Helping Change Happen in Complex Homes:
Working with Parents who are Mentally Ill

Presented by:
Jacob Christensen, Michael Thompson and Michele Willert

Learning Objectives:
- Increase understanding of mental illness
- Understand the connection between parent’s mental health and child’s functioning
- Enhance ability to interact with parents
- Build awareness of goal setting and timelines
- Develop techniques to encourage positive interactions between parent and child
- Learn how to distinguish between emerging mental health issues and coping strategies (child)

Implementing a parenting curriculum when the parent is experiencing mental health issues is more than a matter of simple translation...

...it involves changing your interactional style, your goals and your timeline.

Let’s begin by looking at mental illness

Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are biologically based brain disorders.

- mental health disorders vs. mental illness
- 6% (1 in 17 Americans) suffer from a mental illness
- mental illness impacts 1 in 5 families
Serious mental illnesses include:

- Bipolar disorder
- Borderline personality disorder
- Major depression
- PTSD
- Schizophrenia
- Anxiety disorders:
  - Panic disorder
  - OCD

### Bipolar Disorder

Bipolar disorder, or manic depression, is a mental illness that leads to extreme shifts in mood impacting energy and functioning.

- either happy/elated mood or angry/irritable
- increased activity and energy
- racing thoughts
- risk taking
- grandiose plans
- impulsive actions
- decreased sleep (without fatigue)

### Borderline Personality Disorder

BPD is a misunderstood mental illness characterized by intense emotions, self-destructive acts and difficult relationships. It is a disorder of emotion dysregulation that impacts the individual’s sense of identity.

- this disorder rarely stands alone (high rates of comorbidity)
- affects 1-2% of the population (similar to schizophrenia and bipolar disorder)
- 75% of patients self-injure (10% suicide)
- difficult to diagnose but very treatable

### Major Depression

Major depression is beyond the typical emotional experiences of sadness or loss and is persistent, significantly interfering with an individual’s thoughts, behavior, activity and physical health.

- Also known as clinical depression
- Occurs twice as frequently in women
- >50% who experience one episode will continue to experience periods of depression
- Several symptoms, lasting longer than 2 weeks and impairing ordinary functioning indicate the need for treatment

- Persistently sad or irritable
- Pronounced changes in sleep, appetite, energy
- Difficulty thinking, focusing, remembering
- Lack of interest in things once enjoyed
- Feelings of guilt, emptiness, hopelessness
- Persistent physical symptoms

### Schizophrenia

Schizophrenia interferes with a person’s ability to think clearly, to manage emotions and distinguish fact from fantasy. This disorder often presents in late adolescence or early young adulthood – typically later in females than males – and often remains a chronic condition throughout life.

- delusions
- hallucinations
- emotional flatness
- speech that is brief and devoid of content
- impaired memory
- poor organization and follow-through
- lack of insight into the disorder (not willful)
Anxiety Disorders

Anxiety disorders are the most common of emotional disorders.

Types of Anxiety Disorders:
- Panic Disorder
- Phobias
- OCD
- PTSD
- Generalized Anxiety Disorder

People with anxiety disorders frequently suffer from depression as well.

OCD:
Obsessions are upsetting, irrational thoughts which keep reoccurring, causing high levels of anxiety which cannot be controlled through reasoning. Compulsions develop as a way to minimize the obsession.

PTSD:
PTSD occurs in individuals who have survived a terrifying event. They feel extreme distress when in situations that remind them of the trauma and go to extremes to avoid such triggers. Symptoms include recurrent nightmares, intrusive memories and flashbacks.

Schizoaffective Disorder

This disorder is one of the more common, chronic and disabling mental illnesses. It is characterized by a combination of symptoms of schizophrenia and a mood (affective) disorder. Research indicates that it should be viewed as a form of schizophrenia. Diagnosis based on symptoms of schizophrenia and major depression or a manic episode. Mood symptoms are often more prominent and last longer than those typically observed in schizophrenia.

Treatment Options

Psychosocial treatment:
- cognitive behavioral therapy
- interpersonal therapy
- peer support groups

Medication

Hospitalization

Partial-Hospitalization/Day Treatment

Providers:
- psychologist
- social worker
- clinician/therapist
- clinical nurse
- psychiatrist

What’s the connection between...

Mental illness is not the result of personal weakness, lack of character or poor upbringing. Mental illness is very treatable and most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in their treatment. Parents with a mental illness can parent and they can actively participate in programming designed to improve their functioning, as a parent, and their relationship with their child.
Impact of MI on ability to parent

• Can impair parents’ abilities to identify their children’s nonverbal cues and to assist children in regulating their anger and mood swings
• Parent’s are less attentive and engaged with their children

• Can compromise parenting and affect parent-child attachment patterns
• Increase the likelihood that a parent will use harsh methods of discipline

Impact of MI on ability to parent

• May feel the use of alcohol/other drugs/misuse prescription drugs will help them feel better
• Medications can impair parenting
  – Antipsychotic medications can blunt an individual’s spontaneity and facial expressiveness
  – Sedating medications may render a new mother unable to respond readily to her baby’s cries

Impact of PMI on children

• At risk of developing social, emotional and/or behavioral problems
• Not all children will be negatively affected, or in the same way (what’s the child’s resilience, what are their protective factors?)

Impact of PMI on children

• Greater risk child will experience depression/anxiety disorders, the younger the child is at onset of the parent’s mental illness
• Greater risk for poor mental health outcomes if parent experiences a chronic illness or frequent relapses
• Increased risk for problems at school, drug use and poor social relationships
What behaviors may we see from a child...

Child Behaviors seen with PMI

• Child may take on inappropriate levels of responsibility in caring for themselves and managing the household
• Child may blame themselves for their parents' difficulties, and experience anger, anxiety or guilt
• Child may feel embarrassed/ashamed due to stigma with parents' mental illness – May isolate from peers and other community members

Watching the Child

✓ As you work with a parent with a mental illness, you need to monitor the child’s social-emotional development to make sure they are progressing along normal developmental lines.
✓ Remember, as a parent’s mental health issues spike (they decompensate), the child’s behavior may change in response and, as such, there can be different levels of functioning from day-to-day.
✓ Let’s look at possible “red flags” in a child’s social-emotional development...

Monitor the 2 year old if they...

• rarely show emotion
• display no interest in other children
• need constant attention
• do not use sentences at least 2 words in length
• are unable to follow simple directions
• can’t calm themselves (with assistance) within 15 minutes

Monitor the 3 year old if they...

• show limited facial expression and/or avoid eye contact
• can’t focus on an activity for +3 minutes
• don’t let you know when they are hurt
• have difficulty separating
• don’t know how to pretend
• hurt themselves (bite, bangs head)

Monitor the 4 year old if they...

• engage in repetitive behavior
• try to hurt other children, animals or property
• use sexualized language or behaviors
• are not interested in games or other children
Monitor the 5 year old if they...

- Seem unhappy or angry most of the time
- Are very aggressive
- Is only interested in 1 or 2 activities
- Doesn’t understand the difference between real and pretend

As children age, they become better able to...

- Calm themselves
- Express their feelings
- Do things independently
- Interact in positive ways
- Show sympathy for others
- Follow rules and expectations

Genetic Predisposition

Twin Studies

10% factor

Not nature or nurture by how the 2 interact. Rather than being deterministic, genetics contributes to about 50% of the risk for MI.

Greater Resilience, Higher Success Rate

Factors Contributing to Complex Home

- Fetal drug/alcohol effects
- Premature birth or complications
- Neurological impairment
- Low IQ < 80
- Chronic medical disorder
- Psychiatric disorder
- Repeated aggression
- Substance abuse
- Delinquency
- Academic failure
Family Factors

- Parent with mental health issues
- Parent with limited (or ineffective) parenting skills
- Poor attachment
- Limited knowledge of child development
- Lack of opportunity to interact with peers
- Chaotic or unsafe home life

Family/Experiential Factors

- Poor infant attachment to mother
- Long term absence of caregiver in infancy
- Witness to conflict, violence
- Separation/divorce/single parent
- Removal from home
- Frequent family moves

Community Factors

- Location
  - Rural/urban, remoteness, slums
- Geographic factors
  - Risk of flooding, risk of drought
- High prevalence of disease
  - Malaria, HIV/AIDS

Complex Home

The Need for Integrated Services

Social service providers have increasingly recognized that families seeking assistance often face multiple, complex needs and that they require the services of more than one program.

Collaboration

- In order to access the range of services they need, these families must often go to multiple locations and interact with a range of rules and regulations and a variety of caseworkers and case plans
- Some caseworkers may have inconsistent expectations and obligations in different case plans or programs may conflict
- Hence, a need for more coordination between adult mental health services, children’s mental health services, general medical services, and other programs serving parents and children is needed
Skills

- Behavior management
- Age appropriate expectations and consequences
  - Age and stages of child development
  - Developmental expectations
- Establishing family structure and roles
  - Household rules
  - Schedule/routine
- Teaching parents how to read and play with their kids
- Teaching parents how to support their child’s education and understand their mental health needs
- Advocate

Developing a Service Plan

- Assessing family domains that decide what factors contribute to the complexity
- Goals should promote positive parent/child interaction to reduce complexity

Example of a Goal

Objective/Goal Example

✓ Parent will report following a structure for each day and providing the same for the child(ren) with regard to meals, cleaning, hygiene, discipline, getting up and getting ready for school/work, preparing for bed.

Strategy Example

✓ Staff will assist parent in developing a structure for family by generating lists, giving examples and teaching how to maintain/care for self, child(ren) and living space.

Your Tools to Implement Goals

- Engage parent
- Treat everyone as a person first
- Integrate services and collaborate
- Be nonjudgmental
- Balance flexibility with firmness
- Monitor your level of involvement
- Parent/Child Activities
  - Model/demonstrate
  - Support/Emphasize
  - Redirect
  - Focus on Strengths
  - Intentional Home visit

Example

Once you actually get in there, you will need...
Techniques to encourage more positive parent/child interactions

- Parenting Styles
  - Parenting Quiz
  - Too Hard, Too Soft, Just Right
- Boiling Frog Syndrome
- Conflict Resolution Pictures
- Put Me in the Zoo

Four year old Joey dumped out the whole toy box. Joey’s teacher told him he had to pick them up when he finished playing with them. Joey finished playing and his teacher said, “Clean the toys up, Joey.” Joey didn’t move. His teacher said, “you made this mess, you have to clean it up.” The teacher ended up cleaning the mess herself.

- Style:_______ Why:_______ Better Style:_______
PCIT seeks to accomplish:

1. An increase in positive interactions and experiences between the child and parent(s).
2. A reduction in negative parental behavior (toward the child).
3. An increase the chances for compliance (child) when directives are given.
4. Reinforcement (child) for appropriate and safe behaviors.
The Stages of PCIT

Child-Directed Interaction (CDI)
✓ The parent(s) will start to use new language/phrases with the child in the session and at home.
✓ Must meet mastery of the language/phrases before moving onto the next stage.
✓ Parent(s) are asked to avoid using questions, offering commands, and stating criticism.

Parent-Directed Interaction (PDI)
✓ The parent(s) direct(s) the play.
✓ The parent(s) learn(s) to use direct commands with the child and learns options to employ if the child is non-compliant.
✓ The parent(s) are discouraged from using indirect commands/asking questions (i.e., “Will you hand me the truck?” or “Go over there.”)

Resources
• Positive Parenting (U of Mn Extension) Curriculum
• Active Parenting Publishers – 1, 2, 3, 4 Parents!
• 1, 2, 3 Magic
• FaPMI (Families where a Parent has a Mental Illness): www.easternhealth.org.au/fapmi.aspx
• COPMI (Children of Parents with Mental Illness): www.copmi.net.au
• Itsallright: www.itallright.org
• NAMI (National Alliance on Mental Health) www.nami.org

Thank you!

For further information contact:
– Early Intervention/Prevention Services
  • Michele.Willert@peopleincorporated.org
  • 763-515-2459
– In-Home Parenting
  • Jacob.Christensen@peopleincorporated.org
  • 763-515-2462
– EC Day Treatment and PCIT
  • Michael.Thompson@peopleincorporated.org
  • 763-515-2470