

Rise magazine is written by and for parents involved in the child welfare system. Its mission is to help parents advocate for themselves and their children.

# Rise

ISSUE NUMBER 16, SUMMER 2010

BY AND FOR  
PARENTS IN THE  
CHILD WELFARE SYSTEM

## Hit On All Fronts: Parenting with Mental Illness

Parents with mental illness face extraordinary obstacles to reuniting with children placed in foster care. State laws often give parents with mental illness less time to reunify, few family supports are designed to help these parents, and biases and misconceptions about mental illness can make reunification more difficult. In this issue, parents write about how they have struggled to overcome these obstacles and safely raise their children at home.

ILLUSTRATION BY HANDEL MORENCY



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## Ghosts in the Nursery

*I believed my kids were better off without me, but I was wrong.*

BY ERICA HARRIGAN

I wasn't surprised when two child protective service (CPS) workers came to my home a few months ago. At the time, I was off my medication for borderline personality disorder, not attending treatment regularly, staying out late with friends, fighting with my husband, and ending up in the psychiatric emergency room because of my tantrums. Because I wasn't taking my mental illness seriously, my two children were scared and confused.

My husband, Michael, tried to stay calm. He warned me that I was not being a mother to our children and he threatened to call my therapist or CPS if I would not get help. But I kept slapping and punching him; once I even threw the stroller at him. He had to restrain me to calm me down.

What was Michael to do? He called my therapist and my therapist talked to me but I wouldn't respond. Finally,

the therapist called CPS because I wasn't willing to get treated.

### *CPS Steps In*

Child welfare has a long history with my family, and not a good one. As a child, I was removed from my mother's home because she was using drugs and not taking care of me. In foster care, I was abused and not properly cared for by my foster parents. While in a residential treatment center, I was over-medicated and hospitalized often.

My husband also grew up in foster care. When we became parents, we didn't want our kids to fall into the same fate. I was worried about my ability to care for my children. From my first pregnancy on, I went to day treatment and, through a family support program, took parenting classes and got a homemaker to help me at home with my kids so that my children would not be at risk.

For two years, I was a steady mother. But six months ago I started to convince myself that my children didn't really need me and that it might be better for me to go away. So many things led me to feel that way.

### *Leaving Treatment*

First, I had to leave the day treatment program that I'd been going to for a few years because it was closing. But I hated my new therapist. I thought she was out to send me to the hospital.

I also feared the new program, because it was supposed to be "perfect" for me, and I fear getting better. When I'm doing better, my thoughts don't race, I'm not so depressed and angry, I feel more motivated to interact with my kids, and I'm less paranoid that they don't love me. But it also feels strange to feel better. I am so used to feeling manic, depressed, or paranoid that when I am stable, I tend not to feel like me. I don't know

who I am. Then I panic and discharge myself from treatment.

Soon I wasn't attending my program regularly and was taking my medication when I felt I needed it, meaning *after* I started trouble with my husband, screamed at the kids for no reason, tore up the home out of anger, and ended up in the psych emergency room. After these episodes, I felt guilty and depressed but I didn't want to face the reality that I will be mentally ill forever.

### Afraid for My Child

Around that time, my older daughter, Emma, who is 2, was diagnosed with autism spectrum disorder. I had requested an evaluation by Early Intervention Services because the homemaker noticed that my daughter was not speaking as expected for her age. Emma's diagnosis had a big effect on me. I feared that she would face the same fate as me: having to take medication, receive treatment and end up in a mental hospital.

When Emma began working with a therapist at our home, I found it very painful. One part of Emma's problem is that she doesn't like switching from one activity to another, which the therapist made her do. It was overwhelming to me to watch her get fussy, cry out of frustration, or try to fall asleep so she wouldn't have to learn.

Listening to Emma cry reminded me of all the times that I was abused as a child and had no one to snatch me away from the pain. Many times I felt like snatching her up in the middle of the session to hug and kiss her, but that wouldn't help in the long run.

To deal with abuse as a child, I learned to leave the room mentally. When my daughter cried in therapy, I found that I had to leave the room physically and mentally. I made myself busy during the day so that I wouldn't have to sit in on the sessions.

### Do My Kids Need Me?

Over time, I started to feel useless as a mother. I knew that the best thing I could do for my family was make sure that we were each getting the treatment and support that we need-

ed. But it hurt to know that Daddy was soothing the baby, the homemaker was taking care of important things like my daughters' hair, and the therapist was giving my daughter the help she needed to develop.

I started to think to myself, "My kids have their daddy and replacement mommy, so where do I fit into their little perfect picture of a family?" I felt abandoned all over again—not by my parents, but by my own children and husband.



ILLUSTRATION BY HANDEL MORENCY

### My Mother's Footprints

Thinking about my children's needs also reminded me that when I was a child I needed my mother and didn't have her. Little moments with my children sent me back to my childhood. I'd be playing with them and think, "I don't remember playing with toys as a little girl." Can parents feel jealous of their kids? Or can parents feel sad and overwhelmed when realizing how many needs children really have?

When I first became a mother, I was so sure that it was important that I be the mother to my children, the one to meet their needs. But a few years ago, I reconnected with my own mother and we started to rebuild our relationship. My mother's behavior is unpredictable and sometimes scares me. I've started to feel that, more than my own mother, what I really needed was other caring adults. That has made me begin to question whether my children might be better off without me.

Eventually, I convinced myself that, as long as my kids were fed and basically cared for, they didn't need me. Soon, every day was a party. I didn't drink or do any drugs, but I was curi-

ous, and when I came home, I felt like a stranger in my own home. I had started walking in my mother's footprints. Looking back, I wonder if it was only a matter of time before I got hooked on drugs and alcohol just like my mom.

### I Had 60 Days

When the two CPS workers came to my house, I felt anxious and fearful that I was going to lose my parental rights. But the meeting went well. The workers told me that I was not neglecting or abusing my children. They saw that our fridge was packed with food, our home was clean, and the kids had lots of toys and diapers.

The workers told me that their concern was that I was acting out because I was not in treatment on a regular basis and not taking medication as prescribed by the psychiatrist. They said that I needed to be in day treatment and on medication, and should attend domestic violence classes and marriage counseling.

When the workers left I felt happy—not that CPS was a part of our life, but that I wasn't neglecting or abusing my children like I was neglected and abused. I was also relieved because I thought that CPS would be determined to snatch up my kids

and put them in strangers' homes. But they told me, "Foster care is the last option. If you put in the effort to change, your kids can remain at home." I had 60 days to fight for my kids and get the services I needed.

Even though I had resisted treatment up until then, I told myself, "It's simple. All I have to do is get treatment and CPS will be out of the picture."

### More and More Furious

But it wasn't as easy as I'd thought to change my behavior or deal with CPS. Not long after CPS closed its investigation, I started a fight with Michael and got so angry that I kicked a hole in the bedroom door. That night, I came home raging, wacko, really upset. I was calling my husband's mother names, and my husband got so angry that he told me, "The homemaker is more of a mother than you are."

The next day, when I had calmed down and Michael called from work to check in on me, I realized that he was right. I wasn't acting like my kids' mother.

After that, I called CPS for help. I knew that our arguments were creating a stressful environment for our children, and I believed that Michael

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and I both needed help finding ways to handle the stress of parenting without fighting.

This time, things didn't go as well. The CPS workers decided to remove our children. They said that until we had a plan in place to keep our children from witnessing our arguments and violence, our children would be safer in a foster home.

### Falling Like Dominoes

Michael was angry. For the first time in my life, I saw him lose his mind. He told the workers off and wanted to tear the door off its hinges.

I was angry at myself. My family fell apart because of my selfish ways. Until my life crashed before my eyes like dominoes stacked in a line, I hadn't thought about how my husband and kids would be affected by my decision to treat my mental illness on my own terms.

Within a few days, we went back to court and made a safety plan. Michael and I agreed that, if our kids came home, Michael would sleep at his family's to make it easier to keep the peace at night, and we would attend parenting, domestic violence, anger management and marriage skills classes.

Our kids came home within a week, and I began to feel confident that my family and I had made it through our crisis. I was busting it out, going to day treatment without missing a day.

It was hard being in treatment four days a week and coming home to

attend to the kids and household. But on days that I felt lazy and did not want to go, Michael gave me a little encouragement to pick myself up.

### Fighting Back

Even so, CPS soon removed our kids again because I argued with the homemaker and she called in a case. This time, I was angry. I had done everything they asked! How could this happen when I was attending treatment? I felt that my kids were removed illegally and I was ready to fight.

Before court, I got a letter from my therapist that said I was complying and improving. In court, my father-in-law and a friend of the family spoke on our behalf. Even the children's lawyer spoke favorably about me after talking with my therapist and reading the psychiatric evaluation stating that I was not a threat to my children.

When the judge asked CPS to show cause, they had nothing but my mental illness. The judge ruled in my favor and my kids came home.

### Not Too Late

I'm beginning to understand that with my mental illness, I cannot skip treatment. I keep telling myself, "The difference between my mother and me is that she refused help." I feel lucky that Michael caught me before it was too late and I lost my children permanently, just like my mother.

I'm also realizing that I may need more help than other mothers, but I can still parent my children and feel proud to say that I'm a mother.

## Hit On All Fronts

*Parents with mental illness face extraordinary obstacles to reunification.*

INTERVIEW BY BEVANJAE KELLEY AND JEANETTE VEGA

*Parents with mental illness who come to the attention of the child welfare system face extraordinary obstacles to reunifying with children placed in foster care. Sharon Yoo, parent advocacy lawyer at the Urban Justice Center's Mental Health Project in New York City, explains how mental illness can affect a parent's child welfare case:*

Parents with mental health disabilities are hit on all fronts—by discriminatory legislation, inadequate services, and misconceptions and biases. In many states, a child can be removed simply because a parent has a mental illness and is not receiving treatment, even if the child has not been harmed.

Even more discriminatory is that parents' rights can be terminated more quickly if the parents have a mental illness. Although federal law requires that child welfare agencies make every effort to keep families together, many state laws list parental mental illness as a reason to make no efforts to reunify families. Others give parents with mental illness less time to reunify.

### Need More, Get Less

In New York, agencies will file to terminate after only 12 months if the parent is mentally ill; most other parents have 15 months. So parents with disabilities who may need more time and services to reunify actually get less.

Meanwhile, it can be very difficult for parents to find appropriate services. Child welfare agencies don't offer parenting supports geared toward mentally ill parents. Mental health programs rarely provide parenting classes or daycare, and children usually cannot live with parents in supportive housing.

One parent I am working with is close to reunifying but cannot find housing. At the time she was investigated, Mom had a child at an Ivy League college and a teen. She was unemployed and not doing too well, and her teen was not attending school. The mother would not let a preventive worker check up on the teen. Then the worker tried to refer her for an evaluation, but she wouldn't cooperate.

Eventually, her child was removed and she was hospitalized for a month and diagnosed with schizophrenia. This mom has done tremendously well with therapy and medication, but housing is an obstacle. She lost her apartment when she was hospitalized. Now she is living in supportive housing, but her son cannot live with her.

### Recovery Is Possible

Many parents are afraid that, as soon as it comes of their mouth that they've struggled with depression or anxiety, they'll be labeled.

Most child welfare workers are not trained to work effectively with parents with mental illness. Workers tend to presume that anyone with a diagnosis needs medication and treatment, although decisions about medications and treatment should be made between a parent and the clinician. More workers and judges also need to understand that a diagnosis does not necessarily mean that a parent can't recover and take care of her child.

One of my clients was the typical person that people would say was crazy. She made outlandish, delusional statements, like, "The president is my best friend." But since she's been in treatment and intensive case management, she's gotten tremendous support from her case manager and psychologist, who believe she should reunify with her child.

Unfortunately, her child has been in foster care for more than a year and is treated very well by the foster parents and gets tons of gifts. Now the child does not want to return home. It's very sad because the parent has fully complied. I don't understand why—legally—the child is still in foster care.

There are some parents who have a very serious mental illness and, even with the right supports, may not be able to care for their children safely. However, a mental illness alone does not equate to being unable to care for a child. Many people with mental illness can recover and be stable parents.



ILLUSTRATION BY RIONA FAITH O'MALLEY



# Getting and Giving

*I feel good helping someone else in need like me.*

BY EVELYN MATEO

Ten years ago, I was a single mom of two children, 2 years and 11 months. I was in treatment for bipolar disorder but I was isolating myself, a warning sign of depression. My therapist recommended that I come to a clubhouse at a program called Employment Options.

Coming to the club helped me make friends and get to know other people with mental health problems. But soon after, I was investigated by child protective services. I felt I was surviving but CPS saw that I wasn't taking medication and I lost custody of my sons.

## **A Friend's Support**

When I told the clubhouse staff what happened, they put me in their Family Project. I did not trust the program at first. I thought, "What do I let them know? Are they going to report me?" But I came to see my worker, Shannon, as a friend.

Shannon focused on the positive in my life and in my parenting skills, and she trusted me. She saw that, although I had my challenges, I had made a promise that my kids wouldn't live the life I had lived as a child growing up in foster care.

The Family Project staff went to court with me, took me to appointments and supervised my visits. I'd had to go to the CPS office for supervised visits but Family Project began supervising community visits, so I could take my boys to a playground or to McDonalds.

Shannon saw that my care plans were confusing me. There was one plan for my mental health, one for my sons, and a family plan. It was too chaotic. Family Project had all of the providers come to a meeting and said, "We can't have three different plans, we need one plan."

Within six months, I got custody

back, but my CPS case was open for two years. I had to go to parenting classes, therapy and family therapy, and I could not be alone with my



ILLUSTRATION BY ROSA PERIN

children. If my husband went to work, my kids had to go to a sitter. He worked from 5 a.m. to 6 p.m. some days, so it was really difficult.

## **Bias and Fear**

Then I became pregnant with my third child. He was removed from the hospital when he was 3 days old. I had gone off medication while pregnant so it wouldn't harm my child. CPS said that I should have attended my psychiatry appointments anyway.

My son was 2 weeks old by the time CPS returned him. It hurt so much that I couldn't breastfeed him and that my newborn and I had to spend long hours apart because I still could not be alone with my kids.

I didn't understand CPS' fear and I still don't nine years later. I had a long mental health history—I grew up in state custody and was in residential treatment centers and hospitals with bipolar and PTSD. But I had never harmed my children. I feel that I was separated from my children just because I have a diagnosis.

## **Helping Others**

When my CPS case ended, I joined another program at the clubhouse, Family Options. My team supports my sons and me when I'm in crisis or when they are, because my sons have all been diagnosed with mental illnesses, too.

What's unique is that I'm now on staff at Family Options 10 hours a week. As a Parent Peer Counselor, I visit two families a week and do whatever the parents need. We'll go for a walk, go shopping, make sure the bills are paid, or clean the house. I help the parents get out of the house and have fun with their children.

I had to tell one parent, "You might not realize it, but I'm seeing warning signs for you." We looked at her list of signs of depression and

## **My Own Blindness**

This past year, I was surprised to find that I needed my team, too. I was hospitalized because of my illness for the first time since I was 18.

At first, I didn't realize how depressed and isolated I'd become. It was like I closed my eyes for a week. I didn't leave the house. I unplugged the phone. I even struggled to get to the supermarket. I just wanted to be alone. I think everyone is blind when they get sick. You don't realize that you're in a hole and you don't know how to use the resources that you have.

I realized that I was unwell when I heard my sons having a secret conversation about me. One of my sons was crying. He said, "Something's wrong with Mommy, she won't get out of bed. I've never seen Mom like this."

My oldest said, "Mom gets sick like us; she just never shows it."

## **Getting and Giving**

I felt really bad. That night, I told my sons, "Mommy isn't feeling good. I am going to get help the way I get help for you." The next morning I

Everyone is blind when they get sick. You don't realize that you're in a hole and you don't know how to use the resources that you have.

checked it off together. I said, "You need to make a decision for yourself and your children. I'm here for you."

The mom started crying and said, "I need extra help," so we called her team and got her family involved.

called my team. I went to the club and made an agreement that I would go to the hospital for a week.

With my illness, I'm always going to have ups and downs. It helps me to go to the club every day, and I feel good helping someone else in need like me.

# 'I'm Overwhelmed'

*When families trust workers, they can share their real needs.*

*Fewer than two dozen programs nationwide specialize in supporting mentally ill parents. Employment Options, a nonprofit in Marlborough, Massachusetts, is one. It offers a clubhouse and other support for parents who struggle with mental illness, especially parents who come to the attention of the Massachusetts Department of Children and Families (DCF.) Hector Lara, an intensive care coordinator, explains the challenges and successes of teaming up with families:*

Families are referred to our program because child protective services, a child's school, or other providers are concerned about a child's well being in the home but there's no serious safety issues that would warrant removal. Or DCF wants to return children home from foster care but the family needs more support. Our role is to build trust with the family, identify the needs of everyone in the family, and work with DCF, the school and other providers to develop a care plan for the family.

The most important thing is to build trust. We begin by saying to the family, "What do you want to work on? Let's work on that." We demonstrate that our project is here to support them and is led by them. Parents might start by saying, "I just want DCF out of my life." In that case, we help them get to all of their programs so that they're in compliance with DCF requirements. Or they want us to focus on getting services for the child, who may also have challenges.

Once parents see that we're working with them, they open up. Usually it takes four or five months for families to trust us. A lot of work happens in the car when you're driving a parent around. Then we begin to get at their real goals and needs. They say, "I am overwhelmed. How can you help me?"

## **Acknowledging Needs**

It's not easy for parents to begin to acknowledge that their mental ill-



ness affects them and their children. We worked with one mom whose daughter needed residential treatment to keep her safe. The mom disagreed. Even though there were four incidents involving the police, substance abuse, and older men, Mom would just push the issue to the side, saying, "It's OK. We can take care of it."

It seemed like Mom would kind of erase her memory. We'd say, "This is the third time," and she'd say, "Oh, I forgot about that." We couldn't tell: Did she actually forget or was

needs of her child.

I had to keep telling her, "I understand your perspective, but our perspective is that the child is not safe at home and she needs more help." This mom was angry with us for a little while, but after every new incident we kept going back to the child's needs and she was able to get her daughter the help she needed.

## **Building Trust**

At times, we do not include DCF in meetings focused on the parents' care plan. Parents are very hesitant

**It's not easy for parents to begin to acknowledge that their mental illness affects them and their children. Usually it takes four or five months for families to trust us.**

she just putting it out of her mind because she wanted to keep her child at home?

This was a very isolated family and the mom was lonely. Her kids were her only connections. It was hard for her to acknowledge that her daughter needed to go somewhere else to take care of her own needs. Because of her mental health issue, Mom was making her own needs trump the

to discuss their mental health needs in front of the department. We'll do a separate care plan for the parents with people they're comfortable with. This is possible because we have very honest conversations with DCF. We say, "Let us work with this parent. We may not discuss the parent's plan in front of you but we are working on it, and if the parent's mental health affects the child's well being, we'll involve you."

On the flip side, we may need to say to the parent, "We're asking DCF and the school to back off so we can work with you, but that means that we need to see some results. You have to trust the process and work with us. We're not just vouching for you; you'll suffer consequences if your child is at risk."

It's frustrating for providers that we take the time to build trust. But unless there's a serious safety issue, that's where we have to start.

## **Moving Toward Results**

For seven months, we've been working with a mom who has a substance abuse issue that she does not acknowledge, has had some domestic violence incidents, and has had numerous child protective investigations. DCF made Mom get an addiction assessment and domestic violence counseling but decided that removal is not warranted.

It's been difficult because Mom is in denial. Mom does not acknowledge that her blacking out affects her children or that her daughter is acting out because she's angry at Mom. She is not ready to agree that her behavior is impacting her children. Part of the problem is that Mom grew up in the system—in residential programs and hospitals—so she doesn't know from her own experiences what appropriate parenting looks like.

What we keep on doing is building trust and showing her the linkages between her behavior and her children's difficulties. Not long ago, we went with Mom to a school meeting because her 5-year-old was swearing at school and telling kindergarten classmates about family members being involved with prison, drugs and guns. In that conversation with the school, she was able to understand that kids are sponges and that she needs to focus on censoring herself in front of her children so that her children can behave appropriately.

# From Dirt to a Blossoming Flower

*First I rebuilt myself; now I am rebuilding my family.*

BY PIAZADORA FOOTMAN

You know the stuff on the bottom of your shoe that makes that awful sticking noise? Well, that was me four years ago. The lowest of the lows. I was using drugs and alcohol to drown out my pain and I was running from my responsibilities.

Growing up without my mom and with a sometimes dad, I was raised by my grandmothers, Sandra Lewis Brady and Fannie Marie Footman. They were strong, proud, hardworking women. They took care of me very well. But I rebelled against them.

When I turned 15, I began staying out way past my curfew and started having sex. Soon I got pregnant with my first child, Zainique Cheray Cole, and dropped out of school against both of my grandmothers' wishes.

## *I Thought I Was Grown*

After I had my baby, no one could tell me anything. I thought I was grown because I had a child. Boy was I wrong! I had love in my heart for Zainique, but I wasn't yet a mother. I began to leave Zainique with my Grandma Fannie so I could hang out, getting drunk and high.

Eventually my grandma went to the courthouse to get custody of Zainique. In court, I flipped. I felt that I had failed my child and failed my grandmother. I didn't want my child feeling like I did on those nights when I would cry myself to sleep because I didn't know where my mom and dad were.

## *Too Happy, Too Slow*

In court, I was so hysterical that the police called an ambulance to take me to the psych ward, where I was diagnosed with bipolar disorder. The doctor said that I had an imbalance in my brain, but I didn't believe him because I wanted to be "normal." I didn't understand my diagnosis until several years later, when another doctor sat me down and explained

what bipolar means: when I am sad, I'm way too sad, and when I'm happy, I'm way too excited, but not by choice.

At the hospital, they gave me pills that made me too happy or too slow. So I threw them away. But with no pills, I began to fall apart.

## *Down, Up, Down*

Soon the depressed side of bipolar kicked in and I grew distant from my baby and the world. I stayed in my room, slept and ate (sometimes).

I felt awful that I wasn't my daughter's mother anymore. Every time Zainique said "Ma," my grandma and I would both answer. If Zainique asked for something, I had to ask my grandma if it was OK for me to give it to her. I felt more like her sister than her mother. But I didn't have any stability to offer Zainique so I had to follow my grandma's rules.

Grandma Fannie would tell me, "Child, go on outside. You need to get your life together." Slowly but surely, I crept back outside. I found myself a therapist and a new boyfriend. Again I tried pills that didn't help, so I tossed those in the trash. Again I failed to help myself with my disorder. And again, I got pregnant.

## *On My Own*

When I gave birth to my son, Xavier Footman, five years ago, both of my grandmas told me that I had to go live in a shelter. I began to tell myself that they hated me for having another kid and that they left me stranded. So I decided to stay away from them. I wanted to prove that I did not need them. But raising my baby without any help was too stressful for me.

I loved feeding my son and I enjoyed playtime. He laughed so hard that his face would light up. But little things got me stressed out. If Xavier didn't want to come out of the swing at the playground, he would make his legs rigid so it was hard for me to take him out. Sometimes I felt so exhausted that we would both be

I'd done, I felt hatred toward myself. I felt guilty and stupid. I was scared for Xavier. I feared that CPS would place him with people who wouldn't know what kind of food he loved, or his favorite games and songs.

When I got in front of the judge, I cried so much that she ordered an examination of my mental state.

## *Getting to Know Myself*

One morning a month later, I was put on a bus to the South Beach Psychiatric Center. I stayed there for 18 months.

Surprisingly, it was the best 18 months of my life. I mean, sure, the beginning felt like hell. I was on complete lockdown. But over time I really got to know myself. I learned that I am strong and can

accept help without feeling stupid. I learned that I can make friends who are good to me. Mostly, I learned to think before I act.

I also learned that taking my meds will help me be a better mother because I'll be able to make safe decisions for my kids, and that it's OK to talk honestly with my doctor about my meds. My doctor explained that there were many medications we could try and he could work on changing my meds until we found one that actually helped me. Zyprexa gave me a positive, even feeling, but I gained 50 pounds in four months! Seroquel worked for me.

## *The Staff Mothered Me*

At South Beach, the staff made me feel very comfortable. They listened to me with care and concern but also let me know when I was wrong. One staff brought me some cheesecake. As we ate, she told me

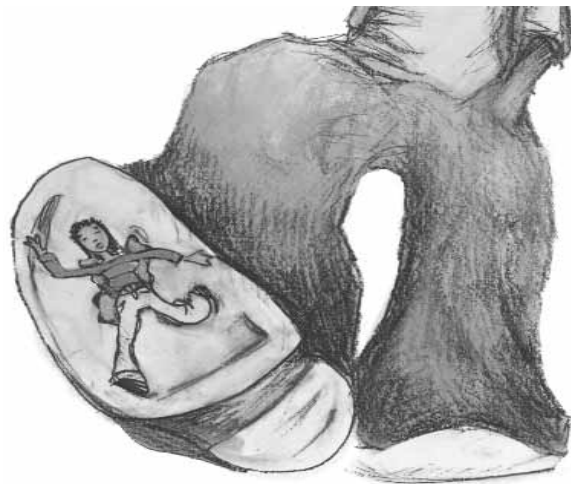


ILLUSTRATION BY KAROLINA ZANISENKO

crying! At night, when he was asleep, I would drink and drug for relief.

## *Falling Downhill*

Rapidly, I began to fall downhill. I started to sleep longer in the morning and I stopped all communication with my grandmothers and friends. I began to cry all the time when I couldn't get my son to stop crying. I also began hearing voices and imagining I saw mice. I became very sad and paranoid. Only drink and drugs made me feel better.

I got so bad that I even left my son home alone to buy drugs. One day when Xavier was 1½ years old, I got arrested for buying drugs. I was too drunk, high and stupid to tell the police that my son was home alone. When the police found out, I was charged with reckless endangerment of a minor.

Once I sobered up and realized what





# 'What's Going On Here?'

*What parents need to know about mental health evaluations.*

BY YOUSHELL WILLIAMS

*When my children were placed in foster care, I had to get a mental health evaluation. I didn't understand what that was and I feared that if I admitted that I was depressed, it would be used against me in court. Mental health is a sensitive issue for many parents, so I asked a therapist, Michelle Salvaggio, to explain the purpose of mental health evaluations. Michelle has it in her heart to help parents. Here's what she said:*

The purpose of the evaluation is to help the agency and the court understand what's going on with a parent and whether the parent has the ability to keep her child safe and give her child a minimum degree of care.

In some cases, the evaluation is done

by a psychologist connected to the court. Other times, parents can see a therapist at a clinic, hospital, drug program or shelter, or have their own therapist write the evaluation. Sometimes a doctor will write the evaluation after a single appointment, but a good clinician will give you tests, observe you with your children and observe the children alone, and talk with you alone. They will do the evaluation over the course of many hours over a few days.

### Confusing Behavior

It's really important that parents understand why they were asked to get an evaluation. A client who comes to therapy will usually tell the

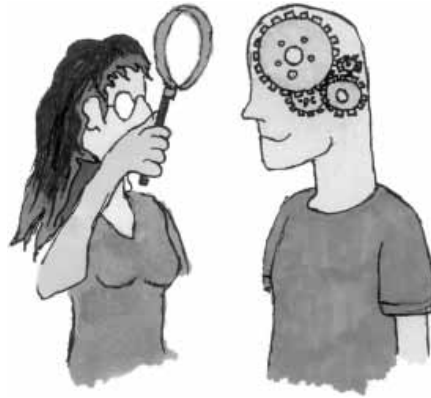


ILLUSTRATION BY LEE SAMUEL

therapist, "I've been depressed," or, "I'm anxious," or, "I'm hearing voices." But parents coming for an evaluation often just say, "I'm dealing with this child welfare case." They have no idea why the agency feels that they

need a mental health evaluation, and I have no idea what the agency wants me to address, either.

Sometimes a mental health evaluation is just part of a checklist: get drug tests, take an anger management class and parenting class, and get an evaluation. But usually agencies ask for an evaluation if they feel like something is going on with the parent that the worker doesn't understand.

Workers are not trained to understand mental health issues. They can be confused by a parent's behavior if a parent is really angry, or not interacting with the child during visits, or

# Knocked Down by Grief

*After my grandma died, I lost my daughter.*

BY ALLISON YOUNG

My 1-year-old daughter was placed in foster care in January 2009. At the time, I was depressed because my grandmother had died. My grandmother had raised me since I was three days old. After her death, my grief turned to depression. I have bipolar disorder and post-traumatic stress disorder (PTSD). Soon I was taking care of my daughter but I was not doing anything else.

After Samantha was taken, I couldn't function. I was dazed out. Samantha was my sanity, the one thing holding me together. I just fell apart. I would just sit in my apartment in a daze. I'd look at her stroller and start crying. I'd sleep with her shirt against my face. Finally, my boyfriend took her clothes and toys and put them away.

I stopped going to therapy. I didn't

want to talk to anybody. I didn't want anyone to ask me how I felt. That would only bring up more bad feelings. I didn't want to see anybody. I just wanted to stay in the house with my boyfriend all day.

### Losing My Visits

After Samantha went into foster care, visits were hard for me. I didn't know how to deal with Samantha at the agency. I felt funny being with her in the visiting room. At first, I wouldn't do almost anything. I would just talk to her and she would sit there and eat a snack, or she would run around and I would chase her. Sometimes I would hold her and cry during our visit. If she started falling asleep on me, I would get really sad.

Every time I saw Samantha, I felt worse. I would go home and my

boyfriend would look at me and say, "Don't come in here crying. You do this every week."

Despite my depression, I worked on my service plan. I was told to take a parenting class, enroll in a drug program, see a psychiatrist and get a psychosocial evaluation. In March, I stopped smoking weed. Then I took a parenting class. But in June and July, I didn't do anything except wait for my worker to find a drug program near my house.

The agency began talking about terminating my rights. They said that I wasn't complying with services and wasn't interacting with my daughter. The agency changed my visits from once a week to every two weeks and then to once a month.

### Fighting Termination

In August, I started attending a drug program and I'm doing well there. But this winter, the agency filed to terminate my parental rights. I think that the workers just don't trust that I can raise my child since I have a mental illness. But in court, the referee (who is similar to a judge) told me to just stay focused and keep improving. He said that I'm complying and progressing.

My worker is trying to help me complete my service plan. She checks up with my worker in the drug program so she knows I'm doing well. I also got a psychosocial evaluation done and it was positive. The psychiatrist said that I am stable, showing no symptoms, and don't need medication.



not complying with services.

Sometimes parents seem noncompliant because they are depressed. When you're really depressed, it can be difficult to take a bath, clean the house, or get out of bed, never mind go to a parenting class. That's a problem: When parents are so depressed that they're unable to take care of themselves, what's their ability to take care of their children?

### **The Medication Issue**

The agency also wants to know whether a doctor believes that the parent needs to be on medication in order to safely raise her children. Medication is a really tough issue. Many people have strong feelings about medication. They worry they'll have to take the medication forever, or that it will be used against them. But

when depression is so bad that you don't want to leave the house, medications can help with symptoms so you can get up and do what you need to do.

The thing is, if you have a serious disorder like schizophrenia, bipolar, or borderline personality disorder, you can be potentially dangerous to your children if you're not on medication or engaging in treatment. For instance, if you have bipolar disorder, then you might be manic and doing everything to the extreme—not sleeping for days, talking really fast, spending all your money, or using drugs or drinking. Even if you're going through a period where you feel fine, mental health disorders are like diabetes or asthma—you have to take your medication and stay in treatment. If not, you're putting yourself and

your child at risk. If you really don't want to take medication, you'll have to show the court how you're taking care of yourself in other ways.

### **'What Can I Do for You?'**

When CPS requires a parent to get treatment, that can feel so negative, like someone is telling you, "You're a weak person." But I try to help parents see mental health treatment a little bit differently. I ask parents, "What do you think you need to do for your kids to come home? What can I do for you?"

Parents will sometimes say to me, "You tell me what's wrong with me."

I say, "No, you tell me what's wrong. We have to work together."



ILLUSTRATION BY NELLE MCGAY

My lawyer told me that, since I'm this far along in my service plan, I will be able to finish everything. I won't lose my daughter automatically just because the agency filed. She said that I should worry about termination but I shouldn't let it stress me out.

I hope that, at my next court date, I will get more visits and my daughter will be on track to come home.

### **'I'm Mommy'**

I don't see my daughter often. Sometimes I feel that Samantha is not the same child anymore. For a while she was smacking me in the face for no reason. I know it's terrible two's, but I was surprised. I felt like I raised her to act right. Finally I told her, "You keep hitting me and I'm not going to come back." After that, she never did it again.

Then she started calling me Mommy Allison and calling the foster parents Mommy and Daddy. I really don't like that. I think they want to adopt her and are trying to make my daughter forget me. I say, "No, Samantha, I'm Mommy," and she'll call me Mommy again.

Visits are getting easier, though. I ask her, "Samantha, what do you want to do?" She wants me to color with her, comb her hair, or read to her. We drink juice and she asks questions that I try to answer, and we play with toys and watch cartoons together. I don't cry as much now. When it's time to go, I say, "Mommy is going to come back for you."

Every time I visit, Samantha tells me that she wants to come home. I hope it works out. That would bring a lot of happiness back into my life.

## How Does Depression Affect Children?

Depression in mothers is widespread across race and class, but it is more common among low-income mothers. In fact, researchers have found that 40-60% of low-income mothers of young children report symptoms of depression.

Depression can interfere with a mother and baby developing a strong bond, and mothers who are depressed may find it more difficult to manage the day-to-day responsibilities of being a parent. Mothers who are depressed may not have the energy to carry out consistent routines (like mealtimes and bedtimes), to read to their children, or most importantly, to have fun with their children, singing, playing and cuddling.

Research has also found that mothers with depression are less likely to follow safety guidelines for young children, such as using a carseat or baby-proofing the home, or to be able to manage children's health problems, such as asthma or disabilities.

### **Aggressive, Anxious, Hyperactive**

Young children of depressed mothers have more difficulty with their behavior and with learning. Research shows that these children learn language more slowly. Children who can't speak as well often have more difficulty behaving and succeeding in school.

Many times, mothers with depression are also dealing with other major stresses, such as poverty, lack of support from friends and family, domestic violence, substance abuse, or past trauma. Research has found that children whose moms were dealing with three of these life challenges were almost three times more likely to be aggressive, anxious and depressed, or hyperactive than children whose mothers faced none of these challenges.

### **Support Can Help**

The good news is that depression usually responds to treatment. You can deal with depression through a combination of therapy, medication, and peer-to-peer support groups.

Seemingly simple programs can have a big impact. A program in Rhode Island trained case managers to call mothers with depression who are receiving public assistance. The case managers check in to make sure that the mothers are sticking with treatment. This basic support led to a 75 percent drop in depressive symptoms in the moms.

—Adapted with permission from the report *Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework*, published in January 2008 by the National Center for Children in Poverty at Columbia University.

# Split in Two

*Can I protect my daughter from the dark side of myself?*

BY ANONYMOUS

When I started attending an outpatient drug treatment program in 2001, I had a lot of dreams about using crack. My dreams were so real to me. One night, I saw myself buy crack in an old building and put the piece in a pipe. As I was inhaling, I woke up terrified, holding my breath.

My dreams seemed to continue when I was awake. I started hearing voices that told me, "You don't need it," or, "Get out of here." I also had visions of a dark shadow hovering over me.

I was scared. I did not understand what was happening. So I told my counselor and soon saw a psychiatrist. I was diagnosed with borderline personality disorder and schizophrenia. I began therapy at a walk-in mental health clinic and started taking two medications to stabilize my mood.

It took time for me to understand borderline. It seems to mean that I have severe mood swings. I can be fine one moment and full of rage or suicidal the next.

## *Pain from My Past*

My rage and mood swings are related to the pain and fear I went through as a child. My parents lost custody of me when I was 5, and an abusive family adopted my sister and me. I still remember their house. On the outside it looked so pretty—yellow with a gray brick fence around it and two cars in the driveway—but our life inside was ugly.

The father and sons molested my sister and me. They were always touching us. Our adoptive mother did not believe us when we told her about the abuse, and she beat me with a belt or her bare hands. She would make me bend over the edge of the bed and tell me, "I am not going to stop until my hand hurts," and sure enough, that is what she would do.



No matter how I would try to get away, she would whip my legs and my arms, or she would hold my head down and whip me on my head. I remember my yells of pain: "Stop!" and "I am sorry!"

As I got older, I became addicted to drugs and started cutting to give myself a numb feeling. Later on, I tried to kill myself and was hospitalized. I also overdosed on crack. I wanted to get so high that I would die.

## *Scared of Myself*

My rage scares me. I have hit my computer with my fist and bruised my hands. I've even hit strangers. Once a woman I passed on the stairs brushed me really hard and I turned and started hitting her with my rolled-up newspaper, calling her a bitch. Another time a woman in a store

wouldn't let me use my food stamp card for something that cost 50 cents and called me stupid in Spanish. I went behind the counter and started to punch her and pull her hair.

One of my worst incidents was when I came at my husband with a knife and a bat (after years of abuse). I was hospitalized for three days. They had me strapped to a bed and gave me an injection because I could not stop hitting people.

In those moments, the pressure in my chest was so hot and I felt anxious to hit and be released from the pressure. My husband always says, "Oh, you are just mean and you want to start trouble." But it is like my mind is separated into two parts. I feel like another person, an evil person who just wants to be free of anger and loneliness.

## *Affected Every Day*

When I completed drug treatment, and my daughter came home from foster care, I stayed in therapy for a year because the court required it. The medication helped me stay calm. But in 2004, I stopped going. I wanted to stop being monitored and felt that I did not need medication.

Soon after, I realized that I'm an unstable person, and I went back to the walk-in clinic. This time, the psychiatrist said that I did not have schizophrenia—the voices and visions were just part of my withdrawal from crack—but I do have borderline and anxiety. I went on Zyprexa and Seroquel. Unfortunately, the Zyprexa made me so sleepy I could not function in school or care for my daughter. I spoke with the doctor, but she just said that it would take time for me to adjust. In fact, she wanted to increase my dose. So I went off it altogether once again.

I have tried to convince myself that I'm fine without medication. But recently I've started to see that my mental illness affects me every day.

## *'I Am So Tired!'*

Right now, I'm trying to finish college. At school, I find myself feeling very anxious and lonely. I see girls with their little boyfriends and I see people having lunch, laughing and having fun together. I want what the other students seem to have, but I have trouble making friends.

When I get home at night, I am so tired. As I walk in, I imagine what a relief it will be to kick off my shoes and relax. But no, it is not possible. Nothing is done. My daughter has not started her homework. She and my husband have left dishes in the sink.

At those moments, I do not want to see my husband or hear his voice.

I think to myself, "He is home until 2:30 every day and he cannot even wash a dish or sweep? I hate him. I really hate him." I remember when he used to hit me and all the pain he put me through before we got clean.

My hands shake with anger because I feel like everything falls on my shoulders. I want to break every dish. Some days I slam books on the floor out of anger or just scream at the kitchen sink, saying, "I am tired! Just tired of everything!"

### **A Good Mother**

Despite my outbursts, I know I am a good mother. I sit with my daughter and we do art projects or play games online. I help her with homework, meet with her teachers and take her to therapy (she also has been diagnosed with anxiety). I like to laugh and be with my daughter, just us.

I especially love to plan events for my daughter. I try to make sure she has good memories. Six months ahead of time, I begin to buy Christmas presents or plan her birthday games and save money for the cake.

I still remember her 4<sup>th</sup> birthday with pride. We had games for the kids and the parents and the theme was Power Puff girls. Everything was pink and purple, from the 100 balloons to a piñata full of candy.

### **A Zone of Anger**

At times, though, I yell at my daughter. We argue about her homework. She'll say, "I'm tired. I want to watch TV." I offer to help her and she still refuses. I try to be patient but I hate to repeat myself and have a tug of war with her. Some nights I tell her calmly: "Sweetheart, you have to do it." But other nights I'll just grab the notebook and yell, "You have to do it!" then slam the book on the floor.

I know all parents get upset with their kids and yell sometimes, but I get into

a zone of anger where my hands feel like grabbing something and throwing it, or hitting something.

I am able to calm down if I send my daughter to her room so she's safe. Then I'll slam my hands on the table or just curse at myself and turn up the music real loud. I listen to my Marc Anthony, remember the good moments in my life and write on Facebook about how I am feeling. Soon I can breathe and remember that I have my daughter in the next room.

### **A Look of Terror**

Once the moment passes, I go in my daughter's room. She looks at me with a look of terror. I tell her, "Oh, my God, I'm so sorry if I scared you," and hug and kiss her. I tell her, "It's not you that I'm mad at. I'm just stressed out right now. I'm so sorry if you thought it was your fault."

My daughter knows I have a problem. I tell her, "Mommy is going to get help again and then I will not be so upset."

I'm proud to say that I have never put a hand on my daughter. I remember the way that I felt when I was spanked as a child. I don't want my daughter to have that feeling in her stomach, the twists and turns of worrying what will happen, and the sting of the belt or her mother's hand on her bottom.

I have learned so many things in parenting classes that have worked for us: take something away from the child, have a time-out, talk to her and let her know that her behavior

is wrong. I have even had her talk to the Bishop or Sister at our church when she's been acting up, and it works.

### **'Are You OK?'**

Even so, I do worry that I'm hurting my daughter. I know from her little face that she's confused and scared when I yell or bang things. If I yell at her dad, she really yells at me: "Just be quiet!"

Sometimes I tell her, "I'm sorry, but Mommy is mad and I need to yell." But it kills me inside to know that my daughter is mad at me and I have hurt her.

My daughter is being treated for anxiety disorder, ADHD and separation anxiety disorder. Like me, she sometimes yells and slams her books down, or tears up her paper. When she is angry, her face changes and I get scared. I do not want her to be mad at me.

I have spoken to my daughter's therapist about her homework prob-

lem to be scared of me. I don't want to be scared that someone will call CPS on me for yelling in my apartment.

This past fall, my stress started to get out of hand. I felt like I was splitting in two, or even three, like I had three different people inside of me that wanted to do crazy things. I felt like hurting myself and just giving up on my life. I hated who I was and feared who I could become.

Finally, I went to a clinic for treatment. The doctor did something for me that no other doctor had ever done: he really listened to me talk. I felt like I was finally being heard and could release all of my feelings inside. He made me feel comfortable, like I was not crazy. He said he would help me find weekly therapy so that I could deal with my childhood abandonment and abuse. He explained my disorder and reassured me that, with medication and more sessions, I will get better.

### **Still Stressed**

The doctor said he would put me on Zyprexa, the same medication that made me sleepy, but when I explained my symptoms, he changed it to Abilify (for anxiety) and Klonopin and Depakote (for mood swings).

I can tell the meds are working. I feel somewhat calmer, although I still have mood swings and feel hostile and nervous inside.

With my disorder, I think I am always going to feel scared and angry and alone. I'm sad that I will always have to take medications in order to feel more normal. But right now, I also feel hopeful that I can learn more about my illness and grow stronger. I can feel that the medications are making me more stable. I hope that, with therapy and treatment, I can find my way toward becoming a calmer mother to my daughter.

For a while I've known I needed to go back to treatment. As a parent, I want to change. I do not want my daughter to be scared of me.

lems and am learning to let her take her time. Now I sit with her on the couch while we each do our own homework. I ask her, "Are you OK? Do you need my help?" If she does, I help her, even though it takes time from my work. It is working out for both of us.

### **Getting Help**

For a while I've known I needed to go back to treatment. As a parent, I want to change and I need to change. I need to stop being angry and mean. I do not want my daugh-



# ABOUT **Rise**

Rise trains parents to write about their experiences with the child welfare system in order to support parents and parent advocacy and to guide child welfare practitioners and policymakers in becoming more responsive to the families and communities they serve.

Our tri-annual print magazine and monthly stories on our website, [www.risemagazine.org](http://www.risemagazine.org), help parents advocate for themselves and their children. We work with family support and child welfare agencies to use Rise stories in support groups and parenting education classes. We partner with parent advocacy organizations to use Rise stories in child welfare reform.

Contact Rise Director Nora McCarthy at (718) 260-8818 or [nora@risemagazine.org](mailto:nora@risemagazine.org) for information about reprinting Rise stories or using Rise in your work.

Stories in this issue were written by parents connected to the Urban Justice Center's Mental Health Project, the Harlem Bay Clubhouse, Employment Options, Parents Helping Parents, and the Child Welfare Organizing Project (CWOP). To speak with a parent advocate about a your case, call CWOP at (212) 348-3000.

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## I Lost My Girls But Not My Hope

BY ISABEL R.

I am 34 years old and the mother of two beautiful little girls. Shortly after the birth of my first daughter in 2001, my doctor told me that I was suffering from post-partum depression. She said that she would call the Massachusetts Department of Children and Families (DCF) so that I could get help and support.

After that, my reunification goal was changed to adoption. I couldn't understand how this was possible when post-partum depression is a treatable condition. I tried to reason with the workers. I asked that DCF give the foster family guardianship, but they weren't hearing it. DCF told me that if I didn't agree to an open adoption, I probably would never see my kids again.

### *I Started Doubting Myself*

That first time that DCF stepped into my life, I got the help I needed. My daughter was placed in kinship care with friends. I started counseling and the meds I needed for recovery. My caseworker got me started on anger management, parenting skills and self-esteem classes. This hard work really paid off. I got into the mommy thing and I was able to get my daughter back home in four months. Then DCF kept my case open for almost a whole year so that I could have day-care for my daughter.

*I Started Doubting Myself*  
Then I got pregnant again. When I had my second child, my post-partum depression came back worse. After I told my psychologist how aggravated I felt towards my kids and how serious my depression was, she called DCF.

This time, DCF limited my visits to once a week for one hour and I had to pay \$10 per visit at a visiting center. DCF kept saying that I was a threat to my children. Those were some very difficult months for me. I started doubting myself. I was mentally and physically exhausted. Eventually, I stopped the counseling and took myself off meds.

After a lot of thinking, screaming and crying, I agreed to an open adoption so that I could be at least a small part of my daughters' lives. I now see my daughters every weekend, on holidays and during their school breaks.

The harm to both my daughters and me has made it difficult for me to fully recover. I relive this nightmare over and over, especially during those long, quiet cold nights at home, all alone. When my daughters ask me why they don't live with me or why they have two mommies, I don't know what to tell them.

*Hoping for Change*  
Last year, DCF Commissioner Angelo McClain met with me and a few other parents who had had negative experiences with the foster care system. During that meeting, he listened, he did a lot of writing and he apologized to me personally. I thank him for that.

### *Hoping for Change*

The Commissioner gave me the hope that many positive changes will come to the system. I hope I wasn't wrong.

*Adapted from Isabel's testimony before the Massachusetts legislature's Joint Committee on Children, Families and Persons with Disabilities in November, 2009. Reprinted with permission from Parents Helping Parents in Massachusetts.*