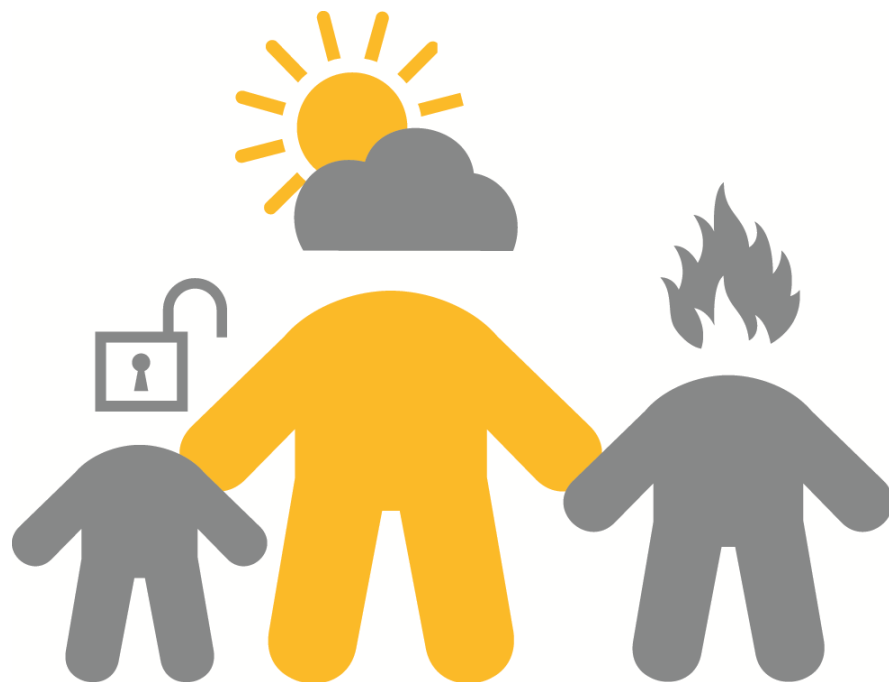




Parenting with Personality Disorder and Complex Mental Health Issues Intervention

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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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.

Complex Mental Health

Complex mental health encompasses a combination of needs and factors contributing to ‘complexity’. These are likely to:

- Significantly impact functioning
- Impact across settings (e.g., home, work, community)
- Include challenging behaviours that mean the parents or others (including children) have higher needs
- Require a targeted response from a range of services
- Have a long duration: the mental health issue is not due to a specific single event, but part of a longer history of difficulties (> 12 months)

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 and Complex Mental Health Issues Intervention

This manual is designed to assist mental health clinicians to work effectively with parents or caregivers with a personality disorder and complex mental health issues. 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 and complex mental health issues. 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 responsiveness, 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 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 module brief parenting intervention where clinicians can reflect on parenting issues with clients with personality disorder and complex mental health issues. 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:

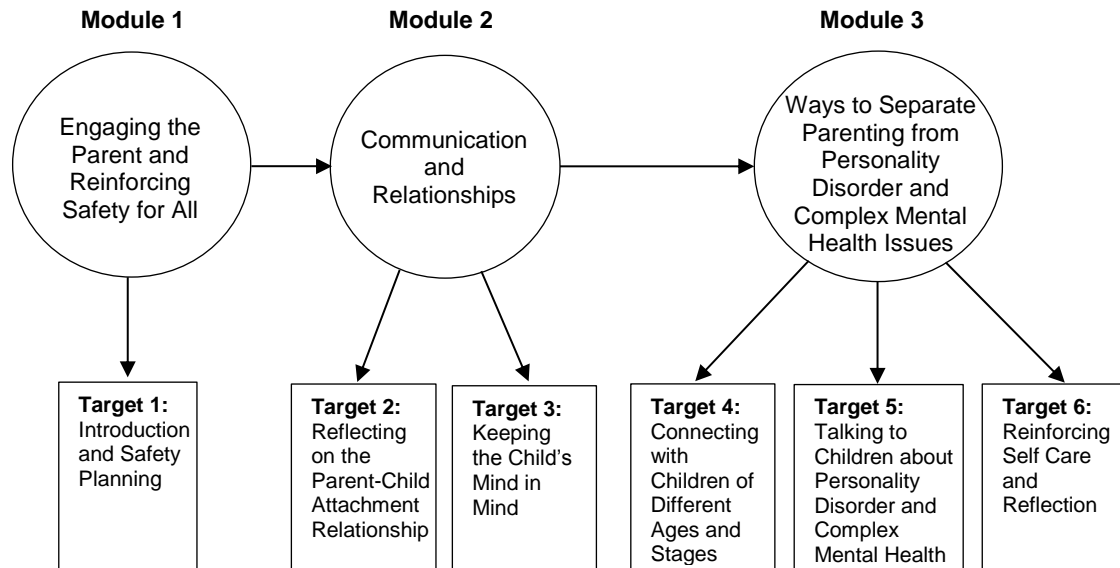
- The family's need
- The parent's willingness to engage
- The service's capacity

The Parenting with Personality Disorder and Complex Mental Health Issues Intervention has been developed to provide guidance and resources that can be administered in three modules:

- Module One: Engaging the Parent and Reinforcing Safety for All
- Module Two: Communication and Relationships

- Module Three: Ways to Separate Parenting from Personality Disorder and Complex Mental Health Issues

This Parenting with Personality Disorder and Complex Mental Health Issues Intervention manual describes six target areas, each related to these three modules. However, clinicians may choose to spend more time in any of the target areas or modules 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 or complex mental health issues. However, this Parenting with Personality Disorder and Complex Mental Health Issues 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
<ul style="list-style-type: none"> ▪ 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
<ul style="list-style-type: none"> ▪ 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

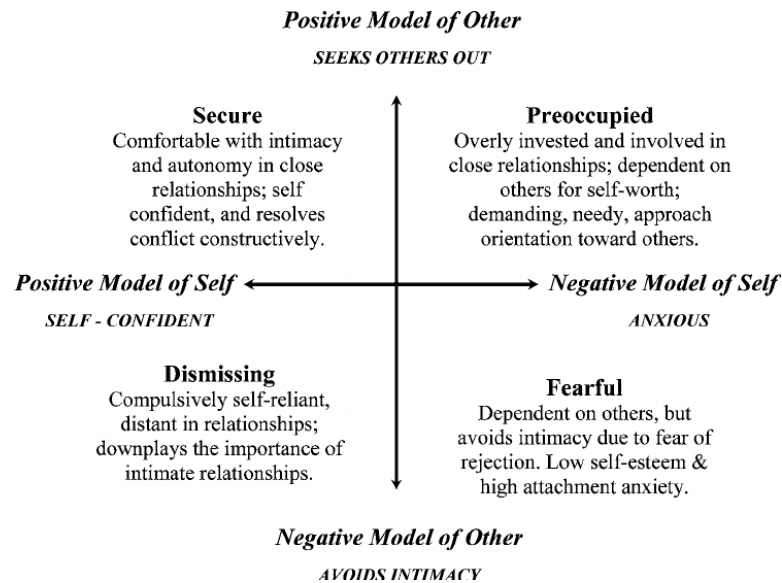
Background understanding for clinicians: The parent-child relationship and personality disorder

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.

Attachment styles have been described as organised (secure or insecure) or disorganised (Ainsworth, Blehar, Waters, & Wall, 1978). Disorganised attachment strategies have been described in children within parent-child relationships marked by high levels of parental unpredictability and limited emotional attunement, often resulting in abusive, neglectful or invalidating parenting. As the parent is also the person from whom the child needs to seek protection from, the child's behaviour becomes disoriented and disorganised when seeking closeness to the parent. Crittenden (2008) 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. However when these strategies become rigid, inflexible and are not adapted based on context throughout the lifespan, symptoms of psychopathology emerge - including personality disorder.

Research suggests that there is a link between children's patterns of attachment and those exhibited by their parents. Based on Bowlby's (1969) theory of attachment, Bartholomew and colleagues (1990, 1991, 1994) developed a two-dimensional model of adult attachment, from which four key attachment patterns emerged. These include:

- **Secure:** the parent's attachment with their child is balanced between provision of warmth and protection, and supporting exploration. If the parent is securely attached, 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
- **Preoccupied:** the parent's attachment with their child is characterised by the parents' preoccupation with the child 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 child. The parent may be preoccupied with their own past experiences and hence may respond to their child inconsistently. As a result, the child may also develop feelings of being responsible for the parent and family situation
- **Dismissing:** the parent's attachment with their child is marked by a lack of proximity seeking and a lack of emotional connection and warmth, with the parent emphasising exploration of the environment. The parent is likely to be avoidant of their own past experiences and hence dismissing of their child's difficult emotions. As a result, the child may develop attachment strategies that include compulsive and defensive mechanisms to avoid affect
- **Fearful:** the parent's relationship with their child is characterised by fear and trauma - the parent is frightened by the child and the child experiences the parent as being frightened. 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. As a result, the child is dependent on others but may learn to avoid intimacy for fear of being hurt or rejected. The child may also develop feelings that they are at fault or to blame for the family situation



Bartholomew's Two-Dimensional Model of Attachment (Henderson, Bartholomew, Trinke & Kwong, 2005)

Within secure attachment relationships, the child develops the capacity to mentalise, that is, to think about and understand the mental states of the self and others (Bateman & Fonagy, 2010). 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. Parents who are attuned to their child and hold their child's mind in mind can be described as engaging in reflective parenting (Cooper & Redfern, 2016).

Reflective parenting is characterised by:

- Interactions that are relaxed and flexible, in which the person does not get stuck in their point of view and is instead able to change their mind in response to feedback and solve problems through a mutual process of give and take
- The person demonstrating a sense of agency and in doing so, taking responsibility and ownership for their behaviour rather than externalising behaviours as happening to them
- A sense of curiosity about the thoughts, feelings and behaviours of both themselves and others and a desire to learn more or better understand these
- An ability to see the funny side of life, and be appropriately humorous and playful in their interactions

On the other hand, non-reflective parenting may be characterised by:

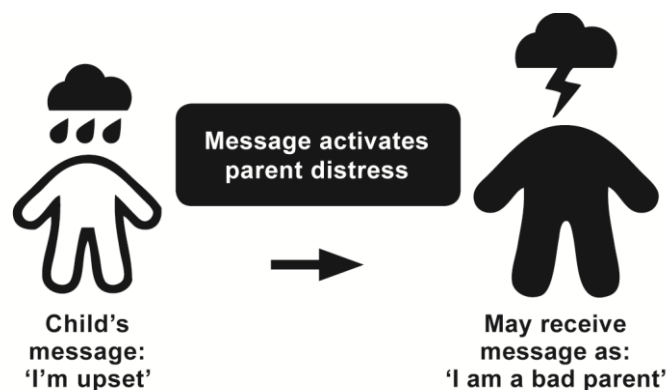
- Interactions that are controlling, dismissive or punitive and non-flexible. This may be reflected in the person engaging in non-reflective thinking, lacking a coherent narrative or engaging in black and white or categorical explanations
- The person lacks a sense of agency and does not take responsibility and ownership for their behaviours

People with personality disorder often exhibit insecure and disorganised and unresolved or fearful attachment patterns, which may have inhibited their ability to successfully hold their own and other's minds in mind. Managing poor reflective capacity may be an important process in the context of the therapeutic relationship for people with personality disorders. In session, managing non-reflective parenting often starts with a recognition of what is going on in the room and a clear and simple reflection of your own position. For example, "*when you are on your mobile phone and your child looks to you or needs you, I am worried that your child will receive this as a message that you are not there for them*".

Helping the parent experience having their mind "held" by the therapist can be an important emotional learning experience. This process may need to be repeated across and throughout sessions to become internalised by the parent.

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 approach. This empathic and non-judgmental approach can be fostered through adopting a curious stance. In adopting a curious stance, the therapist retains a flexible “not-knowing” attitude and in doing so, models reflective parenting for the client.

Procedures and Module Plans

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

Module One: Engaging the Parent and Reinforcing Safety for All
Module Two: Communication and Relationships
Module Three: Ways to Separate Parenting from Personality Disorder and Complex Mental Health Issues

How to use the resources in this manual

The structure of the Parenting with Personality Disorder and Complex Mental Health Issues 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 modules are implemented consecutively, as they build on each other. Clinicians may also decide, in consultation with the parent, to use more than the six identified target areas 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, prioritising playtime with the child, providing a secure base and holding the child's mind in mind. 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 and 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 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

Including children is encouraged. Clinicians may find space for this in module two, 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 and Complex Mental Health Issues 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 and Complex Mental Health Issues 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 and outline of therapy (for instance, the aims and limitations of the Parenting with Personality Disorder and Complex Mental Health Issues 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 and Complex Mental Health Issues Intervention will only last for three modules, 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.

Module One: Engaging the Parent and Reinforcing Safety for All

Objectives:

1. Build a collaborative relationship regarding parenting
2. Introduce the Parenting with Personality Disorder and Complex Mental Health Issues 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 and complex mental health issues; How does personality disorder and complex mental health issues impact parenting?*

Target Area One: Introduction and Safety Planning

Steps to follow in Target Area One:

Start the target area by setting the frame for the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and agree on the duration and focus of the intervention. Remind the client that there are six target areas in this intervention, including today. Orient the parent to the plan for today's target area: *the importance of working on parenting.*

1. Build a collaborative relationship regarding parenting

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 or complex mental health issue about the possibility of spending some treatment time discussing parenting and family life. It may be helpful to start from the position that every parent has an impact on their child and that it is important to explore this relationship for the benefit of the child. 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 and Complex Mental Health Issues 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 or complex mental health issue 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 and Complex Mental Health Issues Intervention and the key parenting messages

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 module intervention. It can be helpful to begin by describing the basic nature of the Project Air parenting program. It may be useful to say to the parent:

“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 and Complex Mental Health Issues 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. You may wish to inform the parent:

“We will spend the three modules, including today, working on parenting. The first module will focus on what things are like for you as a parent, and developing a plan for keeping your family safe. The second module will be a chance for us to reflect on your relationships with your children. The third module will focus on ways to separate parenting from personality disorder.”

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 and complex mental health issues 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 and complex mental health issues* 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 and complex mental health issues 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 care 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

Key point:

- *Encourage the parent to prioritise child and family safety*
- *Assist the parent to develop a Family crisis care plan*

The clinician may choose to 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 unavailable, 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.

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. Each state and territory 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.

Homework

Ask parents to spend the next week being more observant of their child/children and their behaviours. Encourage parents to note these behaviours down and bring them along next time.

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 and Complex Mental Health Issues Intervention

Schedule the times and dates for the next five target areas of the parenting intervention.

Things to do after the section: document the target area

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

Module Two: 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: Part 1 and 2*

Project Air Strategy fact sheets: *Strengthening attachment: For parents and caregivers; Connecting with children at different ages: Part 1 and 2; Mindful parenting during child play time; Blowing bubbles; Understanding and responding to children's feelings when personality disorder and complex mental health gets in the way*

Target Area Two: Reflecting on the Parent-Child Attachment Relationship

Steps to follow in Target Area Two:

Start the target area by setting the frame for continuing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and remind the parent that there are five remaining target areas in this intervention, including today. Revisit the information gained during target area one, including their homework task, before orienting the parent to the plan for today's target area: *reflecting on the parent-child attachment relationship.*

1. Reflect on the relationship between the parent and child

Key points:

- *Provide psychoeducation on the parent-child attachment bond and how this can be strengthened*
- *Discuss how attachment can be transmitted across generations*

Provide the parent with basic psychoeducation about needs. The clinician may choose to use the following script as a guide:

"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, which is 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 have 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. The parent-child attachment relationship ensures that the child not only survives but thrives. When a child feels the parent is a safe base from which they are able to explore, they develop a secure attachment relationship. However, when a child feels the parent is not always safe or is inconsistent in their response, they are at risk of developing an insecure attachment relationship. Attachment security also protects the infant from threats from the inside such as overwhelming or distressing feelings and helps them regulate these states. The parent-child relationship provides the foundation or blue print for future relationships, meaning that our attachment relationship to our child is influenced by our attachment relationship with our parents. This creates what we call a pattern of attachment".

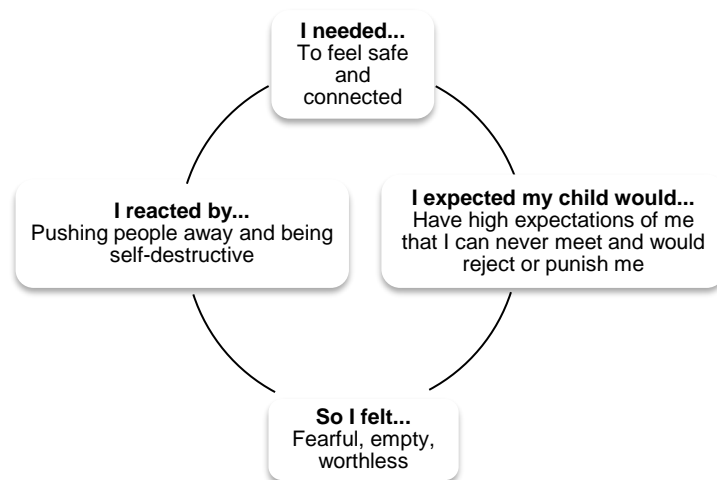
Start a conversation with the parent about their pattern of relating to their child. Clinicians can use the help sheet *Identifying relationship patterns: Part 1 and 2* to aid in this conversation. Help the parent to identify an interaction with their child that occurred recently that was difficult for them to

manage or brought up negative feelings in them such as frustration, anger or sadness. From here, assist the parent to complete the help sheet *Identifying relationship patterns: Part 1*.

There are five 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
5. Identify future outcomes

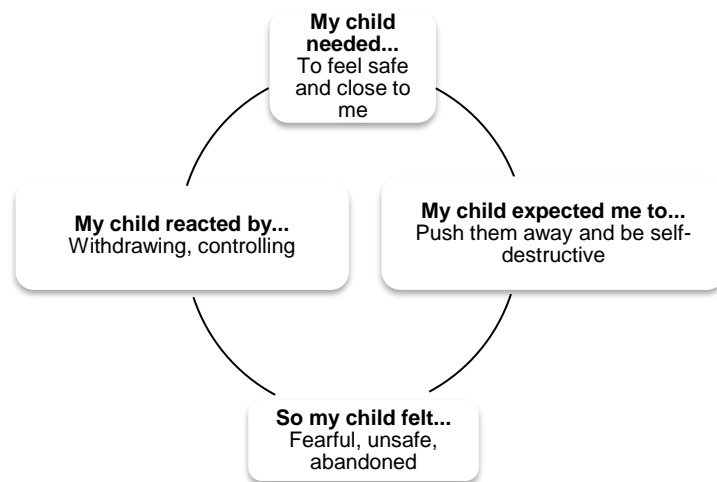
This interaction can also be mapped out with the parent using pen and paper like the example below:



The clinician may ask the parent: *“Let’s see how this pattern of relating to each other looks from your child’s perspective.”* 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. 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)
5. Identify future outcomes

This can also be mapped out with the parent like the example below:



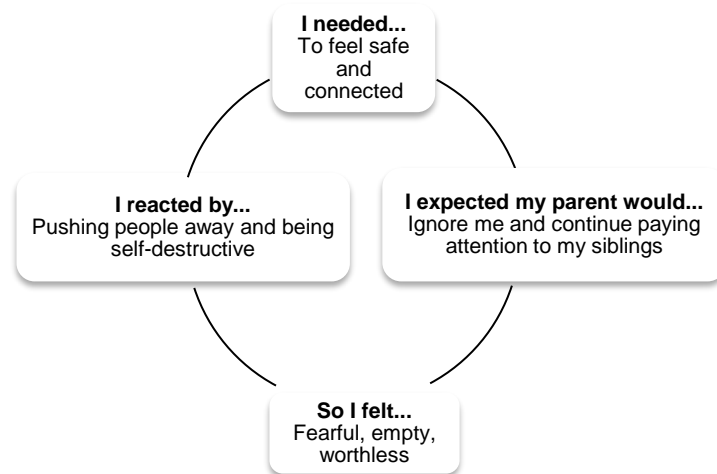
It may be helpful to notice if the parent interacts in this way with other people in their life. Ask the parent to consider where this pattern of relating may have originated, e.g. in their relationship with their parent.

Note: Such conversations may be challenging thus care is required to monitor if now is a good time to discuss such issues. It may be prudent to leave such conversations for when there is more time within a structured psychotherapy.

If timely and appropriate, it can help to discuss an interaction with their own parent that was difficult for them to manage or may have brought up negative feelings in them such as frustration, anger and sadness. From here, assist the parent to complete the *Identifying relationship patterns: Part 2*. Similarly, there are five 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 or their parent's behaviour
2. Determine how the parent expected their parent 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
5. Identify future outcomes

An example of how to map out interactions from the past with the parent is as follows:



It can be useful to think about the safest and most compassionate way to talk about such topics with the parent. Here is an example script the clinician may wish to use as a guide:

“This way of relating to others was functional for you at one time to keep safe (for example, to prevent rejection or punishment). This way of relating to others (including your child) may have been something that was taught to you by your parents or a coping mechanism that you learnt at an early age. 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.”

2. Discuss the parent-child attachment bond and how it can be strengthened

Key points:

- *Our attachment relationships with our child can be strengthened by providing a secure base and fostering a sense of trust*

It can be helpful for the clinician to discuss these issues as follows:

“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.”

The clinician may wish to 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. In providing a secure base for the child, we also allow them to develop a sense of trust not only within the parent-child attachment relationship, but within themselves and the outside world”

Given the frequent co-occurrence of trauma and complex mental health issues (such as personality disorder), it is likely that the parent’s trust in their own parent or guardian may have been broken at some point. It is therefore important to orient parents toward their current relationships with their children.

“Parents are the most important people in children’s worlds. Not only do they keep them safe but they pass on important social information so that they can make sense of their culture and world. When an infant is met with a strange or foreign object (such as a new toy), they turn to their parent to instruct them on whether or not the object is safe and can be trusted. When a parent is actively engaged with their infant they will provide them with cues, such as eye contact or tone of voice, to communicate this message. If a parent is not consistent in their response or is not available for the infant to seek information from, they may find themselves in a constant state of hyper vigilance or mistrust and may be inappropriately fearful or avoidant of the foreign object. This hyper vigilance or mistrust can continue into adulthood and have a negative impact on future relationships. However, it is important to remember that no parent is perfect and that there are plenty of things we can do to strengthen the parent-child relationship”.

The clinician can refer to the parent to the Project Air Strategy fact sheet *Strengthening attachment: For parents and caregivers* to reinforce anything on the list that the parent is already doing. The clinician is encouraged to 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, introduce them to the fact sheet *Connecting with children at different ages: Part 1 and 2*.

Homework:

Ask parents to notice when negative emotions are coming up during interactions with their child/children and encourage them to try to respond to the conflict in a new and different way

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 after the target area: document the target area

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

Target Area Three: Keeping the Child's Mind in Mind

Steps to follow in Target Area Three:

Start the target area by setting the frame for continuing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and remind the parent that there are four remaining target areas in this intervention, including today. Revisit the information gained in target area two, including their homework task, before orienting the parent to the plan for today's target area: *being mindful during interactions with our children and strategies for keeping the child's mind in mind.*

1. Help the parent to use mindfulness in interactions with their child

Key points:

- *Mindfulness is a skill that everyone can learn and benefit from*
- *When working on mindfulness skills with the parent, recognise and reflect on any examples of the parent already doing a 'good enough' job with their child*

Sometimes when life is stressful and chaotic, it can be difficult to keep a child in mind. Practicing mindful parenting can assist a parent to be present in the moment, and to really listen and take interest in their child. Mindful parenting is focusing all attention on the child and their perspective. This means putting aside caregiver worries and problems during this time. 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.

If the parent does not already have a base understanding of mindfulness provide them with some brief psychoeducation. For example:

"Being a parent and having to juggle competing demands is stressful enough, let alone being a parent who also has the additional strain of having a personality disorder. Mindfulness is a skill that we can all learn and benefit from to help us with this juggle. To be mindful is to pay attention purposefully and non-judgmentally to the present moment. Practicing mindfulness-based parenting or 'mindful parenting' allows us to take a step back from a stressful situation with our child, observe our emotional reaction, take a deep breath and then choose to act in a calmer, more level manner".

The clinician may wish to use the fact sheet *Mindful parenting during child play time* as a tool for psychoeducation about mindful parenting.

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.

A parent may also benefit from undertaking their own mindfulness practice. Examples of mindfulness activities include the Project Air Strategy fact sheet *Blowing bubbles*. The blowing bubbles activity is also suited for older children and adolescents.

2. Help the parent to understand and respond to children’s feelings by “holding the child’s mind in mind”

Key points:

- *Parents with personality disorder and complex mental health issues struggle to consider the perspectives of their child or to keep their child’s mind in mind*
- *Making this process explicit may assist a parent to understand and better respond to their child’s feelings*

To “hold the child’s mind in mind” is to see the child as a separate entity from oneself. To do this, the parent must have the capacity to reflect on and understand the inner mental experience of the child (i.e., their child’s thoughts, feelings and beliefs) and to understand their child’s behavior in light of underlying mental states and behaviors. One technique that parents can use to communicate to their child that they are holding their mind in mind is contingent marked mirroring. To engage in contingent marked mirroring is to show an accurate representation of the child’s feelings in our face, tone and behaviour. For example, when introducing the child to a foreign toy, we would first look to the child and mirror their uncertainty and curiosity in our expression and our tone (“*what’s this?*”). By mirroring the child’s in this way, we help children recognise, regulate and contain their feelings and develop a differentiation between self and other.

People with personality disorder and complex mental health issues can have difficulty recognising, understanding and managing emotions in themselves and in others, such as understanding themselves or understanding others. This can make it difficult for them to get their needs met and to meet the needs of others in their relationships. Additionally it may sometimes be difficult for parents with personality disorder and complex mental health issues 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. This is an essential task of this program and all the activities and techniques in some way help to stimulate this process.

For individuals with personality disorder and complex mental health issues, externalising the parent-child interaction may help facilitate reflective parenting. The therapist may choose to do this by playing the videotaped interaction that was recorded prior to the parent commencing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and stopping the video at key points for discussion. The therapist could begin this discussion by first noticing things about the child’s behaviour, before moving on to the parent’s behaviour. For example, “*Your baby seems to be staring into the distance. What do you think he is trying to communicate?*” and “*I’m wondering what it’s like for you when your baby stares into the distance when you are trying to interact with him?*” It is important that during this conversation the therapist retains a curious stance and adopts a non-judgmental and empathetic approach that emphasises what the parent is doing well.

If appropriate, the clinician might also 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. The clinician may wish to introduce this activity in the following way:

“Let’s practice mindful parenting when playing with some blocks with your child. As you are playing, practice applying the ‘Stop, Wait, Go’ strategy that we discussed in the Mindful parenting during playtime fact sheet. 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. The clinician may assist the parent to develop their reflective skills, by adopting a curious stance towards the parent and child during the interaction. For example, the clinician may ask the parent “*what do you think is going on for your child right now?*” If the parent is engaging in potentially intrusive communication and behavior with the child, the clinician should draw attention to this in a caring but authoritative

manner (e.g., “I’m noticing that when you get close to your child’s face like that she turns her head away. What do you think is going on for your child right now? Do you think she likes that?”) It is important to also encourage any positive parenting behaviours you notice during this interaction (e.g., “Ah look, your baby is trying to talk to you. What do you think she is trying to say?”)

Parents with personality disorder and complex mental health issues may find these kind of interactions particularly stressful, which may inhibit their ability to stay present in the activity. To manage this stress, the clinician can help the parent as they would the child. The clinician may facilitate this conversation by saying something like, “I’ve noticed that your body language has changed, what’s going on for you right now?”

Use the fact sheet *Understanding and responding to children’s feelings when personality disorder and complex mental health issues get in the way* as a stimulus to discuss the ways that emotional communication can be confused or misunderstood between the parent and child.

Reflect on the parent’s responses to the fact sheet *Identifying relationship patterns* from the previous target area. Reflecting on the situation the parent had previously described with their child, ask them to consider what was their child’s message and how did they receive that message. For example, a child’s message ‘I am upset’ could be received a parent with a personality disorder as ‘I am a bad parent’.

If appropriate, ask the parent to consider how difficult or traumatic feelings from their past may be influencing or triggering their communication style with their child in the present. For example, a parent who believes that they are inherently a ‘bad parent’ may have received messages that they are ‘bad’ or unworthy of love as a child.

Note: *Such conversations may be challenging thus care is required to monitor if now is a good time to discuss such issues. It may be prudent to leave such conversations for when there is more time within a structured psychotherapy.*

Highlight with the parent any problematic patterns that they experience with their child. Explain to the parent that these patterns of relating may provide the parent with some emotional support, however, they can be harmful to children over time. Use the fact sheet *Understanding and responding to children’s feelings when personality disorder gets in the way* to discuss some simple ways the parent can better tune into their children’s feelings when the parent is in a calmer, more level state of mind. The parent may wish to use mindfulness practice to assist them to reach a point where they are better able to consider and respond to their child’s feelings.

Homework

Encourage parents to practice engaging in mindful 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 after the target area: document the target area

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

Module Three: Ways to Separate Parenting from Personality Disorder and Complex Mental Health Issues

Objectives:

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

Resources:

Project Air Strategy help sheet: *Caring for myself, caring for others*

Project Air Strategy fact sheets: *Talking to children about personality disorder and complex mental health issues; What else can I read? For parents, caregivers and children; Creating safety: Setting limits with children*

Target Area Four: Connecting with Children of Different Ages and Stages

Steps to follow in Target Area Four:

Start the target area by setting the frame for continuing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and remind the parent that there are three remaining target areas in this intervention, including today. Revisit the information gained in target area three, including their homework task, before orienting the parent to the plan for today's target area: *to discuss the developmental stages of their children and their associated needs, including appropriate limit setting.*

1. Understanding the developmental stages of children and their associated needs

Key points:

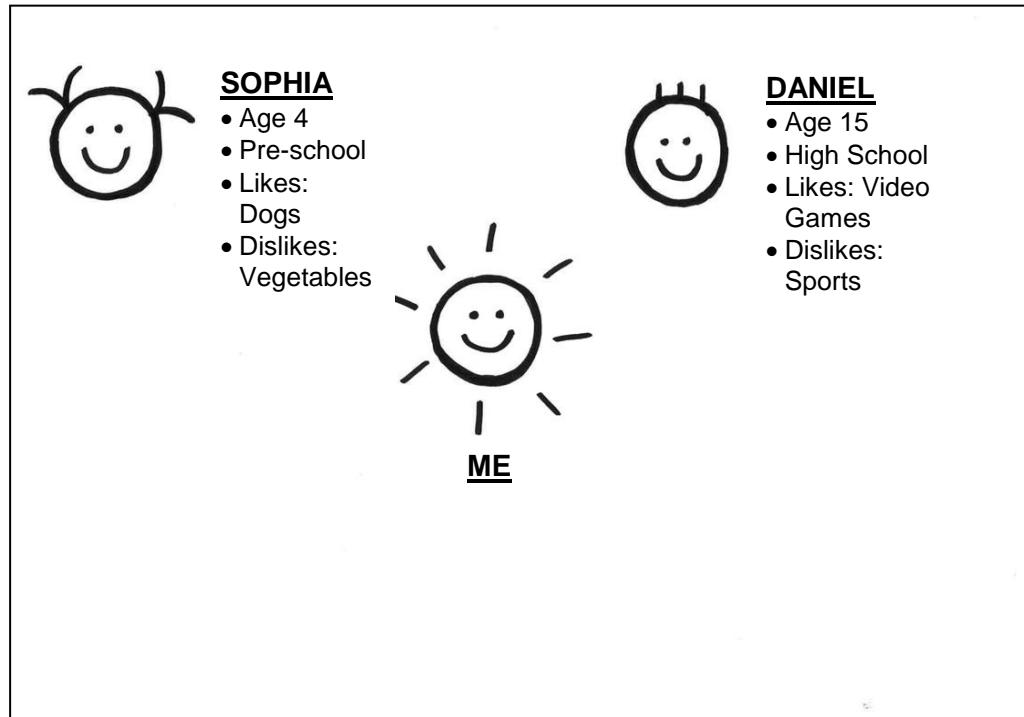
- *Children of different ages have different needs*
- *Our parenting behaviour needs to mirror the developmental age and stage the child*

Introduce the Project Air Strategy fact sheet *Connecting with children at different ages: Part 1 and 2* to provide parents with psychoeducation about the different developmental stages of children and their associated needs.

"Parenting works best when it matches the child's age and needs. Let's work through this fact sheet together identifying the developmental stages that are particularly relevant to your child, what your children might need from you and how you and your child might get on well together."

To better communicate this information, clinicians are encouraged to assist clients to develop a mind map. Parents will be handed a piece of butchers paper and a marker. On the paper they will draw themselves in the middle (if they wish they may also draw their partner or a significant other who is involved in raising the child/children). Around them they are encouraged to draw (stick figures are fine) and name their children. Referring to the fact sheet *Connecting with children at different ages: Part 1*, parents are encouraged to list in dot points their children's age, development stage and few facts about their child. For example *"Sophia is 4 years old. She is in the pre-schooler developmental stage. She likes dogs, playing dress ups and watching cartoons. She dislikes being told what to do, wearing shoes and orange vegetables"*.

An example of how this could look is as follows:



Ask the parent to identify which of their children they would like to discuss first (*note: this could be the child that they are having the most difficulty in connecting with*). Following the fact sheet *Connecting with children at different ages: Part 1*, clinicians will discuss the developmental stage of that child and encourage the parent to give examples of their child’s behaviour that reflects that developmental stage. For example, “As a pre-schooler, Sophia will begin to gain more independence as she explores the world. By exploring the world Sophia will develop her physical skills (such as running and playing) and her language skills by holding small conversations with friends, asking questions and following basic instructions. However, you may notice that a lot of Sophia’s communicative skills are still non-verbal and that Sophia may communicate her needs through her behaviour”.

Following this, the clinician will introduce different ways that the parent can strengthen their connection with their child that are developmentally appropriate. Using the mind map, both the client and clinician will then list examples next to the parents drawing of their child using the heading “Ways to connect”. For example, “Ways to connect with Sophia: drawing together, singing nursery rhymes, dancing, reading, playing dress ups”.

If appropriate, continue the discussion by identifying any additional children and discussing their developmental stage, associated needs and ways of strengthening their connection with their child.

2. 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. The clinician may choose to introduce the topic in the following way:

“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. It is important that we remember to set limits that are developmentally appropriate for the child's age and stage. Referring to your client's mind map, discuss how we can use the developmental age and stage of the child to inform how we set limits. For example, *“Pre-school age children are beginning to gain more independence as they begin to explore their world. However, it is important that we set age appropriate limits for this exploration. This could include holding hands whilst crossing the road, playing at the park together, singing to music or setting regular bed times”*.

If appropriate, continue the discussion by identifying any additional children and exploring developmentally appropriate limit setting for the child.

When home life is stressful and chaotic, children may 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.

Module Two provided 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

Homework

Ask parents to try at least one new (developmentally appropriate) activity with their child/children.

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 after the target area: document the target area

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

Target Area Five: Talking to Children about Personality Disorder and Complex Mental Health

Steps to follow in Target Area Five:

Start the target area by setting the frame for continuing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and remind the parent that there are two remaining target areas in this intervention, including today. Revisit the information gained in target area four, including their homework task, before orienting the parent to the plan for today's target area: *to discuss developmentally appropriate ways of talking to children about personality disorder and protecting children from personality disorder symptoms.*

1. Talking to children about personality disorder

Key points:

- *Children should be supported 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 complex mental health issues (including 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 and complex mental health issue 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 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 and complex mental health issues well themselves, and don't have the confidence to explain it to their children. Use the fact sheet *Talking to children about personality disorder and complex mental health issues* as a stimulus to discuss age appropriate information for the parent to share with their children. The clinician is encouraged to remind the parent that:

"Talking to children about personality disorder and complex mental health issues 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."

Note: *It is important that the clinician refrains from directly trying to explain the parent's mental illness to the child. Instead, it is more helpful for the clinician to simply offer a different perspective as to what an adult attachment figure can be like.*

Re-orient the client to the Project Air Strategy fact sheet *Connecting with children at a different stages: Part 1 and 2* and the mind map they began developing in the previous section.

Ask the parent to identify which of their children they would like to begin the discussion with (note: this could be the child that they are having the most difficulty in connecting with). Following the fact sheet *Connecting with children at different ages: Part 2*, clinicians will discuss ways of talking to their child about personality disorder that are developmentally appropriate. For example, “As a pre-schooler, Sophia is in the developmental stage where she is beginning to develop her language skills and may hold small conversations, ask questions and follow basic instructions. Talking to Sophia about personality disorder or complex mental health issues should be done using simple easy to understand language and short sentences, such as ‘Grandma is coming over this afternoon because mum is feeling sick and needs to take a nap. If you are hungry or need anything can you please ask Grandma to help you?’

If appropriate, continue the discussion by identifying any additional children and exploring developmentally appropriate ways of talking to their child about personality disorder and complex mental health issues.

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 and complex mental health 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 and complex mental health issues might find it especially difficult to contain their emotions in front of their children. These powerful and overwhelming emotions, and the behaviours that parents 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. The clinician may wish to 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.”

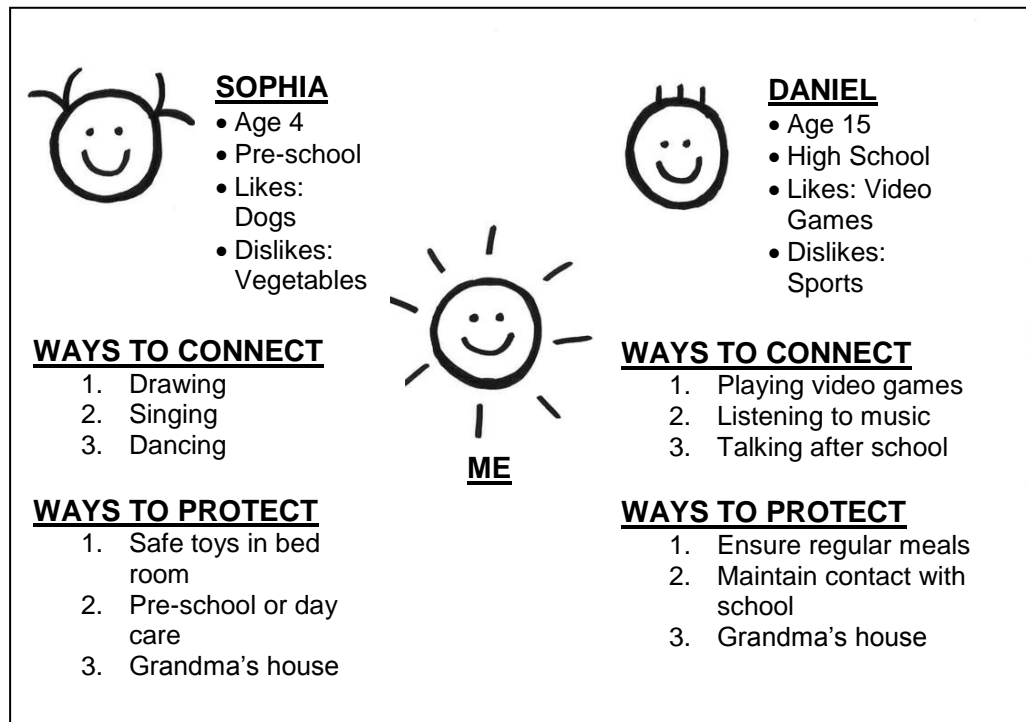
On their mind map, under the heading “Ways to protect my children” encourage the parent to brainstorm some practical strategies that they can use to make sure their children are protected from personality disorder symptoms.

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.

An example of how this could look is as follows:



Homework

Encourage parents to have at least one (developmentally appropriate) conversation with their child/children about their mental health difficulties.

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 after the target area: document the target area

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

Target Area Six: Reinforcing Self-Care and Reflection

Steps to follow in Target Area Six:

Start this target area by setting the frame for continuing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention, and remind the parent that this is the last part in the intervention. Revisit the information gained in target area five, including their homework task, before orientating the parent to the plan for today's target area: *to discuss the importance of taking care of yourself so that you can be a "good enough" parent*

1. 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*
- *Aim to be a "good enough" parent*

Parents with personality disorder and complex mental health issues frequently experience high levels of stress due to the competing demands of having to balance physically, emotionally and financially caring for children and the family, whilst managing personality disorder symptoms. These competing demands often mean that parents with personality disorder and complex mental health issues engage in minimal self-care because they simply "don't have the time". However, high levels of stress and minimal self-care can lead to burn out and exhaustion. It is important to highlight to the parent that engaging in treatment for their own mental health issues is an important way for parents to care for both themselves and their families, and to keep everyone safe. 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.

The clinician may wish to introduce this to the parent as:

"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?"

Introduce the parent to the Project Air Strategy work sheet *Caring for myself, caring for others* so that together you can brainstorm ways the parent can take care of themselves. 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. Encourage the parent to keep this work sheet in a place that they can easily refer to (such as their wallet), when they are need of a reminder of things they can do to take care of themselves.

Parents with personality disorder and complex mental health issues may also experience excessive self-criticism and self-judgement that can negatively impact their self-confidence in parenting and increase their levels of stress and distress. 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.

The concept of 'good enough' parenting can also be used to help parent's combat excessive self-criticism and self-judgment through reminding them that they do not have to be "perfect". "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. What constitutes "good enough" parenting will differ according to intrinsic factors such as the clinician's values and beliefs and extrinsic factors such as cultural norms and values. However, we can broadly define "good enough" parenting as pertaining to four key principles:

1. Meeting the child's health and developmental needs

2. Putting the children's needs first
3. Providing routine and consistent care
4. Parental acknowledgement and engagement with support services

The clinician may wish to remind 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?”

Using the Project Air Strategy work sheet *Caring for myself, caring for others* the clinician can assist the parent to brainstorm ways that they can show themselves compassion in their parenting by reflecting on things they do that are “good enough”. Parents may also consider some of the following suggestions: I make sure my children are clean and fed, where possible I put my child's needs first, I regularly pick my children up from school. I make sure my children go to bed at regular bed times, when I need help I ask for support from a trusted family member. Parents may also wish to refer to the fact sheet *Strengthening attachment* for prompts.

2. Wrap up by reflecting on what has been learnt and reorient to the parent to treatment as usual

Key points:

- *The parent will be re-oriented towards treatment as usual*

Let the parent know that whilst discussion around parenting issues and parent-child relationships may continue during treatment as usual, 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.

Discuss any of the parents' concerns that may have been raised during the intervention. Try to reframe these concerns using the knowledge and skills the parent has gained during the parenting intervention. Explore how the parent might respond to these situations using the knowledge and skills they have acquired.

Re-orient the parent towards continuing treatment, and remind them of their next appointment time.

Homework

Encourage parents to continue to practice the skills we have learnt in the last three modules.

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 after the target area: document the target area

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

Challenges in Implementing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention

Challenges will inevitably arise for clinicians in implementing the Parenting with Personality Disorder and Complex Mental Health Issues Intervention. 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 and complex mental health issues,

Challenge: After agreeing to spend time working through the Parenting with Personality Disorder and Complex Mental Health Issues 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 intervention, 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 and Complex Mental Health Issues 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 modules. 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 and Complex Mental Health Issues 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 respective state and territory governments 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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Parenting

Keeping on track: Goals for parents

Caregiver Name:	Clinician Name:
Good things I do as a parent that meets my children's needs:	
Some needs that my children have that I'm struggling with:	
Some big and small challenges for me being a parent:	
People who can give me support as a parent:	
My parenting goals:	





Parenting

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 Name: _____

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 child via:

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

Signature: _____

Date: _____

Clinician's Signature: _____

Date of next review: _____

Copy for the: Client / Clinician / Temporary Carers / Children/ Emergency / GP/ School/ Case Worker/ Other (please specify)





Parenting

Parenting with personality disorder and complex mental health issues

Parents keep their child in mind, but this can be hard when there is a mental illness getting in the way. Symptoms of mental illness need to be managed and discussed with trusted adults and health professionals as part of a treatment plan. If at all possible children should be shielded from the symptoms of mental illness. Parenting with children is best kept separate from the parent's difficulties.

Despite mental health problems, parents should strive to keep family routines and activities that support the child's emotional, physical and education needs. Children need to attend school and participate in healthy activities with other children such as sport and hobbies. Education provides children with the best chance in life and parents can help them feel secure, giving them the space to grow up in a normal way.



Spending time together

Spending time together to share enjoyable experiences promotes loving and secure relationships for all members of the family. When caregivers follow the lead of children and share in the enjoyment of activities that interest the child, powerful messages such as, 'you matter to me', 'what interests you is important', 'your world matters' are sent to the child. Parents can also feel a deep sense of fulfilment and joy when they put aside busy routines, worries and daily stress

to focus on what is important – spending time close to their children.

Separating parenting from personality disorder and complex mental health symptoms

There are things that adults need to deal with separately from their children to allow children to be children and not take on adult roles and responsibilities. Children are vulnerable to many threats in the environment requiring caregiver's consistent attention to help and protect them from being hurt. While some threats may seem obvious such as emotional, physical and sexual abuse, children exposed to witnessing adults engaging in abusive or harmful behaviours - including drug taking, sexual behaviour, self-harm or domestic violence - can be highly distressing and traumatic for children.

In times of extreme difficulties parents can experience thoughts, urges and strong impulses to withdraw or leave the family. Expressing these thoughts to a child can be confusing and emotionally and psychologically distressing, often with the child thinking that they are the cause of the adult's distress and family difficulties. Similarly, talking about suicide and self-harm may worry and harm a child.





Parenting



Talking to children about personality disorder and complex mental health

Once a child gets to an age where they can understand other people can get sick, it is a good idea to talk to them in a simple way about a parent's mental health problems. Providing children with an understanding that their parent has a mental illness called a personality disorder, can help them understand what is going on for their parent. Not telling children about mental health problems can leave them feeling confused, hurt and sometimes even feeling responsible for events that happen. Children who understand that treatment is in place can better trust their parent even when times are tough.

Credits:

This fact sheet complements a film resource 'Parenting with Personality Disorder'. The film was developed as a training tool illustrating these parenting strategies for caregivers with a personality disorder. As part of a resource package this film supports a brief parenting intervention for mental health staff working to reduce the impact of personality disorder on families, children and parents. The goal of this resource is to assist parents in providing a safe, secure and loving environment for children.

We would like to acknowledge and thank the consumers, families, and caregivers who have shared their lived experiences which have informed the development of this film. Original film script developed by Kye McCarthy, Heidi Jarman, Marianne Bourke, Jim Lounsbury and Brin Grenyer. Introduction and conclusion by Brin Grenyer. Film directed by Jim Lounsbury and produced by Sarah Crozier, Eponine Films. Film by the Project Air Strategy for Personality Disorders, supported by the NSW Ministry of Health in partnership with MH - Children and Young People, Mental Health Drug and Alcohol Office, NSW Ministry of Health.



Parenting

How does personality disorder and complex mental health impact parenting?

Parenting is a rewarding yet challenging experience. These challenges can be exacerbated when a parent has a personality disorder or complex mental health issue. There are many strategies that can assist in supporting parents and caregivers and help minimise the impact of mental illness on children.



When parenting becomes a challenge: What are the signs?

Parenting may be more difficult when people with personality disorder or complex mental health issues are experiencing a stressful time or are feeling unwell.

Difficulties may include:

- **Stress in the parent-child relationship:** Both parents and children may find it harder to communicate and understand each other, which may lead to arguments. When unwell, the parent might also find it harder to have quality time with their child.
- **Difficulty helping children that are struggling:** It may be harder for an unwell parent to help at these times, particularly if the child needs extra support because of their own stresses at school or with friends.
- **Difficulty in keeping things consistent:** Household structure, routine and discipline can be hard to maintain when life becomes stressful for parents with personality disorder and complex mental health issues. Sometimes it might even feel like a child has to take charge instead of the parent.

Supporting parents with personality disorder and complex mental health issues:

What can help?

Talking honestly to a health professional can provide parents with the support they need. Strategies to assist in parenting can include:

- Making plans for the family in times of stress when a parent is getting unwell
- Building on parents' strengths and keeping the good things that are helping the family
- Reflecting on difficulties experienced in the parenting role and making changes to keep routines simple
Parents with personality disorder and complex mental health issues have the same needs, fears, and hopes as others, just as their children need love, protection and nurturance. Overcoming personality disorder and complex mental health issues may take time, yet the rewards of parenting can help bring joy along this recovery journey.



Parenting

Identifying relationship patterns: Part 1

Caregiver Name:	Clinician Name:
Identify a recent and common interaction you had with your child:	
Caregiver	Child
What were my needs	What were my child's needs?
I expected my child to...	My child expected me to...
I felt...	My child felt...
How did I react?	How did my child react?
What could I do in the future?	What outcome would I want for my child next time?



Parenting

Identifying relationship patterns: Part 2

Caregiver Name:	Clinician Name:
Identify a recent and common interaction you had with your parent or caregiver:	
Caregiver	Your Parent or Caregiver
What were my needs?	What were my parent's needs?
I expected my parent to...	My parent expected me to...
I felt...	My parent felt...
How did I react?	How did my parent react?
What could I do in the future?	What outcome would I want for my parent next time?





Parenting

Strengthening attachment

From the beginning of life a child has an inbuilt strong need to be close and form attachments to others. Recognising these needs is obvious – the infant cry calls to attention all around to listen and respond.

When a child attaches closely with a caregiver there starts a journey that the two go on together. Young people need protection, nurturance and comfort, but the capacity of those around, and the reality of a complex world, mean that no child can ever have a ‘perfect’ beginning.



Experts in child development wisely state that the goal is to be ‘good enough’ in caregiving. This falls between ‘perfect’ and ‘inadequate’ - but fulfils the requirement to give the child a good start in life. In terms of priorities, attending to a young person’s attachment needs for love, protection and care remains the fundamental goal of ‘good enough’ caregiving. These principles remain the same into adolescence and young adulthood.

There are a number of ways to be ‘good enough’ - here are some key principles:

- Establish child safety as a priority every day
- Spend enjoyable time together. For example infants need to be held close while older children may enjoy shared meals and games
- Show warmth and affection - especially at the start of the day and at separations and reunions
- Follow the child’s lead to notice what they need from clues in their behaviour and feelings

- Talk with the child about their feelings and listen to the things they say
- Work on seeing things from the child’s point of view
- Balance being warm and close with the child, and giving them space to explore the world. Keep a watchful eye over them, know what they are doing, but also let them make mistakes and learn from their experience as long as they are safe
- To feel safe, children need to know that their caregivers are in charge. It is normal for children to challenge their caregivers - this testing lets them know that it is right to trust their caregiver’s authority. Give children responsibility for safe areas of their life that increase their independence and self-esteem.
- Notice the child’s positive behaviours and comment on these each day

Being a caregiver is challenging, but being ‘good enough’ will help the child to successfully navigate their major developmental milestones. Having a good relationship can be a most rewarding experience in a person’s life.



Parenting

Connecting with children at different ages: Part 1

Parenting works best when it matches the child's age and needs. Read the following tips to get ideas on what is going on for children of different ages, what they might need, and ways to get on well together.

Developmental Stage

Infants are learning to follow objects and people with their gaze, and make associations between what they see, hear, taste and feel. Infants quickly learn to recognise familiar faces. Infants are developing physical skills including lying on their tummy, holding their heads, crawling, standing and walking.

Ways of Connecting

Connection with infants can be strengthened through play. Some ideas for play include toys in a range of colours and sizes, reading, singing, making animal sounds and peek-a-boo.

Pre-schoolers are gaining more independence to explore the world and are developing their physical skills. Pre-schoolers are also developing their language skills and may have small conversations, ask questions and follow basic instructions. However, pre-schoolers often communicate their needs through behaviour.

Connection with pre-schoolers can be strengthened through social play. At this stage children may enjoy drawing, singing and dancing to nursery rhymes, talking and reading, outdoor play, pretend play and dress ups.

Primary school aged children are becoming more independent in social interactions outside the family as they spend time at school. Primary school aged children are developing further social and physical skills, are learning to express emotions and are broadening their perception and understanding of the world.

Connection with primary school aged children can be developed through the interests of the child. Children this age may enjoy singing, music, reading, drawing, outdoor games and activities, such as ball games and bike riding. Find out what they like and talk to them about it.

Adolescents are undergoing the onset of puberty, leading to physical, emotional, cognitive and social growth. This may lead to frequently changing intense emotions, seeking out new experiences or risk taking behaviours. They may also experiment with their identity, leading to changes in values and preferences.

Connection with adolescents can be strengthened by taking time to talk, listen, and do activities together that interest the teenager, such as seeing a movie, playing a board game, or enjoying shared meal times.

Young adults are reaching a stage of independence from their caregivers with increasing levels of responsibility. At this stage many young adults are making decisions about their career or looking for study pathways. This may involve them moving out of home and establishing themselves.

Connection with young adults can be strengthened by keeping each other informed about each other's lives, and finding an agreed level of communication. Young adults still appreciate spending quality time together, for example, sharing a meal or an activity they enjoy.





Parenting

Connecting with children at different ages: Part 2

Parenting works best when it matches the child's age and needs. Read the following tips to get ideas on setting appropriate limits for a child and talking to them about complex mental health issues (such as personality disorder) when things aren't going so well.

Setting Appropriate Limits

Infants Saying "no" using a stern tone (without getting angry or yelling) can help an infant learn to refrain from engaging in dangerous, harmful or destructive behaviour. It is important that parents then follow through with their own safety behaviour and explanation. This will help lay the groundwork for future limit setting.

Pre-schoolers Saying "no" (and explaining your reasoning as to why) can help pre-school age children keep safe, assists them to learn to regulate their own emotions and behaviour and reinforces to them that their parent is a safe adult who can be trusted to care for them.

Primary school aged children Limits can be set by giving clear instructions of expectations, providing reasoning that can be applied to other situations and following up with logical consequences for positive and negative behaviour. Parents should engage in limit setting to protect children from physical harm in their exploration, and to show respect and care for themselves, their property and others in their social world.

Adolescents As adolescence is a time of rapid change, setting boundaries can help young people understand acceptable and unacceptable behaviour. By setting boundaries together, parents create a set of expectations or a 'contract' that can be used to avoid conflict. Setting boundaries helps adolescents gain independence, remain safe and make appropriate decisions.

Young adults Parents are encouraged to set boundaries with young adults using a calm, firm and collaborative tone. Setting appropriate boundaries in a supportive and collaborative way can help young adults learn independence and self-reliance.

Talking about Complex Mental Health

Parents don't need to explain personality disorder and complex mental health to an infant; however, it is important to be aware of how symptoms may influence behaviour, facial expressions and tone of voice, as these changes will be noticed by an infant. Take time to listen and watch an infant's way of communicating and find ways to connect with them to help them feel safe.

Pre-schoolers use their parent's faces, tone, and their increasing language skills to make sense of their experiences. It is important that parents communicate with a child using simple language to let them know that they are unwell and that it is not the child's fault or their worry, and encourage spending quality quiet time together.

An important first step when preparing to talk to a child about personality disorder and complex mental health is to reflect on the parent's symptoms, the behaviours their child sees and hears and how these may affect how a child feels. During conversations with children, parents should try to link their behaviours to how they are feeling in a way that is easy for the child to understand. Children at this age are very egocentric so it is important to remind them that they are not to blame for their parent being unwell and that their parent will be there for them if they have any questions or concerns.

Adolescents receive information from a number of different platforms. When talking to adolescents about personality disorder and complex mental health it is important that information shared is factual and helpful, and that they are encouraged to ask questions or raise concerns. Parents may find it helpful to talk to adolescents about mental illness whilst doing something else (e.g., while going for a walk). It is important to remind adolescents that they are not to blame and to set them up with external support where appropriate.

Talking to young adults about personality disorder and complex mental health can be done honestly with clear and accurate information. Parents can talk about the impact it has on the parent and about how their mental health is separate from their role and feelings as a parent. Parents should check understanding and be prepared to answer any questions.





Parenting

Mindful parenting during child play time

Sometimes when life is stressful and chaotic, it can be difficult to keep a child in mind. Mindful parenting is focusing all attention on the child and their perspective. This means putting aside caregiver worries and problems during this time.

How to mindfully join a child in play time

- **Stop:** First observe and listen with full attention to what they are doing, and focus on one thing at a time.
- **Wait:** Pause and take a moment to notice what is happening for your child. You might ask yourself:
What is my child doing?
What is my child likely to be thinking and feeling?
What does my child need?
What am I thinking and feeling?
What could I do now?
- **Go:** Try to follow the child's lead.
The goal is to participate fully in being with your child. Sometimes just being close and watching is all you need to do. If your child invites you to take part, let them enjoy being in charge of the game. If it is appropriate, comment on what they are doing (e.g. "I notice you choose the green block to go on top"). Make sure the child is safe in their play.



Mindful parenting gives a caregiver permission to take a vacation from adult problems. Enjoy spending simple time together. This can improve the parent-child relationship and may even help parents to respond in a less reactive manner when feeling overwhelmed. Mindful parenting becomes easier with practice.

Project Air Strategy has other help sheets that outline different exercises for practicing mindfulness, including: What is Mindfulness, Rhythms and Sounds, Bubbles, Leaves on a Stream, and Sushi Train.

See www.projectairstrategy.org for more information.



Parenting

Understanding and responding to children's feelings when personality disorder and complex mental health gets in the way

The patterns in the way we communicate through words and behaviour can influence the way others respond to us. With personality disorder and complex mental health issues communication can become difficult, and messages sent can be misunderstood by others. Parents with personality disorder and complex mental health issues sometimes have difficulty communicating well with their child. Similarly, children can find it hard to communicate their needs and wishes to their parent

How messages become mixed up

Past emotional experiences such as grief, rejection, violence and loss can get in the way of hearing what people are telling us in the present moment. For example a child who is upset may be misunderstood by the caregiver as meaning they are a bad parent.



It is easy for messages to get mixed up. That is why it is even more important to take time to think about what a child is feeling.

Some problem patterns to notice:

- When a child stops talking about themselves because they are worried they will upset others
- Expecting the child to be focused on the parent's problems most of the time
- Treating a child like they are the same as the caregiver – almost like they are a friend
- Treating a child like they are much

younger – almost like they are a baby

- Treating a child like they are much older – almost like they are a parent

These patterns can harm children if they are allowed to continue for a long time.

How to tune-in to children

The best time to listen to children is when they are feeling safe and calm. Things to try:

- Ask the child how they are feeling and listen to the words they use e.g. "tired", "happy"
- Try to see a situation from the child's view of the world, e.g. "exciting", "terrible"
- Notice what a child is saying by their face, hand movements and stance e.g. "fearful" or "angry"
- Help the child to find words for feelings for example "that sounds disappointing" or "you seem frustrated"
- Let the child know that it is OK to talk about their feelings, even those that feel bad

Children need to be cared for in ways appropriate to their age. Spend time to calmly talk about feelings and thoughts that match the child's age and maturity. Use these tips to help build a strong and secure relationship between the child and caregiver



Parenting

A mindfulness activity you might like: **Blowing Bubbles**

Mindfulness skills help to focus our attention, especially when we are overwhelmed with strong emotions. This skill can help us stay calm and rational, allowing us to choose how we want to respond rather than automatically and impulsively reacting to situations. We want any thoughts (e.g. 'I blame myself'), feelings (e.g. 'I feel angry'), urges (e.g. 'I want to hurt myself') and physical sensations (e.g. 'I feel sick') that come up in this activity to float away, using your mind. Make your thoughts to be like bubbles. Follow the instructions of this short mindfulness activity.

Start by sitting upright in your chair, putting your hands comfortably on your lap. If you want to, close your eyes. Remember that your task is to simply observe any thoughts, feelings, sensations or urges that you may experience in your body.

I want you to imagine that you are standing in the middle of a large open field blowing bubbles. Take a few moments to observe what is going on around you and what is happening within you. Remember observing is just looking around, it is not attempting to label, describe or respond in any way.

... stay quiet for 20 seconds

Now start to describe what you see around you. Describe something, then give that description to one of the bubbles and allow that bubble to float away. Describe another thing you see, and put that description on a bubble and blow it away. Keep doing this for a moment while you remain standing in the field.

... stay quiet for 20 seconds



Now, slowly bring your attention to yourself, and start describing things that are happening within you - thoughts, feelings, urges and physical sensations. Each time you notice one of these, describe it with one of these four labels (a thought, a feeling, an urge, a physical sensation), put the description on a bubble and let the bubble float away from you up into the sky. Sometimes bubbles pop, enjoy that experience.

... stay quiet for 20 seconds

If you notice your mind wandering off, gently notice where your mind was, what you were thinking about, describe this distraction, put it on a bubble and let the bubble float away.

... stay quiet for 2 minutes

Now slowly bring your focus back into the room. Feel yourself sitting on the chair, listen to any sounds in the room... and in your own time begin to open your eyes.

Practice this activity often

Allowing your distracting thoughts, feelings, urges and physical sensations to float away, helps you calm the mind. Our mind can be so full of past regrets and future worries that we never enjoy the current moment. Allow those worries and regrets to float away on a bubble. A calm mind allows you to focus on what is important for you right now, today.



Parenting

Talking to children about personality disorder and complex mental health issues

Caregivers often feel concerned that talking to children about personality disorder and complex mental health issues will scare or worry them. However, it may be a relief for children to learn that their caregiver's behaviour is part of an illness, and that it is not their fault.

Talking to children about mental illness is a way to increase shared communication and understanding within the family. The following are some tips that may be helpful when talking with children about complex mental health issues (including personality disorder).



- Encourage ongoing open discussion, as one conversation is often not enough
- Highlight the behaviours the child will have noticed in unwell caregivers, and explain that these are part of experiencing a personality disorder
- Consider protecting children from information they may find extremely distressing
- Ask children to share their worries and any other feelings
- Let the child know that they are allowed to ask questions any time
- Remind children they are not to blame, and it is not their responsibility to fix things
- Reassure children that while the caregiver is sometimes unwell that treatment is occurring
- Remind children that they are safe, loved and will be taken care of - and explain what will happen if a parent goes to hospital or becomes very unwell
- Discuss who children can talk to for extra support, e.g. family, friend or school counsellor
- Make a plan about how they can talk to other children (e.g. at school) about mental illness if they want to

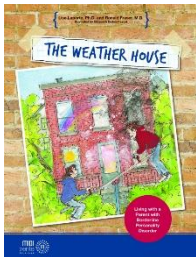
It can be helpful to consider the developmental age of the child and to try to match the level of information provided to what they are able to understand and cope with emotionally. For example, for young children, using simple language to explain that sometimes the caregiver feels “sick” and sees a doctor to help them feel better, may be appropriate. Story books and toys can help to talk about fictional families in similar situations to explain personality disorder. However, older children, teenagers and young adults are often able to understand a greater depth of information about personality disorder and complex mental health issues. Providing some factual information and encouraging them to find facts on their own can be useful and empowering for older children.



Parenting

What else can I read?

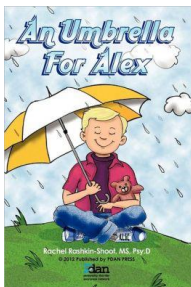
Below is a list of some publications about parenting with complex mental health as well as descriptions by the publishers. While the list below might be useful, it is not exhaustive. Project Air Strategy does not officially endorse these books or any of the recommendations within these publications, nor is it responsible for any effects or outcomes these books might have on readers.



The Weather House: Living with a Parent with Borderline Personality Disorder

By Lisa LaPorte and Ronald Fraser

Story and picture book targeted at school aged children with a parent with Borderline Personality Disorder. The book uses a weather analogy to help children understand the symptoms of BPD.

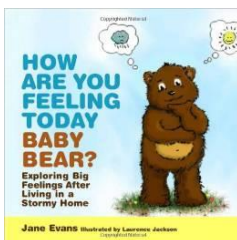


An Umbrella for Alex

By Rachel Rashkin-Shoot

Story and picture book for children with a parent with personality disorder. The book is designed to be read with a parent, caregiver or therapist and assists children to

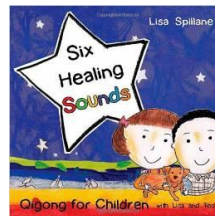
understand their caregiver's stormy emotions.



How Are You Feeling Today Baby Bear? Exploring big feelings after living in a stormy home

By Jane Evans

Story and picture book written for children living in homes with domestic violence. The book assists children to understand and name emotions and provides information to adults about how to start discussing emotions with children.



Six Healing Sounds

By Lisa Spillane

Picture and story book for children to learn about emotions, relaxation techniques, mindfulness and self-compassion.



The "When I'm Feeling" Collection

By Tracey Moroney

A series of story books for children to assist in understanding emotions. Emotions in the collection include; happy, angry, jealous, lonely, loved, scared, kind and sad.



Baby's Strength Cards

By Jan Plater

Available at:
www.innovativeresources.org

Card series for caregivers and clinicians that can be used to facilitate reframing common child behaviours as functional and valuable.



Parenting



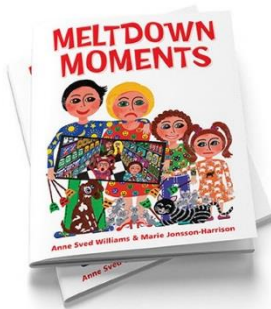
The Bears

By Russell Deal & Ben Wood

Available at:

www.innovativeresources.org

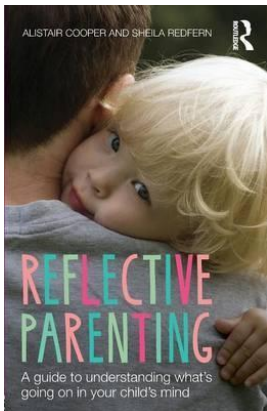
Card series for caregivers, children and clinicians that provides an illustrative depiction of different emotions, useful in developing emotional awareness, identification and understanding in children and caregivers.



Mum's "Meltdown Moments": A new children's picture-story book to help families with BPD

By Dr Anne Sved Williams and illustrations by Marie Jonsson-Harrison

A new children's picture-story book for the infants and small children of parents who have BPD.



Reflective Parenting: A guide to understanding what's going on in your child's mind

By Alistair Cooper and Sheila Redfern

This book was written to help parents use Reflective Parenting to better understand children, manage their behaviour

and build relationships and connections with them. This book can also be used as a resource for clinicians working with children, young people and families to support them to manage the parent-child relationship.



Children of Parents with a Mental Illness

www.copmi.net.au

Provides information for parents, carers, family and friends to help support children who have parents with a mental illness.



Young Carers New South Wales

YOUNG CARERS
carers nsw

www.youngcarersnsw.org.au

A website designed for young carers aged 25 years and under. Provides practical advice, links to other resources and information for parents and professionals on how to work with young carers.

Raising Children Network

raisingchildren.net.au

Provides information to parents about the different developmental stages of children, and practical parenting tips.





Parenting

Creating safety: Setting limits with children

An important part of parenting is to ensure safety in the family by setting limits. Setting firm but kind limits helps children to feel that they are cared for and helps them manage their feelings and behaviours.

Keep routines simple

Creating a simple daily routine for the family can help keep the household calm and predictable. Ground rules that are discussed and set by the family that focus on 'what to do' for example, 'we all sit at the table to eat dinner', 'we say thank you and show kindness to each other', 'we put toys away and brush teeth before bed'. If everyone understands the expected behaviours then the family can all work towards them. When caregivers follow these routines then consistency and predictability is increased for the child.

Things to do often

- Model desirable behaviours to children since children watch and learn from their parents.
- Balance the positive and negative attention given to children. Children crave connection with their caregivers, and behave in ways to seek positive or negative attention. Give more positive attention (praise, affection, rewards) where possible as this helps to encourage positive behaviours.
- Keep eye contact with children to get their attention and to ensure they are listening when you have something important to say.
- Try to use a firm but respectful tone when giving instructions and setting limits.
- Let children know that while their behaviour may not be appropriate, they are still loved.
- Commenting on appropriate behaviour tells the child that they are loved, and their effort to do the right thing is appreciated.





Parenting

Caring for myself, caring for others

When parents care for their own needs and their mental health, this allows them to better care for the needs of their children. In the first column, note some ways that you can take care of yourself. In the second, list some ways that you already are or things you could do to be a “good enough” parent.

Ways I can look after myself	Ways that I can be “good enough”

