

# Understanding the Factors Contributing to the Parenting Sensitivity of Mothers Diagnosed with Serious Mental Illness



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# Statement of the Problem



- 13,000 parents with serious mental illness are currently parenting children (Minnesota Department of Human Services, 2009a).
- In 2012, 60% of families in the Minnesota child protection system had issues around serious mental illness and chemical dependency (Minnesota Department of Human Services, 2013).
- Many parents with serious mental illness in Minnesota lose custody of their children to child protection (Minnesota Department of Human Services, 2011).

# Introduction



- Research has shown that parental mental illness makes it difficult for parents to provide sensitive caregiving to their young children
  - (Campbell et al., 2004; Center on the Developing Child at Harvard University (CDCHU), 2009; Conroy et al., 2012; Wan, Warren, Salmon, & Abel, 2008).

# Information from Mental Health Staff Serving Parents with Serious Mental Illness



- How many of the parents with custody of their young children have a history of trauma? (88%)
- Parents struggling with mental illness report the following top three major concerns:
  - Managing MH symptoms
  - Income/Work
  - Parenting

(Minnesota Department of Human Services, 2011)

# Definition: Sensitive Caregiving



- **Sensitive Caregiving Defined: a parent's ability to:**
  - **For infants:**
    - ✦ provide comfort when the child is distressed,
    - ✦ support the child in the exploration of their environment without intrusion,
    - ✦ delight in the child (smile, provide reassurance) (Ainsworth, Blehar, Waters, & Wall, 1978; Bernard, Meade, Dozier, 2013).
  - **For preschoolers :**
    - ✦ provide what is needed for infants and also give clear directions,
    - ✦ set limits and discipline for safety and non-compliance,
    - ✦ demonstrate confidence in parenting skills (Erickson, Sroufe, & Egeland, 1985; Timmer et al., 2011).

# Introduction Continued



- Little is known about what factors impact sensitive caregiving for young children, but four factors repeatedly surface in the literature:
  - Parental mental illness (Goodman & Brand, 2009; Wan, et al., 2007)
  - Parental reflective functioning (how parents understand the needs, wants, desires of their young children separate from their own needs, also how parents then acts on those needs, wants, feelings; Slade, 2005)
  - Parental Childhood Adversity and Trauma (Cort, Toth, Cerulli, & Rogosch, 2011)
  - Parental Social Support (Sroufe et al., 2005)
- While they have been tested separately, no studies exist that have tested how all these factors together impact sensitive caregiving.

# Why this Study?



This study was undertaken to understand the factors that contribute to sensitive caregiving of parents with serious mental health so that:

- 1) Effective parenting interventions can be designed for parents with serious mental illness
- 2) State-wide policies can be created to support this population of parents.

# Methods Continued:



## PROCEDURES

Parents recruited through the 3 contracted mental health agencies.

Researcher discussed the study, provided informed consent and answered questions at family fun nights or individually for clients.

Researcher met with family and their mh worker at:

- The family's home,
- the mh clinic, or
- a private room at the library.

**Order the same for all:**

1. Teaching Tasks
2. Demographic Questionnaire
3. PDI
4. ACE
5. SS Interview

Families were paid 40.00\$ in gift cards for participating

Researcher scored all PDIs.  
Reliability check with Dr. Slade (one of the developers)  
Reliability at 80%

Teaching Tasks scored by Doctoral Student at U of M reliable in the scoring of the Teaching Tasks.  
He scored them twice with two weeks in between to ensure reliability.



# Methods



- **Participants:** 37 mothers with serious mental illness, receiving mental health services from one of the MN DHS contracted three agencies, who had custody of and were parenting children ages three or four.
  - Mean Age: 31.05 (*SD* = 2.87 years) Range = 23 -42
  - Global Assessment of Functioning Mean: 50.35 (*SD* = 5.14) range= 35 – 60
  - Many different mental health diagnoses (see next slide)
  - Seventy six percent of mothers were single, 24% were partnered or married.

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## *Frequency and Percentages for Maternal Demographic Characteristics (N=37)*

Variables	Frequency	Percentage
SES (at or below poverty)	37	100%
Race (according to mother)		
African American	12	33%
American Indian	2	5%
Caucasian	21	57%
Multiracial	2	5%
Geographic location		
Major metropolitan area	9	24%
Rural/moderate size town	28	76%

# Methods- Mental Health Diagnoses



- |  |    |     |
|--|----|-----|
| • Anxiety disorders                        | 12 | 32% |
| • Attention deficit hyperactivity disorder | 1  | 2%  |
| • Bipolar disorder                         | 9  | 24% |
| • Borderline personality disorder          | 1  | 2%  |
| • Chemical dependency                      | 7  | 19% |
| • Major depressive disorder                | 26 | 70% |
| • Post-traumatic stress disorder           | 11 | 30% |
| • Schizophrenia/schizoaffective disorder   | 1  | 2%  |
- Twenty seven percent ( $n = 10$ ) of the mothers had single diagnoses (8 = major depressive disorder; 2 = bipolar disorder). The remaining 73% of mothers ( $n = 27$ ) had more than one mental health diagnosis.

# Results



- The average number of childhood stressors for mothers with serious mental illness from 0-10 was 6.38
- Parental Reflective Functioning was related to Sensitive Care Giving
- Parents who had more informal supports (family, friends, neighbors) were less satisfied with them.

# Recommendations- What Does This Mean?



## • Clinical Practice

- Parenting interventions for this population must improve not only parenting skills but also parental reflective functioning.
  - ✦ The literature suggests that parenting interventions for parents with mental illness must be:
    - behaviorally focused,
    - short in duration (16 sessions or less) (Bakersmans-Kranenburg, van Ijzendoorn, & Juffer, 2003); and
    - utilize video taping as a means of increasing skill and reflective functioning (Wan, Moulton, & Abel, 2008).
- It is also recommended that interventions also focus on building positive informal social supports.
  - ✦ Maybe group
  - ✦ Maybe peer specialists

## • Policy

- State Medicaid policy and benefit sets must be aligned with the above recommendations
- State agencies (such as child protection) that mandate or offer parenting skills for parents with mental health conditions ensure that parenting address parental reflective functioning and parenting skills.

# Resources



- **Resources for Parenting Interventions that Target Reflective Functioning and/or Parenting Skills**
  - Attachment Bio-behavioral Catch-up- a 10 week parent-child interaction that utilizes video taping. <http://www.infantcaregiverproject.com/#!>
  - Circle of Security- a parenting group to promote reflective functioning. <http://circleofsecurity.net/>
  - Parent Child Interaction Therapy- a 16 week parent-child therapy program that has been found effective with depressed mothers. <http://www.pcit.org/>
- **Current State of MN Initiatives to address Clinical Issues in Young Children and their Parents**  
[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16\\_149096#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16_149096#)

# Thank you!!



- I want to thank all of the mothers who participated in this study!
- Please contact me if you have any questions- Catherine Wright- [catherine.wright@state.mn.us](mailto:catherine.wright@state.mn.us)

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