



## Mindful Parenting

### Information for Referring Agencies

Mindful Parenting is facilitated by PSFaNS Child and Family and Psychology Teams and is a 24-week program for Parents with a diagnosis of Borderline Personality Disorder. It is also suitable for parents who live with a high degree of stress and anxiety and whose struggles may obscure their view of their children's needs. Mindful Parenting is informed by Dialectical Behaviour Therapy (DBT) and Project Air (University of Wollongong, Illawarra Health and Medical Research Institute) and is in line with the Children of Parents with Mental Illness (COPMI) framework.

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. 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 responsiveness, inconsistent discipline and role-reversal.

### 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 (age appropriate) 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 in a healthy and nurturing environment, with focus given to school attendance and opportunities for time with their peers

### **The Parent-Child Relationship and Personality Disorder**

One feature of personality disorder can be difficulty with managing relationships. Hence, relationships between parents and their children may be challenging or problematic. Insecure (avoidant, ambivalent) and disorganised attachment patterns may be present in the parent-child relationship. *Ambivalent/Preoccupied attachment*: 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 attachment*: 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.

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. 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. Over time, children and young people become attuned to their parents and learn how to best 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 (infantalisation); or, treating a child like they are the same as the caregiver- almost like they are a friend (enmeshment).

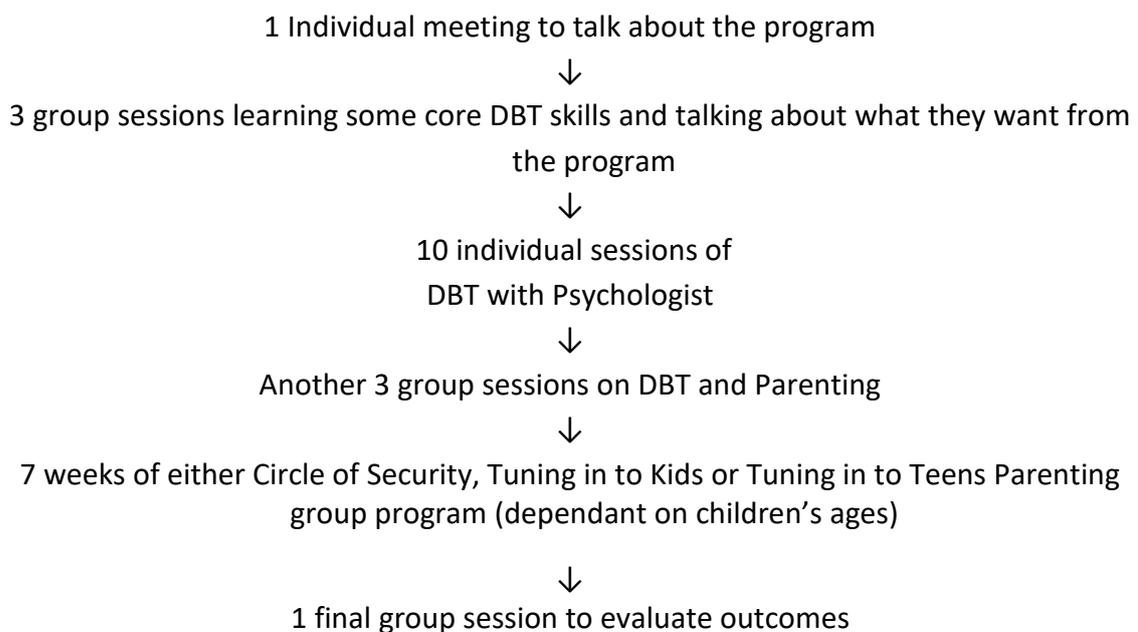
People with personality disorder may also have difficulties with impulse control. This can lead to risk-taking, reckless or self-damaging behaviours such as alcohol and drug abuse, domestic violence, sexual behaviours or binge eating. Further, they may struggle with labile,

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.

### **Structure of Program**

To participate in Mindful Parenting the parent needs to be engaged with a case worker (from a relevant service/agency). Participants need to agree to information sharing between PSFaNS Mindful Parenting program facilitators and their referring case worker. Each group is limited to 6 participants. A new group will start roughly every three months depending on service capacity. Child care and transport can be provided. The program is free.

### **Timetable**



The first four weeks of the program focus primarily on parental self-awareness with the introduction of DBT strategies. In these sessions the parent names what they want to get out of the program and defines their values and what is important to them in how they live their life. We begin to look at what gets in the way of this (via chain analysis) and some initial strategies (mindfulness).

Participants take this information to their ten individual DBT sessions with their psychologist. The psychologist will be a PSFaNS psychologist or a psychologist of client's choice who practices DBT via a mental health plan for eg. After these individual sessions they participate in a further 3 group sessions with an increasing focus on their children's experience. This further builds readiness to participate in a more focused parenting program. The last 6 - 8 sessions will consist of a Group Parenting Program - depending on

age of children they will participate in either Circle of Security (0-3 years), Tuning in to Kids (3-12 years) or Tuning in to Teens (12-18 years). There will be a final group session where participants will be encouraged to evaluate their participation in the program - what difference did it make? What has changed? What will support you to continue to carry and further develop these learnings and new skills?

If parents have preschool aged children they will be encouraged to attend a PSFaNS supported playgroup on completion of the group.

For further information please call 02 49 874 674 and ask for the Psychology Team or Child and Family intakes.

Or email:

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