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Parenting With Success and Satisfaction Among Parents With Severe Mental Illness

Peter C. van der Ende; Marrie M. Venderink; Joeske T. van Busschbach

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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.