

INTERDISZIPLINÄRE VERSORGUNG VON KINDERN PSYCHISCH KRANKER ELTERN AUS SICHT DER FRÜHEN HILFEN

“I want something better for my baby than what I had”:

Supporting and modelling competent caregiving among psychiatrically ill parents

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ABSTRACT

The overwhelming majority of parents want the best for their children. They are motivated powerfully to ensure that their child does not have to endure the same hardships that they did. And thus the new baby represents a chance for repair, of hope. This is all the more important for parents who suffer from psychiatric illness. Given that babies from birth are wired to attach to their parents and elicit their care, and that early development unfolds so rapidly with such great dependence on the caregiver who must continually adapt to new challenges, parenting can be both joyous and enormously stressful! While being at the center of the infant's world brings joy and fulfillment for most parents that outweighs the accompanying stress and self-doubt, for many parents with psychiatric illness, the challenges of parenting can become overwhelming. In this presentation, we explore why some parents with even very severe illnesses such as schizophrenia, bipolar disorder, and severe unipolar depression – which in and of themselves, are associated with the highest rate of out of home placement, child morbidity and mortality among all psychiatric illnesses (Ranning et al., 2015; Liu, Chen & Loh, 2010), fare better than others. The presentation will place particular emphasis on the salience of parental attachment history as a factor of resilience versus risk regardless of the form of parental psychopathology. And we will also explore why some conditions such as post-traumatic stress disorder (PTSD) related to a history of interpersonal violence or borderline personality disorder in the context of early emotional neglect – with which disruptive caregiving behavior has been associated with 75-85% of mothers (Hobson et al., 2009; Schechter et al., 2008), may cause parents and their children the most trouble during certain discrete sensitive periods of development rather than others. After reviewing how parental psychiatric illness can impact the parent-child relationship and thus early child development with the notion of sensitive periods in mind, we will focus on the centrality of mutual emotion regulation during the infancy and early childhood, within the context of attachment, as a prerequisite for child self-regulation of emotion by 4-5 years of age. We will offer examples drawn from original research on how conditions such as maternal PTSD impair maternal participation in this necessary process and lead to critical misreading of child emotional communication, as evidenced by psychological, behavioral, physiologic, and neuroimaging data (Schechter et al., 2010, 2012, 2014, 2015; Moser et al., 2014; Cordero et al., in revision) and how this impacts child developmental psychopathology (Schechter et al., 2007, 2011, in press). This research supports that many mothers suffering from chronic complex PTSD and dissociative symptoms, often with comorbid depression, will especially if also given problematic attachment histories, not immediately be able to benefit easily from traditional methods of psychotherapy that are dependent solely on verbal exchange and recollection of what transpired in a previous session. Preparation for such work is required involving development of a joint focus of attention, support of maternal competence and already present mentalizing capacity, as well as sensitive confrontation of avoided mental states in the child and in oneself. We will thus show how presented original clinical and developmental neuroscience research has nourished the development of a brief psychotherapeutic intervention Clinician Assisted Videofeedback Exposure Approach Therapy (CAVEAT) which is designed to develop the skills that would enable a traumatized parent to enter into a more extensive, deeper psychotherapeutic process via support of maternal self-regulation and mentalization, and thus maternal sensitive caregiving with the result that misreading of child emotional communication and negative attributions can be rapidly improved. These rapid demonstrable gains give traumatized mothers confidence and motivation that they can be a better mother and have a better relationship with their child than they imagined.