

Parenting and BPD

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What we will talk about together

- Children and young people's voices
- One parent's experience - Hannah
- What can it be like for children?
- What gets in the way of adults having conversations with children?
- Key elements and considerations for talking with children
- Q and A
- Hannah's books
- Summary and checking in, resources wrap-up and feedback

Hannah's story



What can it be like for children?

- Confusion, worry, fear their parent will die
- Hypervigilance
- Caring responsibilities
- Witnessing conflict, unpredictable moods, swinging moods..
- Changing family relationships
- Instability to home, school, friends
- Separation (planned and/or forced) from parent/s and family
- Stigma and shame
- Secrecy
- Managing their own emerging mental health concerns and trauma

Perspectives...

- **Parent**
 - 'I am no good as a parent'.
 - 'My children are better off not knowing what is happening for me'.
- **Worker**
 - 'Those poor children!'
 - 'I don't have the skills/time/confidence to open that can of worms'.
- **Child**
 - 'It is all my fault'.
 - 'I'm so confused and worried'.
 - I need to fix it

Addressing *That* Elephant....



"Yeah. I see him too...But nobody wants to talk about it!"

We know that.....

- It is widely agreed that it is beneficial for mental health issues to be discussed with children, despite various obstacles.
- Talking to children stems unnecessary confusion and fear, and helps contribute to a child's resilience.
- Families should be encouraged to discuss their health issues more than once and tailor information to the child's level of understanding as they grow.
- Early and brief interventions can make a difference and increase children's resilience
- Talking with children is one of them (Cooklin 2013)

However.....

- **Parents consistently report it is difficult to have these conversations**
 - complex trauma and fear of re-triggering
 - Shame, guilt, fear of doing harm
 - Stigma
 - Find the right words
- **Children can feel very conflicted – family loyalty**
- **Practitioners worry about risk and getting into uncomfortable territory**
- **Parents report having negative experiences with services (feeling blamed, judged, misheard and children being removed) so are very fearful**
- **Most practitioners in adult services (esp. MH services) do not see this approach as part of their work**

What do we know is helpful?

What do we know children say they need?

- A ‘two-way’ explanation of the parent’s illness which provides clear, understandable, but substantive information, while heeding and taking account of the child’s own knowledge about the parent’s condition.
- Access to a neutral adult with whom the child can discuss the illness, who can be contacted in times of crisis and who can act as the child’s advocate.
- Their parent/parents/family members sharing these understandings and being on the ‘same page’ wherever possible

What do we know children say they need?

- **An opportunity for the child to address their fears:**
 - that they will ‘catch’ the illness,
 - that they ‘caused’ the illness
 - that the parent may die from the illness and/or
 - that they will not see the parent again.
- **Interventions to diminish the child’s social isolation:**
 - learning that they are not ‘the only one’ with the problem
 - meeting other young people with similar experiences

What do we know children say they need?

- Rebalancing the child's 'inverted' role as carer within the family:
 - opportunities to do childish or youthful activities with other young people
 - sharing the load of responsibility with one or more adults.

(Bilsborough 2004)

Being 'conversation ready'

- Recognise that a large number of parents – most - with BPD experienced trauma as a child/young person or through their experiences of living with mental illness/substance misuse
- They have strengths and expertise as parents that may never have been acknowledged
- They may, or may not, have a limited capacity to attach/nurture/tolerate dependency
- They may have a limited capacity to do reflective parenting and may not have resolved past trauma
- The family may have trauma experiences, including any children.
- They have their own tools and resources

What to talk to children about? (Cooklin, 2004, 2013)

- Understanding the illness and behaviours
- How to recognise signs of illness
- Issues to do with hospitalization
- Management of illness- including coping with the effects on themselves.
- Opportunity to discuss fears of ‘catching’ or ‘causing illness’.
- How and when to ask for help

Time to Talk

- Time the Conversation
- Tell the truth
- Get Educated
- Acknowledge the Impact.
- Release the Shame.
- Put Things Into Perspective.
- Invite Dialogue.
- Teach the Seven Cs.

(David Sack -How to Talk to a child about a parents' addiction)

The 7 C's

- I didn't **Cause** it.
- I can't **Cure** it.
- I can't **Control** it.
- I can **Care** for myself
- By **Communicating** my feelings,
- Making healthy **Choices**, and
- By **Celebrating** myself.

A language for BPD

What explanations?

What words?

What context?

Reminders

- Parents living with BPD can and do raise healthy happy children
- Children who have a parent with BPD and good support can and do develop skills in managing adversity, coping strategies, a sense of compassion and managing difference
- Peer support for parents and children can be extremely helpful
- Early support – information, parenting support, strength based and trauma informed approaches, family work – have the potential to reduce the likelihood that the child will develop a significant MI by up to 40%

Resources

- <http://www.copmi.net.au/kids-young-people/about-mental-illness>
- <http://bpdfoundation.org.au/index.html>
- www.Bouverie.org.au
 - The Huge Bag of Worries (Virginia Ironside)
 - Big and Me (Ford Street Publishing)
 - Let's Talk About "It" and Between You and Me
 - (Flip Book contact Helen Carter: Helen.carter@mh.org.au)
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