.47891 (2009 rev.)), commonly known as the "Baker Act," allows the involuntary institutionalization and examination of an individual. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment).

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

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. 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 as beliefs, values, norms, and symbolism are all pieces of one's cultural identity. 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).
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.

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.)

What Can You Say?	
"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've noticed you've been going through some difficult times lately. It can be hard 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 troubling 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."
"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."	"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."

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 provides the necessary opportunity to continue the visit. If the parent is still upset after the break, ask if the parent would like to terminate 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 objective information about behavior or appearance on the part of the parent. (e.g. "Parent stated that aliens were a threat," rather than "parent disclosed abnormal beliefs about aliens.")
- 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. 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.

REMINDER:

Every family and child is different. Some parents may choose not 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.

Speak with a supervisor and the parent prior to the visit regarding what is appropriate to discuss with a child.

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 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. This helps 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.

Part 2

Substance Abuse

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?

Looking more closely at mental illness, it is important to understand that substance use and abuse are categorized by the American Psychological Association as a mental illness. Substance use, abuse, and addiction can cause fundamental changes in the brain, which can disturb a person's cognitive abilities, behaviors, and emotions. Because of this brain disturbance and the symptoms that come from substance use and abuse, a definition of a mental disorder is given. The substance-related disorders are separated into two categories including substance use disorders and substance-induced disorders. Monitors will be able to understand

mental illness and substance abuse as separate bodies and also how they relate to and impact each other.

Substance abuse disorders account for many referrals to supervised visitation programs. Frequently, substance abuse disorders include alcoholism, prescription abuse, and other drug use. Sixty percent of the world's illegal drugs are consumed by drug users in the United States. This consists of two million Americans who use heroin, six million who use cocaine, and eighteen million who have alcohol abuse problems. Children who witness parental substance abuse are more likely to experience physical, sexual, and emotional abuse and neglect. Substance-related disorders are separated into two categories and monitors should understand how the characteristics of each differ. Not all parents with substance-related disorders will use the same substance or display similar symptoms. Understanding the variety of substances used will provide insight for monitors working with parents with substance-related disorders.

Substance use disorders include a pattern of behaviors related to the use of the substance. Symptoms of substance use are separated into four categories.

1) ***Impaired control*** – Taking larger amounts of substance than intended; most daily activities revolve around substance; intense desire for substance; great deal of time spent obtaining, using, or recovering from effects of substance.
2) ***Social impairment*** – Failure to fulfill major role obligations at work, school, or home; continued use despite social problems; important activities may be given up for substance; withdrawal from family activities and hobbies.
3) ***Risky use*** – an individual's failure to abstain from using the substance despite the difficulties caused; continued use in dangerous situations or despite the negative effects of use.
4) ***Pharmacological criteria*** – built tolerance to substance; withdrawal occurs after prolonged heavy use of the substance.

Substance-induced disorders include intoxication and withdrawal of substances. These disorders have symptoms that are attributable to the physiological effects of the substance on the central nervous system and develop shortly after use of a substance. The overall categories for substance-induced disorders includes:

1) Intoxication
2) Withdrawal
3) Substance/medication-induced mental disorders (e.g., substance-induced psychotic disorder, substance-induced depressive disorder)

These are only general definitions of how substance disorders are categorized; and understanding the complexity of substance disorders will assist monitors when faced with diverse parents experiencing unique symptoms or disorders. In addition, it is important to understand the different substances parents may use and their effects.

Commonly Abused Substances

Substances are placed into categories for classification purposes. Within these categories, there are numerous substances used and abused by individuals. Monitors should be aware of the substances that are used by individuals as well as the many labels or street names given to these substances. In addition to natural substances, there are many man-made or synthetic drugs being produced continually. These new drugs, along with all substances, can go in and out of style; these trends are important to note and understand their impact on visitations or clients.

Table X.X

Commonly Abused Substances and Their Effects

TRY THIS!

Pull out a piece of paper and read each of the substance categories listed in Table 7.1. For each category, try to write down as many street names as possible for each substance.

You might be surprised at how many you can list! The matching activity at the end of the section may have some street names you don't know.

Substance	Effects of Intoxication

Alcohol	• Reduced inhibitions • Slurred speech • Motor impairment • Breathing problems	• Confusion • Memory problems • Concentration problems
Cannabis (Hashish, Marijuana)	• "High" feeling • Euphoria • Grandiosity • Sedation • Sensation of time passing slowly	• Lethargy • Impairment in short-term memory • Impaired judgment • Distorted sensory perceptions • Impaired motor performance
Hallucinogens (LSD, PCP, Mushrooms)	• Distorts a person's perception of reality • Seeing images, hearing sounds, and feeling sensations that seem real but are not. • Rapid, intense emotional swings	• Sweating • Tremors • Palpitations • Blurring of vision • Reduced coordination
Inhalants (Propane, paint thinners, glue)	• Feeling of euphoria • "High" feeling • Dizziness • Incoordination • Slurred Speech • Lethargy	• Tremors • Muscle weakness • Belligerence • Severe mood swings • Loss of consciousness
Opioids (Codeine, Heroin, Morphine, Opium)	• Small pupils • Slowed breathing • Absent breathing	• Extreme fatigue • Changes in heart rate
Sedative, Hypnotic, Anxiolytic Drugs (Depressants, Barbiturates, Ativan, Valium)	• Slurred speech • Incoordination • Impairment in attention	• Stupor or coma • Impairment in memory

Stimulants (Amphetamines, Cocaine)	• Auditory hallucinations • Paranoid ideation • "High" feeling • Euphoria • Hyperactivity	• Restlessness • Anxiety • Alertness • Grandiosity • Repetitive behaviors • Impaired judgment

Continuum of Substance Use

The DSM V recognizes substance use disorders on a continuum of mild, moderate, or severe. An individual moves along this continuum in regards to the frequency of their substance use. Monitors should understand the different categories of substance use and recognize the impact of each category on the individual. It is also important to note that not all individuals move progressively from one stage to the next. Some individuals may skip stages or remain in stages for long periods of time.

Table X.X

Continuum of Substance Use

Stage	Description of Stage
Non-use	-Individual has chosen not to use a substance for personal, religious, or cultural reasons
Experimental Use	-Individual begins to explore a substance and may be pressured by friends, family, or social pressures -May lead to long term damage, continued use, and problematic health effects
Casual Use (Mild)	-Use to experience effects, reduce anxiety, stress, or to socialize -May be common to use in social situations; can increase due to reliance of using substance in a social setting
Frequent Use (Moderate/Dangerous)	-Routine of heavy or binge use -Changes in behavior may be apparent -May feel symptoms of non-use

Severe Substance Use	-Compulsive use of substance; user cannot cease usage despite attempts -Daily functioning and health status deteriorate -Social isolation occurs

Substance Abuse Recovery and Treatment

Treatment for substance-related issues can range from a few weeks to years. The type, length, and intensity of treatment is determined by: severity of addiction, type of drug being used, support system available for the person using substances, motivation of abuser as well as other factors. It is important for monitors to understand that treatment is different for every person and how to make referrals when necessary.

Because enabling is a common problem with substance abuse, the entire family may need to be involved in the treatment program. Enabling is when a person, such as a family member, allows, tolerates, or even facilitates the person's, using substances, destructive behavior. Enabling comes in many forms and is not just the act of helping a person using substances acquire substances. For example, an enabling family member may cover for the person's, using substances, bad behavior, such as making excuses for a missed visitation appointment. When the entire family participates in recovery, trained professionals will be able to help the abuser and enablers.

REMINDER:

As with any mental illness, monitors DO NOT provide treatment of any kind for substance use disorders. Rather, monitors should be aware of the resources available in their communities to assist with such issues and make referrals if appropriate and necessary.

Treatments are available through a variety of interventions, such as:

- Assessment and treatment planning
- Prescription of specific medications
- Crisis intervention
- Detoxification and other medical assistance
- Case management
- Family therapy
- Individual and group psychotherapies
- Integrative therapies: acupuncture, diet, exercise, yoga, meditation

- Self-help groups (AA, NA)

Staff should routinely be alert to alcohol and drug use in parents or caregivers referred to the program. While substance use screening alone is never diagnostic, it can reveal whether a more comprehensive assessment or evaluation is needed. Some referrals to supervised visitation will be made while parents are receiving substance abuse treatment, but other referrals will be made with the acknowledgement that while substance abuse is a concern, the parent may or may not be seeking treatment.

Monitoring Parents with Substance Use Disorders in Supervised Visitation

Visit monitors will encounter parents in varying stages of substance use and recovery. This section describes the reaction of substance-using parents to seeing their children in supervised visitation settings. These reactions may include anger, depression, hostility, denial, and/or aggression. Likewise, this section will describe the broad spectrum of reactions that children may experience when visiting a parent with a substance-related disorder. It is important for monitors to understand substance use to provide a safe setting for visits and to reduce the risk to children or other program participants.

Parental Substance Use and Parenting

A parent's substance use may affect his or her ability to function effectively in a parental role. When parents provide ineffective parenting it can be due to some of the following:

- Physical or mental impairments cause by alcohol or other drugs
- Reduced capacity to respond to a child's cues and needs
- Difficulties regulating emotions and controlling anger and impulsivity
- Disruptions in healthy parent-child attachment
- Spending limited funds on alcohol and drugs rather than other essentials
- Spending time seeking out, manufacturing, or using alcohol or other drugs
- Incarceration, which can result in inadequate or inappropriate supervision
- Estrangement from family and other social supports

Parents with substance use disorders may experience a chaotic or unpredictable home life and this may impact their ability to provide adequate and appropriate care for their children. In addition, different substances may have different effects on parenting and safety. Moreover, risks for children's safety may differ depending upon the level and severity of parental substance use.

Example

Threats to a child of a parent who becomes sedated and inattentive after drinking excessively differ from the threats posed by a parent who exhibits aggressive side effects from methamphetamine use.

Impact of Parental Substance Use on Children

Children of parents with substance-related disorders typically experience negative consequences of their parents' abuse. Parental substance use negatively affects a child's development, causing increased risk of long-term problems for a child including greater risk for child abuse and neglect. Some consequences of parental substance-use include the following:

- Disruption of the bonding process
- Emotional, academic, and developmental problems
- Lack of supervision
- Children become caregivers
- Social stigma
- Adolescent substance use and delinquency

Behavior – Children in substance-using homes are more likely than their peers to have problems in school, to be diagnosed with learning disabilities, to miss school routinely, to have to repeat grades or classes, to transfer schools frequently, to experience economic problems, to be aggressive, and to have encounters with law enforcement. Children may also be more at risk for both physical and sexual abuse than children in non-substance abusing homes.

Medical – Child neglect is highly associated with parental substance use including the failure of the parent to seek appropriate and timely medical care for children, to provide adequate nutrition, and to safeguard the home against

hazardous accidents. Additionally, significant alcohol use by women during pregnancy can increase the risk of Fetal Alcohol Syndrome or Fetal Alcohol Effects in infants, which in turn results in lifelong, dysfunctions for children. Further, children of substance users may exhibit "failure to thrive" syndrome because of their experience with neglect.

Educational – Children whose parents abuse drugs or alcohol often experience problems in school performance, anxiety, and household disruption. Thus, research indicates that these children – much more than their peers – have problems completing schoolwork, with absenteeism and poor concentration in the classroom resulting in failure in classes and grade progression.

Emotional – A large proportion of children who have been exposed to parental substance use experience a number of types of emotional consequences of this experience, including mistrust, guilt, anger, shame, confusion, fear, ambivalence, insecurity, loss of self-esteem, anxiety, and/or sexual conflict. These types of emotional experiences can lead to eating disorders, anxiety/depressive disorders, and drug or alcohol use.

Identifying Parental Intoxication

Visitation staff may be called upon to determine whether a parent is intoxicated during intake or for visitations. Beyond the commonly described signs of intoxication, there are other observable signs to be noted. The following table may provide some guidelines to identify this, but it is crucial for visit monitors to also acknowledge that other conditions may mimic drug/alcohol intoxication.

Some programs may use breathalyzers or other tools to assess parental intoxication or even use security staff to make this assessment. Other programs may require a drug test to be administered preceding a scheduled visit. In these programs visits may be cancelled if test returns positive results. While it may be beyond a monitor's expertise to confirm whether a parent is intoxicated, a visit monitor can determine by the parent's presenting behavior whether the visit should proceed. Monitors should focus on the parent's behavior and whether it justifies terminating or canceling a visit.

The table below will assist monitors with assessing if a parent is intoxicated. It is recommended for monitors to review intakes or case files to know what a parent's primary substance(s) is before seeking out observable symptoms of intoxication.

Table X.X

Observable Symptoms of Intoxication

Substance	Observable Symptoms of Intoxication	
Alcohol	• Odor on breath • Flushed skin • Difficulty focusing	
Narcotics	• Constricted pupils • Euphoria • Drowsiness/sleepy • Nausea	
Tranquilizers and Sedatives (Barbiturates)	• Dilated pupils • Decreased alertness • Disorientation • Loss of coordination • Confusion	• Slurred speech • Sleepiness • Dizziness • Withdrawal
Cannabis	• Dilated pupils • Bloodshot eyes • Disorientation	• Dry mouth/throat • Unusually talkative • Unusually quiet
Hallucinogens	• Dilated pupils • Hallucinations • Panic	• Unpredictable behavior • Paranoia • Exhilaration
Inhalants	• Exhilaration • Irrational behavior • Drunk appearance • Confusion	• Runny nose • Watery eyes • Substance odor
Stimulants	• Increased alertness • Agitation • Excitement • Euphoria	• Activeness • Runny nose • Dry mouth
Opioids	• Constricted pupils • Euphoria • Nausea	• Drowsiness • Sleepiness

Symptoms that Mimic Intoxication

Monitors should be observant and aware of parental intoxication for safety; although, there are many problems unrelated to substance use that may mimic symptoms of intoxication. This can place monitors in difficult situations to determine if symptoms impede upon the ability to conduct a visitation. With this consideration, monitors should be aware that parents may face a number of conditions that can lead to unusual behaviors. To avoid conflict when determining if a visit should proceed with unusual parent behavior, monitors must focus on the behaviors presented and determine if such behaviors will affect the visit negatively. When in doubt, a monitor should consult with a supervisor about the conduct of a visit. Monitors should become familiar with some of the conditions that may reflect symptoms of intoxication; this will assist with dispelling confusion around parental conditions and behaviors.

Consider this…

Presumably, visitation staff would become familiar with the typical behavior of parents at intake so that they would not deny visitation to parents with mental health or substance use conditions unless their behavior threatened the safety and well-being of others.

Review the risk assessment and mental health checklist to determine if a parent can participate in visitation.

Over-the-counter medicines (OTC) – OTC's are used to treat many conditions from the common cold to weight issues. Some people may experience unusual effects from these medicines. For example, antihistamines may make users drowsy; decongestants and diet formulations can make users agitated and/or dazed.

Prescription medications –Medication that has been properly prescribed may have side effects that mimic intoxication. For example, some anti-nausea pills make users sleepy, as do medically prescribed and legitimately used barbiturates, tranquilizers, and painkillers. Some antipsychotic medications make users appear to be lethargic.

Physical disabilities/health conditions – Some health conditions like diabetes may lead to symptom similar to intoxication. For diabetes, a condition called ketoacidosis can cause a person's breath to smell of alcohol, and at times the person can feel faint or woozy; this condition may be easily mistaken for drunkenness. Meneire's syndrome and vertigo can cause dizziness and

loss of balance or coordination. Fever can cause individuals to appear lethargic, confused, or even disoriented.

Mental disabilities or illness – As stated throughout this chapter, many symptoms of substance use and mental illness overlap. It is important to focus on the parent's behavior, instead of trying to determine exactly what has caused that behavior.

STOP and Think

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

After hearing the statement from the other monitor, How would you determine if Mr. Winters was intoxicated or unable to continue with the visit?

Strategies for Working with Parental Substance Use

Parental Behaviors

Monitors may face various parental behaviors and characteristics that are associated with substance use. These behaviors can have an effect on staff and children involved with the visitation. Parental behaviors include:

- Denial of abuse
- Anger
- Aggressiveness
- Verbally aggressive
- Poor impulse control
- Physically ill
- Poor hygiene
- Threatening behavior
- Poor reliability

How does this affect children?

- **Children in families facing parental substance use may demonstrate:**
  - **Frustration**
  - **Anger**
  - **Mistrust**
  - **Fear**
  - **Embarrassment**
  - **Self-blame**
  - **Uncertainty**
  - **Anxiety**
  - **Guilt**
  - **Sadness**

Refer to *Guidelines for Interacting with Children of Parents with Mental Illness*

Interacting with Parents

If a worker has observed parental behavior that indicates substance use may be a problem, recognize that risks for unpredictable behavior or violence exist and that a crisis could develop. Program-specific policies and procedures must be followed in these situations. Some general tips for working with parents with substance use concerns include:

Example

If you must end a visit, it is important to use simple and direct language.

"I'm sorry Mr. Jacobs, the visit won't be held today. We will reschedule for next week"

- Use assertive communication skills
    1. Avoid lecturing
    2. Use "I" statements rather than "You" statements
    3. Keep verbal communication simple and direct
- Separate the parent from other clients
- Focus only on disruptive behavior at the moment it occurs – avoid any past issues with the parent
- Assess for medical need – if the parent passes out, has difficulty breathing, exhibits signs of withdrawal, or appears to be an immediate danger to himself or others, call for medical or law enforcement help
- End the visit
- Document the termination after the parent has left the premises
- Provide reports pursuant to program policy

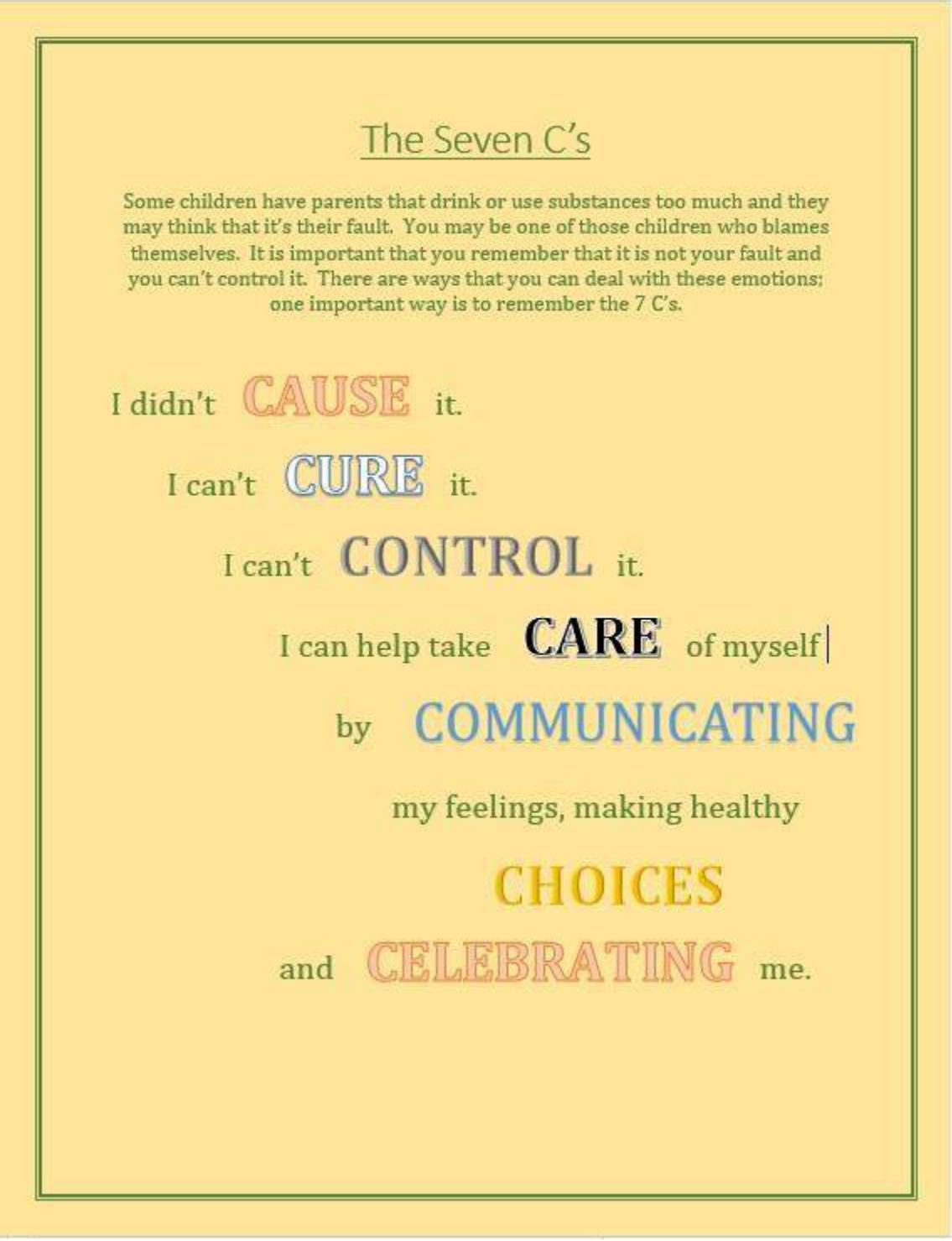
When parents express negative behaviors, staff may be affected in the following ways: feelings of frustration/annoyance with parent, fear of physical harm, being yelled or cursed at, need to seek medical attention for parent, and may need to reschedule or cancel visits. When these occur, it is important for monitors to refer back to the section on *Monitoring Parents with Mental Illness in Supervised Visitation.*

Interacting with Children of Substance-Using Parents

Children living with parents with substance use problems need support and constructive strategies for coping with their life situations. Some general interactions that can help children in these situations include:

- Recognize a child's resiliencies
- Encourage problem-solving skills
- Assist them in building relationships with positive adult role models
- If appropriate, remind children that they are not to blame for parent's addiction
- Let children know that they are cared about in your program
- Encourage children to ask for assistance during visits, if needed
- Try to provide consistency during visits
- Emphasize to older children that addiction is a disease and that parent behaviors may be unpredictable when using substances.

See Seven C's Handout



Talking with Children About Substance Use

It can be difficult to talk to children and adolescents about drug use. However, studies show that children who are properly informed about drug use and the risks involved are less likely to experiment with drugs. Parents who are educated about drugs can talk to children about the risks in case a child is ever in a situation to use drugs.

The old saying "just say no" does not provide adolescents and children with the reasons why they should not use drugs, the safety concerns with drug use, or the legal consequences of drug use. Instead of just saying no, consider the information below before talking about drug use.

How to Talk about Drug Use

How you talk to children about drug use depends on his/her age and level of understanding. Review the following chart for tips on how to talk about drug use with a child. These conversations should happen early and often to reinforce facts and ideas and to let children know that he/she can ask about drugs in a judgment free zone.

Age	How to Start the Conversation	Physical Risks	Legal/Social Risks
4-7	Find moments to start the conversation, like when giving the child medicine for a cold, or at the doctor. Talk to your child about how he/she should only take medicine that you, a specific caregiver, or a doctor provides, and never take medicine from a stranger, a friend, or other adults.	Let the child know that taking medicine he/she is not supposed to take can make him/her really sick. If the child is mature enough, explain that it can even cause death.	Focus on building trust between you and the child, and make sure he/she knows he/she needs to ask before taking any medicine from anyone other than a parent or doctor.
8 – 12	Begin a conversation by asking child what he/she thinks or knows about drugs. Ask questions in an open, non-judgmental way to get an honest	Talk to child about specific drug names. Let them know drugs can cause addition,	Discuss how some people may think drugs are safe, but that drugs are not safe in any amount.

Age	How to Start the Conversation	Physical Risks	Legal/Social Risks
	response from the child. You do not want the child to think he/she is in trouble. Use examples in the news to help introduce the topic.	illness, and/or death. Ask child if he/she has any questions.	Explain to child that using drugs is against the law.
13-18	At this age, children are more likely to be exposed to drug use within their peer group. Talk to child about specific scenarios, asking "what would you do?" Provide your child with ways he/she can leave an uncomfortable situation and say no to using drugs.	Talk to the child about specific drug names. Let him/her know drugs can cause addition, illness, and/or death. Ask child if he/she has any questions.	Talk about how drug use can affect a person's ability to think, learn, go to college, drive, and live. Discuss the child's goals and how drug use will impede his/her goals.

What Would You Do?

The following scenarios can be shared between a parent/caregiver/ and child to facilitate a conversation about drug use and how to say no. Remember that just telling a child to say no will likely not yield results. It is important for children to have practice in how to say no and how to respond to certain situations.

Age	Scenario	Answers
4 – 7	"What would you do if a teacher gave you pills at school?"	Call a parent/caregiver to ask permission before taking the pill.
	"What would you do if grandma gave you medicine?"	Discuss with your child if this person is allowed to give him/her medicine.

Age	Scenario	Answers
8-12	"What would you do if you saw drugs near you?"	Find a parent/caregiver or teacher and let him/her know
	"What would you do if a friend said he/she knew where to find drugs?"	Say drugs are not safe and that he/she should leave them alone.
13-18	"What would you do if you were at a party where people were doing drugs?"	Leave the room safely and do not use the drugs.
	"What would you do if a friend offered you drugs?"	Say that you do not use drugs and leave the situation safely.

Part 3
Dual Diagnosis

Mental illness and substance abuse often co-occur – they affect people at the same time. The co-occurrence of these conditions is often called dual diagnosis; though, there is some debate about the usefulness of this term. Within the supervised visitation setting, monitors will likely have clients that are known to have one of these issues. Therefore, monitors should be knowledgeable about the co-occurrence of these conditions.

What is Dual Diagnosis?

For the purposes of this training, dual diagnosis is when a person suffers from both a mental illness and a substance abuse problem. The individual has a diagnosis under two categories: mental illness and substance abuse. It may refer to individuals with more than one mental health or substance abuse diagnosis. Dual diagnosis covers all forms of co-occurring substance abuse problems and mental

illnesses defined by the American Psychiatric Association. Some common examples of mental illnesses included in dual diagnosis are depression, anxiety, schizophrenia, and bipolar disorder. Under dual diagnosis, substance abuse refers to any alcohol abuse, illicit drug abuse, prescription drug abuse, or dependence. Though dual diagnosis concerns the co-occurrence of two conditions, either condition may develop first. For example, a person with a mental disorder may turn to substance abuse as a coping mechanism, or a person with a history of substance abuse may develop emotional and mental problems due to the abuse.

What is the Relationship Between Substance Use and Mental Illness?

The relationship between mental illness and substance use is complex. The relationship can be discussed in a few ways:

- For people with mental illness, drugs and alcohol can be a form of self-medication. Many people with mental illness go untreated because they have developed a coping mechanism with substances. Even if substance use alleviates problems in the moment, they do not treat the underlying condition and can, in fact, make it worse.
- Drugs and alcohol worsen underlying mental illnesses; especially during acute intoxication and during withdrawal from a substance.
- Drugs and alcohol can induce the onset of mental illness symptoms in a person with no previous mental health history.

While recent research and popular literature have seen the growing use of the term dual diagnosis, some argue against using the term because:

- The term has been used to refer to people with other combinations of illnesses, such as individuals with mental illness and developmental disabilities, or with more than one mental illness, like depression and anxiety.
- Some individuals experience more than two disorders, such as substance abuse, bipolar disorder, and anxiety.

Why do Mental Illness and Substance Abuse Often Co-occur?

- Mental illness and substance abuse frequently co-occur for a variety of reasons, including stress, trauma, genetics, and brain deficits.
- Clients with mental illness, stress, or trauma may use substances to self-medicate. In turn, self-medicating can increase vulnerability to mental illnesses.
- Research has shown that addiction and mental illness share common genetic traits. Thus, some people are at risk for developing either condition from birth.

Examples of the Dual Diagnosis Relationship

- **A person with depression can become suicidal when under the influence of alcohol.**
- **A person with panic attacks experiences worsening symptoms during heroin withdrawal.**

- Mental illness and substance abuse affect similar areas of the brain. Because similar brain areas and functions are affected, the development of either mental illness or substance abuse can substantially impact the development of the other.
- Some people use alcohol and other drugs as a coping mechanism for events in their life. A victim of, for example, child sexual abuse or domestic violence may numb his/her feelings with alcohol or drugs. At the same time, that individual may experience depression, anxiety, or other disorders like PTSD as a result of the same traumatic experiences. The substance use and mental illness are caused by trauma from the past.

How Do Dual Diagnoses Affect Clients?

Dual diagnosis affects many aspects of a person's life, including feelings, mood, behavior, and social interaction. When one member of a family has dual diagnoses, that member can cause strain on the entire family relationship due to difficulties with finances, maintaining employment, physical health issues, and social functioning problems. It is important for supervised visitation personnel to be able to identify this issue to assist the person in getting help, which will improve the family relationship. Supervised visitation personnel should also be proactive for safety reasons. Persons with dual diagnoses have been identified as being more likely to commit violence than persons without such diagnoses. Substance abuse paired with mental illness can increase risk of frequent or lethal violence.

Symptoms of Dual Diagnosis

The symptoms of mental illness and substance abuse overlap, which can make identifying dual diagnosis difficult. Symptoms such as depression, paranoia, anger

issues, erratic behavior, social withdrawal, and sudden mood swings are shared characteristics. These symptoms may lead a parent to:

- Fail to make visitation visits
- Become forgetful
- Hide or lie about substance use
- Continue substance use despite negative consequences
- Be unable to maintain employment

Helping Clients with Dual Diagnosis

As a monitor, you won't diagnose mental illnesses or dual diagnoses. You may wonder how you will know that a client is diagnosed with co-occurring disorders. You may become aware of a client's mental health or substance abuse status through use of the following:

- Mental health records
- Case manager alerts monitor
- Previous arrest records
- Allegations from the other party

Your job as a supervised visit monitor is to create a safe environment, to report potential problems, and to improve the family relationship. The best way you can do this for a family with a member suffering from dual diagnoses is to alert the case manager, refer the client to a treatment facility, and/or encourage the client to seek help. Dual diagnoses requires professional treatment.

Your role as a supervised visit monitor is critical to the success of the family because research has shown that the more risk factors a family is exposed to, the higher the risk to the child's welfare. When a parent suffers from just one condition, such as substance abuse, mental illness, or domestic violence, the child is at risk, but that child's risk increases when multiple factors are present. Therefore, being aware of dual diagnosis is one way you can be a part of the family's success.

Dual Diagnosis: What Does Treatment Look Like?

In the past, when service providers worked with individuals with a dual diagnosis, they treated each diagnosis separately, working with one disorder first and then the other. It soon because obvious this method of treatment wasn't working, as people with substance abuse problems were denied treatment for their mental health disorder because of their addiction; however, they could not receive treatment for substance abuse because of their mental health disorder. Additionally, some substance abuse treatment programs felt those with mental health disorders should stop taking all medicine including mental health prescriptions, as total detox was needed for rehabilitation.

New Treatment Methods

Counselors have struggled with treatment and have begun exploring new treatment methods**. Parallel treatment**, treating each diagnosis at separate facilities at the same time, was thought to be a solution for dual-diagnosis services, however, the difference in treatment locations and methods made the process difficult for patients.

Integrated Treatment

Integrated treatment is the most accepted method of treating individuals with dual-diagnoses.

Integrated treatment involves getting treated for mental health disorders and substance abuse at the same program, often by the same counselors (or counselors who work together to provide improved services). Though integrated service can be difficult, integrated models of treatment for dual-diagnosis are more successful than other treatment options.

Successful integrated treatment programs usually involve the following:

- Multidisciplinary treatment teams (psychologists, social workers, medical professionals, etc.)
- Interventions based on an individual's stage in treatment
- Access to services (housing, employment assistance, food assistance)
- Service without time restrictions

- Assertive outreach (i.e. rehabilitation counselors extend help without waiting to be asked)
- Motivational interventions (improve and inspire)
- Substance abuse counseling
- Group treatment
- Educating the family regarding the individual's mental health and substance abuse disorders
- Participation in alcohol & drug self-help groups
- Pharmacological treatment (medication for the mental health disorder)
- Interventions promoting healthy choices

Variations by Client

Treatment for a dual-diagnosis may look different than treatment for those with a substance abuse problem. Clients with a dual-diagnoses may go through treatments more slowly than others; they may be dealing with their dual disorders and may not complete their treatment as quickly as individuals with one diagnosis.

As a visitation supervisor, you likely won't be designing dual-diagnosis treatment programs; however, you will certainly work with adults with dual-diagnoses and will likely supervise parents undergoing treatment for their dual-diagnoses. It is important to be respectful of their treatment and the ways treatment may impact visitations. Additionally, it is important to emphasize the positive impacts of treatment by recognizing progress the individual may have made. By providing positive reinforcement and understanding difficulties, you will be able to support positive visitation experiences.

The Interface Between Mental Illness and Domestic Violence

The vast majority of abusers do not have a mental illness. Mental illness does not cause domestic violence, nor should it be considered a justification or excuse for violence. Victims of domestic violence, however, are more likely than non-victims to develop a mental health disorder at some point in their lives. Domestic violence is associated with many mental health concerns such as depression, anxiety, panic attacks, substance abuse, and posttraumatic stress disorder. Monitors should be aware of the impact violence may have on victims and consider the role it may play in visitation.

BE AWARE

Perpetrators will often use the victim's anxiety or depression to "prove" that the victim is unfit to parent or that she is so ill that she must have exaggerated allegations of abuse. **Be aware of this dynamic.** The victim's depression and stress reactions are most often situational and will decline when the victim feels that she and her children are safe.

Victims of domestic violence may exhibit behaviors that can be mistaken for mental illness. Adult victims of domestic violence commonly experience depression and symptoms of posttraumatic stress disorder, including sleep disorders, anxiety, hyper-vigilance, stress, and fear. A victim exhibiting these symptoms may appear disorganized or even paranoid. This may simply be frustration expressed with a system that is difficult – and dangerous – to navigate. If monitors do not understand how domestic violence may affect behaviors, they may make the situation more dangerous by deciding that the parent is delusional, paranoid, or unreasonably angry. The Clearinghouse recommends that supervised visitation programs receive cross training by staff of certified domestic violence centers to learn about victim dynamics and the services offered by the centers. Remember, the best local resource for victims of domestic violence are those local advocates, who can conduct private risk assessments, provide safety planning, and connect victims to legal and social services assistance.

Substance Use and Domestic Violence

Research tells us that these two issues are correlated and that substance use is a risk factor for more severe domestic violence; however, substance use does not cause domestic violence. Because of the close association, it is important to be aware of both domestic violence and substance use when they co-occur.

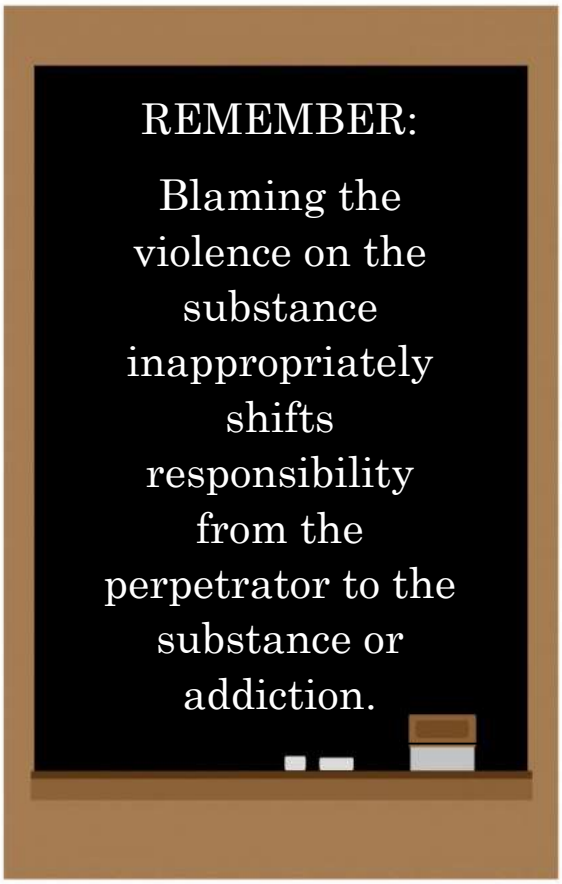


Table X.X

What to Remember about Domestic Violence

Control – Domestic violence is a pattern of behavior with the intent of asserting power and coercive control over one's partner. Each act of abuse, threat, or control tactic is chosen deliberately by the abuser to gain control over the victim.

Awareness of Actions – The abuser is abusive and violent both when sober and when under the influence. Intoxication and addiction are used as excuses for the abusive behavior.

Choice – Domestic violence perpetration is a choice, not a disease or mental health/psychological problem. The individual is choosing to be violent and harm others in order to be in control, and usually the perpetrator feels justified in his/her ways.

Accountability and Education –Court-ordered programs for abusers should focus on accountability and changing violent attitudes and behavior. All re-offending is viewed as unacceptable, as it inherently harms the victim and children.

Effects on Perpetrators and Victims

Some domestic violence victims may begin to use or abuse drugs/alcohol as a means of coping or self-medicating. Victims who abuse substances may be sabotaged in their recovery efforts by the abuser, who may prevent them from entering treatment or complying with treatment plans. For some victims, the use of substances allows them to have a false sense of security that they or their children are safe from further abuse. For example, the victim may believe that keeping themselves and abuser intoxicated may prevent further abuse. The abuser may threaten to harm children or victim if the use of substances does not continue.

Refer to Chapter XX for more information on the dynamics of domestic violence and how they may play a role in supervised visitation.

PRACTICE EXAMPLES

Case Scenario 1

Wanda brings her three children to a scheduled visit to see their father. There is a history of domestic violence and the court has ordered supervised visitation. The children appear unwashed and wear dirty clothing. Wanda is very tearful and upset, confiding in staff that she has been unable to sleep, is anxious, can't concentrate, and is unable to tend to her children's needs. There are no mental health issues listed on the intake and screening forms.

Discussion Questions:

1. What issues could Wanda be facing?
2. How could a visitation monitor help Wanda?
3. How might a visit monitor facilitate a visit in this case?
4. How should a monitor respond to Wanda's behaviors?
5. What role can the local certified domestic violence center play in helping Wanda?

Case Scenario 2

Fred is the father of two children, ages ten and twelve. He has a long history of depression and six months ago, attempted suicide. Fred and the children's mother are divorced. The children have not seen their father for many months, and have not been told the details of their father's condition. At intake staff meet Fred, who is extremely quiet and sad, saying very little. His medication adds to his lethargy. He wants to see his children, but can express no enthusiasm. He does not smile or make eye contact.

Discussion Questions:

1. How might Fred's children react to his condition?
2. What issues could come up during supervised visitation with the children? How should you prepare for it?
3. What resources could you provide the custodial parent?
4. How would you address questions from the children about Fred's condition?

Test Your Knowledge!

Take this quiz to see what you have learned from the training.

1. **TRUE or FALSE: Mental illness impacts every person in the same way, including one's children and environment.**

2. **Focusing on a client's _____ can help build confidence of the parent with mental illness and lead to more positive interactions during visits.**
   a. **Disorder**
   b. **Strengths**
   c. **Opinions**

3. **All of the following should happen before a visit with a parent with mental illness EXCEPT:**
   a. **Review a client's file**
   b. **Risk Assessment**
   c. **Give parent suggestions for medication**
   d. **Reducing excess noise and distractions**

4. **If a parent describes violent or aggressive hallucinations/delusions, what should a monitor do?**
   a. **Baker Act parent**
   b. **Terminate visit and contact law enforcement**
   c. **Ignore parent's hallucinations/delusions**
   d. **Tell parent that the delusions are not real**

5. **There are many other conditions that mimic intoxication including:**
   a. **Diabetes**
   b. **Mental illness**
   c. **Prescription of Valium**
   d. **All of the above**

6. **TRUE or FALSE: Parental mental illness does not affect children and should be ignored for the safety of the child.**

Answers: 1. False 2. B 3. C 4. B 5.D 6. False

Online Resources

- **Tips for Parenting with a Mental Illness** *http://psychcentral.com/lib/tips-for-parenting-with-a-mental-illness/* A short article to help cope with mental illness and face the multiple challenges of parenting.
- **Practice Notes: Working with Parents with Mental Illness** *http://www.practicenotes.org/vol4_no2/working_with_adults.*htm A resource for working in child welfare; Offers tips and guidelines for working with persons with mental illness. Provides simple and generalist skills to be applied during the visitation process.
- **Children of Parents with Mental Illness** *http://www.copmi.net.au/* **Keeping Families and Children in Mind** from Children of Parents with Mental Illness, a national initiative in Australia, is a terrific work force development resource available online. Many people contributed to the development of the resource, including parents, children, family members, providers, and other experts.
- **Family Options: An Innovative Program for Parents Living with Mental Illness** *http://www.parentingwell.org/archives/417* . A brief (13 minute) presentation that provides the rationale behind the Family Options intervention, and a description of the program. The Discussion Guide is useful in training situations.
- **Coping** *http://www.mhasp.org/coping* . This interactive site is for children to learn how to cope with their parent's mental illness. This would be a good site to give to parents and children to help with understanding and coping strategies.
- **Helping Children Understand Mental Illness: A Resource for Parents and Guardians** *http://coping.mhasp.org/guardians.html#3* . This site offers tips and suggestions to parents and guardians to discuss mental illness, to build child's self-confidence, and answers commonly asked questions. When parents are struggling to discuss or open up to their child about mental illness, tips from this resource could be beneficial to breaking the ice.
- **Dual Diagnosis Toolkit: A Practical Guide for Professionals and Practitioners** *http://www.scshare.com/downloads/dualdiagnosistoolkit.pdf* . This toolkit is written for frontline staff working with adult clients who have a combination of substance misuse and mental health problems. The toolkit is both a practical guide and a reference source. It provides a basic introduction to key issues, service models and good practice in both substance misuse and mental health. The material is arranged so that busy practitioners can

quickly identify the information they need without having to read the whole docu

References

National Alliance on Mental Illness. *Dual Diagnosis: Substance Abuse and Mental Illness.* Retrieved from http://www2.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/By_Illness/Dual_Diagnosis_Substance_Abuse_and_Mental_Illness.htm

Mental Health America. *Parenting*. Retrieved from http://www.mentalhealthamerica.net/parenting

Center for Mental Health Services Research. *Critical Issues for Parents with Mental Illness and their Families.* Retrieved from http://www.uwgb.edu/bhtp/tools/critical_issues.pdf

Cleaver, H., Unell, I., & Aldgate, J. *Children's Needs – Parenting Capacity: Parental mental illness, learning disability, substance misuse, and domestic violence.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf

Sherman, M. *Reaching Out to Children of Parents with Mental Illness.* Retrieved from http://www.socialworktoday.com/archive/septoct2007p26.shtml

Substance Abuse and Mental Health Services Administration. *Substance Use Disorders.* Retrieved from http://www.samhsa.gov/disorders/substance-use.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*

National Institute on Alcohol Abuse and Alcoholism. *Alcohol's Effects on the Body.* Retrieved from http://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body

Daughters and Sons of Parents with Mental Illness Working Group. *Resources for Supporting Families Dealing with Parental Mental Illness.* Retrieved from http://www2.nami.org/Content/ContentGroups/CAAC/ResourceList.pdf

Child Welfare Information Gateway. *How Parental Substance Use Disorders Affect Children.* Retrieved from https://www.childwelfare.gov/pubPDFs/substanceuse.pdf

Swink, D.F. *Communicating with People with Mental Illness: The Public's Guide.* Strategies for communicating effectively with people with mental illness. Retrieved from https://www.psychologytoday.com/blog/threat-management/201010/communicating-people-mental-illness-the-publics-guide

Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice. London: Jessica Kingsley Publishers.

Cleaver, H. and Walker, S. with Meadows, P. (2004) Assessing Children's Needs and Circumstances: The Impact of the Assessment Framework. London: Jessica Kingsley Publishers.

Child Welfare Information Gateway (2014). *Parental substance use and the child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.