Mental Illness Throughout Parenthood: Strategies for Supporting Families

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The presenters has nothing to disclose with regard to commercial interests related to the content of the course or presentation.
Developmental pathway of familial high risk for schizophrenia

- Genetic risk factors
  - Healthy HR
  - Schizotaxia *(Neuropsychological, social and symptomatic impairments)*
  - Early Environmental Factors (perinatal complications)
  - Later Environmental Factors (stress, drugs)
  - Stable schizotaxia
  - Schizotypal Personality Disorder
  - Clinical High-Risk (Prodrome)
    - Remission
    - Stable Clinical High-Risk symptoms
    - Schizophrenia /Psychosis
      - Toxic Effects of Psychosis
        - Chronic Schizophrenia
Phase Specific Early Intervention & Prevention Strategies (Seidman, Liu, Tronick & Keshavan)

Clinical Risk Symptoms

Conception
- Good prenatal care to reduce maternal infection, stress, obstetric complications

Birth
- Good supportive parental care, early mother-child interaction support

Pre-school
- Screening for cognitive, social, motor deficits
- Prevention of trauma

Elementary school age
- Support school function
- Family psychoeducation
- Support relationships
- Cognitive enhancement

Puberty - Teens
- Avoidance of drugs
- Managing risk taking
- Pro-social activities
- Forming Identity

Late teens & 20's age of risk
- CBT
- Family therapy
- Medication
- Supported employment

Familial Risk for Psychosis
Why Families?

A Lifespan Approach to Mental Health
Do they women with psychosis have children at the same rate as women in the general population?
In the past, women with schizophrenia were less likely to marry, be sexually active, and, therefore, to have children (Propping et al., 1983). Recent research, however, indicates that women with schizophrenia have the same fertility rates as women in the general population (Nimgaonkar, et al., 1997) and are just as likely to have children (Miller et al., 1996, Nicholson et al., 1998; Oyserman, et al., 1994).

Why focus on young women?
The average age of onset of schizophrenia for females ranges between 25 to 35 years, the age range for childbirth (Hafner, et al., 1994; 1997).

How many women with psychosis have children?
61.8% of women with non-affective (e.g., schizophrenia spectrum) psychoses were mothers. (National Comorbidity Study; Nicholson et al., 2002)
How many are responsible for their children? 
Up to 32% of women with psychosis are responsible for the care of their children (Test et al., 1990).

Do they differ in the number of children? 
No. Numbers of offspring of women with schizophrenia spectrum disorders (Mean=2.9, Median=2.5, n=92) or affective psychoses (Mean=3.2, Median=3.0, n=116) were no different than control mothers (Mean=2.6, Median=2.0, n=13,464). (National Collaborative Perinatal Project; Goldstein et al., 2010).

Do their children have psychosis? 
Rates of psychosis in offspring of families with a psychotic parent are approximately 10% compared to 1% in the general population.

Do they do more of the caretaking compared to men? 
Women with a psychotic disorder are twice as likely as men to actively parent their children (Craig et al., 2004) and are less likely than fathers to have someone help them raise their children (Miller et al., 1996).
A subgroup of these children have a range of neurologic signs and subtle brain abnormalities, as measured by magnetic resonance imaging (Thermenos et al., 2013).

Higher risk for neurocognitive (memory, concentration, etc.) and social difficulties (rate of 40-50%) (Keshavan, et al., 2010; Seidman et al., 2013).

Higher risk for non-psychotic psychiatric disorders such as developmental, learning, and anxiety disorders (nearly a rate of 60%) (Keshavan et al., 2008).

A subgroup of these children have a range of neurologic signs and subtle brain abnormalities, as measured by magnetic resonance imaging (Thermenos et al., 2013).

Genetic factors

Stress

Obstetric complications
“No one asked my mother if she had children.”

-Susan Smiley, daughter of Milley Smiley, producer of *Out of the Shadow*
In 1993, Nicholson and colleagues published first national survey of State Mental Health Authority (SMHA) Commissioners regarding programs and policies for adult clients as parents.

- Status as parents not routinely identified
- No policies to provide contact between hospitalized mothers and children

Do we know which clients are parents?

- Follow up survey:
  - In 1999, 24% reported formal identification of adult clients as parents versus 32% in 1990
  - In 1999, 16% had residential programs for parents, versus 8% in 1990
  - In 1999, 22% assessed parenting functioning versus 46% in 1990
  - In 1999, 24% provided outpatient services, versus 56% in 1990

Biebel, et al., 2006
Patterns of Parenting

• Custody loss rates are very high
• Adoption rates are very low
• Intermittent parenting is the norm
• Grief at loss of motherhood may be considerable and may not be addressed
• Risks to children both in remaining with psychotic parent & in separating

Slide adapted from Laura Miller, MD
## Parent-Child Attachment Patterns in Parents with Major Mental Illness

<table>
<thead>
<tr>
<th>Attachment Pattern</th>
<th>Parenting Style</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Responsive</td>
<td>9%</td>
</tr>
<tr>
<td>Insecure - avoidant</td>
<td>Rebuffing</td>
<td>17%</td>
</tr>
<tr>
<td>Insecure - ambivalent</td>
<td>Inconsistent</td>
<td>4%</td>
</tr>
<tr>
<td>Disorganized</td>
<td>Intrusive</td>
<td>35%</td>
</tr>
<tr>
<td>None</td>
<td>Separations</td>
<td>35%</td>
</tr>
</tbody>
</table>

Jacobsen T, Miller LJ, in *Attachment Disorganization*, NY, Guilford, 1999
Slide adapted from Laura Miller, MD
“My mom attempted suicide three weeks after I was born. Not much about schizophrenia was known. My dad was 21, scared and didn’t understand the situation, nor know where to turn. He left when I was 4, my sister was 1 ½. I think he will always carry guilt with him.”

-Susan Smiley, *producer of Out of the Shadow*

“It was a lonely life – single with two small children. I was a terrible mother. I’m sure I hit my daughters. They tell me I did.

-Millie Smiley
What Interventions Are Available?

- Mother Baby Units
  - None in the U.S.

- High specificity (n=23)
  - Focused on parenting
- Medium specificity (n=13)
  - Parenting classes available
- Low specificity (n=17)
  - No services for parents or children

Gearing, 2012; Hinden et al., 2006
Recommendations

• One area focuses on the provision of practical parenting, skills training, and the ongoing availability of services.

• Involving other support networks, including partner or co-parents
  • maternal mental health and family outcomes
  • may help in reducing parental distress and risks to the children, particularly for more socially isolated parents

Salmon, et al., 2003; Khalifeh, et al., 2009
Recommendations

- Flexible approaches for the provision of care for—and support of—children of mothers with schizophrenia, such as easy access to nursery day care, financial support, and home child care.

- Positively bridging mothers with available services may improve access and ongoing engagement.

(Khalifeh et al., 2009, Darlington, et al., 2009).
Parents with mental illness face typical but also unique challenges.

Families with mental illness are at high risk for breaking up.

Children in families with mental illness are at risk for mental illness themselves.

Parents and families with mental illness care deeply about their children.

Resources that provide hope and practical skills for raising children in light of mental illness.

Plans for de-escalating distressing situations and strengthening the family unit.

Targeted prevention efforts to decrease family stress and increase resilience to protect children from mental illness.

Encouragement for being the best parents they can be to their children.
Our Mission at MMHC

Bringing Hope and Recovery through Advances in Research and Treatment…
Bringing Hope and Support to Parents and Families

A Family Support Program at MMHC
ADULT CHILDREN OF NORMAL PARENTS
ANNUAL CONVENTION
Provides psycho-education and practical skills for caregivers and parents

Keeps the family safe and together

Offers resources and peer support

Improves child outcomes
Psychoeducation and Skill Building

- Understand basic child development
- Learn how their relationship impacts their children’s development
- Acquire basic psychological and behavioral principles such as setting a daily schedule, effective discipline
- Learn how to manage mental illness along with upholding caregiving responsibilities
- Determine the best way to maintain their own and their children’s safety
- Prioritize their children’s academic and mental health concerns
- Receive assistance with economic and legal issues
Referral Criteria

- Parent has a psychotic illness or is a co-parent to another parent that has psychotic illness
- Parent is a caregiver in the home where child resides
- Child is between the age of newborn to age 21
Tips for engagement

- Parenting is stressful for everyone
- Peer support is helpful
- Group is both educational and supportive
- Awareness of resources will be increased
STEP 1
- Meet with program leaders
- Identify current needs
- Learn about the program
- Determine whether it is a good fit for you

STEP 2
- Commit to attending all the group sessions
- Acquire a basic understanding of child development
- Learn skills for managing your family
- Develop self awareness
- Identify resources for you and your family
“Every mother wants her children to be happy and that she’s been a part of that. With my grandchildren, I’m getting a second chance.

-Millie Smiley
Bringing Hope and Recovery to Parents and Families

A Family Program at MMHC

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