Working with Services and Supports to Children with Severe Mental Illness and Their Families

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Introductions and Disclaimer

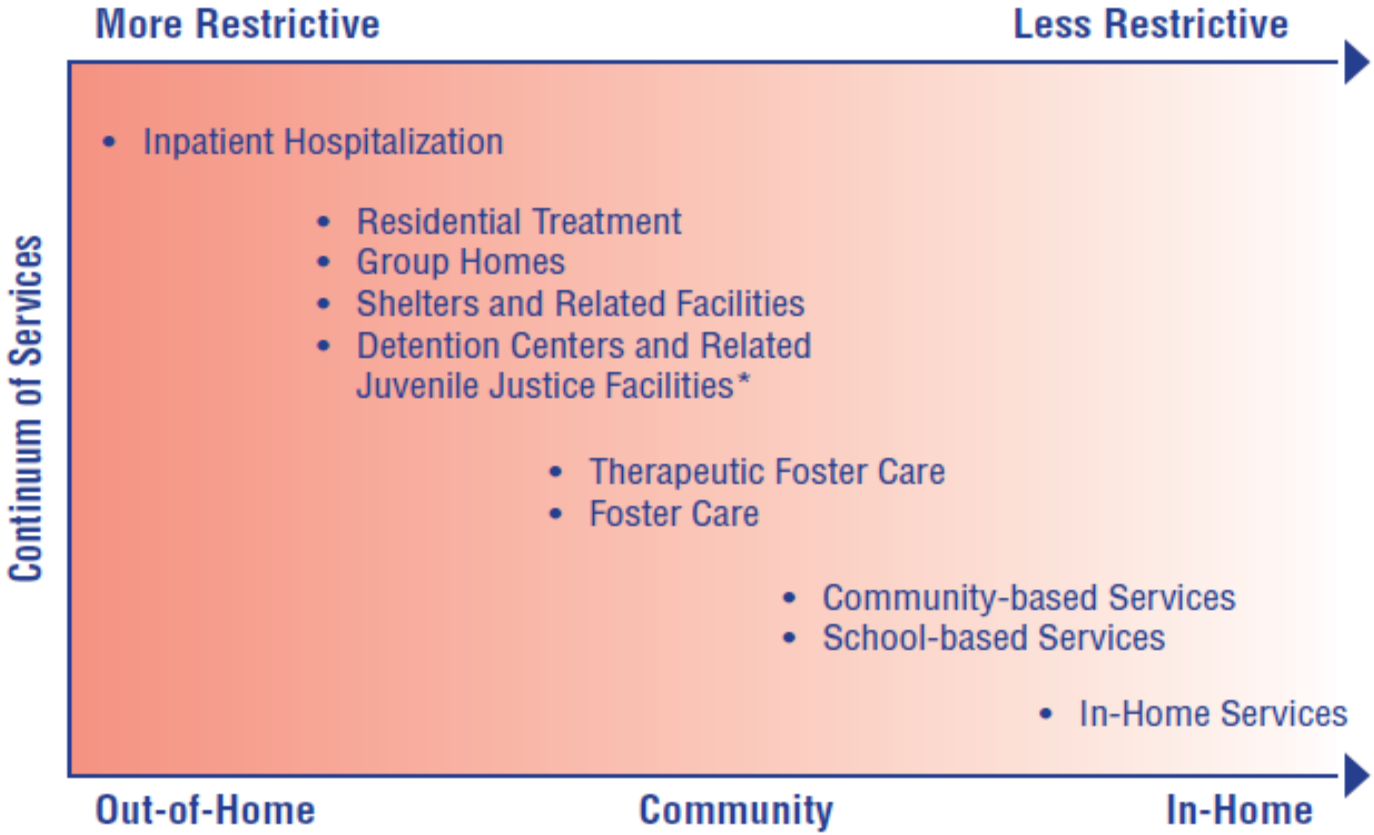
Objectives

1. Develop familiarity with the Severe Emotional Disturbance (SED) classification for children/Adolescents.

2. Develop familiarity with services available to children with SED and what these services entail (e.g., day treatment, community support services, inpatient psychiatric hospitalization, etc.).

3. Recommend children/families for services and how to support families of children with SED.

A Continuum of Settings and Interventions for Children and Youth with Mental Health Treatment Needs



*Approximately 70 percent of youth in the juvenile justice system have one or more psychiatric disorders, 20 percent have serious mental illness. [11]

Reinvesting in the Community: A Family Guide to Expanding Home and Community-Based Mental Health Services and Supports

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Assessing Child/ Adolescent Functioning and Impairment and Justifying Level of Care

- Child and Adolescent Functioning Assessment Scale (CAFAS)
- Identifying risk and protective factors
- Determining past interventions and outcomes

Outpatient Services

- Psychotherapy
- Medication management

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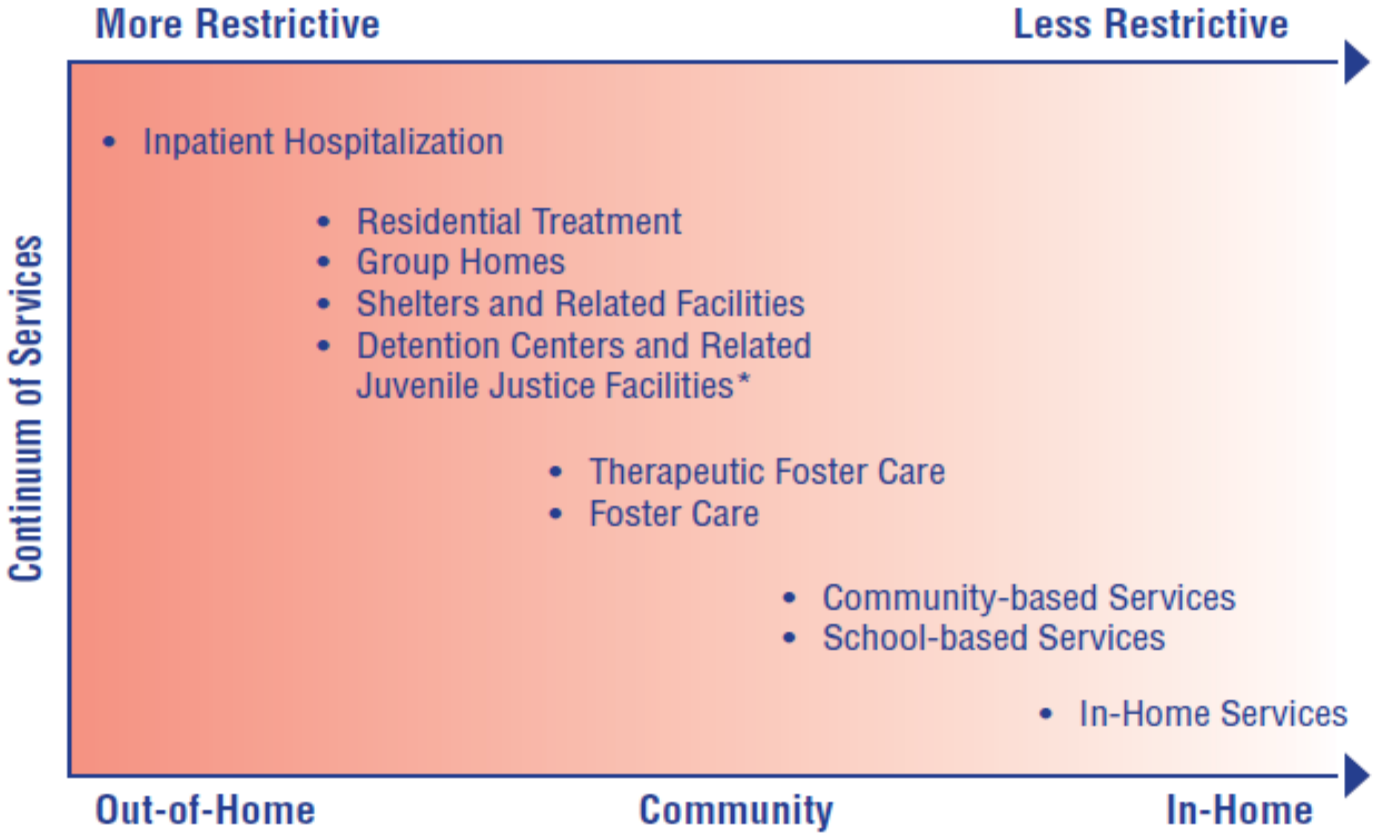

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Criteria for “higher level of care”

Severe Emotional Disturbance (SED)
CRITERIA CHECKLIST

SED determination is based on the age of the individual, functional impairment or symptoms, diagnoses and duration of the disorder. The child/adolescent must meet all of the following four criteria:

☐ 1. **Age:**

- ☐ be a person under the age of 18;

  OR

- ☐ be a person between the ages of 18 and 21, who received services prior to the 18th birthday, was diagnosed with an SED, and demonstrates a continued need for services

Taken from New Mexico Human Services Department.
Checklist is available at:
http://www.hsd.state.nm.us/uploads/FileLinks/c06b4701fbc84ea3938e646301d8c950/5_BH_Checklist_SED.pdf

☐ 2. **Functional Impairment *or* Symptoms:**

Functional Impairment in two of the following capacities (compared with expected developmental level):

☐ *Functioning in self-care:*
Impairment in self-care is manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes, and meeting of nutritional needs.

☐ *Functioning in community:*
Impairment in community function is manifested by a consistent lack of age-appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement in the juvenile justice system.

☐ *Functioning in social relationships:*
Impairment of social relationships is manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.

☐ *Functioning in the family:*
Impairment in family function is manifested by a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable expectations that may result in removal from the family or its equivalent).

☐ *Functioning at school/work:*
Impairment in any *one* of the following:

- ☐ The inability to pursue educational goals in a normal time frame (e.g. consistently failing grades, repeated truancy, expulsion, property damage or violence toward others).
- ☐ Identification by an IEP team as having an Emotional/Behavioral Disability.
- ☐ The inability to be consistently employed at a self-sustaining level (e.g., inability to conform to work schedule, poor relationships with supervisor and other workers, hostile behavior on the job).

Symptoms — the child/adolescent must have one of the following:

☐ *Psychotic symptoms:*
Serious mental illness (e.g. schizophrenia) characterized by defective or lost contact with reality, often with hallucinations or delusions.

☐ *Danger to self, others and property as a result of emotional disturbance:*
The individual is self-destructive, e.g. at risk for suicide, runaway, promiscuity, and/or at risk for causing injury to persons or significant damage to property.

3. **Diagnoses:** The child/adolescent has an emotional and/or behavioral disability that has been diagnosed by a licensed psychiatrist, licensed psychologist, LISW, LMFT, or LPCC under the classification system in the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) from the following list:

Adult diagnostic categories appropriate for children and adolescents

- ☐ Substance Dependence Disorders (303.90 - 304.90)
- ☐ Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 295.10 – 295.90, 297.1, 297.3, 298.9)
- ☐ Mood Disorders (293.83, 296.00 – 296.90, 300.4, 301.13, 311)
- ☐ Anxiety Disorders (293.89, 300.00 – 300.02, 300.16 – 300.3, 300.7, 308.3, 309.81)
- ☐ Somatoform Disorders (300.11, 300.81)
- ☐ Sexual and Gender Identity Disorders (302.2 – 302.6, 302.85, 302.89, 302.9)
- ☐ Impulse Control Disorders (312.30, 312.33, 312.34)

Disorders usually first diagnosed in infancy, childhood, or adolescence

- ☐ Attention-Deficit and Disruptive Behavior Disorders (312.8, 314.00 – 314.9)
- ☐ Tic Disorders (307.20, 307.22, 307.23)
- ☐ Feeding and Eating Disorders (307.1, 307.51, 307.52, 307.53, 307.59)
- ☐ Reactive Attachment Disorder of Infancy or Early Childhood (313.89)

4. **Duration:**

- ☐ has an emotional disability that has persisted for at least six months;

  AND

- ☐ that same disability must be expected to persist for a year or longer.

Child/adolescent meets SED criteria and at least two of the following six:

1. **Multi-system involvement:** The youth is currently involved with two or more public child-serving divisions or agencies including mental health, juvenile justice, or child welfare (e.g., they have case workers/case managers in two or more systems).

2. **At risk of out-of-home placement due to SED:** Current evaluation indicates child meets level of care for the following out-of-home placements:

   - ☐ Residential facility for severe behavioral, psychiatric issues (ARTC, RTC, Group home).
   - ☐ Residential treatment program for youthful sexual offenders.

     OR
   - ☐ Child has multiple failed attempts in intensive outpatient services (IOP) and family is unable to maintain the child in the home without significant support.

3. **Hospitalization:** Current hospitalization in an inpatient psychiatric facility or two psychiatric admissions within the past 12 months.

4. **Recent (within last six months) or pending discharge from a:**

   - ☐ Residential facility for severe behavioral, psychiatric issues.
   - ☐ Residential treatment program for youthful sexual offenders.

     OR
   - ☐ Two or more placements in a residential program for severe behavioral, psychiatric or sexual offending issues within the past 12 months.

5. **Suicide attempts:** A history of two or more suicide attempts within the past 12 months resulting in medical intervention.

6. **History of significant trauma.**

Comprehensive Community Support Services

"CCSS includes: Assistance in development and coordination of a behavioral health Service Plan, which entails a recovery/resiliency management plan, a crisis management plan, and an advance directive when needed;

- Assessment and support in crisis situations;
- Service and resource coordination with the goal of attaining access to rehabilitative, and medical services;
- Assistance with the development of interpersonal and community coping skills;
- Encouragement in the development of natural support systems at the workplace or at school;
- Assistance in learning to monitor symptoms and self-management skills;
- Assistance in maintaining stable housing;
- Multi-disciplinary follow-up to ensure CCSS needs are being met."

http://www.bhc.state.nm.us/BHCollaborative/CompCommSupportServices.html

Behavior Management Services

- In home/ school/ community based
- Help children/ families help manage behaviors in the least restrictive environment
- Skills/ interventions may include; setting limits, time out, communication skills, role modeling, crisis de-escalation, recognizing cues of problem behavior, distractions, etc.

Behavior Management Services

Agencies include:

- www.deserthills-nm.com/programs/behavior-management
- http://www.streetnm.org/services.html#BMS
- http://www.openskieshealthcare.org/services.htm
- http://hospitals.unm.edu/bh/children_adolescents.shtml

Community Family Team (CFT)

- In home/ school/ community based
- Incorporates a range of evidence based practices (CBT, parent training, etc.)
- Includes BMS, case management, crisis management, and collaboration with other systems (school, community, etc.)

Multi-Systemic Therapy (MST)

- To support adolescents with multiple behavioral difficulties in their community
  - Evidence based intervention to support youth with chronic violent behavior and serious emotional problems (e.g., truancy, aggression, criminal behavior, drug/ alcohol problems, etc.)

- Addresses: family relations, school performance, peer relationships, neighborhood, community relations.

Multi-Systemic Therapy

Agencies include

- www.swfamily.com/our-guidance-center/staff/albuquerque-area-clinicians/
- https://www.lafronteranm.org/
- http://hospitals.unm.edu/bh/children_adolescents.shtml

Higher Level of Care/ More Restrictive

Day treatment

"Desert Hills offers a comprehensive educational day treatment program that is designed to provide coordinated, intensive, and individualized therapeutic and educational services for children, adolescents, and their families who are living in the community. This program is held five days per week between the hours of 8:00am and 4:00pm and is available for 6th-12th grade students. This educational day treatment program is offered year-round and addresses both academic and behavioral issues."

http://www.deserthills-nm.com/programs/outpatient-clinic/day-treatment

Day Treatment includes…

- Transportation
- Breakfast and lunch
- Education supports

Foster care/ Treatment foster care

"The purpose of Treatment Foster Care is to place seriously emotionally disturbed children and adolescents in the homes of trained and licensed parents who are skilled in helping these young people develop appropriate skills and techniques for managing emotions and behaviors. The goal of this program is to work with the natural family and to reunite the child with their natural environment by providing weekly individual and family therapy in a temporary home environment that is conducive to healing and beneficial skill development."

http://www.deserthills-nm.com/programs/foster-care

Service providers include…

- https://www.la-familia-inc.org/treatment-foster-care.php?layer=treatmentfostercarehome
- http://www.deserthills-nm.com/programs/foster-care

Residential Treatment Centers

"The foundation of our residential program focuses on teaching our patients that safe, positive, and appropriate behaviors lead to positive consequences and that acting in an unsafe, negative, and inappropriate manner leads to negative consequences. We use a cognitive behavioral therapeutic approach in the milieu of treatment, which includes a phase system that children move up in as they progress through treatment. Therapy focuses on not only the individual, but on his or her family as well. Focusing on the entire family unit is essential as guiding and facilitating an open dialogue, while also teaching appropriate intervention skills, assures success once children leave our program."

http://www.deserthills-nm.com/programs/residential

Service providers include…

- http://www.deserthills-nm.com/programs/residential
- http://www.peakbehavioral.com/

Inpatient Hospitalization

Service providers include…

- https://www.phs.org/doctors-services/services-centers/behavioral-health/behavioral-health/Pages/inpatient-kaseman.aspx
- http://hospitals.unm.edu/children/unmcpc.shtml

Other specialized services

- Eating disorders
- Substance abuse
- Trauma

Challenges to accessing services

- Location
- Resources
- Waitlists
- Insurance
- Stigma

Working with Families

- How to support families
- Pointing families in the right direction
- Providing hope AND resources
- Helping families navigate and coordinate multiple care providers
- Recognizing limitations and challenges that families may face

Questions?