

WORKING WITH CHALLENGING FAMILIES

John E. Dunne, MD
PAL Consultant
Seattle Children's
john.dunne@seattlechildrens.org



Disclosures

NONE



*“Happy families are all alike, every unhappy family is
unhappy in its own way.”*

The opening line of Anna Karenina
by Leo Tolstoy



The Mental Health Dilemma

Difficult families can be a major source of psychopathology in children but also a major impediment to effective treatment



Process

- Assessment

Process

- Assessment
- Engagement

Process

- Assessment
- Engagement
- Intervention



Process

- Assessment
- Engagement
- Intervention
- Reassessment



Process

- Assessment
- Engagement
- Intervention
- Reassessment
- Management



General Principles

Never assume that a person doesn't care about their child or their role as a parent, no matter how negligent or abusive they may be. (**Treat them respectfully**)

By and large, people think they are doing the best they can in life with the skills they have for dealing with life's problems. (**Teach them more effective strategies**)

Always get both sides of the story. (**The reality is always more complex than first appearances**)



Types of Dysfunctional Parenting

- Inadvertently reinforcing the bad behavior by attending only to the bad behavior and ignoring the good
- Inconsistent parenting
- Coercive/over-controlling
- Hostile/rejecting
- Anxious/over-protective
- Depressed/disengaged
- Weak/ineffectual
- Neglectful/abusive



Causes of family dysfunction

- Disruptive or destructive parenting styles (HEE)
- Mental health problems in one or both parents
- Substance abuse by one or both parents
- Parental discord
- Step-parenting/blended families
- Criminal behavior by one or both parents
- Poverty: frequent moves, insufficient parental involvement, unmet needs
- Dealing with a difficult child



Effects on Children

- Developmental disruptions and delays
- Modeling of parental behavior leading to maladaptive behavior
- Anxiety, depression and/or oppositional defiant behavior
- Educational disruptions or failure
- Increased risk of substance abuse or antisocial behavior
- Poor adult outcomes



Case Example

Johnny is an eight-year-old boy whose parents are divorced. Father tends to drink, smoke pot and has had periods of unemployment. The father rarely has set limits or followed through when he did. The mother has always been the responsible parent, although she suffers from chronic anxiety. She is the one who brings Johnny to his appointments. The provider has never met the father. The boy spends every other weekend with his father, whose girlfriend is often there. Johnny has become increasingly defiant with his mother, resists doing his homework and chores, and recently started talking back to his teacher.



Interventions

- Engagement with BOTH parents/motivational interviewing
- Facilitate and support parenting efforts rather than lecture or confront
- Parent management training
- Marriage counseling
- Mental health treatment for the affected parent
- Substance abuse treatment
- Social service supports
- Family counseling, e.g., Children's Crisis Outreach Services (CCORS) in King County
- Marital separation and/or divorce
- Foster care



Motivational Interviewing

- Resist the “righting reflex” – the urge to make things right
 - Dealing with ambivalence
 - What seems to stand in the way of change
- Ask
 - Where does the person want to go
 - What are they trying to accomplish
- Inform
 - Tell the person about options
 - See what makes sense to them
- Listen
 - Respect what the person wants to do
 - Offer help accordingly



Example of Motivational Interviewing

- The “righting reflex” – advising the parent that he/she is too harsh with their punishment leads to increased anxiety by the parent that the child will misbehave even more without harsh discipline
- Ask what he/she hope to accomplish with parenting
- Suggest alternatives that might be more likely to lead to that outcome
- Listen to the parent’s concerns and support their efforts to change



The Four Cs of Parenting



The Four Cs of Parenting

- Clear



The Four Cs of Parenting

- Clear
- Consistent



The Four Cs of Parenting

- Clear
- Consistent
- Calm

The Four Cs of Parenting

- Clear
- Consistent
- Calm
- Caring



Clear

“Johnny, please go to your room, pick up everything on the floor and put them away before dinner (or there will be no TV or video games tonight).”



Consistent

“That’s great, Johnny. Let me check on how well you did.”

OR

“Johnny, since you didn’t do what I had asked, there will be no video games or TV until the job is finished.”



Calm

Taking deep breaths

Taking a timeout to calm down

Reminding oneself that parents really do hold all the power (Who is in charge, really?)



Caring

Expressing empathy:

“Johnny, I know you don’t like cleaning your room but I wouldn’t ask you to do this if it weren’t important for you to learn how to keep your life organized.”



Caring

Attending to positive behaviors:

“You did a really nice job cleaning your room.”

“Johnny, I really like the way you are playing with your sister.”

“Thank you for coming when I called.”



Case Example

- This 13 y/o boy presents with bullying after he severely injured a classmate with Asperger's by kneeling him in the head. Rather than being remorseful, he brags to his classmates then he sent the boy to the hospital. Assault charges were filed and he was expelled from school, although his parents negotiated with the school for him to be taught 1:1 at school with no peer contact. His parents are authoritarian in their parenting style and have put him on restriction indefinitely. The PCP has never met the boy's father.

Case 1 cont.

- He had been diagnosed with ADHD at 7 years old and has been treated continuously with methylphenidate medications. However, he has had ongoing problems with getting along with his peers, likes to be the class clown and dominates his peers. His bullying at school has gradually worsened during the past year or two. Despite his bullying, he is consistently helpful with his teachers. The school has no anti-bullying or social skills programs. Previous attempts at counseling were unsuccessful, according to his mother, and she is not interested in trying counseling again. However, she is quite worried about her son's lack of remorse.
- How would you proceed?



Case 1 cont.

- What is the belief that underlies an authoritarian parenting style?
- What are the implications of authoritarian parenting for child development?
- What would the goals of intervention be?
- What interventions would be helpful?

Case 2

- This 9 y/o boy with ADHD has had such severe behavioral problems that the school has implemented an IEP for the behavioral problems. The divorced parents have a long-standing hostile, adversarial relationship and the father adamantly opposes medication treatment, although he does not have medical decision-making authority. The father filed a complaint with the MQAB after the PCP added fluoxetine to the stimulant medication, claiming that medication would make him worse, and refuses to give him medication when the boy is with him. Recently, while there was a gap in medication due to a delay in getting authorization for a higher dose, the boy set a classmate's shirt on fire and threatened to grab a visiting police officer's gun and shoot his classmates, arousing the father's anger. The father threatens to sue the mother and the PCP for causing his son's problems.



Case 2 cont.

- What are the effects of high conflict parental relationships on child development?
- What are the likely psychological impacts of a litigious parent?
- What is the psychological effect on a parent barred from decision-making?
- How can the treating physician improve the situation?

Resources

- The Zero to Three National Center for Infants, Toddlers, and Families
<http://www.zerotothree.org/child-development/challenging-behavior/tips-tools-challenging-behaviors.html>
- *The Incredible Years* by Carolyn Webster-Stratton
- 1-2-3 Magic parenting book series (including *1-2-3 Magic: Effective Discipline for Children 2-12*) by Thomas W. Phelan
- *Motivational Interviewing in Healthcare: Helping Patients Change Behavior* by Stephen Rollnick, William Miller and Christopher Butler
- *Your Defiant Teen: 10 Steps to Resolve Conflict and Rebuild Your Relationship* by Russell A. Barkley, PhD and Arthur L. Robin, PhD
- *Defiant Children: A Clinician's Manual for Assessment and Parent Training* by Russell A. Barkley, PhD
- *The Parents Handbook: Systematic Training for Effective Parenting.* Don Dinkmeyer, Sr., Gary McKay and Don Dinkmeyer, Jr.



Questions and Discussion