HELPING YOUR CHILD COPE

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As a parent with a psychiatric disability, you have extra challenges. Not only do you need to manage your psychiatric disability, but it is critical to support your children and help them cope with the effects of it as well. How do you help children cope effectively? The first choices you must make are whether, how and when you want to communicate with your children about your psychiatric disability. Your children, no matter what their age, will know when you are symptomatic and have feelings about the changes they observe, and it is important to address those feelings in a way that best suits each child. Also, different children will have different reactions, and their reactions may change as they age. Teaching children the importance of developing a social support network and/or a coping action plan can help your children feel a greater sense of security, and having them attend individual or family counseling (or support groups/workshops if they exist in your region) can also help them cope. Finally, being aware of your and your children’s roles in the family is paramount. Ideally, it is best to minimize role reversal — that is, treating your children in ways that can make them feel as if they are the parents or that make them feel they need to take on adult responsibilities they may not be ready to handle. The good news is that even though it may be difficult to help your children cope, you have the ability to make thoughtful decisions about how you want to help them, and this, in turn, will foster much resilience in your children. They may actually grow to be more compassionate and sensitive to others as a result of your helping them understand how your psychiatric disability affects you and them.
Talking to your child about your psychiatric disability can be difficult, but it is very important. Children are often attuned to the signs that their parent is having trouble. They will likely have questions or concerns about what they observe or intuitively feel. Helping your child understand your mental health condition will make that condition "less frightening and give the child the tools they need for a more confident, safe and happy life."

**Some tips for explaining your mental health condition to your child:**

- Tell your child as much as he or she can understand. You are the best judge of this, but do not underestimate your child. Your child is probably more aware than you think he or she is, and even most young children can understand the idea of sickness.

- Deal with questions openly and honestly. If you don’t know the answer to a question, say that you don’t know but that you will find the answer and let your child know what you learn.

- Don’t tell your child too much at one time. Children need time to process and digest information. A child’s questions should be answered as simply as possible.

- If your child does not want to talk to you about your psychiatric disability, you should not force her or him. Just make clear that you are there for your child and ready to listen if she or he does want to talk.

- Make sure your child knows you love him or her no matter what even when you can’t show it. It is helpful to tell your child that he or she is not to blame for your psychiatric disability or its symptoms. Make sure to never say things that could make your child blame himself or herself.

- Explain your medication to your child the way you would any pills you take. Pills help people get better. Remind your child of a time she or he had to take medicine to get better.

- For a young child, explain that you can’t "catch" depression or other psychiatric disabilities from someone the way you can catch a cold. Talk to your child in simple terms, and use storybooks or draw pictures. Give lots of reassurance by hugging your child and telling your child that you love him or her.

- For an older child, explain that it’s OK to be angry or resentful about a person’s behavior and still love him or her.

- You might find that your teenager may not be ready to talk to you about your psychiatric disability when you are ready. That’s OK. As the Australian Infant, Child, Adolescent and Family Mental Health Association’s "Family Talk" brochure advises about dealing with teenagers, “Leave the way open for communication, provide literature and discuss things as honestly as you can. It’s not always easy to know when a young person is experiencing difficulties, so let them know that you love them and that they can talk to you at any time. It’s also healthy for young people to talk things over with other key people in their life.”

Talking to your child about your psychiatric disability can be difficult, but it is very important. Children are often attuned to the signs that their parent is having trouble. They will likely have questions or concerns about what they observe or intuitively feel. Helping your child understand your mental health condition will make that condition "less frightening and give the child the tools they need for a more confident, safe and happy life."
Conveying the following important messages will let your child know that he or she is not the only child going through this sometimes difficult experience. Your child will know that you love and care for him or her and want to help him or her as best you can.

**IMPORTANT MESSAGES:**

- I love you and care about you no matter what happens, even if I can’t always show it.

- Feelings are OK. It’s OK to be sad, mad or upset and to have all kinds of feelings when our family goes through hard times. You’re not a bad person if you have feelings that feel bad. And it’s normal to have a wide range of feelings about your family.

- It’s OK to try to have fun even if there is sickness or other problems in our family. I want you to have a good and happy life. You need to take care of yourself and have your own activities.

- Problems are a part of life. Lots of families have problems such as illness, divorce, money problems, alcoholism and drug abuse. Problems can be solved or at least made better.

- You are NOT alone! Psychiatric disabilities are very common. One in four families has a member living with a psychiatric disability.

- The problems in our family are NOT your fault. You did not cause these problems.

- The problems in our family are NOT your responsibility. Trying to solve the problems in our family is an adult’s job, not a kid’s job. I will do my best not to expect you to do adult things, and if you occasionally have to, I will do my best to show how much I appreciate your pitching in.

- A lot of help is available for both of us. We can talk to mental health professionals. With treatment and hard work, recovery is possible for me. Recovery is not a cure, but it can help me live a good life despite my psychiatric disability.

- You can always ask me for help and information. You can ask questions when you are confused, and you can ask for help when you feel scared or alone.

- Let’s talk about whom you can go to when you are upset.

- Let’s also make a plan in case there is an emergency.

- I will teach you what I know about the psychiatric disability or problem.
how do you talk to your child about going to the hospital?

If your child is young, you can explain that you need to be in a special hospital for a while so the doctors and nurses there can help you feel better. Let your child know that you will find out if she or he can visit you; in the meantime, she or he can always send you letters, pictures and cards. You also may be able to talk on the phone every few days. If possible, briefly let your child know what you will be doing in the hospital. The more your child knows about what will be happening to you, the less scary this experience will be for her or him.

If your child is an adolescent, you can tell him or her that you are going through a difficult time and that you need a brief stay in a hospital to take care of yourself. Let your child know that lots of doctors, nurses, social workers and therapists will be helping you. These professionals will work with you on making changes to your medications and will provide you with individual, group and family therapy to help make things better. Let your child know that most hospital stays are brief and that the doctors will get you home as soon as possible.

Some hospitals may allow or even encourage your child to visit you while you are in the hospital, while others do not. If your child is allowed to visit, you should talk about this decision with him or her beforehand. You can explain that while you would be very excited to see him or her, it might be a little bit scary for your child. Sometimes he or she might see other people acting in confusing ways, or he or she might notice that the doors are locked. You can explain that these confusing behaviors are due to psychiatric disabilities and that there are professionals in the hospital to help those patients. Also, sometimes people having difficulty with psychiatric disabilities make decisions that are not good, so the doors are locked to keep people safe. Tell your child to talk to you or to another trusted adult if he or she sees anything upsetting. Your child might also have the opportunity to talk with a social worker or a nurse about his or her experience.
how can you help your child cope with feelings?

Your child’s feelings will most likely depend on age, personality and how much your child understands about your psychiatric disability. For example, if your child is young, he or she may feel sad, guilty or afraid; if your child is a pre-adolescent or adolescent, she or he may tend to feel more anger and embarrassment.

Your child might not want to talk with you about her or his feelings regarding your psychiatric disability. Your child might feel more comfortable talking about her or his feelings with a health care professional or a trusted friend or family friend. But no matter what the situation is, it is important to let your child know that she or he can talk to you if she or he would like to. Create an atmosphere in your home where talking about feelings is modeled and encouraged. If possible, talk about your feelings so your child sees you as a role model. If moments present themselves where you can talk about your psychiatric disability and its effect on your child and your family, take advantage of them and try to start a conversation. However, if your child is not willing to talk about feelings, don’t pressure her or him.

Tips for how to help your child cope with her or his feelings:

- Give your child your full attention.
- Make eye contact with your child when he or she is talking to you.
- Ask questions to check out what you are hearing in your child’s words and interpreting from his or her behavior.
- Resist becoming judgmental or emotional when your child is talking about his or her feelings, even if he or she evokes in you feelings of anger, sadness or guilt.
- Explain that feelings are neither right nor wrong and that it is natural for your child to have the feelings he or she is having.
- Explain that feelings do not need to control what your child does. For instance, it is OK to feel angry, but it is not OK to lash out at people in the family.
- Emphasize that you are always available to talk when your child needs to do so.
- Offer to arrange for your child to talk about his or her feelings with someone else if your child would find that helpful, whether it be an adult your child likes talking to or a counselor or therapist. Make sure your child understands that seeing a counselor is something people do because they are having a tough time dealing with a difficult life experience, not just because they have a psychiatric disability.
how can you help your child feel safe and secure?

Whether your child is young or adolescent, your child needs reassurance that someone is there to take care of him or her during stressful times. Here are some of the ways you can help your child feel more secure:

- Provide a consistent routine and a structured environment.
- Encourage your child to talk to you when he or she feels upset, particularly if something scares him or her.
- Explain to your child that talking about feelings will often help, while keeping feelings in can make him or her feel worse.
- Help your child identify other people she or he can talk to, such as trusted friends and adults and health care professionals.
- Make sure your child knows whom to call if he or she doesn’t feel safe, especially if you are a single parent.
- Teach your child the same way you would teach him or her about how to react during a fire or if a stranger approached him or her. Tell your child exactly whom to call or where to go if something scares him or her when your child is alone or feels he or she can’t communicate with you.
- Make sure your child knows that you love him or her very much. You may have said or done things that were hurtful, but you do not mean to hurt your child and you are sorry.
- Especially if your child is older, talk about how your child copes in times of stress or when he or she feels helpless, scared or unsafe. Be sure that your child is coping in ways that are productive, not destructive. If your child is acting in a destructive way, help him or her find better coping methods. Use resources such as school counselors and other mental health professionals to assist you and your child in developing good coping strategies. Your child might also find that reading websites and books on coping with stress, especially the stress of a parent’s mental illness, can be helpful.
- Finally, one other method for helping your child cope with feelings and helping him or her feel safe and secure is to assist your child in developing a coping action plan. Much like a relapse prevention plan for you, this plan identifies your child’s supporters, plans for handling emergencies, and methods for coping with feelings about your psychiatric disability. We will discuss these plans further in the section on coping action plans.
How can you make sure your child does not take on too many adult responsibilities when you are having difficulty?

When children take on responsibilities such as routinely caring for younger siblings while the parent is experiencing difficulty, that is called parentification. Parentification is defined as a role reversal between the parent and the child. When a child is parentified, the child’s personal needs take second priority to the parent’s or family’s needs. For example, a child will “often give up his/her own need for comfort, attention, and guidance in order to accommodate to the … logistical and emotional needs of the parent(s).” Parentification can be physical or emotional. It is important to note that parentification is not the same as when a parent gives a child chores to do around the house to teach responsibility. In parentification, the child is robbed of childhood because he or she is forced to be a caregiver to parents or other siblings.

It is important for you, as a parent with a psychiatric disability, to be aware of parentification and to be careful to prevent it in your family. Not only does parentification not give your children a chance to just be kids, but there are also possible long-term effects of parentification. As your child gets older, he or she may experience periods of intense anger and difficulty with emotional attachments.

Listed below are some tips on how to deal with and avoid parentification:

- Ask yourself the difficult question: Is your child taking on adult responsibilities that he or she shouldn’t because of your psychiatric disability?
- If so, think about how you can make things better for your child. Try to delegate responsibilities to other adult family members or friends so your child has time to develop appropriately.
- Talk to your supporters about dealing with this difficult issue. Get ideas from your friends and family, peers with psychiatric disabilities, and professionals.
- Make sure your child has time to be a kid. Protect your child’s freedom to live life without adult responsibilities and to spend time doing age-appropriate activities. Give your child safe and healthy outlets for his or her emotional release as well.
- Most importantly, stick to your treatment regimen and use your stress-reduction and self-care tools. This will improve your ability to function during difficult situations and keep you from relying on your child for support.
It is very important for your child to have as many adult supporters and other friends as possible to rely on when your child and you are having a difficult time. If your child is young, you should help him or her identify these supporters and ways to go about contacting them, unless your child is young enough that you need to contact them. Remind your child that it is helpful just to talk to other adults, even if he or she is not seeking advice and help.

Have your child think about the following:

- Do I want to talk to a family member or family friend who knows something about the problem, such as an aunt, an uncle or another parent?
- Do I want to talk to someone outside my family, and if so, whom? (Teach your child that she or he can talk to respected members of the community — people such as teachers, school counselors and religious leaders.)
- Is this person I pick to talk to respectful of others, sympathetic and good at listening?
- Can this person help me? (This is especially important if your child needs someone who can make phone calls on her or his behalf or if your child needs a place to stay.)
- How do I feel about the person? Do I get along with, trust and feel comfortable with this adult? (Be sure you help your child pick adult supporters who are trustworthy and will not exploit your child because he or she is vulnerable. It may be the right time for you to discuss inappropriate touching with your child and say that if anything happens with this adult supporter that makes your child feel uncomfortable, he or she needs to tell you.)
- If your child is an adolescent, you may want her or him to write a list of family members, friends and other trusted adults whom she or he can count on when she or he needs to talk or needs help. You can even have your child draw a map of circles with herself or himself in the middle and then inner and outer circles of people she or he can rely on and trust.

Examples of people who might be in the inner or outer circles would be family members, godparents, friends (confiding in friends may be more important at this age), neighbors, teachers, coaches, friends’ parents, school counselors, religious leaders and youth group leaders. A good resource for your adolescent is “I’m Not Alone: A Teen’s Guide to Living with a Parent Who Has a Mental Illness,” by Michelle D. Sherman, Ph.D., and DeAnne M. Sherman (Seeds of Hope Books, http://seedsofhopebooks.com). This book helps adolescents who have parents with psychiatric disabilities learn good coping skills.
how do you help your child create a coping action plan?

Just as you should have a written plan to help you recognize your wellness tools, triggers, early warning signs and signs that things are breaking down, as well as a plan that lists your supporters and instructions for when you need to be hospitalized, each of your children should have a plan to help him or her cope with difficult situations related to your psychiatric disability. These are coping action plans. Help each child come up with a written plan that is age-appropriate.

For example, you can have a young child think about and write the following:

**FEELING WELL:** List the ways you know that your parent is feeling well. List the ways you know that you are feeling well.

**NOT FEELING SO WELL:** List the ways you know that your parent is not feeling well. List the ways you know that you are not feeling well.

**HOW YOU CAN HELP:** List things that help your parent feel better. (As the parent, however, you should teach your child that it is not his or her responsibility to make you feel better.) List things that help you feel better.

**SUPPORTERS:** List people who can help.

**TAKE ACTION:** What should I do if things are not going well?

If your child is an adolescent, you may want to have him or her think about having a more sophisticated coping action plan. First, have your child think about good coping skills that he or she can adopt when times get difficult. Some examples are calling a friend, writing in a journal, taking deep breaths, and reading a book or a magazine. Have your child rate these coping skills in order of preference. Teach your child that there are many things he or she can do to cope with the strong emotions that accompany dealing with a parent’s psychiatric disability. She or he can gather information about the psychiatric disability, distract herself or himself, express feelings and find support, try to relax, exercise, and do something to help others.

Finally, your child can develop a coping action plan that mimics your relapse prevention plan or Advance Self-Advocacy Plan (see Self-Care module). This would require writing down your child’s wellness tools — that is, the things that make her or him happy and healthy. You may also want to have your child write down what is stressful for her or him and what she or he does to alleviate this stress. Additionally, no matter what your child’s age is or what written plan she or he follows, your child should always identify supporters she or he can call on for help in a crisis.
when is it appropriate to seek counseling for your child or family therapy to address coping concerns?

It is usually a good idea to include your family in your treatment process. Family members can often add to the information you provide your treatment professionals about what is happening in the home. Depending on your child’s age, you may want to include him or her in this process.

Also, you may want to engage your child in his or her own individual therapy. It is appropriate to seek counseling for your child if you begin to see signs that your child is having difficulty coping or functioning. For example, you should definitely talk to your pediatrician and possibly to your school counselor to see if individual counseling might be appropriate if you see that your child is having problems across a variety of settings, such as home, school and community, or if your child exhibits these signs:

- Changes in appetite and sleep.
- Withdrawal from social activities.
- Greater fear than before.
- Regressive behaviors, such as bedwetting or thumb-sucking.
- Sadness or tearfulness.
- Self-destructive behavior or thoughts of death.

Try to seek an individual or play therapist who periodically communicates with you as the parent. Ask about the therapist’s policy for working with parents while seeing children or adolescents.

Another idea for children is to have them participate in support groups or group therapy. Many private therapists offer groups for adolescents. In addition, mental health associations, the National Alliance on Mental Illness (NAMI) and Alateen are good resources for finding peer support groups for adolescents.

Family therapy is a good idea if there are issues between or among family members that need to be discussed and resolved. In this case, it is important to seek the help of a professional who is skilled in family therapy and knowledgeable about your psychiatric disability. Licensed marriage and family therapists specializing in your condition are ideal, as are licensed social workers and psychologists who have backgrounds in family therapy and your condition.

The rule of thumb for a therapist is to give the therapist three sessions to see if she or he is a good fit for your child and your family. If not, it is often wiser to seek another qualified person rather than staying loyal to someone who is not helping or perhaps making things worse.

Finally, it is important to note that therapists are mandated reporters of child abuse and neglect. This means that they are obligated to report any instance where they fear that a child is in danger of abuse or neglect. Unfortunately, this is the reason many people with psychiatric disabilities don’t get the treatment they need: They are afraid that their parenting skills will be scrutinized. That said, it is crucial that children be protected from abuse. Do not hold back from telling the truth to these professionals; at the same time, recognize that you could be reported. Some regions have support groups for parents who are feeling stressed so they don’t react to their feelings and neglect or abuse their children. For additional information about child welfare situations, please see http://www.tucollaborative.org/child-welfare-and-custody-issues/.
IN THIS MODULE, WE HAVE DISCUSSED AGE-APPROPRIATE WAYS OF TALKING TO YOUR CHILD ABOUT YOUR PSYCHIATRIC DISABILITY, MEDICATION AND HOSPITALIZATION. We have also examined children’s feelings about your condition, as well as how important it is for them to develop methods for coping with mental health issues in the family. Children can develop coping action plans, seek supporters and attend counseling if things get really difficult. Finally, while there are many critical messages to convey to your child as a parent with a psychiatric disability, the most important is that you love your child and that he or she is important to you, no matter what. Many parents with psychiatric disabilities agree that their children are what give them incentive to get well and stay well.
homework

1. Try talking to your child about your psychiatric disability using the tips set forth in this section. Let your child know that you love him or her and that you are available to talk when he or she is ready.

2. Help your child list three supporters he or she can go to if there is an emergency and you are unavailable.

3. List three people YOU can talk to about how to help your child cope with your psychiatric disability.


