MENTAL HEALTH AND MENTAL DISORDERS
Boilerplate Outline

LEARNING OBJECTIVES*

Relevant Child Welfare Outcomes

Safety 1
Children are, first and foremost, protected from abuse and neglect

Permanency 1
Children have permanency and stability in their living situations without increasing reentry into foster care.

Well-being 1
Families have enhanced capacity to provide for their children’s needs.

Well-being 2
Children receive services appropriate to their educational needs.

Well-being 3
Children receive services adequate to their physical, emotional, and mental health needs.

California Outcomes 5f
Authorized for psychotropic medication

Knowledge:

K1. The trainee will be able to recognize how commonly occurring mental disorders can affect a person’s ability to parent safely.

K2. The trainee will be able to recognize that there is a range of functioning among children, adolescents, and adults who experience mental and emotional disorders.

K3. The trainee will be able to recognize that biological, psychological, cultural, environmental and behavioral (i.e.; substance abuse) factors may influence the mental health functioning of family members.

K4. The trainee will be able to describe the case management role of the child welfare worker working with health care and mental health professionals including:
   a. facilitating access to mental health services for adults, youth and children;
   b. actively collaborating with mental health and medical professionals regarding mental health assessment; diagnostic testing; medication

*Normal font represents primary objectives. Italicized font represents secondary objectives.
recommendations and management; and ongoing services for parents, youth and children;
c. ensuring ongoing court approval for use of psychotropic medication is in place for children and youth in placement;
d. advocating on behalf of parents, youth and children regarding the mental health services they receive.

K5. The trainee will be able to recognize common case plan interventions that are used by child welfare workers to engage and assist children, youth and adults who experience mental and emotional disorders.

Skills:

S1. Utilizing a case scenario, the trainee will be able to identify possible symptoms, warning signs, and behaviors that could indicate a mental health concern.

S2. Utilizing a case example, the trainee will be able to identify cultural factors that may influence behavior and articulate how such behavior may be misconstrued as symptomatic of a mental disorder.

S3. Utilizing a case example, the trainee will be able to develop case plan objectives, client responsibilities and planned services that meet the individual mental health needs of adults and children.

Values:

V1. The trainee will value the child welfare worker’s role in educating families, collaterals, service providers, and colleagues about common misperceptions associated with certain mental disorders.

V2. The trainee will value awareness of and sensitivity to cultural differences and their implications when working with families with mental health issues.

V3. The trainee will value seeking out clinical case consultations and thinking critically when working with children, youth and families regarding mental health concerns and diagnoses.

V4. The trainee will value customizing mental health interventions to meet individual and family needs.

RELATED TITLE IV-E CURRICULUM COMPETENCIES

CP 1.1. Interact positively with clients, colleagues and supervisors and demonstrate skill in seeking out suitable client services and ensuring client access to those services.
CP 1.2. Maintain professional demeanor and boundaries in practice situations, demonstrate skill in articulating professional knowledge and effective use of self, and utilize appropriate resources to ensure professional growth.

CF 6.b. Demonstrate knowledge of how to consult and utilize research evidence to inform ongoing practice and policy at all levels.

CA 7.1. Integrate knowledge and theory of human behavior and the social environment from diverse perspectives to conduct reliable and valid assessments, comprehensive service plans, effective interventions, and meaningful evaluations in child welfare.

CF 10(a).a. Demonstrate the knowledge base and affective readiness to intervene constructively with individuals and groups.

CA 10(a).1. Demonstrate the ability to develop relationships and manage power differentials in routine and challenging client and partner situations, in a manner that reflects core social work values in child welfare practice.

CF 10(b).d. Demonstrate ability to critically determine the most appropriate intervention strategies to implement a plan.
Outline

1. Welcome and Introduction
   A. Review of Learning Objectives
   B. What are participants’ perceptions of mental illness in the scope of their experience? Review and Process

2. Explore the concept of cultural perspectives related to MH stigma, interpretation, and engagement

3. Review of Major Disorders
   A. Anxiety Disorders
      1. Definition
      2. Psychological/Behavioral Manifestations
      3. Physical Manifestations
      4. Classification of Anxiety Disorders
      5. Presentation of symptoms in childhood
      6. Common Profiles
         A. Generalized Anxiety, Panic Attacks, Phobias, Agoraphobia, OCD
      7. PTSD
         A. Criteria
         B. Behaviors associated with PTSD
      8. Prevalence of Anxiety Disorders
      9. Family/Genetic Components – Environmental Components
     10. Gender Factors – Cultural Factors
     11. Impact on Family
   
   B. Mood Disorders
      1. Definition
      2. Depression
         A. Psychological/Behavioral Manifestations
         B. Physical Manifestations
         C. Prevalence
         D. Presentation of symptoms in childhood
      3. Cutting Behavior
      4. Youth Suicide
      5. Mania
         A. Definition
            A. Bipolar 1 and 2
            B. Psychological/Behavioral Manifestations
            C. Physical Manifestations
               A. Prevalence
               B. Differential Diagnosis – if behaviors first manifest themselves after age of 40
            D. Family/Genetic Components - Environmental Components
            E. Presentation of symptoms in childhood
            F. Gender Factors - Cultural Factors

G. Impact on Family

C. Psychotic Disorders
   1. Definition
   2. Psychological/Behavioral Manifestations
   3. Physical Manifestations
   4. Prevalence
   5. Presentation of symptoms in childhood
   6. Family/Genetic Components – Environmental Components
   7. Gender Factors – Cultural Factors
   8. Impact on Family

D. Personality Disorders
   1. Definition
   2. Psychological/Behavioral Manifestations
   3. Physical Manifestations
   4. Prevalence
   5. Family/Genetic Components – Environmental Components
   6. Gender Factors – Cultural Factors
   7. Impact on Family

E. Attention Deficit Hyperactivity Disorder
   1. Definition
   2. Psychological/Behavioral Manifestations
   3. Prevalence
   4. Family/Genetic Components – Environmental Components
   5. Gender Factors – Cultural Factors
   6. Impact on Family

4. Skill Application
   A. Evaluate the presence or absence of mental health/illness via case scenario (Adult)
      1. Assess the safety and/or risk issue
         A. Evaluate the presence or absence of mental health/illness via case scenario (Child)
            a. Be aware that removal may produce symptoms that may be the result of removal, grief and loss, rather than a MH diagnosis
      2. Assess the safety and/or risk issue
         A. Assessment, Treatment and Case Planning for Youth who is in the child welfare system via case scenario
         B. Types of MH assessments:
            a. how to access
            b. what to request based on presenting symptoms
            c. critical thinking of type of assessment including consideration of time, resources, next steps
   3. Mental Health Issues
A. Identification of Maltreatment History as it relates to Mental Health
B. Identification of Family History/Dynamics as it relates to Mental Health
C. Identification of Trauma as it relates to Mental Health
D. Identification of Attachment/Developmental Level
E. Identification of Substance Abuse/Co-Occurring Disorders

4. Crisis Intervention Activities
   A. Suicidal Ideation, Homicide, Danger to the Child
   B. Levels of Intervention: Informal, community and faith based organizations, formal (CPS)
   C. Consultation and Assistance

5. Case planning and advocacy
   A. Referrals
   B. Requesting Evaluations
   C. Release of Information
   D. Consultation with collaterals
   E. Court approval for psychotropic medication
   F. Interventions by SW
   G. Resources
   H. Lack of resources – disparity of access
   I. Advocacy for children and parents

6. Culture, Language and Social Context
   A. Perceptions of MI by culture
   B. Beliefs about health, healing, wellness by culture
   C. Culture influences attitudes towards health care providers

Evaluation and Close