

Supporting Parents With Psychiatric Disabilities

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and

City University of New York
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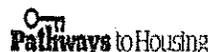
Pathways To Housing

- Pathways originated the “Housing First” model in 1992. It is now considered an Evidence Based Practice by SAMHSA
- Pathways houses over 700+ individuals in scatter site apartments throughout the City of NY supported by 6 ACT Teams and 3 Supported Apartment Teams
- Pathways also has offices now in Philadelphia, Vermont and Washington DC
- Pathways is involved in training and consultation throughout the United States, Canada, and abroad
- Supporting Parents with Psychiatric Disabilities is a component of our Peer Wellness Program



Pathways and Parenting

- Pathways has always welcomed individuals who had custody of their children or eventually gained custody of their children into our housing.
- As necessary, individuals were either initially given or relocated into larger apartments. This was not only done when individuals were given custody, but even when individuals were given overnight or weekend visits as a step in that process.
- While there was always a primary service recipient we never ignored others who lived with that individual. We used a family systems approach in our work focusing on the family unit.



National Statistics

It is estimated that approximately 21-23% of all children are living in a household where at least 1 parent has Mental Health Issues

Mayberry et al 2005



NY State Statistics

- 25% of the children in the Foster Care System have at least 1 parent with mental Health Issues
- Foster Care costs NY State taxpayers approximately \$25,000 per child per year
- 8,000 new children enter Foster Care each year in New York State





The Legal System

- Custody laws throughout the United States still reflect bias and stereotypes regarding those with disabilities, especially those with Mental Health Issues
- In NY State one of the grounds for permanent loss of custody is having a “Mental Illness.” It is based on the disability rather than being unfit.
- In 5 States: Arizona, Alaska, California, Kentucky, and North Dakota laws exist listing Mental Illness as a reason for **not** providing reasonable efforts for reunification

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National Statistic

Custody Loss Rates for
Parents with Mental
Health Issues 70%-80%

Burton 2002



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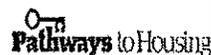
The After Effects

(Loss of Custody, Loss of Visitation, Loss of Contact,

“The loss of contact with a child can be devastating for any parent, but for the parent with mental health issues with limited resources and supports, and oftentimes unaware of their options, this can be an overwhelming, longstanding and crippling trauma. In many cases these individuals just give up, lose all hope, and withdraw from life”

“What could be worse then to have your child removed as part of a public proceeding, and being labeled publicly as a bad parent”

Eddie Mannion

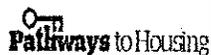
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Myths about Parents with Psychiatric Disabilities

Myth: Parents with Mental Health issues tend to maltreat their children

- **Reality :** Evidence Suggests That Parents with psychiatric disabilities are no more likely to abuse their children than mothers without such disabilities
- **Reality:** Many parents with psychiatric disabilities are raising their children without incident. Studies only study abusers.
- **Reality:** There is a selection bias with this group as they are very visible to Social Service agencies. 3x as likely to be involved with the child welfare system.
- **Reality:** A psychiatric disability is only one of many potential risk factors for child maltreatment. Determining risk for abuse is a complex task
- **Reality:** The same kinds of services that have prevented maltreatment in families where there is no mental illness i.e. respite, home visitor programs/aides may also help in homes where there is mental illness.
- **Reality:** Only 20% of parents with mental health issues trust their providers enough to reveal parenting issues. There is an overwhelming fear their children will be removed.

Source: TU RRTC

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Myths about Placing Children in Care

Myth: Children are better off in placement when they are on the margin of placement

- **Reality:** Children on the verge of placement tend to have better outcomes when they are allowed to stay with their families (Doyle, 2007)
- **Reality:** Foster care is supposed to be a temporary solution, but actually lasts an average of 2 years doing irreparable damage regarding parental attachment. Many children stay until they age out. (Doyle, 2007)
- **Reality:** Foster care as a whole produces poor social outcomes such as high delinquency, high teen births, and lower earnings (Doyle, 2007)
- **Reality:** In many cases foster care leads to placement instability for children plus added stigma in school and in the community (Schneider, 2005)
- **Reality:** Placement is like a "bad divorce" scenario where children are removed from family, friends, and environments without any closure (Silver et al, 1999)

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Our Own Experience

- We encountered numerous individuals who had current or past issues involving their children and/or their role as a parent.
- Issues that had never been addressed, or even shared with service providers. They remained unresolved
- Many had never done the grief work associated with their losses
- Individuals were looking for support, validation, education, skills enhancement, reconnection and ultimately empowerment in this area of their lives
- Many were trying to lead better lives for the sake of their children hoping for visitation or just to be re-involved in their children's lives
- We also encountered many individuals who had full custody of their children, and were responsible, effective parents
- Many individuals had been given a second chance, becoming involved as grandparents

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What Were Their Issues?

- No involvement in their children's lives, unaware of their whereabouts
- Children in placement, or a threat of placement
- Visitation and/or Visitation Issues
- Reunification
- Children with Special needs
- Parenting Issues
- Child Support Issues
- Custody Proceedings
- Abuse and/or neglect charges
- Trauma issues regarding partners and children
- Pregnancy and fear of placement after the birth of the child

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Reported Challenges

The Parent:

- Energy Level
- Ability to Form Attachments
- Idiosyncratic Reality
- Isolation
- Modeling of social skills
- Difficult pregnancies, physical health complications

(Mcnaughton,2004)

The Child

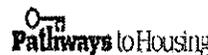
- Inappropriate level of responsibility or expected to care for themselves
- Blame themselves, anger, guilt or anxiety
- Embarrassed due to stigma of mental illness
- Isolated
- Increased risk for school problems, drug use, and poor social relationships
- At risk for mental health problems

(MHAFC,Risks,1996)

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Making a Commitment

- We decided to make this a special initiative in our Peer Wellness Program in 2011
- We decided to join the Supporting Parents Initiative in NYS as a number of our Peer Specialists were already involved with them
- They have provided us with training, technical assistance, and the inspiration to get this initiative started



The Supporting Parents with Psychiatric Disabilities Initiative

Joint effort by NYS OMH and MHA NYS with 30 member organizations throughout NYS, which now includes, Pathways To Housing

These agencies are involved in:

- Peer Led Support Groups
- Advance Directives
- WRAP Groups
- Trauma Informed Care
- Trauma Recovery and Empowerment
- Self Advocacy



Why Was This Initiative a Good Fit?

- Our Peer Wellness Specialists had already demonstrated exceptional engagement skills
- Many of our Peers had had their own parenting challenges over the years, and first hand experience with the child welfare system, including having children put into placement. There was an experiential commonality and a special compassion for others going through the same thing
- Many of our Peers are seen as mentors and role models, and have helped inspire others "If he/she can successfully parent so can I"
- We had already started doing work with individuals in this area we just thought if we coordinated and focused our efforts we could be more effective with more individuals



What Have We Actually Initiated :

- Starting to use TREM in our practice:
 - I. Indicating the Connections between Trauma and psychological symptoms, addictive behaviors, and relationship patterns
 - II. Core Recovery Skills
 - III. A shared emotional and relational vocabulary
- A focus on the individual's sense of safety
- Reuniting numerous individuals with children they had lost contact with or had no visitation rights with
- Linking individuals to resources and accompanying individuals to court proceedings
- Started a Men's Trauma Group, which is now on its second cycle
- Started a WRAP group
- Addressing Women's trauma through WSM and WSM+
- Educating individuals on Parenting at a Distance
- Designing a survey to measure parenting attitudes, skills, and role satisfaction to be done at baseline with 6 month follow-ups
- Assisting individuals with reunification tasks
- Assisting with Advance Directives



What are the Core Principles of Trauma Informed Care and TREM

- Safety: How can we insure physical and emotional safety for consumers throughout our system of care "False Sanctuary"
- Trustworthiness: How can we maximize trustworthiness? Make tasks clear? Maintain appropriate boundaries? Fulfill our Promises?
- Choice: How can we enhance consumer choice and control?
- Collaboration: How can we maximize collaboration and sharing of power with individuals?
- Empowerment: How can we prioritize consumer empowerment and skill building at every opportunity?

How do we modify our practice and our agencies to address these issues?
Fallot, 2011

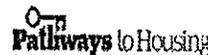
Simple Things We Can All Do

- Be Welcoming
- Make People Feel Valued
- Be *Inclusive* in the services we offer rather than *Exclusive*
- Promote Hope
- Support people in their search for meaning as "Suffering with meaning is bearable- Meaningless suffering is what drives you mad" (Topor)

Positive Activities -Building Protective Factors With Children

- Stable Home
- Involve other positive adults in their lives.
- First and Foremost you are the parent and the primary caregiver
- Get your child counseling if necessary
- Develop a Family Wellness plan
- Take a parenting skills course
- Attend to your child's physical health needs
- Talk openly about your mental health issues, and truly listen
- Help your child with homework and encourage them in school
- Develop a network of friends and family that you and your child can rely on
- Promote positive Family activities
- Allow your child to engage in extra curricular activities, and develop healthy friendships of their own

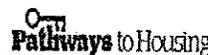
TU RRTC

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Parenting from a Distance

- Individuals with children in placement may or may not have visitation rights and need special support, they are hurting and grieving
- These individuals need to stay as involved in their child's lives as possible it is therapeutic for the child and the parent. They may also have to realistically determine what they are and are not capable of doing for their children.
- Stay involved in their Daily routine by working closely with their child's primary caregivers. Put their animosity aside for their child's sake.
- Touching From a Distance: Communication is important to parents and children. Phone calls keep voices alive. Letters answer questions. Children's Photos keep us involved.
- Holidays and Occasions: Focus on ways to help children feel special on their birthdays and find joy on holidays.

(Jan Walker, 2008)

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Parenting From a Distance II

- Visit whenever you are allowed to even if it's just for an hour, or if it is under supervision
- Comply with all recommendations: get actively involved with treatment, upgrade the living environment etc.
- Know your rights and responsibilities
- Explain to your child as honestly as you can about the current situation, how much you love and miss them, and the efforts you are making to reunite with them.

(Jan Walker, 2008)

Helping Individuals Through Family Court Proceedings

- Get an Attorney
- Find an Advocate, preferably a Peer
- Obtain Information
- Educate your attorney
- Create a Care Plan
- Create a Self-Care Plan
- Try to Maintain a Positive Attitude
- Dress for Success
- Help your child understand what is happening
- Look for Alternatives
- Take One Day at a Time
- Maintain as much contact with your child as possible
- Take the long view
- Be Respectful
- Releasing Information

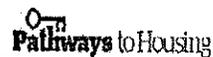
Darlene Ward Exec Dir CASANYS



 Open Pathways to Housing

Some Individuals and Their Stories

- Ana: Successful Reunification
- Miguel: Reconnection with his daughter
- John: Reconnection with an adult daughter he had never seen
- Rosita: Parenting from a Distance
- Kareem: Reconnection and Grand Parenting

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Group Exercise



What can the case manager in this scenario do to help this client with issues related to parenting or child custody?

Scenario 4: A Case Manager has a male client who is furious that his 9 year old son was just placed in foster care because he slapped him hard to show him he needs to change his bad attitude. He suspects someone at his son's school called CPS/ACS/DYFS on him. He almost starts to cry as he pleads with the case manager to help him get his son back as quickly as possible, because he grew up in foster care and he claims he had foster families who were cruel to him

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Continued Challenges

- Poverty, lack of education, lack of opportunities
- Laws that discriminate against Parents with Psychiatric Disabilities
- Service Design with Parents in mind
- Child Welfare and Mental Health Service Providers Working Together
- Addressing the trauma issues of the parents and children we work with
- Engendering greater trust in us with the parents we work with
- A greater role for Peer Specialists in this area

Resources

Community Connections, Washington DC (available for purchase from their website)

- Trauma Recovery & Empowerment: A Clinician's Guide to Working with Women in Groups- Maxine Harris
- Healing the Trauma of Abuse: A Woman's Workbook - Maxine Harris
- Non-Traditional Parenting Interventions including Parenting from a Distance- CC
- Men's Trauma and Recovery Empowerment Model- CC

Temple University Community Integration Project tucollaborative.org/

- Parenting Modules and Handouts all can be downloaded from their website

British Columbia- Provincial Parenting Forum

www.mcf.gov.bc.ca/mental_health/pdf/forum_finding_dec_05.pdf (Downloadable)

Steps Towards Evidence Based Practice in Supporting Families with Parental Mental Illness

Pathways to Housing

- Filling a Man's Shoes: Becoming a Better Man-Neil Harbus
- Healing from Within: Spirituality and Recovery- Neil Harbus



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