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Supporting Parents with Psychiatric Disabilities and Promoting Recovery: An International Challenge

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"You have to go to work. You gotta' come home. You gotta' deal with the kids, deal with your own home. Your own problems, you know, really start piling up."

Introduction

Parenting is a significant life role for adults with psychiatric disabilities. Not only is success in this role a normal life goal for many, but functioning as well as possible as parents would seem to be intimately related to the recovery process and successful functioning in other major life domains. Research on the prevalence and needs of parents with psychiatric disabilities in two countries, the U.S. and The Netherlands, provides the framework for developing and testing interventions. Essential program components include supports for parents in meeting their children's needs as well as managing their own.

Generic Parenting Challenges

- Housing
- Employment
- Money management
- Transportation
- Health care
- Family relationships
- Child care
- Child behavior management
- Managing role strain

Challenges Specific to Parents with Mental Illness

- Stereotypes & misperceptions re: mental illness
- Medication
- Hospitalization
- Relationships with helpers
- Advocacy for self & children
- Child's perception of parents' illness
- Child's role in illness management
- Communicating with child about mental illness

(Nicholson et al., 1998)

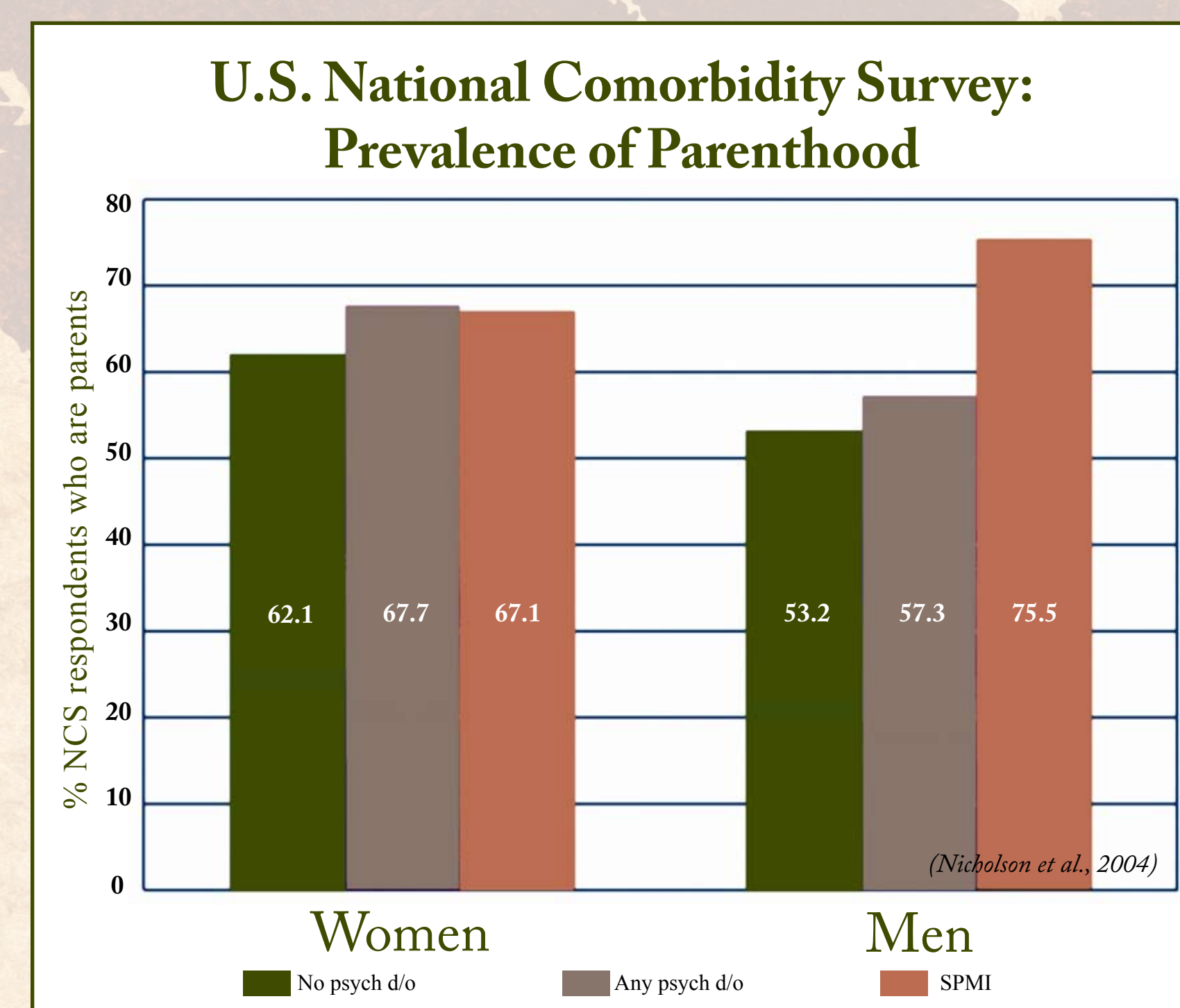


"My children give me strength, they give me hope, they give me the will to survive..."

A Common Path & Shared Vision

Needs Assessment & Descriptive Research

Women and men in the United States with a lifetime prevalence of psychiatric disorder are at least as likely to be parents as are adults without psychiatric disorder.

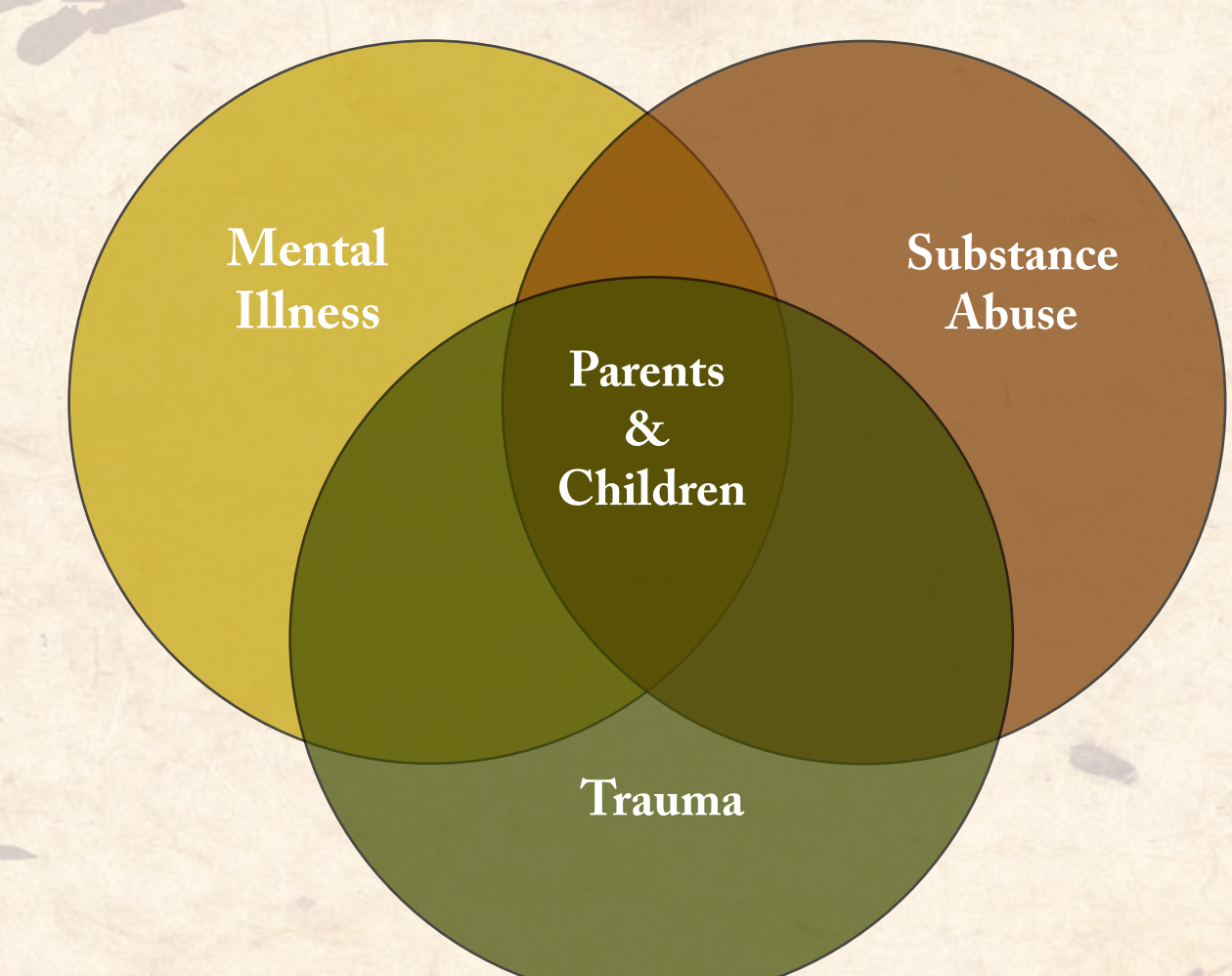


Comparing the U.S. & The Netherlands

- United States — 290 million inhabitants
- The Netherlands — 16 million inhabitants

**Florida has the same population in an area 4 times larger*

Program Development & Piloting



Family Members Have Overlapping Needs

What "works" for families living with parental mental illnesses?

Interventions that are:

Family-Centered

- Integration of adult and child services
- Interagency collaboration
- Funding to meet family-identified needs

Strengths-Based

- Non-judgmental approach
- Support of positive adult role model

Trauma-Informed

- Safe environment
- Trustworthy, dependable relationships
- Attend to issues of power & control

(Nicholson et al., 2007; Hinden et al., 2006; Hinden et al., 2005)

Providers partner with parents to:

- Increase self-awareness.
- Increase knowledge & awareness of children as unique individuals.
- Change thoughts & attitudes.
- Develop skills – communication, coping, relationships, parenting.
- Develop resources & supports.
- Reinforce successes.

Goal:

To create opportunities for people to have successes, to be successful, to develop the positive sense of self necessary to change the conditions of their lives.

Research & Program Development in The Netherlands

- What are the needs of parents with psychiatric disabilities?

Identified Needs

- All have contact with mental health institutions
- 94% are satisfied with the quantity of care
- Half want different help around parenthood
 - Support in the relationship with the child
 - Starting a conversation about one's problems
 - Educational & legal support
- Needs related to disabilities
 - Handling discrimination & stigma for self & child
 - Support with mourning loss of possibilities

Parenting with Success & Satisfaction:

A research based program for parents with psychiatric disabilities
Marrie Venderink & Peter van der Ende

Training for Providers

Evaluation Research: Testing Interventions

A Global Community of Practice



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Background Characteristics of Parents Surveyed (n = 47)

- Living in community
- Often single parents
- Low income/struggle to meet day-to-day needs
- High barriers to service use

Recommendations

- Provide programs for parents in all kinds of settings
- Improve communication about own problems with children
- Make a plan for the support of children when psychiatric problems increase
- Organize small meeting groups for parents

Program Essentials

- Giving emotional support & warmth
- Stimulating the development of the child
- Listening to the needs of the child
- Organizing & guiding activities
- Teaching abilities to the child
- Meeting basic needs
- Making social contacts
- Balancing parenthood and own needs
- Improving communication with the child

Program Characteristics

- Based on Psychiatric Rehabilitation (Boston- Approach)
- The (Choose-Get)- Keep model
- Consumer & provider in individual meetings or parents in groups
- Some components are self-help
- Self-control

The Research Question:

What are the effects of "Parenting with Success & Satisfaction?" in terms of success, satisfaction, empowerment & quality of life? Intervening variables of the intensity of support, the contact between carer & parent will be included.

The design is a non-equivalent control group design, in which the outcomes for 40 parents participating in the program will be compared with outcomes for 40 parents receiving care as usual in other locations.

I. "Current functioning in the parent role"

- Who am I & who is my child?
- With what am I satisfied & where am I successful?
- Conflict between time to spend & attention for the child
- Support, self-confidence & expectations
- Appropriate next steps

II.a. "Strengthen the parent role"

- Who makes demands on this parent?
- What is required of the parent?
- Who gives support?
- Choosing for solutions
- Tuning in to the environment
- Stay satisfied & maintain success

II.b. "Take back the parent role"

- Parents' needs
- Possible activities
- Who have demands & what kind?
- Meet the requirements
- Who supports?
- Tune in to environment
- Next steps