

## Trauma, Illness, Loss, or Personality Disorder: The Impact of Parental Diagnosis on Child Protective Situations (DSM5)

David Barnum, PhD  
Larned State Hospital & Family Therapy Institute Midwest  
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## Where are we going?

- Evidence critical empathy toward parents involved in child protective situations.
- Develop plausible hypotheses for parental behavior in child protective situations and outline a plan for evaluating those hypotheses objectively.
- Enhance their own interpersonal effectiveness and motivational capabilities with parents involved in child protective situations
- Ultimately, improve outcomes for CPS involved children and families

## DCF

- Agency Mission:  
"To protect children, promote healthy families and encourage personal responsibility."  
–[dcf.ks.gov/agency](http://dcf.ks.gov/agency) information

## Normal Reaction to CPS Involvement

- Non-trauma background
- But who's more typical?
  - Trauma
  - Mental illness
  - Personality dysfunctions
  - Substance use problems
  - Life losses/illness
- What do these have in common?
- How does this affect the response v reaction?

## Existentialism in CPS work

To remove or  
not to remove...

## Impact on emotional life of children

- Betrayal and mistrust
- Abandonment
- Younger can be worse, and often missed/ misunderstood
- Pryor (2009). Even in child abuse, attachment tends to occur, harder in foster care
- Parentification when removed

### ... but...

- Impacts of childhood abuse/severe family dysfx
  - Increased self destructive bx, sub ab, total risk bx
- Risk for enduring injury or death
- A moral question?
- Safety
- Look at the impacts of parental characterological illness on children into adulthood
- Stopping the cycle

### Hypothesis testing

- Informed guess = hypothesis
- Methods
- Data collection
- Data analysis
- Evaluate hypothesis and revise
- Back to the top

### The Diagnosis Hydra

- Impact of illness
- Self-stigma
- Provider stigma
- Public stigma
- Group vs individual
- Special needs
- Excuse making v rationale making v contributory hypothesis



### Trauma and Parenting

- Affects both parenting and engagement with CPS
- Untreated PTSD associated with less effective parenting, increased risk of abusing children, and less able to protect children from abuse.
- Untreated trauma associated with unstable affect and difficulty trust service providers
- Gap in the service literature, clearly

### Recommendations for CPS

- Provide staff with training on trauma and trauma symptomatology
- Provide trauma screening for parents
- Facilitate cross-system communication
- Ensure that practice models are trauma-informed

### Trauma Informed

- Self-awareness
- Reducing the distance
- Stigma reduction
- Empathy

### Trauma-informed concepts

- Educate all system components
- Keep it in mind and screen for it
- Trauma-specific, effective treatments
- Services beyond the child
- Integrated community approach

### Empathy

- The power of entering into another's personality and imaginatively experiencing his experiences (Chambers English Dictionary, 1989)
- Feeling their experience as if it is our's.
- Develops from early attachment experiences (first 2 years)
- Theory of mind
- Mirror Neurons

### Empathy

- Practiced, it expands
  - Cultivate curiosity about strangers
    - Terkel – "Don't be an examiner, be the interested inquirer."
  - Challenge prejudices and discover commonalities
    - labels/categories
  - Try another person's life
  - Listen hard – and open up
  - Inspire mass action and social change
  - Develop an ambitious imagination

Krzmaric, 2012

### Defining Critical Optimism

- Requires therapist to *perceive reality for what it is* without becoming submerged in nor determined by it, while leading clients toward that same stance.
- Does not view family injustice through rose-colored glasses or externalizing blame.
- Engages therapist in the reflection and social "response-ability" necessary to transform injustice.
- Balances a radical belief in freewill with an informed appraisal of the reasonable limits of change.

### Critical Empathy

- Truly connect to the person without judgment while maintaining objectivity to perceive reality and fact
- Feeling the pain of the truth with them

### Impact of Substance Abuse on Parenting

- Separate from FAE – different session today
- Disrupted bonding process
  - Don't attend, miss communication cues
  - Thus disengaged parents and disengaged babies
- Distrust, less willing to learn from adults
- Difficulty understanding other's emotions
- Difficulty forming relationships
- Low remorse/empathy capacity
- Low confidence
- Poor social skills/social cognition

### Impact of Substance Abuse on Parenting

- Low household predictability/high chaos
  - Depression/anxiety
  - Inc behavior problems
  - Low achievement test scores
  - School problems
- Lack of supervision – neglect
- Parentification
  - Anxiety
  - Blamed for family consequences of parental SUD
- Social stigma/social embarrassment
- Increased risk for SUD, exposure to violence, and criminal activity

### Impact of Parental MI on Children

- Prevalence
  - Individuals with SPMI or comorbid SMI and SUD are as likely IF NOT MORE to be parents than adults without those conditions
  - Almost half of mothers and a third of fathers have a mental illness (lifetime prevalence)
  - Increased rates of poverty
  - Lower parental education level

### Impact

- Resilience
- Severity and duration make it worse
- Earlier onset worse for the children
- Increased rates of poverty
- Lower parental education level

### What helps

- Supportive spouse/partner
- Truly individualized approach
- Trauma informed conceptualizations
- Using genuine empathy to inform approach, especially communication
  - We are more alike than we are different

### Parenting and Mental Illness

- Found to be a potent motivator and buffer
- Watch for exacerbation from distress of removal
- More variance both between and within the groups
- Illness insufficient basis for removal

### Research favored response

- Pour appropriate resources and interventions into the home/family and maintain family placement
- Removal is last resort, short term, and done in a trauma-sensitive manner as much as possible
- The focus on intervention is the family. Support and involvement from all fronts.

### Key belief

- Risk – confirmatory bias
- Remedy – falsification bias

### Personality Disorder

- Meta-analysis
  - Risk for impaired parenting behavior, problematic parenting practices, and disturbed parent-infant interactions.
  - Strong relationship with abusive experiences
  - Unpredictable, intrusive parenting practices
  - Attachment issues (bi-directional)
    - Insecure, disorganized, unresolved

### Personality Disorder

- Pervasive pattern of unstable interpersonal and emotional functioning.

### Impact of Personality Disorder: Comorbidity

- Presence of PD tends to coincide with other factors that compromise parenting:
  - Higher rates of parental depression
  - Higher rates of SU/Higher ETOH during pregnancy
  - More single parenting
  - More unstable household membership
  - More school changes
  - More non-parental care

### Intra PD Class Differences

- Overall, PD has negative effects, but...
- Studies of parents (especially mothers, but there's a sample bias) who meet criteria for BPD indicate that many of the negative effects are more severe/frequent in parent

### Impact of Parental PD on Parenting and Children

#### On parenting

- w/ infants – less smiling, less imitation, less touching, less playing, less sensitivity to baby's emotional states/needs – more intrusive parenting
- More "fear/disorientation" response to child attachment bids
  - Link to disorganized attachment
- Increased response latency to child distress
- Increased insensitivity with longer distress duration

#### On children

- Infants – less positive affect in face to face interaction
  - Dazed or look away
- Infants – less vocalization, more fearful affect, less soothable, less responsive to parental bids for interaction, less involving behaviors toward mother, lower expression of availability for positive engagement, lower behavioral organization, less emotional organization

### Impact of Parental PD on Parenting and Children

<p><b>On parenting</b></p> <ul style="list-style-type: none"> <li>• Less accurate identification of emotion</li> <li>• Less structuring to infant/toddler</li> <li>• Higher parenting stress/lower parenting competence/lower parenting satisfaction</li> <li>• Lower family cohesion</li> <li>• Higher family conflict</li> </ul>	<p><b>On children</b></p> <ul style="list-style-type: none"> <li>• Lower social acceptance scores and more difficulty making close friends</li> <li>• Poorer theory of mind</li> <li>• Less skilled at identifying emotions and causes for emotions</li> <li>• More negative self-representations</li> <li>• More fantasy prone</li> <li>• More intrusion of traumatic material</li> </ul>
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### Impact of Parental PD on Parenting and Children

<p><b>On parenting</b></p> <ul style="list-style-type: none"> <li>• Lower “mind-mindedness”</li> <li>• Higher frequency of overprotection (and also present by self-report of parents) (might be a positive given inc frequency of higher risk environments)</li> </ul>	<p><b>On children</b></p> <ul style="list-style-type: none"> <li>• More negative attribution style</li> <li>• More self-critical</li> <li>• Inc risk of witnessing parental SUI attempts</li> <li>• Inc experience of maternal hostility</li> <li>• Inc experience and witnessing of verb/phys abuse and violence</li> </ul>
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### Impact of Parental PD

- Parent-child relationship
  - Increased disrupted attachment style
    - E.g., insecure-resistant attachment style --maternal emotional dysfunction mediated relationship between BPD symptoms and infant emotional regulation
  - Excessive role reversal
  - Increased fear of abandonment
  - More negative expectations of the relationship

### Impact of Parental PD

- Mental health outcomes
  - Worse when compared to kids of parents with other MH conditions
    - And within that group, BPD worse than all other PD
  - Higher levels of emotional disorder (esp. dep)
  - Increased incidence of suicidal ideation
    - Attempt rate 4X higher in kids of moms with BPD
  - Higher incidence of externalizing behaviors

### Working with PD

<ul style="list-style-type: none"> <li>• Compassionate</li> <li>• Empathy</li> <li>• Listen</li> <li>• Validate emotional state</li> <li>• Take experience seriously</li> <li>• Stay calm</li> <li>• Respectful</li> <li>• Caring</li> </ul>	<ul style="list-style-type: none"> <li>• Open communication</li> <li>• Be human – serious and funny</li> <li>• Trust, to allow strong emotions</li> <li>• Clear, consistent, reliable</li> <li>• Challenging behavior has survival value</li> <li>• Encouragement and hope</li> </ul>
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Project Air Strategy for Personality Disorders, (2015).

### Working with parents with PD

<ul style="list-style-type: none"> <li>• Prioritize child safety</li> <li>• Non-judgmental and accepting</li> <li>• Trust and rapport paramount</li> <li>• Recognize and value strengths</li> <li>• Re-affirm good enough</li> <li>• Attentive to child needs and feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate open discussions</li> <li>• Family crisis plan</li> <li>• Age appropriate relating                     <ul style="list-style-type: none"> <li>– Firm and kind limits</li> </ul> </li> <li>• As possible, protect children from MI-related distress</li> <li>• School and peers – seeking “normal”</li> </ul>
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