

Parenting and psychiatric rehabilitation:

Can parents with severe mental illness benefit from a new approach?

Peter C. van der Ende¹, Jooske T. van Busschbach², Joanne Nicholson³,
Lies (E.L.) Korevaar¹ and Jaap van Weeghel⁵

¹ Professorship of Rehabilitation, Hanze University of Applied Sciences, Groningen, the Netherlands

² Rob Giel Research Centre, UCP/UMCG, Groningen & Windesheim University of Applied Sciences, Zwolle

³ Dartmouth Psychiatric Research Center, The Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire

⁴ Department of Social and Behavioral Science, Tranzo Scientific Center for Care and Welfare, Tilburg University, Tilburg

p.c.van.der.ende@pl.hanze.nl



Two examples

Carla is a single mother of 35 with borderline problems.

She has been admitted to a psychiatric clinic during half a year.

The children (6 and 8) were in the care of her mother.

Her wish now is to regain responsibility for her children. For her it is important that both her mother, her counselors and she herself regain trust in her own capabilities to deal with the demands of parenthood.

Two examples

Jan is a 40 year old man with a long-term depression

He is divorced and now lives alone in a supported housing facility

His wish is to find ways to make the visits from his daughter (14) satisfying and enjoyable the both of them.

Balance



Own life
with higher
vulnerability

Parenting

Parenting with SMI: studies

1. Prevalence study
2. Pilot study on the effects of a rehabilitation program to support parents with SMI (PARSS)
3. A qualitative study on the impact of parenthood and the strategies of parents with SMI

Epidemiological data

Parents with SMI

NL: prevalence 0,9% parents with SMI (Van der Ende et al 2011)

* 48% of people with SMI have children

* In US & Australia (Hearle et al 1999): 60% of people with SMI loses custody

In UK (Seeman et al , 2012): 68% of women suffering schizophrenia loses custody

Children out of custody of all children

NL: 102 children per 10.000

US: 66 children per 10.000

A new
Program...
'Parenting
with Success
and
Satisfaction'
(ParSS)

Marrie Venderink &
Peter van der Ende



Characteristics PARSS

- Based on Psychiatric Rehabilitation
- Boston- Approach: Choose- Get - Keep
- Individual meetings with worker or in group
- One year: first two month one session per week, later once per fortnight
- Workbooks with 'home work'



Three Workbooks

I. “Assessing the actual functioning in the parent role”

- Who am I and who is my child?
- Division between time to spend and attention for the child
- Support, self confidence and expectations

Ila. “Strengthen the parent role”

- Who put demands on this parent?
- What asks the parent role from this parent?
- Who gives support?
- Tune with environment

IIb “ Take back the parent role”

- Parents’ needs
- Possible activities
- Who have demands and what kind
- Who supports
- Tune with environment

Evaluation of ParSS Quasi experimental study

(Van der Ende et al, 2014)

- Quasi experimental study
- *What are the effects on parenting in terms of success, satisfaction, empowerment and quality of life?*
- Two groups:
 - Experimental group 12 parents
 - Control group of 15 parents
- Two waves over one-year period

Instruments

- Parenting self efficacy with subscales:
Affection, Play, Empathy, Routines, Control, Boundaries, Pressures, Acceptance, Learning, Balance and organizing (Kendall/Bloomfield, 2004)
- Psychological Empowerment Scale (Akey,et al, 2000)
- Quality of life WHOQOL-BREF (WHOQOL group. 1998)

Results: parents

- **Satisfaction in parenting** higher after one year in the experimental group with no change in the control group.
- **Quality of life** stays stable over a year in both groups

Results: workers and next of kin

- The **success in parenting** expressed by providers and next-of-kin doesn't confirm the tendencies of the self-report by parents. In both groups it stays the same on average.
- Empowerment: the experimental group falls back while the control group improves a little.

Strategies for parenting

Qualitative study with
19 mothers and 8 fathers with SMI

Challenges

- Strong feelings of inadequacy
- Fear of transference of problems to a new generation
- Delicate balance between raising children and time for oneself
- Ambiguity around requesting help:
 - Informal help is important source of practical support, worries are (sometimes) shared with professionals
 - Stigma and fear of losing custody

Positive Strategies for parenting

- Full dedication to also enrich ones life and contribute to a sense of regular life.
- It can also provide entrance to new networks.
- Some parents feel that they understand their children better because of their own experiences
- Road to recovery?

Fathers

- Challenges are extra fierce, especially for fathers 'at a distance'.
- Some fathers found opportunities to play a bigger role in the lives of their children.
- *“Yes, during that parenting course in the clinic my strong capacities as a father were emphasized. This gave me self-confidence as a father”.*

Discussion

- Stigma and fear of losing custody are important barriers for adequate help.
- More research on PARSS program is needed.
- As a guided self-help intervention, the program can fill an important gap in available psychiatric rehabilitation resources for parents and practitioners.

Advice

- Put effort in implementation of program, install a coordinator on parenting and provide for co-counseling around the interaction with parents
- Explicit attention to children in day to day practice and in files!
- Destigmatize parenting tasks in interaction with parents!

- Email

p.c.van.der.ende@pl.hanze.nl

- Websites:

www.ouderschap-psychiatrie.nl

References

1. Nicholson, J., Biebel, K., Williams, V. F., & Katz-Leavy, J. (2004). Prevalence of parenthood in adults with mental illness: Implications for state and federal policy, programs, and providers. In R. W. Manderscheid & M. J. Henderson (Eds.), *Mental health, United States, 2002. DHHS Pub No. (SMA) 3938* (pp. 120–137). Rockville, MD: Substance Abuse and Mental Health Services Administration.
2. Van der Ende, P. C., Van Busschbach, J. T., Wiersma, D., & Korevaar, E. L. (2011). Ouders met ernstige psychische aandoeningen. Epidemiologische gegevens. [Parents with severe mental illness. Epidemiological data]. *Tijdschrift voor Psychiatrie*, 53(11), 851–856
3. Van der Ende, P. C., Venderink, M. M., & Van Busschbach, J. T. (2010). Parenting with success and satisfaction. A rehabilitation intervention for parents with severe mental illness. *Psychiatric Services*, 61, 416. doi: 10.1176/appi.ps.61.4.416
4. Anthony, W. A., & Farkas, M. D. (2012). *The essential guide to psychiatric rehabilitation practice*. Boston: Boston University Center for Psychiatric Rehabilitation

References-continued

5. Van der Ende P.C. ,Van Busschbach J.T., Nicholson J., Korevaar, E.L. ,Van Weeghel, J. (2014). Parenting and psychiatric rehabilitation: Can parents with severe mental illness benefit from a new approach? *Accepted by Psychiatric Rehabilitation Journal*
6. Kendall, S., & Bloomfield, L. (2005). Developing and validating a tool to measure parenting self-efficacy. *Journal of Advanced Nursing*, 51(2), 174–181. doi: 10.1111/j.1365- 2648.2005.03479.x
7. Akey, T. M., Marquis, J. G., & Ross, M. E. (2000). Validation of scores on the Psychological Empowerment Scale: A measure of empowerment for parents of children with a disability. *Educational and Psychological Measurement*, 60(3), 419–438.
8. WHOQOL Group (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551–558.
9. Nicholson, J., Henry, A. D., Clayfield, J., & Phillips, S. (2001) *Parenting well when you're depressed: A complete resource for maintaining a healthy family*. Oakland, CA: New Harbinger Publications.