

# Mental Health Prevention for Children of Somatically Ill Parents: A Challenge for Family-oriented Medicine

Dr. med. Georg Romer
Department of Child and Adolescent Psychiatry and Psychotherapy
University Medical Centre Hamburg-Eppendorf
(Head of Department: Prof. Dr. med. Peter Riedesser)

Aarhus, 26.01.2006





## **Working Group**

Hamburg (D): G. Romer & colleagues

(cancer, multiple sclerosis and others)

Vienna (A): M. Friedrich & colleagues (gynecological cancer)
Aarhus (DK): M. Thastum & colleagues (cancer, diabetes)
Turku (FIN): J. Piha, F. Schmitt & colleagues (cancer)

Bucharest (RO):S. Milea & colleagues (brain-injuries)

Athens (EL): J. Tsiantis & colleagues (multiple sclerosis)

Basle (CH): B. Steck & colleagues (multiple sclerosis and others)

Sutton (UK): M. Watson & colleagues (cancer)



## **Illness-related Stressors**

- Frequent medical procedures
- Hospitalizations
- Declines in socioeconomic status
- Dependency upon others
- Social stigmatization
- Changes in bodily appearance
- Lower self-esteem
- Shifts in future perspectives
- Threat to life





# Family System: Adaptive Mechanisms to Cancer in a Parent (Rost, 1992)

- Strong cohesion within the family system
- isolation from social environment
- low flexibility
- avoiding of conflicts
- parentification of children

Inhibition of individuation/autonomy



# Children of parents with cancer: Age-specific concerns

	Typical stressor or conflict
Pregnancy	Mother's life vs life of the child
Infancy	Separation anxiety constitutes major fear
Toddlerhood	Separation as punishment; fear of mutilation
Preschool-age	Magical thinking, fear of having caused parent's illness
School-age	Body-related fears; fear of causing additional burden
Adolescence	Fear of genetic transmission, conflict between autonomy and responsibility, "detachment guilt", identity conflicts

### State of the Art

- Children of cancer patients (n=116): 50% clinically relevant psychosocial symptoms (*Birenbaum et al. 1999*)
- Adolescent daughters of ill mothers have highest risk (Compas et al. 1994; Grant & Compas 1995; Welch et al. 1996).
- Children of terminally ill parents (n=136) only 56% informed, no explanations to younger children (Siegel et al. 1996)
- Family members do not assist children affected by mothers' breast cancer (Lewis, 2004)



## **Epidemiological Data**

- Extrapolation from U.S. National Center for Health Statistics (1993):
- 5-15% of children exposed to parental somatic illness (Worsham, Compas & Sydney 1997)
- German epidemiological survey
   (n = 1950; Barkmann, Romer, Schulte-Markwort, 2005):
  - 4,1 % prevalence of serious somatic diseases in parents of 4-17-year olds; of these 29% cancer
  - · Prevalence of psychological symptoms:
    - exposed children 34,2 %, non-exposed 17,8



# **Defined Objectives**

- to acquire data on the mental health status of children whose parents are seriously ill,
- to identify associated risk and protective factors
- to develop, implement and evaluate child psychiatric liaison and consulting services at several centres



# **COSIP Study: "BASIC EMPIRICS"**

**Question:** Degree and distribution of psychosocial abnormalities (CBCL, YSR) in children of somatically ill parents in relation to:

- objective impairment of ill parent (Karnofsky-Index)
- Type and prognosis of parental disease (physician's information)
- Age and gender of child
- Gender of ill parent
- Family relational functioning (Family Assessment Device)



## Transnational data obtained

	families	children	ill mother	ill father	cancer	MS	other diseases
D	106	167	67	39	69	26	11
Α	73	106	60	16	63	1	11
DK	46	64	34	12	30	0	16
FIN	85	140	61	24	85	0	0
EL	56	56	40	16	0	56	0
RO	58	58	23	35	0	0	58
CH	134	216			19	66	59
UK	134	138	124	10	134	0	0
Total	692	945	409	152	400	149	155



# **German COSIP Sample**

	cancer	MS	other	total
# families	54	25	7	86
# ill fathers	25	5	3	33
# ill mothers	29	20	4	53
# children 4-10 J	26	10	5	41
# chidren 11-17 J	27	15	2	44



### **FAD-Subscale: Affective Responsiveness** (6 Items)

## **Example Items:**

- 19. "Some of us just don't respond emotionally."
- 28. "We do not show our love for each other."
- 39. "Tenderness takes second place to other things in our family."
- 57. "We cry openly."

#### **FAD-Subscale: Affective Involvement** (7 Items)

#### Example Items:

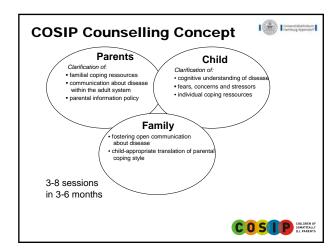
- 5. "If someone is in trouble, the others become too involved."
- 25. "We are too self-centered."
- 42. "Our family shows interest in each other only when they can get something out of it."
- 54. "Even though we mean well, we intrude too much into each others' lives."



# **Preliminary conclusions**

- Children of ill parents are at risk for internalizing problems
- Gender matters
- They way emotions are handled in a family matters a lot!
- They are two major family styles that are problematic:
  - overdistanced inhibition to show and share emotions
  - underdistanced affective overinvolvement (enmeshment)







# **Elements of COSIP intervention**

- Age-appropriate information
- Acknowledgement of family resources
- Facilitating familial communication on parent's illness
- Support of parenting competence
- Enhancing child's active coping (seeking emotional support, reframing)
- Anticipation of grief





## **Burdening for Children:**

- diffuse imaginations and fantasies of the illness
- , conspiracy of silence" in the family
- adults never show feelings of grief and fear
- illness dominates the whole family life

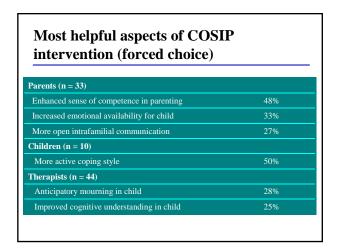
• increased feeling of responsibility



# Helpful for Children:

- Understanding of symptoms
- open communication within the family
- stress-free areas of normal child and youth life
- precisely defined responsibilities
- mental preparation for ongoing process







# **Summary and Conclusion**

- Children of medically ill parents are at risk for internalizing problems.
- •Family relational functioning is a meaningful target of intervention.
- Interventions are helpful if they foster parenting compentencies and children's active coping.



