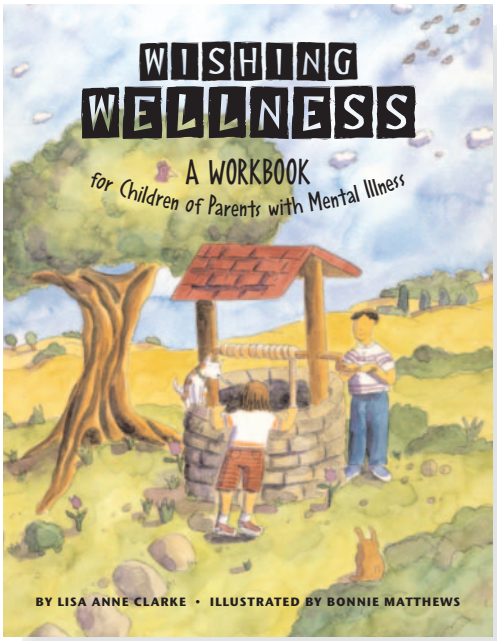


Therapist Resource Guide

by Lisa Anne Clarke
and Jane Annunziata, Psy.D.

Wishing Wellness was created as a therapeutic tool for children who have a parent with a major mental illness. Children in this situation are at risk for emotional, behavioral, and intellectual difficulties, as well as developmental delays, school achievement problems, deficits in social functioning, and later drug and alcohol abuse. They are at greater risk for mental illness themselves, both as children and adolescents, and later in life. However, the risks are minimized when these children learn the facts about mental illness and when they receive the emotional support and understanding of a mental health professional.

EXPLAINING MENTAL ILLNESS TO CHILDREN

Mental illness is a difficult concept for children (especially younger ones) to understand, as their idea of illness is generally limited to their own experience of ear infections, sore throats, and so forth. However, children have a strong need for knowledge about their parent's mental illness. While too much information can overwhelm children, too little can be a source of considerable anxiety. When children aren't given the information they need, they often fill in the blanks themselves, sometimes in ways that are inaccurate and more distressing than the real facts. Thus, providing knowledge helps to reduce their anxiety, increase their understanding of their parent's symptoms, and facilitate the development of age-appropriate coping skills.

The facts about a parent's mental illness should always be presented supportively, because this is difficult information to absorb about a mother or father. The information must also be presented clearly and directly, and in a way that is appropriate for the child's age and maturity level. When presenting information about mental illness to children, it is important to remember the issues and concerns that they have at different developmental stages.

Preschoolers need very basic information. Their cognitive capacities are limited due to their young age. They are most concerned about what they see and hear their parent doing (yelling, crying, talking in a way that does not make sense, etc.). They need a simple explanation that reflects the reality of the situation, such as, "Your mom is having a very serious problem with her feelings. You didn't do anything to make this happen. The doctors are giving her medicine and special talking time to help her get better. Your grandparents are coming to stay with your family to help, and your dad is there, too. They will all help you and keep you comfortable. We all hope that your mom will be feeling better soon."

School-age children need more detailed information, and also need to be encouraged to ask any questions they might have. They are particularly curious about why their parent is acting in unusual and concerning ways. It helps them to know, for example, that dad has an illness that is called a mental illness. Explain that it is termed *mental illness* because it involves the mind, and the mind controls how we think, feel, and behave. It helps children to know that right now dad's mind is not working normally, and that is why he is acting in such unusual ways.

Children this age are helped with a simple statement about the role of medication and therapy in treating mental illness. For example, you might say, "We have many medicines that can help the brain work normally, and the doctors

think this will help your dad behave and feel much better. Your dad will also go to therapy, where he can talk about any of the grown-up problems that contributed to his illness. The medicines and the therapy will work together to help your dad slowly recover and feel better." Children at this age, just like their younger counterparts, need to be assured that they did not contribute in any way to their parent's mental illness and that they can not fix it.

Explaining mental illness to teenagers presents a different set of concerns for mental health professionals. On the one hand, they have an advanced cognitive capacity, and a greater need and ability to process information about their parent's diagnosis and prognosis. On the other hand, they are in a difficult developmental period that involves their bodies and minds being in a state of flux. This can make the instability of their parent and the uncertainty of their parent's behavior particularly stressful.

The importance and influence of the peer group at this age further complicates the picture. All adolescents are concerned about what other teens think of them, and it is almost universal to hear teens talk about their parents as "embarrassing." The concern about parents saying or doing something embarrassing is certainly exacerbated when the parent is mentally ill and thus more prone to act in unusual or inappropriate ways. Their peers may also have misinformation about mental illness that can influence the teen in unhelpful ways.

We can help teenagers by giving them the opportunity to vocalize these concerns and by supplying them with accurate information about their parent's mental illness. Mental health professionals can further help adolescents by clearly articulating the differences between developmentally typical mood swings and the instability of their mentally ill parent.

Children of all ages who are living in a home with a mentally ill parent or who have experienced parental mental illness at some point in their childhoods are helped immensely by therapeutic intervention. This can be individual, group, or family therapy; support groups; or bibliotherapy. It is also therapeutic for children to express the thoughts and feelings they have about parental mental illness through words and artwork, and to realize that they are not alone in their experience.

***Wishing Wellness* provides children with this opportunity. While we know that mental illness in parents takes many forms, research and clinical data indicate that a certain commonality of experience, psychological issues and reactions, and coping mechanisms are employed by children who have a mentally ill parent. The purpose of *Wishing Wellness* is to address this commonality of experience, as well as the children's need to express themselves, develop coping strategies, and receive knowledge and validation of their experience.**

THE CHILD'S EXPERIENCE

Children of parents with mental illness have likely experienced some parental inconsistency and unpredictability. These parents are generally less available emotionally to their children than parents who are mentally healthy. They frequently also demonstrate a decreased ability to parent in an active and competent way, especially during periods of active mental illness. Trying to make meaning of this, these children frequently blame themselves, due to their developmentally limited understanding of etiology. Thus they suffer not only from the psychological and practical limitations of their parents but also from feelings of self-blame.

The stigma of mental illness also impacts them, and can exacerbate the difficulties they are already experiencing in the family environment. Most people are uncomfortable with mental illness, and may avoid not only the mentally ill parent but their children as well. This limits healthy adult role models and confidantes, which can make coping a lonely journey for the child. When others avoid them, it can contribute to both a sense of shame and an experience of invisibility. It also puts the onus on children to monitor their environment for emotional safety and to devise ways to get emotional and practical needs met. Sometimes children in families with a mentally ill parent avoid other people (peers and adults), fearing that they will be disliked or criticized. Perhaps the fear of being viewed by others as different or strange is just too close to home.

Parents who are struggling with mental illness often lack consistent relationships with their child's school, with the other significant adults in the child's life (coaches, scout leaders, etc.), and with the community at large. They frequently lack social supports and economic stability as well. This can have a deep impact on these parents, hamper their child-raising efforts, and compromise their children's well-being. These factors in combination further burden children and can put their own mental health in jeopardy.

PARENTS' SYMPTOMS AND BEHAVIOR AND THEIR EFFECT ON THE CHILD

Different behavioral profiles and levels of risk emerge in children based on the chronicity of the parent's mental illness, the degree and frequency of acute exacerbations, and the ways they react to their children. The child's risk increases when the parent has suffered an onset of severe psychopathology early in the child's life, and has severe and enduring symptoms of mental illness throughout the child's growing-up years. The risk also increases when the other parent—the parent who does not have a mental illness—is not well adjusted, is not present emotionally and physically, and/or struggles with practical or psychological issues, and therefore is not well able to meet the child's needs.

The particular symptoms and behaviors the ill parent manifests will have an impact on the child's symptoms, emotional adjustment, and ultimate ability to cope. Anxious parents, for example, may find it difficult to detach, and thus be overly focused on their children or even enmeshed with them. This makes it harder for their children to psychologically separate and individuate and achieve age-appropriate independence. This is, of course, critical for the development of self-esteem and feelings of competence in the child.

On the other hand, parents with depression may have difficulty remaining attached. They may withdraw from their children and be largely emotionally unresponsive to them. This can leave their children with unmet dependency needs and feelings of anger, putting them at increased risk for depression themselves and compromised self-esteem.

Regardless of the parent's particular diagnosis or symptoms, these children are at risk of modeling or identifying with their parent's pathology for several reasons. First, children model parental behaviors and reaction styles. Second, they are faced with a limited range of options to get their practical and emotional needs met, given their young age and the family dysfunction. Third, they discover at an early age that identification with the ill parent sometimes helps them get their needs met. And finally, modeling behavior is a common way, albeit not always a healthy one, that children feel close and connected to their parents.

EMOTIONAL AND BEHAVIORAL CHARACTERISTICS OF AFFECTED CHILDREN

It is difficult to describe the emotional and behavioral characteristics of children who have a mentally ill parent, because there is considerable variability in the behaviors they exhibit. Much depends on the child's age, emotional resiliency, availability of emotional supports, and the type, severity, and duration of the psychopathology that the parent manifests.

In the most severe cases of parental mental illness, children can be withdrawn, quiet, and hard to reach. They may appear uptight, worried, or overly serious. Some of these children find normal eye contact difficult. They might avoid making eye contact altogether or return it with a blank stare. Others present with flat affect that can hide anxiety, depression, and emotional distress. Some children are physically tense and stilted, while others appear hyperactive. This overly busy and active state is often a defense against the anxiety and depression they are feeling.

Children who grow up in families with mental illness or significant psychological dysfunction are quite aware of what is going on around them. They generally monitor what is happening at home carefully, and tend to transfer this watchfulness to other environments such as school and peer activities. They are tuned in: Little escapes their gaze or hearing. They develop this perceptiveness at an early age as a way to cope with living in a family environment that can be unpredictable and uncertain in a frightening way. The vigilance is a way to feel some control in an out-of-control environment, and to emotionally prepare themselves for disturbing or disappointing events such as a parent yelling or drinking excessively, being inappropriately aggressive, or being too depressed to engage in a special long-planned activity. It's as if the child says, "If I watch very carefully and know that something bad is coming, it won't feel so bad."

Children who have a mentally ill parent are very sensitive to feelings or activities that involve, or appear to involve, a loss of control. At first, they are most concerned that a parent may lose control in an unexpected and unpleasant way. Then they may develop concerns about other people losing control, as well as worries about their own possible loss of control. Their association to "losing control" is a negative one, as that is their experience.

Concerns about loss of control commonly manifest themselves in two ways. First, the children may develop rigid belief systems and have specific ideas about rights and wrongs and shoulds. This frequently leads them to be judgmental of

others and inflexible. They are more prone to act in this way when they feel unable to control or influence the people in their environment.

Second, they can have difficulty letting go in ways that are typical for others in their age group. Similarly, they have difficulty watching other people let go in good, healthy ways, such as being funny and acting silly or relaxing in a playful way.

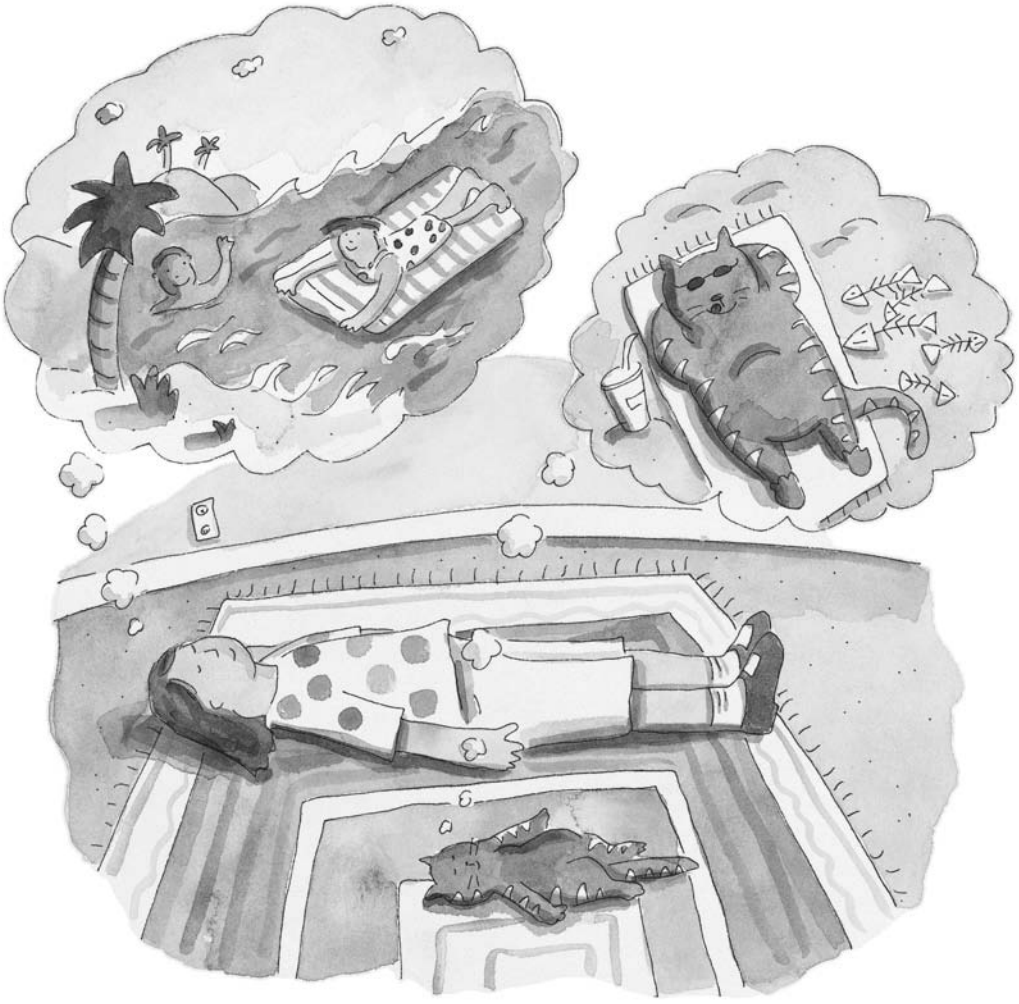
Because of these control issues, they may be suspicious of certain humorous or slightly eccentric actions, fearing that they will lead to inappropriate or manic behaviors, or even the start of mental illness. For these children, letting go and acting silly can feel like being on the edge of a very slippery slope.

Children who have experienced parental mental illness sometimes have difficulty understanding cause-and-effect relationships, because they have not had sufficient experience with predictability and logical outcomes. This can make navigating the world frightening (as it feels so unpredictable), and can put them at a disadvantage when relating to others. Not surprisingly, their most difficult issues often involve forming healthy attachments and trusting others. Given the inconsistency and unpredictability of relating to a parent with serious mental illness, it is not surprising that these children would be wary and sometimes unable to form healthy age-appropriate relationships. The emotional and practical losses that children experience as a function of their parent's illness can further intensify their concerns about trusting and relating to others.

HOW CHILDREN COPE

When children living with mentally ill parents have received therapeutic intervention or have healthy adult role models and outside supports, they are able to develop an array of more adaptive defense mechanisms and ways to get their emotional needs met. When these children have not received appropriate help and guidance, they often have a more limited range of defenses and ways to get their needs met. Sometimes they exhibit behaviors and defense mechanisms that are similar to the mentally ill parent. They frequently, and often unconsciously, choose coping methods that interface with their parent's psychopathology and emotional needs. This is a way to survive the stresses they experience, and it is also an attempt to get their own nurturant needs met.

Some children are internalizers. That is, they hide their distress (sadness, anger, anxiety, disappointment, etc.) and hold their feelings inside. They tend to express their feelings in indirect, passive ways and will be, for example, passive-aggressive when they are angry. They generally cope by remaining emotionally detached—trying to distance themselves from their parent's disturbed behavior.



Some children become adept at pleasing others, being alert to subtle social cues and shifts in adult moods, wishes, and receptivity to them. They may overfunction by becoming super-responsible and well-behaved. They often assume a caretaker role in their families, especially when they are the eldest child and other adults are not available to fulfill this role. They may take on the heavy responsibilities of babysitting younger siblings, taking care of their ill parent in practical and psychological ways, and helping to run the household. These, of course, are jobs that are too big for any child and a large psychological and practical burden as well.

Many children display pseudo maturity and independence, trying hard to be low-maintenance for their ill parent. They are trying to please their parents and receive nurturance from them, or at least fly under the parent's radar and not get in trouble. Standing out in any way often engenders anxiety, and they believe that getting no attention is better than being criticized or receiving negative attention. Embarrassment, shame, and criticism can be extremely painful and almost intolerable to them.

Other children behave in the opposite way, presenting as discipline problems. They act out by misbehaving at home or school, and may be overtly angry or aggressive to others. They are trying to gain attention to their distress by being disruptive and oppositional. These children may lack impulse control and are often unable to interact well with peers or adults. Their obstinate behavior may be partially attributed to exposure to inappropriate parental role modeling (due to the disturbed thoughts and behaviors of their ill parent).

These children often worry that others will react negatively to them, and they may even expect to be disliked and rejected by peers and adults, especially if their ill parent has acted in this way. As an unconscious defense against this pain, they may provoke the very reaction in others that they fear receiving, withdraw socially, and adopt the position that belonging is not valuable or important to them.

CHILDREN AT RISK

Children who have a mentally ill parent are likely to be at risk for a myriad of problems themselves—psychological, developmental, academic, and relational. When children are living in a home where both parents are struggling with mental illness, their situation is of course more grave, and their difficulties are magnified and multiplied.

Fortunately, though, many children do have a mentally healthy parent. When this parent actively works to mitigate the deleterious effect of the ill parent's dysfunction and compensate for what is lacking in the child's life and relationship with the ill parent, children do better. However, this is sometimes difficult for the healthy parent to manage, as he or she is coping not only with a mentally ill spouse but also the everyday stresses of work, parenting, and the demands of life.

There is considerable research on the impact of parental mental illness on children. In fact, there has been an explosion of research in the past 10 to 15 years. The two groups most often studied are offspring of alcoholic parents and offspring of depressed parents. There is so much research on the children of alcoholics that COA is now a standard reference term. There is so much research on the children of depressed parents that the American Psychological Association released a book summarizing this research in 2002 (*Children of Depressed Parents: Mechanisms of Risk and Implications of Treatment*, edited by Sherryl H. Goodman and Ian H. Gotlib). Therapists are encouraged to stay abreast of the current research and to apply the findings to their clinical work.

The research on children with a mentally ill parent suggests that some children are more resilient than others when faced with parental mental disability. Protective factors that seem to increase the child's resiliency include: a strong support network outside of the nuclear family (extended family, social and community supports, extracurricular involvements, etc.), a placid temperament/happy personality, an interest in academics, school success, positive relationships with peers, and a strong and functional relationship with an adult. Also, the more the child is able to understand about the parent's illness, the more likely he or she will be able to develop strategies to deal with the feelings and crises created by it.

When children are able to reach out to others and receive appropriate responses that meet their needs for support and stability, they show better coping and adjustment. The ability to self-organize play and maintain healthy interests outside the home, as well as a hopeful outlook on life (seeing problems as challenges to overcome) also figure largely in the development of the child's resiliency. Inner strength, positive self-esteem, good coping skills, a sense of being loved by the ill parent, and knowing the child is not to blame for the parent's illness also contribute to decreasing the risk.

Most of these protective factors can be taught or greatly influenced by therapists, and not surprisingly, children and parents who receive psychotherapy fare much better than those who are not given this opportunity.

INTENDED USE OF THIS WORKBOOK

Most children find it very hard to talk about their experience of living in a family with mental illness. Unfortunately, few adults feel readily equipped to talk about it either. Even many professionals are at a loss as to where and how to begin navigating this sensitive terrain with children.

This workbook is intended as a starting point for children ages 6 to 12 to gain and assimilate knowledge about mental illness, unravel the confusion of their experience, and teach them healthy skills for coping with the mental illness in their families. While this workbook was developed for elementary school age children, therapists are also encouraged to consider asking older children to peruse the workbook. Older children may find it helpful to revisit their experiences growing up, identify gaps in their understanding (then and now), and normalize and validate their experiences. Youth are often delighted to read the workbook when asked by therapists to consult on its use with younger siblings or other young children.

This book was designed as an interactive educational tool. Many complex and abstract ideas (notably, medical terminology and etiology) are explained using simplified concepts and language that children can understand. The workbook was also designed to allow children to process their thoughts, feelings, and experiences while learning more about their parent's illness. Children's responses to journal questions and exercises should help the therapist assess not only the child's grasp of mental illness and his or her feelings about it, but also his or her coping skills.

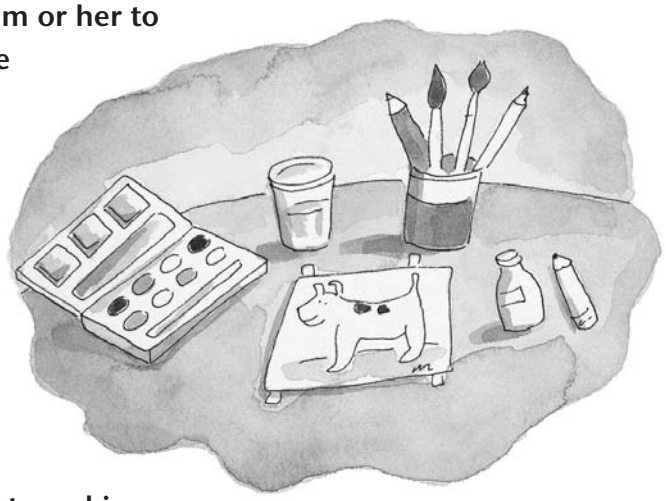
Ideally, this workbook will be used by many of the people involved in supporting children, including psychotherapists, day care workers, teachers, school counselors, and health care professionals, as well as parents and extended families. It can easily be adapted for use with groups of children who have a parent with a mental illness, and the commonality between them could do much to reduce their sense of isolation.

This workbook is NOT intended to be used as a journal for children to complete in isolation. **It is essential that therapists preview the text and work with the child to complete the workbook**. Some of the issues presented and addressed will be inappropriate for use with certain children, given their unique family situation and developmental stage. Before using this workbook, therapists must determine the developmental level of the child and the issues he or she is facing. The sections of text that are inappropriate can then be deleted or modified to fit the child's situation.

Presenting information on hospitalization or supervised visitation could upset some children by creating new anxieties about situations that may never occur in their families. Similarly, discussions of causal factors and genetic predisposition have been avoided, as they can arouse undue anxiety in some children. Therapists are of course encouraged to supplement this book with resources that provide additional information (e.g., about the etiology of the parent's illness) if they feel their client will be helped by it.

These children require adults to acknowledge the difficult reality of their life situation, but they also need relief from it and encouragement to pursue playful and relaxing enterprises. *Wishing Wellness* was created toward that end as well. Innovative, fun activities and exercises have been included to teach self-nurturing, stress management, and play skills. Many of the cartoon drawings also incorporate symbolic imagery to encourage the child's use of symbolic thought and creativity, because some children who live in a dysfunctional family environment become overly concrete in their thinking and less creative.

Space for creating artwork has also been included to increase the child's enjoyment and creativity, stimulate whole brain activity, and pace learning. Pacing the information flow and the child's emotional process with artistic endeavors and off-task time should help him or her to relax and better integrate learning over the longer term.



Parents with mental illness and their children were involved in reviewing this book before it went to print. Their feedback was crucial to ensuring the text's integrity and congruence, reflecting a compassionate, respectful, and sensitive framework that accurately depicts their experience. Words that have a decidedly negative or value-laden connotation are not used in descriptions of mental illness (e.g., *strange, odd, weird*). Instead, words such as *different, unusual, uncommon,* and *extraordinary*–those with a more neutral tone—have been used. Therapists are encouraged to use these same neutral words and to teach the child and those involved in the child's life to do so as well.

ROLES AND RESPONSIBILITIES OF MENTAL HEALTH PROFESSIONALS

Working with children presents many challenges for therapists. One of the most common pitfalls involves feeling so concerned about our child patients that we are unduly critical of their parents. This is more likely to occur when working with a child who is clearly suffering. Then we feel angry at the parents who seem to be to blame for the child's problems. This is more likely to occur in families where there is significant mental illness, as the child has been exposed to more disturbed parental behavior than in a highly functional family environment.

It becomes easy then to blame the mentally ill parent for the child's psychological problems. For child therapists, it is important to remember that it is not the conscious intent of parents with mental illness to neglect, harm, or put their children at risk. They should not be blamed, even when they are unable to parent effectively due, for example, to severe depression. Children are better served when they are protected from attitudes that victimize their ill parent.

Symptoms of mental illness rarely interfere with a parent's functioning all the time, and it is usually helpful for children to maintain their relationship with a parent in a safe and appropriate way. The benefits of maintaining this bond often outweigh any detriments, as it helps children know that the parent is not abandoning them despite the mental illness, and it provides the opportunity to benefit from what is good in the relationship.

There are certain times when it is best for the child not to relate to the mentally ill parent. These include periods of acute exacerbations of the illness when the child would be frightened or even traumatized by the ways in which the parent is acting; episodes of illness when the parent might be physically or emotionally abusive; and times when the parent is out of control in ways that could be dangerous to the child (e.g., actively psychotic with a delusion that would scare or potentially harm the child, or out of control in a manic episode and not thinking clearly and rationally).

When parents are in the throes of serious mental illness, therapists are often called upon to provide a professional opinion regarding whether the best interests of the child are served by ongoing contact with a parent. Our inputs and recommendations need to be carefully thought through, recognizing both the potential psychological harm and the benefits for the child of maintaining the relationship with the parent, and realizing that the ill parent sometimes experiences our attempts to protect the child as intrusive and unnecessary. There are frequently many viable options for resolving this dilemma. These include setting up supervised visitation and exploring other creative alternatives to help parents and children keep connected.

Educating significant others in the child's life is another important role for the therapist. Fear for the child's safety and well-being can make it difficult for people such as extended family, close family friends, and even the healthy parent (especially in divorced families) to understand the benefits of ongoing connection for the child. Sharing this workbook with parents, step, foster, and extended family, as well as other significant figures in the child's life, may allow them to gain greater insight and compassion for the struggles these children and their ill parents face. Therapists are encouraged to work as inclusively and collaboratively as possible with the people involved in the care of these special children.

— LISA ANNE CLARKE, author of Wishing Wellness, *is a professional child, youth, and family counselor who specializes in helping families with a parent suffering from mental illness. An early draft of* Wishing Wellness, *titled "I Wish You Well Always," was developed by the author as part of the curriculum for a family outreach program in British Columbia. Lisa Anne Clarke lives on the west coast of Canada in Nanaimo, British Columbia.*

— JANE ANNUNZIATA, Psy.D., is a clinical psychologist with a private practice for children and families in McLean, Virginia. She is also the author of many books and articles addressing the concerns of children and their parents.