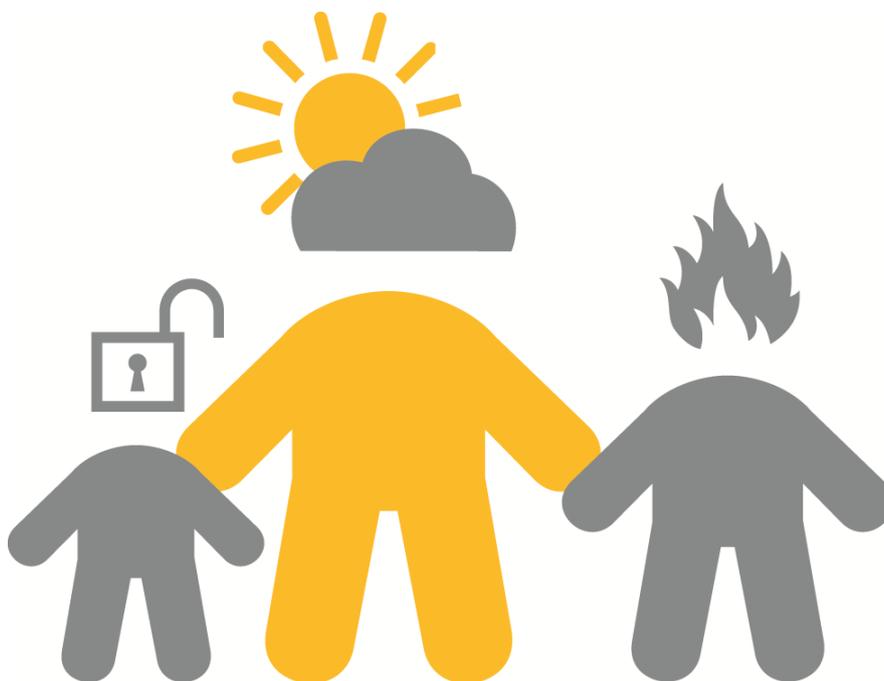




PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

Parenting with Personality Disorder Intervention

A manual for health professionals



Project Air Strategy acknowledges the major support of NSW Health and MH-Children and Young People, Mental Health Drug and Alcohol Office, NSW Ministry of Health. The Project works with mental health clinicians, consumers and carers to deliver effective treatments, implements research strategies supporting scientific discoveries, and offers high quality training and education. Contact us at info-projectair@uow.edu.au or visit www.projectairstrategy.org

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* Manual Development Team: Kye McCarthy, Heidi Jarman, Marianne Bourke, Brin F.S. Grenyer.

For correspondence: Professor Brin Grenyer: grenyer@uow.edu.au

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Definitions

Parent

The term 'parent' refers to any person who is a primary caregiver for children. 'Parent' is used interchangeably with 'caregiver' throughout this manual. Parent or caregiver refers to biological parents, step-parents, foster parents, legal guardians, family members (e.g. grandparents, uncles, aunts) or other adults who have children in their care.

Children

In this manual the term 'children' has been used generically to refer to young people who are under the care of the parent or caregiver. Hence, 'children' refers to infants, toddlers, children, adolescents and young adults aged up to 25 years.

Client

This term has been used to describe the individual who is the focus of treatment. This manual is designed to be used with parents.

Personality Disorder

Personality Disorder is a mental health disorder recognised by the International Classification of Diseases (ICD), and the Diagnostic and Statistical Manual of Mental Disorders (DSM). Personality Disorder refers to personality traits that are maladaptive, inflexible, and pervasive in a number of contexts over an extended duration of time, causing significant distress and impairment.

Introduction to the Parenting with Personality Disorder Intervention

This manual is designed to assist mental health clinicians to work effectively with parents or caregivers with a personality disorder. The aim of this intervention program, in line with the relational approach of the Project Air Strategy for Personality Disorders (Project Air Strategy for Personality Disorders, 2015), is to assist mental health clinicians to reflect on parenting with people with personality disorder. The goal is to support parents, children and families to enhance protective factors and to identify and reduce risk factors. Given the daily difficulties parenting presents for caregivers with personality disorder, this approach is likely to enhance the working alliance between the clinician and the client in treatment. Addressing parenting with people with personality disorder will likely achieve better mental health outcomes for both parent and child. It is often the case that personality disorder and parenting are not talked about together, particularly when parents are seeking treatment individually in an adult mental health service. However, personality disorder can have a profound effect on the home environment, especially on children. Parents with personality disorder may engage in more problematic parenting behaviours than other parents, such as low sensitivity and responsivity, inconsistent discipline and role-reversal (see Crandell, Patrick, & Hobson, 2003; Gratz et al., 2014; Hobson, Patrick, Crandell, Garcia-Perez, & Lee, 2005; Johnson, Cohen, Kasen, Ehrensaft, & Crawford, 2006; Macfie & Swan, 2009; Newman, Stevenson, Bergman, & Boyce, 2007; Stepp, Whalen, Pilkonis, Hipwell, & Levine, 2012; Wilson & Durbin, 2012; Zalewski et al., 2014). The possibility of intergenerational transmission of mental health disorders has been well documented (Stepp, et al., 2012), and children of parents with personality disorder may be at risk of experiencing more emotional, behavioural, social and cognitive difficulties than their peers (see Barnow, Spitzer, Grabe, Kessler, & Freyberger, 2006; Crandell, et al., 2003; Dutton, Denny-Keys, & Sells, 2011; Herr, Hammen, & Brennan, 2008; Macfie & Swan, 2009; Newman, et al., 2007; Weiss et al., 1996).

Raising children can be challenging for all parents. Becoming a parent or caregiver is a change in a person's identity, and involves a vast increase in responsibility. All parents can identify situations where they wish they had done things differently, and feeling like a 'bad' parent on occasion is not rare. It is easy for tired and overwhelmed parents to lose confidence. This can sometimes lead to relationship difficulties between parents and children, and feelings of hopelessness for the future. These negative self-evaluations can be particularly relevant for parents with personality disorder who may have difficulties with overwhelming emotions and impulsive responding. Fear of judgement by professionals can prevent help-seeking and honesty about what is occurring in the household. Hence, a key part of building a therapeutic relationship with parents with personality disorder and working on parenting capacity, is building a person's self-efficacy as a parent. Building self-efficacy makes a parent more likely to trust their judgement and be consistent, but also gives them the confidence to be flexible in trying new ways of relating in the family. Non-judgemental intervention aimed at promoting the parent's capacity to engage in sensitive and responsive interactions with their children can be helpful in promoting positive parent-child interactions and increasing parental self-confidence.

This manual describes a three session brief parenting intervention where clinicians can reflect on parenting issues with clients with personality disorder. The intervention offers a multifaceted approach so that the parenting issues targeted in the intervention can vary, and the intensity of the intervention can be adjusted for individual parents, based upon:

- the family's need
- the parent's willingness to engage
- the service's capacity.

The Parenting with Personality Disorder Intervention has been developed to provide guidance and resources that can be administered in 3 phases:

- Phase 1: Engaging the parent and reinforcing safety for all
- Phase 2: Ways to separate parenting from personality disorder
- Phase 3: Communication and relationships

This Parenting with Personality Disorder Intervention manual describes three sessions, each related to these three phases. However, clinicians may choose to spend more sessions in any of the phases if they feel this would be appropriate, helpful, and feasible in the context of the service.

Who should use this manual?

This manual is for health professionals involved in the therapeutic treatment of clients who are also parents or caregivers to children. The manual can be used by a variety of practitioners, including clinical psychologists, psychologists, school counsellors, case managers, social workers, mental health nurses, psychiatrists and family therapists. Clinicians implementing the intervention described in this manual should be adequately qualified and be engaged in regular clinical supervision.

The brief parenting intervention is appropriate for clients who have children (in their care or in out of home care) and who have a personality disorder. However, this Parenting with Personality Disorder Intervention may not be appropriate for parents who find discussion and reflection on their parenting or family life highly triggering or traumatic. This may be an indicator that more intensive or specific supports are needed, such as the relevant local child and family services, prior to using this intervention. Further, the parenting intervention may not be appropriate for parents who are currently in crisis or actively suicidal, where parenting capacity may be significantly compromised by mental illness. It should also be noted that antisocial personality disorder and psychopathic personality traits is complex area which is not covered here.

Important considerations

- In implementing this intervention, it is expected that usual standards of clinical practices are maintained, including conducting risk assessments, engaging clients, appropriate documentation, and so on.
- Clinicians need to keep in mind their responsibility to keep children safe and report suspected abuse or neglect to authorities. Family violence, parental alcohol or substance abuse, parental cognitive impairment or disability may further affect a parent's capacity to provide safe and appropriate care for their children along with parental mental illness.
- Encouraging a parent with personality disorder to participate in a discussion about parenting issues can take time, and requires a non-judgemental and empathic approach. Parents may find it relatively easy to love their children and want the best for them, but talking about parenting and family issues can be difficult for many reasons: possible heightened distress in the parenting role, previous trauma that may be triggered when discussing the care of their children, a possible tendency to view themselves as less competent or as a 'bad parent', feeling less satisfied in their parenting role, or, a possible fear of involvement of child protection authorities or that their child will be removed from their care.
- Take notice of any negative feelings that may arise towards the parent. Sometimes caregivers with personality disorder might engage with their children in extreme or confronting ways, and clinicians may find themselves feeling ambivalent towards these parents. It can be helpful to remember that parents with personality disorder may have sometimes experienced trauma or difficulty in their own family of origin, meaning that caring for their children can trigger distress or lead to jealousy or resentment in the provision of care, or that they may not have learnt basic parenting skills from their own childhood experiences.
- Consider the changing needs of the child as they move into different developmental periods with increasing age. Different parental behaviours are also required as children grow and develop, and parents with personality disorder might have difficulty adjusting their behaviours to meet their child's changing needs.
- Consider, respect, and be sensitive to, culturally diverse parenting practices.
- Consider the developmental stage of the parent and their ability to engage with the material, for example the needs of parents with intellectual disabilities or adolescent parents may be more complex, and may require adjustment of usual practices.

Key principles

The Project Air Strategy (2015) key principles for working with people with personality disorders are listed below:

Key Principles for Working with People with Personality Disorders

- Be **compassionate**
- Demonstrate **empathy**
- **Listen** to the person's current experience
- **Validate** the person's current emotional state
- **Take the person's experience seriously**, noting verbal and non-verbal communications
- Maintain a **non-judgemental** approach
- Stay **calm**
- Remain **respectful**
- Remain **caring**
- Engage in **open communication**
- **Be human** and be prepared to acknowledge both the serious and funny side of life where appropriate
- Foster **trust** to allow strong emotions to be freely expressed
- Be **clear, consistent, and reliable**
- Remember aspects of challenging behaviours have **survival value** given past experiences
- Convey **encouragement** and **hope** about their capacity for change while validating their current emotional experience

There are additional key principles for working with **parents** with personality disorder:

Key Principles for Clinicians Working with Parents with Personality Disorders

- Prioritise **child safety** and encourage parents to do the same
- Listen to parenting struggles in a **non-judgemental** and **accepting** manner
- Focus on building **trust** and **rapport**, as parents with mental illness can feel vulnerable
- **Recognise and value** parents' strengths and positive attributes
- **Re-affirm** that the goal is to be a 'good enough' parent, not perfect
- Help the parent to **keep their child's needs and feelings in mind** despite mental illness sometimes getting in the way
- Help parents to **facilitate open discussion** with their child about what is happening in the home, including discussing the parent's mental health issues and their diagnosis
- Ensure a **family crisis plan** is in place for when the parent is very unwell
- Help parents with parenting skills, including **age-appropriate ways of relating** to their child and **setting firm and kind limits** to protect everyone
- Where possible seek opportunities to **protect children** from being distressed by mental illness
- Ensure children have the best possible chance to grow up normally, and prioritise ensuring they **attend school** and have time to join in with their peers

Background understanding for clinicians: The parent-child relationship and personality disorder

One feature of personality disorder can be difficulty with managing relationships. Hence, whilst children and parents are biologically wired to love and care about each other, relationships between parents with personality disorder and their children may be challenging or problematic. John Bowlby was the first to describe attachment theory as the primal instinct of an infant to maintain physical proximity to the caregiver to ensure survival and emotional security (Bowlby, 1969). Based upon the parent's capacity to be physically available, protect and be emotionally responsive to the child, the parent and child develop a bond. The infant develops an internal representation of the caregiver being both a safe haven of protection for the infant, and a secure base for the infant to explore the world. That is, when children feel safe, they can grow and learn in the context of this bond with their parents, and feel confident to explore the world around them. Neuronal connections in the brain develop through this human connection. Within attachment relationships, the child develops the capacity to mentalise, that is, to think about and understand the mental states of the self and others. Mentalisation is thought to contribute to the development of the self and identity. The ability of the parent to hold the child's mental states in mind, and their capacity to reflect on the internal mental experience of the self and of the child vary based on the parent's own attachment experiences, and can impact on their capacity for empathy, taking the perspective of the child, and being able to meet the child's needs.

A person's style of communicating and relating to themselves and others is developed in the parent-child relationship, and is used as a blueprint for future interpersonal relationships. Attachment styles have been described as organised (secure or insecure) or disorganised (Ainsworth, Blehar, Waters, & Wall, 1978). Attachment strategies have also been described that are used by children within relationships marked by high levels of parental unpredictability and limited emotional attunement. Patricia Crittenden indicates that the threat of danger organises human behaviour, and that children develop attachment strategies to ensure their safety in their relationship with their parent (Crittenden, 2008). When these strategies become rigid, inflexible and are not adapted based on context throughout the lifespan, symptoms of psychopathology emerge - including personality disorder.

Attachment patterns include:

Secure: the parent-child relationship is balanced between provision of warmth and protection, and supporting exploration. The child feels confident in the availability, responsiveness, reliability and safety of the parent, and does not need to consider the needs of the parent.

Avoidant / Dismissing: the parent-child relationship is characterised by a lack of proximity seeking and a lack of emotional connection and warmth, with focus on exploration of the environment. Attachment strategies may include compulsive and defensive mechanisms to avoid affect in order to remain close to the parent, who is likely to be avoidant of their own past experiences and hence is dismissing of their child's difficult emotions.

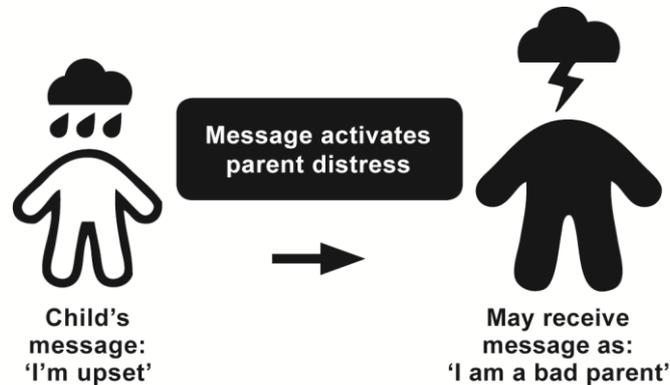
Ambivalent / Preoccupied: the parent-child relationship is characterised by the child's preoccupation with the parent in an anxious, angry or passive way, with a focus on maintaining closeness in the relationship to the exclusion of exploration of the environment. Attachment strategies may include heightened emotional and coercive displays in order to maintain closeness to the parent, who is likely to be preoccupied with their own past experiences and hence may respond to their child inconsistently.

Disorganised / Unresolved: the parent-child relationship is characterised by fear and trauma, whereby the child is frightened by the parent, or experiences the parent as being frightened. As this is also the person who they need to seek protection from, the child's behaviour becomes disoriented and disorganised when seeking closeness to the parent. The parent is likely to be unresolved in regards to their own attachment figure and experiences of trauma, and may also be frightened of the child who may trigger difficult memories and feelings in the parent.

In personality disorder, insecure (avoidant, ambivalent) and disorganized attachment patterns may be present. Research suggests that parents with personality disorder may have difficulties in communicating with their child. Children of all ages are constantly communicating their needs to their parents, and look to their parents to meet their physical and psychological needs. Each person develops their own patterns of communicating through words and behaviour to other people in relationships, impacting the way that others respond to them in return. Often in parent-child relationships where a parent has a personality disorder, there is a "push-pull" between the conflicting needs and wishes of the parent and the needs of the child, and contradictory messages are often communicated between parent and child in a confusing way. This may be thought of as a

“black box” between the intent of the communication and the receipt of the communication between parent and child, which can distort the intended message. The contents of the “black box” vary for every person but may include experiences in the past of grief, rejection, violence and loss. People with personality disorder may experience hypersensitivity to abandonment, rejection, exploitation or criticism from others, or have needs to elicit care from others, control or care for others. These sensitivities impact the way that people interpret the world and others in relationships. Messages received from significant people in the past impact on how a parent communicates and interprets messages with their child in the present.

For example:



Over time, children and young people become attuned to their parents and learn how best to not activate their parent's distress. Sometimes a disparity develops between the child's needs and the message they communicate to their parent, contributing to further miscommunication and relationship difficulties.

It is easy for parents to get stuck in one way of responding to their child, or to oscillate between two or more common patterns of relating, particularly when emotions are running high. Parents with personality disorder may sometimes fall into patterns of relating to their child in a way that meets their own emotional needs. This may include treating a child like they are much older- almost like they are a parent (parentification); treating a child like they are much younger- almost like they are a baby (infantilisation); or, treating a child like they are the same as the caregiver- almost like they are a friend (enmeshment). These patterns can harm children if they are allowed to continue for a long time.

People with personality disorder may also have difficulties with impulse control. This can lead to risk-taking, reckless or self-damaging behaviours such as alcohol and drug abuse, domestic violence, sexual behaviours or binge eating. Further, people with personality disorder may struggle with labile, intense, incongruent or overwhelming emotions. Some people use extreme methods to cope with these emotions, including self-harm or suicidal behaviour, dissociation, or substance abuse. These overwhelming emotions and impulsive coping behaviours may make it hard for parents with personality disorder to sensitively and appropriately respond to their children, and it may be distressing or traumatising for children to witness these behaviours.

It is helpful for clinicians, in the face of challenging parenting behaviours, to keep in mind how personality disorder symptoms and the life history of the parent impact on their ability to relate to their children, and to maintain an empathic and non-judgmental stance.

Procedures and Session Plans

When a client has been identified as appropriate to participate in the Parenting with Personality Disorder Intervention, the intervention may be structured as follows:

Session 1: Engaging the parent and reinforcing safety for all
Session 2: Ways to separate parenting from personality disorder
Session 3: Communication and relationships

How to use the resources in this manual

As has been indicated, this structure of the Parenting with Personality Disorder Intervention is flexible, and clinicians can choose from a range of parenting topics to focus on so as to best meet the needs of individual caregivers. Ideally, the three sessions are implemented consecutively, as they build on each other. Clinicians may also decide, in consultation with the parent, to use more than three sessions to work on parenting issues in a more intensive way, if this is feasible in the context of the service. Clinicians are encouraged to avoid overwhelming caregivers with personality disorders with new parenting strategies, but rather to select a few appropriate strategies and spend time consolidating them. The goal should be to simplify parenting, by focusing on only a few key principles - such as child safety, simple routines, and prioritising playtime with the child. Further, it is recommended that if parenting and family issues are serious, complex and ongoing, referral to the appropriate local mental health organisations or supports for child or family may be necessary.

This manual links to resources for clinicians to use when working with parents with personality disorder. These resources include Fact Sheets, Help Sheets, the Family Crisis Care Plan, the Parenting with Personality Disorder DVD, and Guidelines. These resources can be downloaded or ordered from www.projectairstrategy.org. Clinicians need to exercise care and clinical judgement in the use of these resources with parents. For example, parents with learning disabilities may find the written materials challenging, and use of these could lead to a parent disengaging from treatment. Visual and verbal strategies may be more appropriate for these clients. The resources available are designed to be used in a collaborative way to enrich therapeutic discussions. They are designed to provide psychoeducation to a broad audience, and clinicians are encouraged to adapt information in an engaging way that is appropriate to the developmental level of the individual parent.

Involving children in sessions

Including children in session is encouraged. Clinicians may find space for this in session three, as a unique opportunity to gain rich information about the quality of the parent-child relationship. It may also be an opportunity for parent and child to gain assistance in spending some positive time together. It is beyond the scope of the Parenting with Personality Disorder Intervention to guide clinicians in intensive parent-child interaction, attachment or play therapies. However, clinicians may find the following programs of interest: Parent-Child Interaction Therapy (Foote, Schuhmann, Jones, & Eyberg, 1998); Watch, Wait and Wonder (Muir, Lojkasek, & Cohen, 1999); Circle of Security (Marvin, Cooper, Hoffman, & Powell, 2002); Child and Adolescent Psychotherapy (Blake, 2008).

Setting the therapeutic frame

Because the Parenting with Personality Disorder Intervention emphasises a relational model, it is important to attend to the psychological boundaries framing the relationship. The frame establishes the space in which the therapeutic work can take place. This includes practicalities such as the time, location, duration of sessions and outline of therapy (for instance, the aims and limitations of the Parenting with Personality Disorder Intervention, what the client can discuss and how the time is managed). The frame also includes the policies of the organisation or clinician (for instance contact outside of therapy, rescheduling missed or cancelled appointments or the management of risk). A clear discussion regarding the frame is required at the outset of any therapeutic relationship to establish well-defined expectations for both clinician and client. These clear expectations provide a safe and predictable therapeutic environment, which is particularly important when working with people with personality disorder. For example, it is important to explain that the Parenting with Personality Disorder Intervention will only last for three sessions, and indicate whether treatment will then continue as usual. Alternatively, if a longer duration of parenting work is indicated, discuss and agree with the client how many sessions will be used to work on parenting. This can assist in managing expectations.

Session One: Engaging the parent and reinforcing safety for all

Objectives:

1. Build a collaborative relationship regarding parenting
2. Introduce the Parenting with Personality Disorder Intervention and the key parenting messages
3. Complete a Family Crisis Care Plan and consider child protection issues

Resources:

Project Air Strategy DVD: *Parenting with Personality Disorder*

Project Air Strategy Help Sheets: *Keeping on track: Goals for parents; Family Crisis Care Plan*

Project Air Strategy Fact Sheets: *Parenting with personality disorder; How does personality disorder impact on parenting?*

Steps to follow in Session One:

1. Build a collaborative relationship regarding parenting (about 5 mins)

Key points:

- Explain how discussing parenting can assist in treatment
- Build a collaborative understanding about how discussing parenting is relevant and helpful
- Address any fears or reluctance to discuss these issues
- Explore parenting goals

Have a brief but explicit conversation with the parent with personality disorder about the possibility of spending some treatment time discussing parenting and family life. It is necessary to establish the parent's consent and willingness to engage in the brief intervention. However, parents with personality disorder may be wary about discussing parenting issues for many reasons, and hence, developing a collaborative relationship to work specifically on their parenting needs to be an ongoing and co-occurring process.

The Parenting with Personality Disorder Intervention may occur at the beginning of treatment, or as an adjunct to ongoing treatment. If it occurs early in treatment, building rapport and establishing a working relationship, as is usual practice, would be paramount before undertaking the parenting intervention. Clinicians may need to work with the parent on individual issues, whilst holding children in mind, until sufficient trust has built and a strong therapeutic relationship established before the clinician can open up a discussion with the parent about their children and their parenting.

Discuss with the parent how working on parenting would be specifically relevant and helpful for the issues they are currently experiencing with their children. Further, highlight how this may help the progress of their treatment. Clinicians may say:

"Often when parents are struggling with some aspect of caring for their children, working on these issues may help to decrease their distress, and have beneficial outcomes for their own mental health, and the wellbeing of their children."

Talking about parenting can make parents fearful for a number of reasons. Particularly, they may have a fear that they are a 'bad' parent, that they will be judged, that child protection authorities may become involved or that children will be removed from their care, or that it may detract from time they have to seek their own support. Facilitate an open and honest discussion with the parent about the fears that they hold in talking about parenting. Parents may need support, reassurance and encouragement regarding the benefits of engaging in the brief intervention. Reassure parents that no-one is a perfect parent, and that all parents could benefit from spending time talking about their parenting. Encouraging a parent with personality disorder to participate in the parenting intervention can take some time. Clinicians may choose to begin small discussions in sessions prior

to the commencement of the parenting intervention to explore the possibility of dedicating some treatment time to parenting needs.

Use the Help Sheet *Keeping on track: Goals for parents* as a way to begin exploring both the parent's strengths and their current challenges in meeting their children's needs. This Help Sheet can be introduced simply: *"This Help Sheet can help us find some of the things you might like to talk about regarding your parenting."* The first section asks the parent to reflect on the things they already do a 'good enough job' on. The parent may have difficulty finding the positive things they do. Help the parent to recognise any examples of providing care for their children, for example: making their children meals, taking them to school, bathing, or any shared activities. The next section requires the parent to think of the needs their children have that they find difficult to manage. Help parents to think about the big and small challenges or barriers they face that may make it harder for them to meet some of their children's needs at times.

2. Introduce the Parenting with Personality Disorder Intervention and the key parenting messages (about 25 minutes)

Key points:

- Introduce the Project Air Parenting Intervention
- Show the 15 minute Project Air Strategy DVD: *Parenting with Personality Disorder*
- Discuss the reactions to the film and the key parenting messages

After the parent has consented to participating it is important to set the frame for the three session intervention. It can be helpful to begin by describing the basic nature of the Parenting Project Air program. It can be useful to say to parents:

"It is natural that all parents have worries about their children and their parenting. Sometimes things in the household run smoothly and sometimes things become more stressful and challenging. Home life can be up and down for parents with personality disorder and other mental health problems, and it is common for parents with personality disorder to have concerns about minimising the impact of their difficulties on their children. It is also common for parents to worry about talking to health professionals about their home life for fear that they will be judged or that child protection authorities will become involved. The Parenting with Personality Disorder Intervention is designed to help families to minimise the chances of problems occurring, and to gain more support if needed."

Knowing what to expect and setting firm boundaries around how the parenting intervention will work is important for parents with personality disorder to feel safe to discuss these issues. Tell parents:

"We will spend the three consecutive sessions, including today, working on parenting. Today's session will focus on what things are like for you as a parent, and developing a plan for keeping your family safe. The second session will focus on ways to separate parenting from personality disorder. The third session will be a chance for us to reflect on your relationships with your children."

Show the parent the Project Air DVD *Parenting with Personality Disorder*. This may help to begin normalising some of the struggles the person might be having with their parenting, can initiate a conversation about what is happening in the family, and can begin to develop the parent's understanding of how personality disorder impacts parenting. Reflect with the parent on their reactions to the film, and how it does or does not relate to their experience as a parent. Use the Fact Sheet *Parenting with personality disorder* to highlight the key parenting messages to the parent.

Key parenting messages from the film 'Parenting with Personality Disorder'

- Keeping children safe is the top priority
- No parent is perfect, we can only aim for 'good enough'
- Separate parenting from personality disorder as much as possible. This can include:
 - Talking to children about personality disorder to increase children's understanding and minimise possible self-blame
 - Shielding children from symptoms of mental illness when possible

- Allowing children to be children and not take on adult responsibilities
- Maintaining simple routines at home and setting kind but firm limits
- Consider children's needs and feelings
- Spending enjoyable time together helps to promote secure and loving relationships in the family. Putting aside worries to spend time with children can help parents to experience satisfaction and joy, and helps children to feel loved and cared for

Clinicians may also provide parents with the Fact Sheet *How does personality disorder impact on parenting?* for further psychoeducation.

Clinicians should take care to ensure that this discussion does not become a list of criticisms about the client's parenting. Rather, it is helpful for parents to be given the opportunity to discuss their experience of being a parent, and to foster some hope that there are small and manageable ways to make a difference as a parent. These conversations can sometimes bring up difficult feelings for parents with personality disorder, who may feel judged, blamed, ashamed or guilty about how their illness impacts on their family. It may also raise fears about retaining the custody of their children, and may understandably feel hesitant about being honest with professionals. It is helpful for clinicians to adopt a non-judgemental, open and empathic approach when discussing these issues with parents, with a focus on supporting rather than criticising parenting.

3. Complete a Family Crisis Care Plan and consider child protection issues (about 15 minutes)

Key points:

- Encourage the parent to prioritise child and family safety

Introduce the Family Crisis Care Plan to the client as follows:

“The purpose of the Family Crisis Care Plan is for us to organise the care of your children in the case that you are unable to care for them temporarily due to being mentally unwell or needing to stay in hospital. This can help you to feel more assured that the children are safe while you are away, and can help the children know what to expect. However, it is important to remember that whilst this Family Crisis Care Plan represents your intentions for the care of your children, is not a legally binding document.”

It may be relevant to discuss who the legal guardians are of the children, as ideally, all legal guardians would be aware of and in agreement with this plan. Completing the Family Crisis Care Plan can encourage parents to consider and prioritise the needs and safety of their children, and may help them to feel more assured that their children will be appropriately cared for during stressful times. When shared with children, the Family Crisis Care Plan can provide a sense of safety for the children that they will be cared for if their parent is unwell. It may also help to make separations more manageable if children know what to expect- who they will stay with, and how they can contact their parent.

The first section of the Family Crisis Care Plan is a space for parents to nominate up to two adults who can temporarily care for their children in the case that they are mentally unwell or in hospital. Encourage parents to select temporary carers who are capable of fulfilling the role, and whom they and their children know well and trust. Ensure that parents gain consent from their nominated temporary carers to take on the role, and to be listed on the Family Crisis Care Plan. The Family Crisis Care Plan could ideally be shared with all legal guardians, the temporary carers, the children involved, and anyone else involved in the care of the children or in the treatment of the parent.

Family Crisis Care Plan

Available for download from www.projectairstrategy.org

HELP SHEET



Family Crisis Care Plan

This plan can be used in the case that children's legal guardian is unable to care for them temporarily due to mental illness or hospitalisation. It represents the intentions of the legal guardian at the time of creation, however, is not a legally binding document. Ideally, all legal guardians will be aware of, and in agreement with, this plan.

Parent Name: _____	Children's Names: _____
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If I am temporarily unavailable to care for my children, I would like them to stay with one of the following consenting adults:

Name: _____	Name: _____
Relationship to children: _____	Relationship to children: _____
Contact Number: _____	Contact Number: _____
Address: _____	Address: _____

I would like to exclude the following people from visiting or caring for my children:

Name: _____	Name: _____
Relationship to children: _____	Relationship to children: _____

Are there any current court orders in place regarding care or visitation of your children? Please attach or provide details:

Important information about my children:

My children's daily routine (daycare, school, activities, food, bedtime, etc.):

Things that help settle my children when upset (likes, dislikes, favourite toys or books, etc.):

My children's health or medical needs:

I would like to keep in touch with my children via:

Contact details for key people (school, doctor, etc.):

Signature: _____	Clinician's Signature: _____
Date: _____	Date of next review: _____
Copy for the: Client / Clinician / Temporary Carers / Children / Emergency / GP / School / Case Worker / Other (please specify)	



The second section of the Family Crisis Care Plan allows parents to nominate any person whom they wish to exclude from the visitation or care of their child in their brief absence. Discuss with the parent why this is the case, and list the details of any court orders that may be in place.

The final section of the Family Crisis Care Plan is a space for parents to record important details about the children's medical needs and daily routines, and contact details for the parent and any other key people. This is an opportunity to share necessary information about the children with temporary carers so that the brief separation can go as smoothly as possible for all involved.

Once the Family Crisis Care Plan is complete, provide the original to the parent, make a copy for your own records, and, where consent has been provided, make copies for distribution to other relevant individuals/organisations (e.g. the selected temporary carers).

Within the context of these discussions, consider any other child protection issues. If the child is at risk of significant harm a report to child protection authorities is required. The Australian government provides detailed advice and procedures for mandatory reporters, it is important to be familiar with the specific guidelines in your local area. Where a report to child protection authorities is required, best practice is to inform the parent of this. However, if this would create the potential for more harm to the child, then not informing the caregivers of the report would be appropriate. When advising caregivers of your need to make a report, be clear with them about what you plan to do and why you need to act. Aim to encourage them to work with you in a collaborative fashion. It is recommended caregivers are also made aware it is your legal obligation to report this information.

When parents with personality disorder have had a child removed from their care by child protection authorities, clinicians may consider that parents could be experiencing intense guilt; self-recrimination; grief and loss; increased hopelessness and risk of suicide or self-harm where children provided purpose, direction and motivation in the parent's life.

If needed: conduct a brief risk assessment for the parent

See the Project Air Strategy *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Things to do at the end: reinforce the frame for the Parenting with Personality Disorder Intervention

Schedule the times and dates for the next two sessions of the parenting intervention.

Things to do after the session: document the session

Fully document the session according to usual practice, with particular attention to any noted risks and an assessment of these.

Session Two: Ways to separate parenting from personality disorder

Objectives:

1. Talking to children about personality disorder
2. Protecting children from personality disorder symptoms
3. Setting firm but fair limits to reinforce safety and security

Resources:

Project Air Strategy Fact Sheets: *Talking to children about personality disorder; What else can I read: For parents, caregivers and children; Creating safety: Setting limits with children*

Steps to follow in Session Two:

Start the session by setting the frame for continuing the Parenting with Personality Disorder Intervention, and remind the parent that there are two remaining sessions in this intervention. Revisit the information gained in the previous session, and orient the parent to the plan for today's session.

1. Talking to children about personality disorder

Key points:

- Children need to understand that the parent has a mental illness
- Children need to be told that they are not to blame for the parent's illness
- Talking to children about personality disorder needs to be tailored to their age and maturity

Parent-child relationships can be impacted by personality disorder, and stressful or chaotic events that may be occurring in the household. Research suggests that talking to children about a parent's personality disorder is a way to increase shared communication and understanding within the family, and may help foster resilience in parent-child relationships. It is most useful when the information shared with a child about a parent's personality disorder is appropriate to their developmental stage. Hence, the ongoing communication about mental illness in the family can change over time according to the developing needs of the child. Clinicians may introduce this to parents in the following way:

"Children are tuned into their parents, and may notice changes in their parents that they don't understand. Parents often feel concerned that talking to children about mental illness will scare or worry them. However, when these issues are not discussed in the home, children may try and make sense of what they experience on their own, which could sometimes lead to misunderstanding, worry, and even self-blame. It can be a relief for children to learn that their parent's behaviour is part of an illness, and is not directed at them."

Sometimes parents may not understand personality disorder well themselves, and don't have the confidence to explain it to their children. Use the Fact Sheet *Talking to children about personality disorder* as a stimulus to discuss age appropriate information for the parent to share with their children. Tell the parent:

"Talking to children about personality disorder often requires more than one conversation. It can be helpful to start with a small conversation and open the lines of communication in the family to encourage your children to ask further questions when needed. You don't have to have all the answers to your children's questions straight away. Sometimes you might let your child know that you will get back to them with a response, and take some time to find more information or think about the way that you would like to respond."

Provide caregivers with the Fact Sheet *What else can I read: For parents, caregivers and children* for some ideas of resources that they might like to use for themselves or with their children.

2. Protecting children from personality disorder symptoms

Key points:

- Avoid exposing children to behaviours and emotions that might distress and worry them

In the heat of the moment, parents with personality disorder might find it especially difficult to contain their emotions in front of their children. Both these powerful and overwhelming emotions, and the behaviours that parents with personality disorder may use to cope with these emotions may be distressing for children to witness. The consumption of drugs and alcohol, self-harm and suicidal thoughts or intentions, domestic violence and impulsive sexual behaviour can be highly distressing and traumatic for children. Clinicians may address with the parent how particular behaviours may be impacting negatively on their children. It can be helpful for clinicians to discuss with the parent how they can keep some focus on their children's safety in difficult moments, and avoid exposing children to distressing behaviours.

Ideally, parents will develop their distress tolerance skills to the point where they are able to regulate their own emotions and then the emotions of their child. Clinicians could work with parents to apply their distress tolerance skills in situations with their children. However, this may be a very difficult task for some parents, and some strategies may need to be implemented to keep the children safe in the meantime. Depending on the individual needs of the parent and their children, clinicians can work with the parent to develop a plan, in addition to the Family Crisis Care Plan, to ensure that children do not witness damaging coping behaviours. Say to the parent:

“From what we have discussed, it sounds like sometimes you feel so overwhelmed that it is difficult to survive the moment, let alone considering the children. Let's brainstorm some practical strategies for how you can make sure that your children don't witness behaviours that will distress them.”

Suggestions include:

- Ensure children are safe (e.g. safe toys in a safe environment) and take a short break or time out to calm down before coming back to children.
- When children are not yet at school, consider day care as a safe option for parent and children to have a break from each other.
- Implement the Family Crisis Care Plan to seek assistance in caring for the child for a brief period of time.
- Seek emotional support from services or other adults rather than from the child.

Encourage the parent to discuss this plan with the children where appropriate.

3. Setting firm but fair limits to reinforce safety and security

Key points:

- Setting firm but fair limits helps manage behaviour and reinforces safety and security
- Strategies to respond when children step into the parenting role

When the household is chaotic and a parent is unpredictable or inconsistent, children tend to feel unsafe. The behaviour children use to manage stressful home situations can become problematic and challenging for the parent with personality disorder to address. Problematic child behaviours can have a big impact on the parent-child relationship and how the parent feels towards the child. Working on setting simple and easy to learn limits with children may be helpful for parents having difficulties managing their child's behaviour. Discussing some basic strategies for setting limits with children can help parents with personality disorder feel more confident in taking charge of their children appropriately. Say to the parent:

“Balancing love and limits is a tricky task for all parents. Children rely on adults to take charge and set boundaries on their feelings and behaviours, this helps them feel safe. Setting limits helps each person in the relationship know what is expected of them, and encourages them to respect each other. It is important that the limits we use with children are firm but also fair and kind.”

Use the Project Air Strategy Fact Sheet *Creating safety: Setting limits with children* to provide parents with psychoeducation about increasing consistency and positive behaviour in their family.

When home life is stressful and chaotic, children may also step into the parenting role as a way to manage the problems that have arisen as a result of parental mental illness. For example, a child may take over chores, meal preparation, care of other children, and provide emotional support to the parent. 'Parentification' or 'role-reversal' is a strategy that may have many functions for children and for a family. It can be understood as a survival and attachment strategy, where children take on an adult role to create a sense of safety and control in their environment, to ensure the survival of themselves and the family, seek emotional connection with the parent, or attempt to reduce stress or care for a parent who is struggling. Identify with the parent if they think any of their children may be feeling burdened, or if a child is providing them with an inappropriate level of emotional support.

Session 3 provides an opportunity to reflect in detail on the relationship patterns between parent and child, however, when parentification is an issue in the family it may be helpful to brainstorm with the parent some basic ways that they can lessen the burden on their child and take charge as the parent. Some ideas include:

- Help the parent find ways to let their child know that they are safe in the parent's care, and that the parent is willing and able to take the parenting role.
- Find ways for the parent to start making small steps to being in charge in the household.
- Help parents identify and step in when children take on too much responsibility.
- Discuss with parents that children are not an appropriate source of emotional or practical support, and find other more appropriate adult supports. Let the child know that the parent has support from other adults.
- Begin to talk about and consider children's needs, and find ways for the parent to let their child know that they want them to act their age and do the things that interest them, including school, spending time with friends and hobbies.

If needed: conduct a brief risk assessment for the parent

See the Project Air Strategy *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Things to do at the end: reinforce the frame for the Parenting with Personality Disorder Intervention

Remind the client that the next session will be the final session spent focusing specifically on parenting, continuing from what has been discussed in the session today.

Things to do after the session: document the session

Fully document the session according to usual practice, with particular attention to any noted risks and an assessment of these.

Session Three: Communication and relationships

Objectives:

1. Reflect on the parent-child relationship
2. Focus on one parent-child relationship skill: mindful parenting during child play time or understanding and responding to children's feelings
3. Reinforce the importance of treatment for the mental health issues and the role of self-care and self-compassion in parenting

Resources:

Project Air Strategy Help Sheet: *Identifying relationship patterns*

Project Air Strategy Fact Sheets: *Strengthening attachment: For parents and caregivers; Connecting with children at different ages; Mindful parenting during child play time; Understanding and responding to children's feelings when personality disorder gets in the way*

Steps to follow in Session Three:

Set the frame for the session by reminding the parent that this will be the final session of the Parenting with Personality Disorder Intervention. Revisiting the main points gained in the previous sessions. Orient the parent towards the plan for today's session.

1. Reflect on the relationship between the parent and child

Key points:

- Reflect on relationship patterns between parent and child
- Discuss the parent-child attachment bond and how this can be strengthened

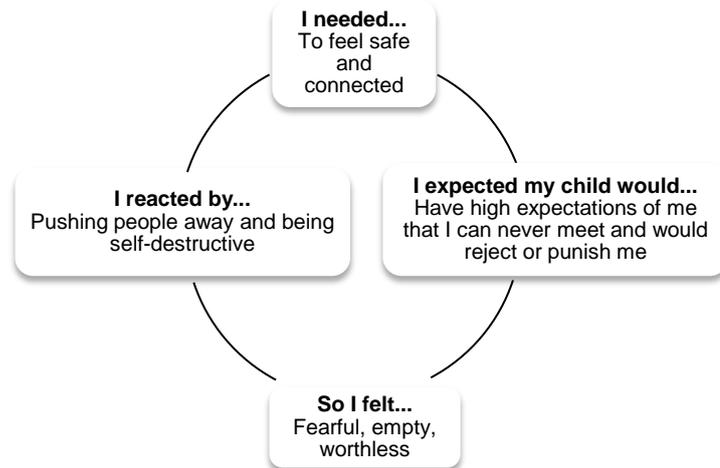
Provide the parent with some basic psychoeducation about needs:

"All human beings have physical and psychological needs. Physical needs include things like food, water, shelter, oxygen or sleep, and psychological needs include things like connection to others, autonomy, and competence. People also need safety, both a physical and psychological need. Feelings are like signals that let us know whether or not our needs are being met. When a person's needs are not met, it can lead to feelings like frustration, anger, fear or sadness. People commonly seek to get their needs met in relationships with other people. For children, the parent is the main person who can meet their basic needs so they can survive and grow."

Start a conversation with the parent about their relationship with their child. Clinicians can use the Help Sheet *Identifying relationship patterns* to aid in this conversation. Help the parent to identify an interaction with their child that occurred recently and that is typical of their relationship. From here, there are four main steps to identifying interpersonal patterns:

1. Identify the need being communicated. Sometimes this is not explicitly stated with words, rather subtly implied in the parent's behaviour.
2. Determine how the parent expects the child to react. Often this is how people have reacted in the past.
3. Identify how the parent feels.
4. Observe how the parent then reacts. When a relationship pattern is stuck, this behaviour is usually counterproductive to fulfilling the need and perpetuates unhelpful reactions from others.

This can be mapped out with the parent like the example below, and using the Help Sheet *Identifying relationship patterns*:



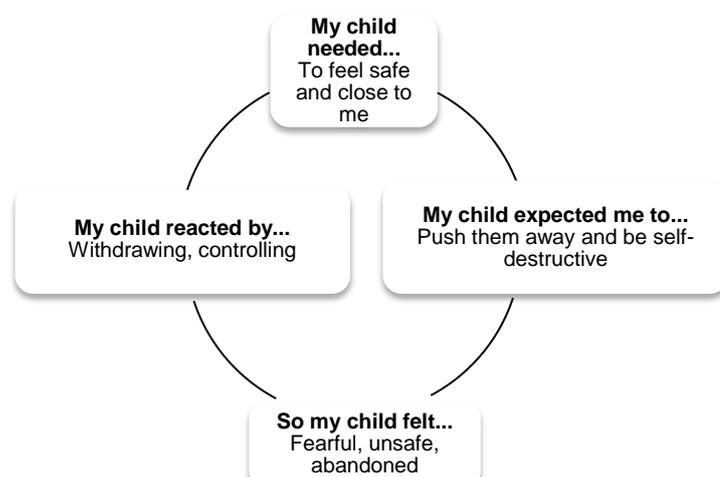
It may be helpful to notice if the parent interacts in this way with other people in their life. Ask the parent to consider where this pattern of relating may have originated, e.g. in their relationship with their parent. Reinforce to the parent:

“This way of relating to others was functional for you at one time to keep safe (for example, to prevent rejection or punishment). However, this way of relating might be preventing you from getting your needs met in the present, and may be making it harder for you to meet the needs of your child.”

Tell the parent: *“Every interaction is an opportunity for healing and growth. Once we start noticing our own behaviours and feelings, it gives us the option of choosing different ways of responding. No one is perfect, sometimes we react automatically. Relationship patterns develop over long periods of time, and tend not to change quickly. It is important to remember that we can only work towards altering our own responses, although over time this may influence others’ expectations and reactions too.”*

Say to the parent: *“Let’s see how this pattern of relating to each other looks from your child’s perspective.”* Help the parent to complete the above exercise again based on their identified parent-child interaction, this time from the child’s perspective, like the example below:

1. Identify the need being communicated by the child. Identify how this need makes the parent feel based on their relationship pattern, and note how it may conflict with the need of the parent.
2. Determine how the child expects the parent to react, based on the parent’s identified behaviour.
3. Identify how the child feels.
4. Observe how the child then reacts. Note how the behaviour of the child may perpetuate the parent’s expectation of how others will react (e.g. rejection in above example).



It may sometimes be difficult for parents with personality disorder to consider the perspective of their child, or how their behaviour may be impacting on their child, and they may need encouragement, support or assistance to do this.

Use the Project Air Strategy Fact Sheet *Strengthening attachment: For parents and caregivers* to provide the parent with psychoeducation about their child's relational needs, such as:

“From the moment an infant is born, they begin to develop an attachment or bond with their parents who care for them. This bond can provide the child with protection, a sense of safety, comfort, and organises their feelings. When children feel safe, they can grow and learn in the context of this bond with their parents, and feel confident to explore the world around them. Parents are the most important people in a child's world.”

Introduce the parent to some of the things they can do to help strengthen the parent-child relationship, as listed on the Fact Sheet. Remind the parent that no one is perfect, and reinforce anything on the list that the parent is already doing. Select one of the strategies listed that relates to the parent's identified parenting goals, and plan with the parent how they can begin to try out the strategy with their child. If the parent has difficulty finding ways to connect with their child in an age appropriate way, provide them with the Fact Sheet *Connecting with children at different ages*.

2. Focus on one of the following two parent-child relationship skills based on the parent-child needs

Key points:

- When working on skills with the parent, recognise and reflect on any examples of the parent already doing a 'good enough' job with their child

a) Help the parent to use mindfulness in interactions with their child

It might be helpful for parents to practice mindfulness when they are spending time with their child in order to be present in the moment, and to really listen and take interest in their child. This may help the parent be more sensitive and responsive to their child's feelings and needs, and to foster a positive parent-child relationship.

Provide the parent with psychoeducation on how to practice mindful parenting using the Fact Sheet *Mindful parenting during child play time*. Highlight that it is important for parents to let the child take the lead during play time, so that the parent can tune into the child's world. This can help parents and children feel close to each other and enjoy their time together. If the parent has had experience using mindfulness before, explain that the same skill is required to be used when interacting with their child. For parents with more limited experience with mindfulness, or who have some difficulties using mindfulness, it may be helpful to encourage the parent to practice alone during calm times, and work towards using it when interacting with their child.

If the parent has more advanced experience with mindfulness, the clinician might choose to observe play between the parent and child. Clinical judgement is important, as this exercise could be a challenging and emotional experience for parents who have significant difficulty with perspective taking. For example: *“Let's practice mindful parenting when playing with some blocks with your child. As you are playing, practice applying the 'Stop, Wait, Go' strategy. Have a go at asking yourself the questions listed on the Fact Sheet regarding you and your child's thoughts, feelings and behaviours as you play. This can be tricky sometimes. When we finish, we can talk through these questions, and we can consider the child's perspective together.”* The clinician might also stop the play at helpful points to consider what is happening from the parent and child perspective, or provide subtle but helpful tips along the way.

b) Help the parent to understand and respond to children's feelings

People with personality disorder can sometimes have difficulty recognising, understanding and managing emotions in themselves and in others, making it difficult for them to get their needs met, or to meet the needs of others in their relationships. Use the Fact Sheet *Understanding and responding to children's feelings when personality disorder gets in the way* as a stimulus to discuss the ways that emotional communication can be confused or misunderstood between the parent and child, particularly when difficult or traumatic feelings from the parent's past are triggered in the present. Highlight with the parent any problematic patterns that they experience with their child,

these patterns of relating may provide the parent with emotional support, but can be harmful to children over time. Use the Fact Sheet to discuss some simple ways the parent can tune into their children's feelings when the parent is calm.

3. Reinforce the importance of treatment for mental health issues and the role of self-care and self-compassion in parenting

Key points:

- When parents care for their own needs and their mental health, this can allow them to better care for the needs of their children

Treatment for their own mental health issues is an important way for parents to care for both themselves and their families and keep everyone safe, and it is important to highlight this to the parent. High levels of stress and minimal self-care can lead to burn out and exhaustion. Parents who look after themselves and minimise stress improve their own wellbeing, but also that of their children, as they are in a better position to meet their child's needs. Say to the parent:

"Parenting requires meeting a child's physical and emotional needs on a daily basis, and if a parent's supply of physical and emotional energy is too low, they will be unable to provide for their children. What are some ways that you can take care of yourself?"

Parents may also consider some of the following suggestions: getting enough sleep, eating a healthy diet, physical activity, fostering adult relationships with a partner and/or friends, pursuing enjoyable hobbies and interests, taking time to relax, establishing a support network of at least one trusted family member, friend or service provider who can help and provide advice or support when needed.

Self-criticism and self-judgement can negatively impact self-confidence in parenting and increase levels of stress and distress. The concept of 'good enough' parenting is often referred to as an appropriate benchmark for parents in caring for their children, and suggests that children's needs don't need to be met perfectly, rather in a 'good enough' way. It may be helpful to develop some personal ways that parents can show themselves self-compassion, for example, a phrase that they say to themselves, taking care not to self-criticise, or rewarding themselves. Say to the parent:

"A person can never be a perfect parent. All human beings make mistakes, and aiming to be perfect can often cause parents distress. It is important for parents to be kind to themselves when they make mistakes, this helps parents increase their coping and resilience. What are some ways you could show yourself some compassion in your parenting?"

If needed: conduct a brief risk assessment for the parent

See the Project Air Strategy *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process.

Things to do at the end: conclude the Parenting with Personality Disorder Intervention and re-establish the frame for resuming usual treatment

Let the parent know that whilst discussion around parenting issues and parent-child relationships may continue, the parenting intervention is now complete. Reflect with the parent on what they have gained from completing the parenting intervention, and what impact this may have had on them and their family. Re-orient the parent towards continuing treatment, and remind them of their next appointment time.

Things to do after the session: document the session

Fully document the session according to usual practice, with particular attention to any noted risks and an assessment of these.

Challenges in Implementing the Parenting with Personality Disorder Intervention

Challenges will inevitably arise for clinicians in implementing the Parenting with Personality Disorder Intervention with parents with personality disorder. A few common challenges have been listed below, with some ideas of possible ways to overcome barriers to working on parenting with people with personality disorder.

Challenge: After agreeing to spend time working through the Parenting with Personality Disorder Intervention, the parent comes to session but spends time talking about other issues and has difficulty focussing on talking about parenting.

Parents may need to be kindly but firmly brought back to the agreed aims of the session, and reminding that other issues can be discussed in later sessions. It may be helpful for clinicians to directly identify this issue with the parent and discuss with them what it is they are finding difficult about talking about parenting. If they feel they have other important pressing issues they want to discuss, it may be helpful for clinicians to spend five minutes at the beginning of a session debriefing with the client about issues unrelated to parenting. Where this continues to be a difficulty, clinicians may consider spending half of a session on parenting and half talking about the parent's other pressing issues. Where parents are experiencing feelings of fear, guilt, shame or distressing memories in response to talking about parenting, clinicians may need to provide extra emotional support and validation, and to ensure they take a non-judgemental and empathic approach to slowly encourage and support parents in talking about parenting issues.

Challenge: Parents are suddenly in crisis or become suicidal during the parenting intervention.

In this case, clinicians can perform continued risk assessment as is usual practice. See the Project Air Strategy *Guidelines on Working with People in Crisis and Conducting a Risk Assessment* to inform this process. Clinician judgement is important regarding the ability of the parent to continue the intervention. The parent may need extra support whilst completing the parenting intervention, sessions may need to be spaced out, or this may not be an appropriate time to complete the intervention, and it may be recommended to recommence at a later time when the crisis has been managed.

Challenge: The parent has a large number of children of different ages; it is difficult to focus on all of them in the parenting intervention.

In this case, it may be helpful to focus on one child that the parent feels that they have particular difficulty in relating to or managing. The clinician might highlight to the parent that strategies can be applied to all of the children, but use one particular child as an example.

Challenge: The Parenting with Personality Disorder Intervention is not enough time to address or solve all the parenting issues.

It is recommended that clinicians select a focus in the brief parenting intervention, with the aim being to begin the conversation and reflection on parenting in a manageable way, not to solve all the issues or overwhelm the parent in the three sessions. The clinician, in consultation with the parent, may also choose to spend further ongoing sessions working on some of the principles outlined in this manual if appropriate. If the clinician feels that there are serious and complex ongoing family issues, referral to appropriate specialised local services may be recommended.

Guidelines for Family Assessment

Understand the parent with personality disorder and their family

Additional assessment may be required to understand the client's needs as a parent, further to the assessment for personality disorder alone (see *Project Air Guidelines for the Assessment of Personality Disorders*). As such, this assessment should not replace initial standard and thorough assessment of the client. Before addressing parenting issues, an assessment of the parent in their parenting role, relationship between the parent and each child, needs of the children and any risk issues may be important.

This assessment may be done at any time, but preferably before the Parenting with Personality Disorder Intervention to help assess and inform treatment planning.

Below are a list of questions relating to a range of parenting domains. Clinicians do not need to ask every question in a didactic manner, rather they are designed to give clinicians some guidance in having a conversation with parents with personality disorder about their parenting, with the aim of gaining a broad understanding of the parent, the child, and parent-child relationships.

Assess the parent

It is helpful to remember that the capacity of the parent to adequately answer questions related to their child can provide insight into the parent's attunement to the needs of their children. Remember to consider whether the parent is a biological parent or other caregiver, and adjust questions as appropriate.

- Who is in the family? How old are they? Who lives with you?
- What is your past and current relationship like with the child's other parent?
- Who supports you in your parenting role?
- How did you feel about becoming a parent during the antenatal period?
- What was the birth of your child and postnatal period like?
- How would you describe yourself as a parent?
- What do you believe your strengths are as a parent?
- What do you believe your weaknesses are as a parent?
- How do you manage or discipline each child?
- How does the other parent/step-parent manage or discipline each child?
- How do you respond to fights and arguments within the home (e.g. sibling rivalries)?
- Has there ever been violence within the family?

Assess each child

These questions are asked of the parent to gain a brief understanding of each child's needs.

- What worries do you have about your child?
- What situations with your child, inside or outside of the home, are particularly difficult to manage at the moment, and how are you currently managing these?
- Do any of your children have any specific special needs (developmental, physical, medical, social, psychological)?
- Has your child experienced any known abuse or trauma?
- What is your child's schooling history at pre-school, primary school, high school (e.g. behaviour, learning, peer relations, separation problems)?
- What are your child's hobbies, activities and interests (e.g. what does the child like to do in their spare time)?
- Any other issues the parent thinks would be important for the clinician to know about?

Early detection of any mental health or behavioural problems in children can be helpful, and referral to appropriate child and family services may be warranted. Signs and symptoms of mental health problems in children may include evidence of: problematic or disturbed relationship with parent; disruptive behaviour disorders; deliberate self-harm; substance use; depression; anxiety; disturbances in sleeping and/or eating patterns; victimisation and bullying by peers; passive interpersonal behaviours; callous and unemotional traits.

Assess the parent-child relationship

It can be useful to get a sense of the parent's relationship with each child. Wherever possible, take note of any interactions you observe between parent and child.

- What do you and your child enjoy doing together?
- Describe what it's like at mealtimes with your child (is there evidence of togetherness, a family routine etc.)
- Describe what it's like at bedtime with your child (is there evidence of togetherness, a family routine etc.)
- Describe what it's like when you drop your child off at day-care, preschool or school, e.g. what does your child usually do, what do you usually do, how do you feel when you drop your child off and how do you imagine your child feels?.
- Name five adjectives (describing words) to describe your relationship with your child. Describe a memory that illustrates each word.
- What is your child's relationship with the other parent/step-parents/foster parents?

Assess the family's support system

The presence of good social supports can contribute to family wellbeing. Assessing social supports can guide ways to increase the family's support system, including utilising other appropriate services or agencies:

- What is your family's current interaction with the community (e.g. participation in activities, sports, school community, family outings)?
- Who are the parent's main support people (e.g. partner, family members, friends, other health professionals, services)?
- Who are your children's main support people (e.g. parents, step-parents, other family members, friends, mentors, teachers, health professionals, services)?
- Are any other services or agencies currently involved, or been previously involved?
- Are there any people who increase your family's level of stress and risk?

Identify the risk of harm for the family, particularly the children

The following questions are important for clinicians to consider and/or ask parents:

- Is any child at risk of significant neglect or psychological, physical or sexual harm?
- Is each child's emotional needs being met?
- Is each child's physical needs being met?
- Is each child's cognitive needs being met?
- Is family violence currently occurring in the household? Who is being violent, and who is experiencing the violence?
- Is substance abuse and addiction an issue within this family? What is the impact of this on the children?
- Does either parent have a psychotic mental illness? How does this impact on the children?
- Are there dangerous levels of emotional arousal in the home (e.g. anxiety, anger)?
- Do you engage in deliberate self-harm behaviours? What do you do when you self-harm, where are the children, do you believe the children are aware of your self-harm?
- Have you had any suicide attempts? Was the child aware of this? Did they witness this? What did they do?

If the child is at risk of significant harm a report to child protection authorities is required. The Australian government provides detailed advice and procedures for mandatory reporters, with specific guidelines for local areas. It is best practice to inform the parent if a report to child protection authorities is required, unless this would create the potential for more harm to the child. When advising caregivers of your need to make a report, be clear with them about what you plan to do and why you need to act. Aim to encourage them to work with you in a collaborative fashion. It is recommended caregivers are also made aware it is your legal obligation to report this information.

Psychometric assessment

The following psychometric assessments may be particularly useful to administer to complement the clinical interview and to track progress over time.

Measure	Author, year	Description and Uses	Scales	Number of items	Age range
<i>Parenting Stress Index – Short form</i>	Abidin, R. R. (1983)	Has 4 scales and a fifth total stress scale. Useful for health professionals, teachers and childcare workers with populations of at risk children. Good for prevention and intervention programs, assessment of child abuse risk and forensic evaluation for child custody.	One Total Stress scale and 4 subscales including: Defensive responding - measures the validity of the test based upon the parent's responses; Parental distress; Parent-child dysfunctional interaction; Difficult child	36 items in short-form, answered on a 5-point Likert scale	For parents with children aged 3months to 12 years
<i>Measure of Parental Style</i>	Parker, G., Roussos, J., Hadzi-Pavlovic, D., Mitchell, P., Wilhelm, K., & Austin, M-P. (1997)	A measure of dysfunctional parenting, including assessment of parental abuse, parental loss, parental care and parental overprotection.	3 subscales include: Parental indifference; Parental abuse; Parental over-control	15 items to be completed by mother and father	
<i>Parent-child Relationship Inventory (2005)</i>	Gerard, Anthony, B. (2005)	Parental self-report of parenting skills and attitudes toward parenting and their children. Scores on this measure have been linked to risk for maltreatment, and to child behaviour problems.	Contains 2 validity scales including: Social desirability; Inconsistency Contains 7 content subscales including: Parental support; Satisfaction with parenting; Involvement; Communication; Limit setting; Autonomy; Role orientation	78 items, answered on a 4-point Likert scale	Parent self-report of children aged 3-13 years
<i>Strengths and Difficulties Questionnaire</i>	http://www.youthinmind.info/	Assesses a number of domains of functioning for children including internalising problems, externalising problems, relationships and attachment, psychosocial functioning, cognition and development.	5 subscales include: Emotional symptoms; Conduct problems; Hyperactivity / Inattention; Peer problems; Prosocial behaviour Can be completed electronically on-line at http://www.youthinmind.info/	25 items rated on a 3-point Likert scale	Parent and teacher report for children aged 3-16 years Child self-report for youth aged 11-16 years
<i>ASEBA Child Behaviour Checklist (ASEBA CBCL)</i>	Achenbach, T. M., Rescorla, L. A. (1965)	Multi-informant measure of child competencies, adaptive functioning and problems. Reports include parent form and teacher form for ages 6-18, and youth self-report for ages 11-18	Scales include: Anxious/depressed; Withdrawn/depressed; Rule breaking behaviour; Somatic complaints; Aggressive behaviour; Social problems; Thought problems; Attention problems	Over 100 items, includes Likert scale responses and open-ended responses	Parental and teacher report of children aged 6-18years Child self-report for youth aged 11-18 years
<i>Eyberg Child Behaviour Inventory</i>	Eyberg, S. (1990)	A parental self-report of child conduct-problem behaviours	Scales include: Problem scale; Intensity scale	36 items	Parental self-report for children aged 2-17 years

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