Parenting with Personality Disorder

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Advisory Committee

Members of the advisory council guiding this work include:

• Tania Skippen, – Associate Director, MH-Children and Young People
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• Claire Edwards, senior nurse – Sydney Local Health District
• Kylie Pillon, consumer – NSW Consumer Advisory Group
• Bradley Morgan, Director– COPMI National Initiative
“Having BPD does not mean a person cannot be a good parent” p3.
60. If a mother with BPD requires hospital admission, separation from her infant should be avoided if possible.

61. Health professionals involved in the assessment of parenting capacity should advise authorities that a parent’s BPD alone is not sufficient reason for removing a child from the parent’s care.

62. People with BPD who have infants or young children should be provided with interventions designed to support parenting skills and attachment relationships.

= this Project Air Strategy Parenting Program
The black box: hypersensitivity to abandonment, rejection, exploitation or criticism from others, needs to elicit care from others, control or care for others. May be based on experiences of grief, rejection, violence, loss.
Patterns of relating

• Parents may get stuck in one way of responding to their child, or oscillate between patterns (e.g. intrusive versus distant) that meet their own emotional needs:

  • Treating a child like they are much older- almost like they are a parent (parentification)
  • Treating a child like they are much younger– almost like they are a baby (infantalisation)
  • Treating a child like they are the same as the caregiver- almost like they are a friend (enmeshment).

• These patterns can harm children when continued over time
The program assists parents to …

1. Use skills to better protect children from the extremes of the disorder

2. Better communicate their mental health issues with their children

3. Provide opportunity to correct misconceptions about the child’s role in the condition

4. Improve relational and attachment issues with the children
Overview of the Parenting with Personality Disorder Intervention

Session 1
• Engaging the parent and reinforcing safety for all

Session 2
• Ways to separate parenting from personality disorder

Session 3
• Communication and relationships
Parenting with Personality Disorder Intervention

• A 3-session manualised brief parenting intervention with supported resources

• Goals:
  – Reflect on the challenges for parenting with personality disorder
  – Increase knowledge, skills, & confidence of health professionals in supporting parents, children and families
  – To enhance protective factors and to reduce risk factors
Entry Criteria to the Intervention

• Clients who have children (in their care or in out of home care) and who have a personality disorder or symptoms of personality disorder
Key Principles

1. Prioritise **child safety** and encourage parents to do the same

2. Listen to parenting struggles in a **non-judgemental** and **accepting** manner
3. Focus on building **trust** and **rapport**, as parents with mental illness can feel vulnerable.

4. **Recognise and value** parents’ strengths and positive attributes.
Key Principles

5. **Re-affirm** that the goal is to be a 'good enough' parent, not perfect.

6. Help the parent to **keep their child’s needs and feelings in mind** despite mental illness sometimes getting in the way.
Key Principles

7. Help parents to **facilitate open discussion** with their child about what is happening in the home, including discussing the parent's mental health issues and their diagnosis.

8. Ensure a **family crisis plan** is in place for when the parent is very unwell.
Key Principles

9. Help parents with parenting skills, including age-appropriate ways of relating to their child and setting firm and kind limits to protect everyone.
Key Principles

10. Ensure children have the best possible chance to grow up normally, and prioritise ensuring they **attend school** and have time to join in with their peers.
Key Principles

11. Where possible seek opportunities to **protect children** from being distressed by mental illness
Study Aims

1. To investigate the impact of the Project Air Parenting training on improving theoretical knowledge, clinical skills and attitudes to working with parents with personality disorder.

2. To explore what specific aspects of the training the clinicians found most helpful.
Methods

Participants
• 168 NSW Mental Health, Drug and Alcohol and Forensic Mental Health staff members (nurses, psychologists, social workers, OTs, other)
• Predominantly female ($n = 145, 86.3\%$), average age of 41.17 years ($SD = 11.33$, range 23 - 67).
• Self-rated expertise: ‘developing’ (38.1\%), ‘sound’ (32.1\%), ‘advanced’ (22.0\%), ‘minimal’ (3.6\%), ‘expert’ (3.0\%).

Data Collection
• Brief self-report about satisfaction, perceived helpfulness and usefulness of training in improving knowledge, clinical skills and attitudes.

Data Analysis
• Quantitative data analysed using SPSS version 21; qualitative data was transcribed and thematically analysed using Nvivo version 10 (QSR International, 2015) and Leximancer (Smith & Humphreys, 2006).
Figure 1. Mean clinician ratings (with standard error) of acceptability of the brief intervention for improving theoretical knowledge, clinical skills and attitudes. Data shows ratings by clinicians with minimal/developing self-rated expertise, and those with sound/advanced self-rated expertise ($N = 168$). The scale scores are from 1 indicating ‘not useful’ to 4 indicating ‘very useful’.
Results

**Nvivo analysis**

*Clinician identified key helpful features of the intervention and training*

Four main themes:

1. Structured resources to support clinicians and improve confidence
2. Reflections and take home messages
3. Improved theoretical knowledge and clinical skills
4. Dynamic and interactive training
Comments on aspect of the training

“Practical resources that are easy to take back to the team and share”

“Resources make it easier to facilitate difficult discussions”

“Learning through the lived experience through the short film and discussing it with peers”

“Stepping through the manual: I feel equipped to run through numerous exercises/conversations with people. I really found it all useful”
Conclusions

• The workshops contributed to improvements in positive attitudes and an increase in knowledge and skills to work with parents

• A broader service response in the prevention of the intergenerational cycle of mental illness

• Future direction
  – Further implementation
  – Outcome research
  – Collaboration and early intervention opportunities