



REPORT AND RECOMMENDATIONS

“Joining Our Voices for Family Mental Health”

A CROSS-SYSTEMS TRAINING SEMINAR FOCUSING ON CHILDREN IN FOSTER CARE

October 22-24, 2000, Poughkeepsie, NY.

Presented by



ADVOCATES FOR CHILDREN
OF NEW YORK STATE

INTRODUCTION

More than 200 people from across New York and neighboring states attended the New York State CASA Association, Inc. 2000 cross-discipline Training Seminar "Joining Our Voices for Family Mental Health", held October 22-24 in Poughkeepsie, NY. Participants included legal and social services, Family Court, treatment providers, criminal justice agencies, schools and higher education facilities, police departments, mental health care providers, state and federal agencies, foster parents, community support organizations and family members.

The training seminar drew support from a diverse group of public and private entities that offered financial and in-kind support to the project. A complete list of sponsors and cosponsors is attached. More than 7,000 brochures were distributed across New York and in adjacent states. Press releases were sent to media in the Dutchess County area.

Featured speakers included: Margaret Burt, an attorney in Rochester and a well-known trainer in the field of social services and Family Court law; Francine Cournos, M.D., professor of clinical psychiatry at Columbia University and author of *City of One: A Memoir*, which tells her story of her parents' deaths and her experiences in foster care. Also featured was a panel representing state agencies, discussing proposed initiatives to benefit children with mental health needs, and a panel of youths from Family Support Systems Unlimited in the Bronx, exploring the challenges and success they experienced in obtaining services.

Plenary and workshop sessions addressed the impact of the Adoption and Safe Families Act, case law relative to parents with psychiatric disabilities, treatment options for children and families, early intervention services, education needs, attachment, domestic violence, and health and substance abuse issues. The last day of the training was devoted to the needs of adolescents in care, and examined aging out of the system, juvenile sexual offenders, cross-systems services, and juvenile delinquency diversion. Throughout the training seminar, attendees participated in exercises inviting them to examine their cultural competence in responding to children and families with mental health issues.

BACKGROUND

Nearly 20% of children already in foster care come from homes in which one or both parents has a diagnosed mental illness, and 21% of the children in prevention programs have a parent with a diagnosed mental illness. In many cases, there is concurrent substance abuse or developmental disabilities, and domestic violence. Providing effective services to these parents while keeping their children safe is a challenge involving multiple systems and often conflicting philosophies.



Foster care cases involving parents with psychiatric disabilities tend to be among the most complex and frustrating for legal and social service providers. Parents often want very much to be able to parent their children, and may comply with court orders but service providers and judges still feel unsure that the child's safety and well-being can be assured if the family is reunited. These cases then tend to languish in foster care and require repeated court appearances, resulting in high costs in time and resources to all systems involved.

The child's mental health needs also can complicate the legal process and prolong a child's stay in foster care. According to the Child Welfare League of America, children in foster care are three to six times more likely than children not in care to have emotional, behavioral and developmental problems, including conduct disorders, depression, difficulties in school and impaired social relationships. Approximately 30% of the children in care have severe emotional problems. It is safe to assume that nearly every child in care could benefit from some mental health treatment to address attachment issues relevant to separation from family of origin and the ramifications of the abuse and/or neglect.

CASANYS has a commitment to providing training both to our affiliated programs and to the community at large serving children in foster care. CASAs are specially trained community volunteers, appointed by Family Court judges to assist in finding safe and permanent homes for abused and neglected children in foster care. The volunteers investigate, monitor and facilitate permanency plans for foster children and their families. There are CASA programs in 23 counties across New York State, with six other counties anxious to begin.

As a neutral entity, unaligned with a particular service system or provider, CASANYS is an appropriate organization to sponsor cross-systems training seminars. In previous years, we have provided multi-disciplinary training to hundreds of participants on permanency planning, parental substance abuse, and child sexual abuse.

SEMINAR GOALS

Our goals for the training were to assist participants in understanding:

- current case law and policies in this area;
- legal advocacy strategies for children and families with mental health needs;
- treatment and community support options with proven positive outcomes;
- the nature of the work of the other systems, agencies and individuals involved in helping children and families with mental health needs;
- mechanisms for cross-systems supports; and
- strategies to facilitate permanency for children and families with mental health needs so that children are moved quickly through the system and into safe and stable homes.



As with past seminars, CASANYS offered Continuing Legal Education Units (CLEs) through New York State CLE Board; Continuing Education Units (CEUs) through the National Association of Social Workers; and Clock Hours for Credentialed Alcoholism and Substance Abuse Counselors (CASACs) through the New York State Office of Alcoholism and Substance Abuse Services. In addition, attendance could be used to satisfy the Appellate Division 3rd Department rule for Continuing Legal Education of experienced law guardians.

EVALUATION

Our effectiveness was measured via a structured survey of participants at the training. Participants had to complete the survey in order to receive certification for Continuing Education Units, CASACs or CLEs.

Of evaluations received, 27% rated the seminar as excellent, on a scale of one to five with five being “excellent” and one being “poor”. Another 63% gave a 4.0 rating. No evaluations ranked the seminar as poor, a 1.0 rating, or as a 2.0. More than 93% of the evaluations ranked each of the three plenaries as above a 3.0 rating on the same 1-5 scale, 5 being “excellent”. Highest ranked was the panel of youths speaking of their experiences in care, with 67% ranking the panel as “excellent.” Dr. Cournos’ plenary received a 63% excellent rating, and the panel representing state agencies received 26% excellent (5.0) and 33% noting a 4.0 on the 1-5 scale.

All of the workshops received ratings of 2.0 or above. A total of 58% of the aggregate workshop evaluations rated them at 5.0, “excellent,” with another 30% rating them as 4.0. Presenters were described as “energizing,” “outstanding,” “courageous,” “incredible,” informative,” “well spoken,” “knowledgeable,” “enthusiastic,” and “engaging.” The few criticisms that were received centered around need for more handouts and lack of time to cover all of the material.

Evaluations repeatedly identified the need for more training, and more cross-systems opportunities such as this. A six-month follow-up survey will be conducted as well, to gauge how the training was put to practical use and to evaluate lasting changes from the training.



THEMES

A number of themes emanated from the plenaries and workshop sessions over the three-day training:

- The Adoption and Safe Families Act which provides that children either be freed for adoption or returned home after 15 months in care, barring compelling reasons to the contrary, will help ensure that children do not linger in care unnecessarily. Short time frames, however, can leave insufficient time for parents with psychiatric disabilities to show significant progress toward recovery.
- All services geared toward children with serious emotional disturbances and adults with mental illnesses need to be strength-based and empowering. Once children and parents enter the system it is too easy to focus on behavior problems or emotional difficulties.
- The pros and cons of labeling a child with an emotional illness were often repeated. Labels are a necessity to access services, but can result in discrimination and can be detrimental to the child's self-esteem.
- Mental illnesses may co-occur with drug and alcohol abuse, developmental disorders, eating disorders, domestic violence and sexual abuse. Treatment must incorporate all aspects of the family's needs in order to be effective.
- Too little attention is paid to the effects of trauma on children or adults. Post-traumatic stress disorder is often misdiagnosed, instead labeled as other mental or emotional illnesses. This serves to blame the victim and hamper effective treatment.
- Insufficient community resources exist to effectively treat children with conduct disorder behaviors. A large portion of the systems' resources are expended on these children as they often move from foster home to foster home and cannot be supported in the community. Therapeutic alternatives need to be expanded to provide safety and treatment for these children, minimize trauma to them and maximize scarce government resources.
- Different systems often have different standards and procedures that can confound attempts to coordinate and access services. This wastes precious time that could be spent in treatment, and protracts a child's stay in foster care as well as that county's expenses.
- Parents of children with emotional disturbances can become frustrated with lack of service availability and may be encouraged to place children in foster care in order to receive the help they need. Other options of respite and support would have far more desirable outcomes from the family's perspective and also would be a more efficient use of government funding.



- Treatment within the child’s community is preferable whenever possible. Community supports can greatly enhance a parent or foster parents’ ability to care for a child at home.

RECOMMENDATIONS

From the content of the training seminar and participant feedback came the following recommendations for improving the state's response to children in foster care with mental health needs, and their families. These recommendations will be distributed to all state agencies, all seminar sponsors and co-sponsors, CASA programs across the state, National CASA association, and seminar presenters, as well as posted on the CASANYS web site at <http://www.casanys.org>.

- 1) **Address Stigma:** In this culture, there is still significant prejudice against children and adults diagnosed with mental illnesses. This “shaming and blaming” serves to discourage individuals from seeking treatment. Particularly in the case of parents with psychiatric disabilities, this avoidance of treatment can lead to the disintegration of the home environment and increased risks to children. There also is stigma associated with being in foster care that needs to be addressed on a community-wide basis.
- 2) **Expand Services to Adolescents in Care:** More than any other population, adolescents – particularly those close to aging out of the system – suffer from the different strategies and responses of the various agencies involved. Adolescents mental health needs tend to be complex, often requiring a variety of treatment strategies, so interagency cooperation is crucial.
- 3) **Enhance Interagency Communication and Collaboration:** A number of programs that facilitate collaboration and provide for flexible funding streams, such as the Coordinated Childrens’ Service Initiative, were discussed. These provide excellent models and need to be replicated statewide. Interagency initiatives that allow for a single point of accountability were widely believed to provide the greatest opportunities for efficient and effective services.
- 4) **Address Cultural Competence:** There is an ongoing need to address issues of cultural competence and sensitivity in treating families with mental health issues. This was a priority at our training seminar: rather than merely being a topic of an isolated workshop, we provided information and activities throughout the training seminar aimed at raising awareness of one's own cultural identity, sensitivity to oppression and possible tools for change. Providers and volunteers need to be aware of their own biases regarding race, gender, nationality and cultural beliefs about mental illnesses in order to provide effective responses to families.



- 5) **Increase Training Opportunities:** The need to keep current with treatment modalities is critical, particularly for individuals working directly for systems other than mental health. Cross-training opportunities such as this need to be replicated on a statewide basis and made affordable for local social service departments, legal service agencies, parents and foster parents.
- 6) **Be Deserving of Trust:** Particularly from the panel of youth in care came the message that they were repeatedly asked to trust strangers, to tell new case workers and multiple providers intensely personal stories of their histories, their symptoms, and their struggles. We need to be sensitive to this issue and create safe and caring environments in which children can share therapeutically.

The dilemma faced by local social service departments, as the agency both removing a child from an unsafe home and also agency providing reunification services, was repeatedly voiced at the seminar and speaks directly to the issue of trust. It is difficult for parents diagnosed with mental illnesses to disclose the challenges they face and receive the care they need. Awareness of this issue is critical in providing services with the greatest chance of success.

- 7) **Community Involvement is Desirable:** The support and involvement of the community is helpful to families struggling with mental health needs. Programs such as CASA that directly involve volunteers from the community with stressed families are a model, one that can help to insure that an individual child and family are connected promptly with effective services and that the child's safety and permanence is assured.

FOR MORE INFORMATION

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