

Innovative Models and Special Populations

Joanne Nicholson, Ph.D.

University of Massachusetts Medical School

Joanne.Nicholson@Umassmed.edu

www.parentingwell.org

April 14, 2008

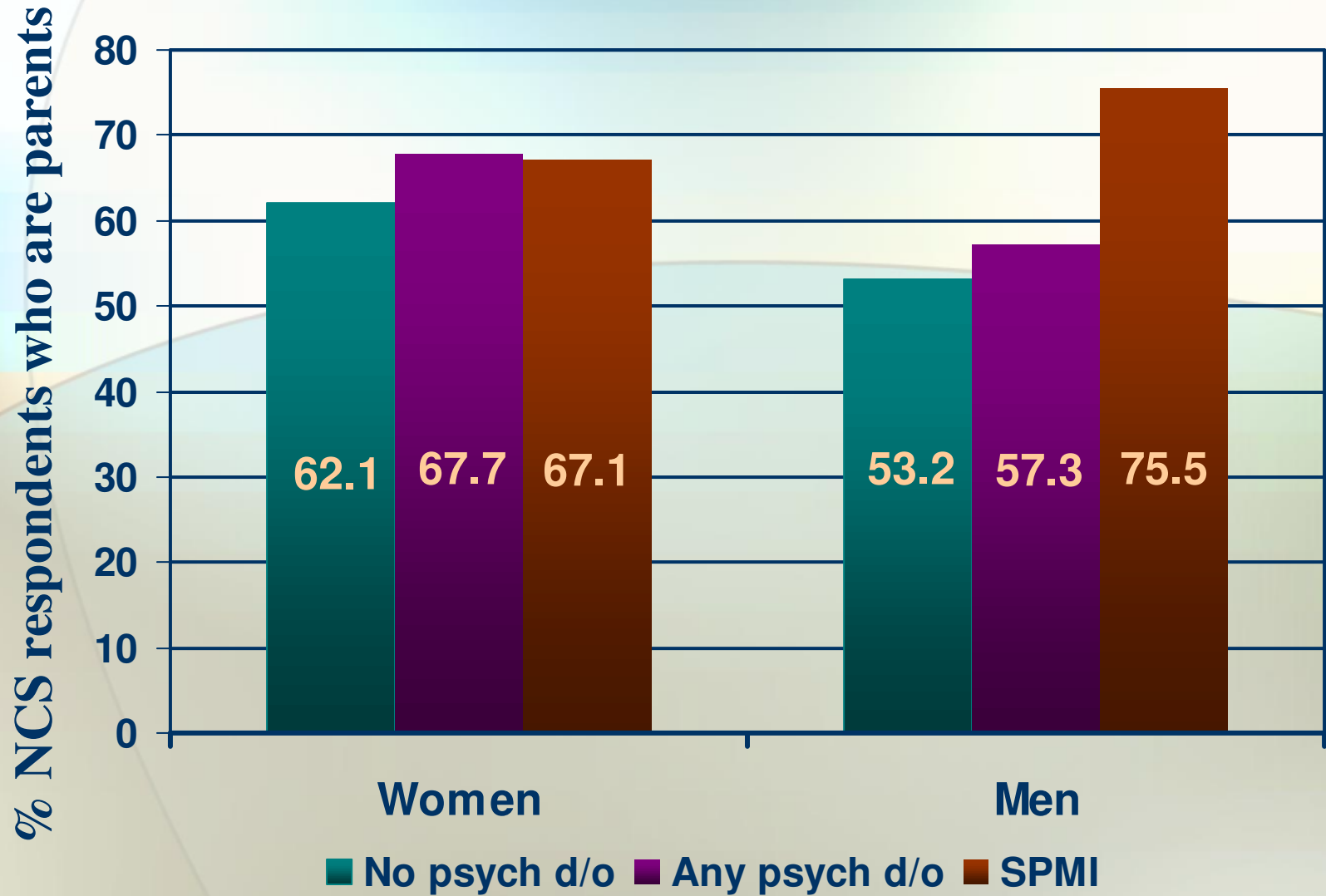
Worcester, Mass., Worcester Insane Hospital.



Our Program of Research:

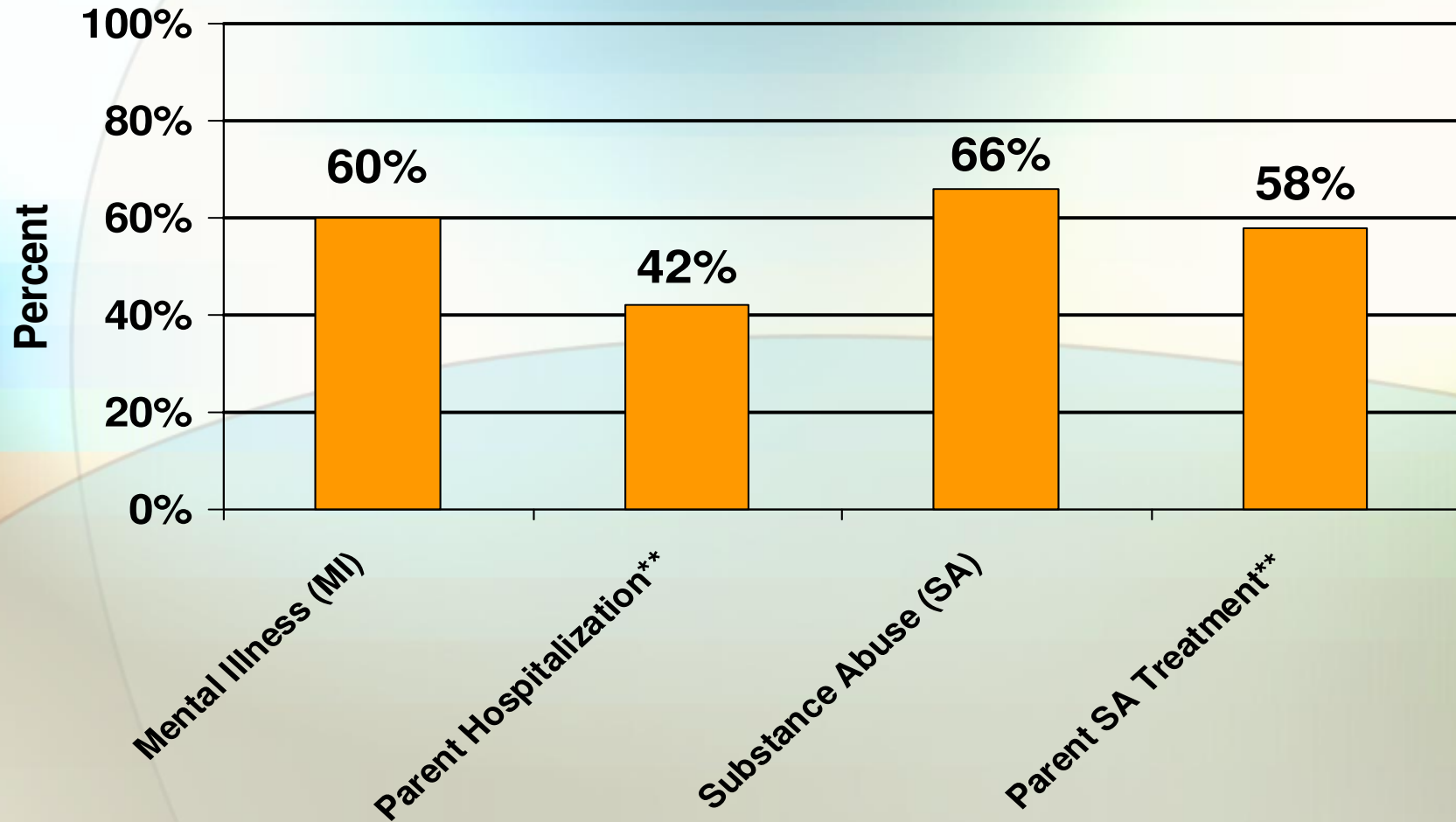
- **Serious mental illnesses**
- **Public sector**
- **Interested in both:**
 - **Parent's functioning & well-being → child's outcomes**
 - **Children & parenting experiences → adult's outcomes**
- **Committed to both:**
 - **Science to service**
 - **Service to science**

NCS: Prevalence of Parenthood



(Nicholson et al., 2004)

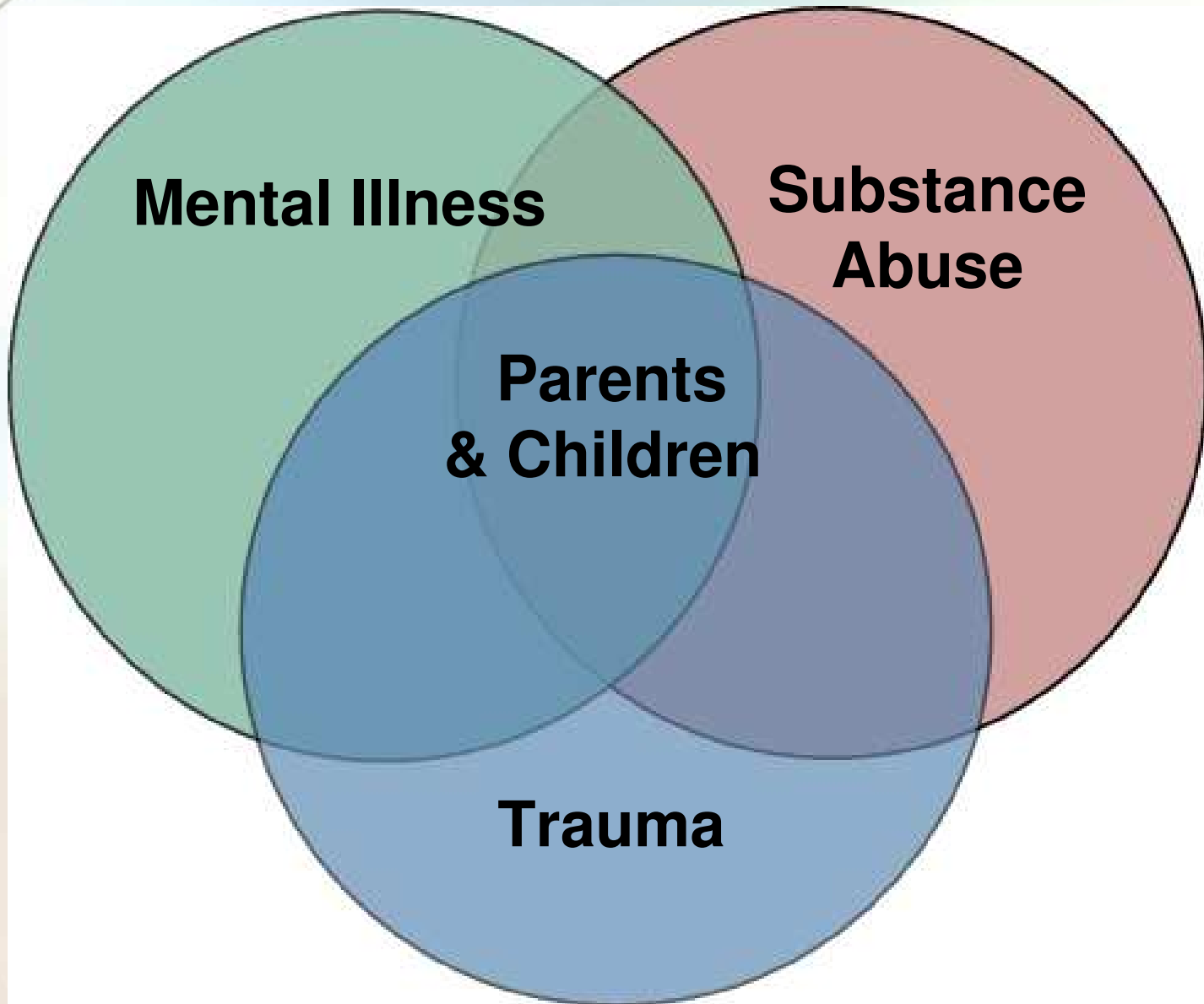
Family History in SOCs*



* Data from SAMHSA/ORC Macro, National Evaluation of Systems of Care, April 2004; Phase III overall sample (number of respondents varied from 2,311 to 4,357)

** Caregivers were only asked about parent hospitalization and SA treatment if they reported a history of Mental Illness (MI) or Substance Abuse (SA), respectively, in the family.

(Hinden et al., submitted)



(Nicholson et al., 2006)

What approaches “work” for families living with parental mental illnesses?

- **Family-centered**
 - Integration of adult & child services
 - Interagency collaboration
- **Strengths-based**
 - Non-judgmental
 - Build on successes
- **Trauma-informed**
 - Safe, dependable
 - Attend to power & control

(Hinden et al., 2006; Nicholson et al., 2007)

SAMHSA Worcester Homeless Families Study (2001-2004)

- **53.5% mothers report major depression in past 30 days (9.6% in 1992)**
- **41.6% mothers report PTSD symptoms in past 30 days (17.4% in 1992)**
- **Mothers' mean Global Severity Index = 1.06 (.88 in 1992)**
- **22.4% mothers report ≥ 1 overnight psych hospitalizations (12.3% in 1992)**

(Weinreb et al., 2006)

WHFP: Intervention

- **Based in primary care**
- **Multi-faceted & time-limited**
- **Family-centered, strengths-based & trauma-informed**
- **Integrated mental health, trauma recovery, & substance abuse services**
 - **Systematic screening**
 - **Multidisciplinary team**
 - **Linkages with behavioral health services**
 - **Individual & group-based services**
- **Family advocacy**

(Weinreb, Nicholson et al., 2007)

WHFP: Sheltered Mothers (n = 132)

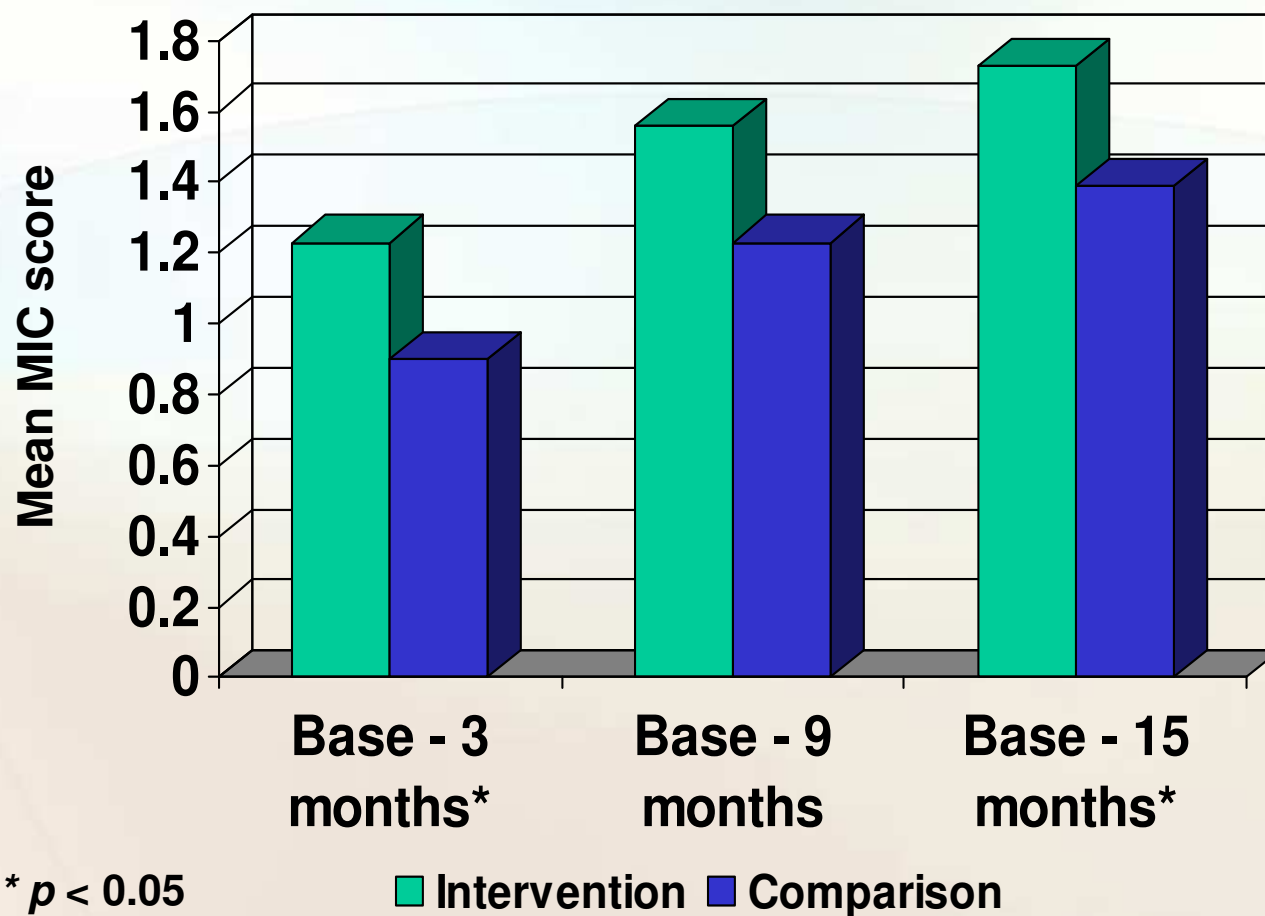
- **Age: 28.9 yrs.**
- **Ethnicity/race**
 - **Hispanic: 37.9%**
 - **Non-Hispanic White: 34.8%**
 - **African American: 19.7%**
 - **Other: 7.6%**
- **Education level: 43.9% \leq HS**
- **Marital status: 32.3% ever married**
- **Number of children: 2.2**
- **Age of children: 6.3**
- **Income past 30 days: \$707**

WHFP: Study

- **Intervention group: 64 sheltered mothers**
- **Comparison group (“services as usual”): 68 sheltered mothers**
- **Interviews: baseline, 3, 9, & 15 months**
- **Mothers’ outcomes**
 - **Mental health: Global severity index (BSI) & PTSD symptom severity score**
 - **Functioning: MH summary score (SF-8)**
 - **Resources: Family Resource Scale (core item score re: adequacy of tangible resources)**
- **Analytic strategy: maximum individualized change scores**

(Weinreb et al., submitted)

Maximum Individualized Change Scores: Sheltered Mothers



Family Options: Intervention

- **Involves entire family, including children of all ages (<18) who may or may not have “problems.”**
- **Draws from what we know about evidence-based practice for adults with mental illness & parenting (psych rehab), and for children with SED (wraparound).**
- **Builds on what we have learned works best in a clubhouse setting, e.g., peer support.**
- **Requires shifting agency focus from individual adult client to family.**

Family Options: Mothers (n = 22)

- **Average Age: 37 years**
- **Race/Ethnicity**
 - **Hispanic – 9%**
 - **White/Caucasian – 77%**
 - **Black/African American – 9%**
- **Education**
 - **36% \leq HS**
 - **64% Voc training/college/other**
- **Relationship Status**
 - **64% Never married or widowed, separated, divorced**
 - **36% Living with partner**
- **Income: 64% receiving SSI, SSDI, disability**

Family Options: Mothers (cont'd.)

- **Average age of first MH problem – 17 yrs.**
 - **Average age at first treatment – 20 yrs.**
 - **Ever psych. hospitalized – 68%**
 - **Ever used illicit drugs – 77%; alcohol – 88%**
 - **Self-reported Diagnoses** (not mutually exclusive)
 - **PTSD - 50%**
 - **Psychotic Disorder – 14%**
 - **Anxiety Disorder – 27%**
 - **Major Depressive Disorder – 59%**
 - **Bipolar Disorder – 32%**
- (n = 22)

Family Options: Children

- **Average # of children/mother - 2.54**
- **43 living minor children (< 18 yrs.)**
- **Race (not mutually exclusive)**
 - **95% White; 25% African American; 21% Asian**
 - **11% Hispanic**
- **Age breakdown of children in home**
 - **0 to 5 yrs. – 34%**
 - **6 to 12 yrs. – 32%**
 - **13 to 17 yrs. – 34%**

(n = 43)

Family Options: Mothers' Report re: Children

- **Ever had an IEP – 72%**
- **Ever had emotional or behavioral problems – 56%**
- **Ever had MH diagnosis – 48%**
- **Ever had psych hospitalization – 24%**
- **Ever been involved with DSS – 81%**
- **Recurring health problems – 29%**
- **Ever seen family violence – 55%**

(n = 43)

Family Options: Intervention Group Mothers' 6-Month Outcomes

(preliminary analyses)

- **Well-being:**
 - **MH Symptoms – significant improvement**
 - **PTSD Symptoms – significant improvement**
- **Functioning:**
 - **Mental health status/functioning – significant improvement**
- **Supports & Resources:**
 - **Social Supports – significant improvement**
 - **# of services needed but not received – significant decrease**

(n = 22)

Final Thoughts

- **Parental depression occurs in a context.**
- **Look for and find parents where and when you can.**
- **“Parenting first” approach may be most effective.**
 - **Easier, more effective to engage people as parents, rather than as patients.**
 - **Parenting supports → improved participation in treatment & rehabilitation.**
- **Focus on creating opportunities for success.**

