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## Parenting With Success and Satisfaction Among Parents With Severe Mental Illness

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The Frontline Reports column features short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings. Material submitted for the column should be 350 to 750 words long, with a maximum of three authors (one is preferred) and no references, tables, or figures. Send material to Francine Cournos, M.D., at the New York State Psychiatric Institute (fc15@columbia.edu) or to Stephen M. Goldfinger, M.D., at SUNY Downstate Medical Center (steve007ny@aol.com).

### Parenting With Success and Satisfaction Among Parents With Severe Mental Illness

Always a complex and demanding task, parenthood can be an extra challenge when parents have severe mental illness. Clients with children may experience extra stress, feelings of uncertainty, and a lack of energy. They may have difficulty in talking about their disabilities with their children. Often, there are struggles with limited material resources and stigma or grief over the loss of having direct custody of their children. In all these situations, clients need support in interacting and communicating with their children in ways that benefit both parties. However, although there is a growing awareness of the needs of these clients and of parental responsibility for the children involved, the parental role is seldom a topic in mental health care. Within the field of rehabilitation, although there is considerable professional literature on skills training and experience in helping clients to realize personal goals in the areas of work, education, living arrangements, and social contacts, there are few or no tools to support clients who wish to strengthen their parenting skills.

When we, as workers trained in individual rehabilitation, were confronted with this gap, we set up a

program that is called Parenting With Success and Satisfaction. The aim was to enhance the “choose-get-keep” model of psychiatric rehabilitation by adding new components about parenting.

We conducted a survey of clients' needs for support in their parenting. In this survey 47 persons (41 mothers and six fathers) participated, and 28 were single. Eighty percent (N=38) felt that their psychiatric problems interfered with the relationships they had with their children. Although almost all (N=44) said that they received enough professional care, half of them wanted forms of support that regular mental health care did not supply: practicing ways of entering into a conversation with the child, support in dealing with the child, nurturance support, legal assistance with custody and child support, and help in arranging support from peers. Those with no direct responsibilities in raising their children (N=9) wanted more and better contact with them. For all, an important issue was finding a good match between being a parent and creating a life for themselves within the constraints that come from psychiatric illness.

From these results a support program was further developed with the concept of empowerment as the starting point. Three workbooks were written to help clients achieve their parenting goals. The first workbook focuses on assessing skills and opportunities as a parent. For example, clients examine how to divide their time and attention between everyday roles and parental activities. The second workbook aims at strengthening the parenting role. Questions deal with what parenthood means for the individual and how, in a given context, one can function as a parent successfully and with satisfaction. With the third workbook, clients can work on renewing or expanding the parenting role. This last workbook is intended for parents who temporarily have no direct parental caretaking responsibilities.

In the program, parenthood is seen

as a valued social role that individuals model in their own ways. There is an explicit awareness of and respect for both the needs of the children and the choices and constraints of their parents. Throughout the program attention is paid to communication with others who are involved with the child, such as grandparents, step-parents, friends, and professionals. They can be a resource of extra help and positive emotional support as well as a resource of constructive criticism to ensure that children get what they need.

Clients progress through the workbooks with a rehabilitation worker in ways that are adapted to their own situations and preferences, both individually or in groups. In individual contacts, working on parental goals can be combined with working on other goals. If contact between a worker and a client has a single emphasis on the parental goals, the whole program takes about a year on average with weekly sessions. Before entering the program, clients are informed of this commitment. Parents may fear seeking support because of concern about custody loss, and this concern is discussed before entering the program.

To date, 95 workers have been trained in the program, and last year a study was initiated to assess the program in terms of success, satisfaction, empowerment, and quality of life of the participants. A more detailed outline of the program, the workbooks, and some descriptive research results are available from the authors.

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## Employment for Persons With Borderline Personality Disorder

Individuals with borderline personality disorder often face obstacles to employment. Research indicates that over 50% of individuals with the disorder are severely impaired in employability. In light of the fact that a recent National Institutes of Health study found that the lifetime prevalence of borderline personality disorder in the U.S. general population is 5.9%, there appears to be an identifiable need for vocational services to help people with this disorder.

In December 2006, under the auspices of the National Education Alliance for Borderline Personality Disorder, we initiated a job preparedness program in New York City called “The Connections Place” (TCP). Our goal is to help clients with borderline personality disorder take small steps toward employment.

TCP offers a four-month job preparedness program. Many of our clients stay longer, however, depending on their particular needs. The curriculum consists of two modules. The “portals” module teaches the skills needed to overcome the emotional obstacles related to working. These skills include increasing the motivation to work, coping with the stresses of the job application process, and managing interpersonal conflicts with colleagues and supervisors. Many of the skills are similar to those used in dialectical behavior therapy, a therapy that has been highly effective with persons with borderline personality disorder.

The “vocational” module focuses on identifying realistic and meaningful work, writing resumes, practicing interviewing skills, and completing applications for employment. This module uses elements of the “choose-get-keep” approach to employment. TCP also offers individual meetings with vocational coaches, internships, vocational assessments, computer tutorials, and presentations by invited speakers. These speakers include those who have the disorder and have successfully returned to the workplace.

To our knowledge TCP is the first of its kind in the country—a job preparedness program specifically targeted to individuals with borderline personality disorder. Our office is open two days a week. Our group meetings are convened on both days for 1.5 hours with up to ten clients in a group led by two coleaders. Clients meet individually once a week with a vocational coach to focus on specific vocational goals. In addition, clients have ample time in the office to complete job-related computer work.

To participate in the program an individual must be an adult (18 or older) and have received a diagnosis of borderline personality disorder or features of the disorder. Potential clients must also be in concurrent individual therapy. Finally, individuals seeking to enter the program must have a written agreement from their therapist in support of TCP and meet the TCP criteria of stability and absence of certain destructive behaviors. The monthly fee for attending TCP is based on a sliding scale.

Since opening in December 2006,

we have had over 85 clients. Clients represent a varied work-related background, from those who have never held a job to those who have had a significant career. While at TCP, clients have found work in a number of areas, including copyediting, pet care, legal services, marketing, and public relations. Work environments include bookstores, nonprofit organizations, a bakery, and a hotel. Some TCP participants have entered training programs, colleges, or graduate school.

Most of our clients have taken steps toward employment. For example, clients have engaged in activities such as writing their first resume or improving their current resume, seeking jobs, and securing interviews. Clients report improvements in their lives, including decreased isolation, increased structure to their day, more social contacts, and greater productivity.

We believe that the TCP program fills two gaps. First, it adds another option to existing services for individuals with borderline personality disorder. Second, because TCP is currently privately funded, our program fills a void in government services. As one of our clients stated, “TCP is a bridge between therapy and work.”

**Beth Elliott, Ph.D.**  
**Odile Weissenborn**

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