

Cambridge University Press

978-1-107-07068-4 - Parental Psychiatric Disorder: Distressed Parents and Their Families:
Third Edition

Edited by Andrea Reupert, Darryl Maybery, Joanne Nicholson, Michael Göpfert and Mary V. Seeman

Index

[More information](#)

Index

- addiction, 139. *See also* substance abuse
- Adoption and Safe Families Act (ASFA), USA, 326, 359
- Adults for Children organization, Norway, 308, 357
- Adverse Childhood Experiences (ACE) Study, 141
- affective information, 30
transformations of, 30–31
- agency issues, personality disorder, 183
- aggressive behavior, child, 165
- Alateen self-help groups, 146
- alcohol abuse, 138, 139. *See also* substance abuse
child outcomes, 98–99
child risk factors, 99
prenatal impact, 8
prevalence, 138
- anorexia nervosa (AN), 154. *See also* eating disorder
- anxiety agents, during pregnancy, 216
- antidepressants, during pregnancy, 215–216
- antipsychotics, 211
during pregnancy, 213
infant extrapyramidal effects, 213
maternal effects, 214
recommendations, 214
teratogenicity, 213
- anxiety disorders, 127
child outcomes, 99, 101, 127–128
child risk factors, 99
intervention in children, 133–134
mechanisms of
intergenerational transmission, 128–132
anxiogenic modeling, 129–130
anxious predisposition, 128–129
- implications for frameworks, 132–133
- information transfer, 130
- reinforcing responses to child anxious behaviors, 130–132
- socialization experiences, 129
- paternal, 127
- prevention in children and adolescents, 48, 133
- assessment for court, 74. *See also* parenting assessment
- assessment process, 78–83
content, 80–81
oral evidence, 82–83
preliminary issues, 79–80
reasons for assessment, 78–79
written report, 81–82
- context importance, 74–77
- ethical dilemmas and constraints, 77–78
- expert witness responsibilities, 83
- associative stigma, 54–55
- antistigma strategies, 57–58
- asylum seekers, 188–189. *See also* refugees
- assessment, 193
- barriers to help-seeking, 196–197
access to services, 197
culture, 196–197
housing, 197
legal, financial and language issues, 197
schools, 197
special needs, 197
- community involvement, 195
- cultural context, 195, 196–197
- focus on day-to-day, 194
- focus on parenting, 194
- health versus politics, 196
- legislation, 190
- parentification prevention, 194
- pregnant women, 192–193
- recovery promotion, 195
- rights-based approach, 193
- statistics, 188
- timing of services, 196
- unaccompanied minors, 192
- vicarious traumatization, 195–196
- attachment, 29
assessment of, 67
attachment-related trauma and development, 164–165
disorganization of and psychopathology, 165–166
information processing relationship, 31
- parental psychiatric disorder impact, 31–32
borderline personality disorder, 166
depression, 32–34, 121
paranoid schizophrenia case study, 34–36
somatic symptom case study, 36–39
substance abuse, 140–141
- patterns of, 31, 164
- significance of early attachment relationships, 164
- Australia
family-focused care, 306–307
policy change, 355–356
- Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA), 356
- behavioral inhibition (BI), 128
- Bene Family Relations Test, 80
- benzodiazepines, during pregnancy, 216

Cambridge University Press

978-1-107-07068-4 - Parental Psychiatric Disorder: Distressed Parents and Their Families:
Third Edition

Edited by Andrea Reupert, Darryl Maybery, Joanne Nicholson, Michael Göpfert and Mary V. Seeman

Index

[More information](#)

372

Index

- binge eating disorder (BED), 154.
 See also eating disorder
- bipolar disorder
 child outcomes, 99–100, 101
 child risk factors, 100, 102
 psychopharmacology during pregnancy, 214–215
 complications for infant, 215
 recommendations, 215
 teratogenicity, 214
- Blue Polar Bear, The* (book), 204
- borderline personality disorder (BPD), 163, 175. *See also* personality disorder
 case studies, 170–171, 182
 characteristics, 163–164
 child outcomes, 166–168
 clinical issues, 168–169
 integrative model, 166
 relational intervention, 169–171
- breastfeeding, 217–218
 psychopharmacology and, 216–217
- British Columbia, 356–357
- bulimia nervosa (BN), 154. *See also* eating disorder
- bupropion, during pregnancy, 215
- burden of disease studies, 44
 depression, 43, 44
- Canada
 family-focused care, 307
 policy change, 356–357
 capacity issues, 324–325
 personality disorder, 183
- carbamazepine, during pregnancy, 215
- Celebrating Families! program, 148
- champions, 348
- change. *See also* policy context
 drivers of, 361–362
 facilitators of, 362
 promoters of, 362
- child liaison (responsible)
 personnel, Norway, 308
- child maltreatment or neglect, 240
 borderline personality disorder and, 168,
- indications for custody loss, 334
- child outcomes, 97–101. *See also* children of parents with psychiatric disorders
- parental anxiety disorders, 99, 127–128
- parental bipolar disorder, 99–100
- parental borderline personality disorder, 166–168
- parental depression, 100–101, 117–119
 academic outcomes, 117–118
 influencing factors, 120–122
 physical health outcomes, 118
 postnatal depression, 223–224
 psychological outcomes, 118–119
- parental eating disorder, 98, 157–158
 mechanism of risk, 158
- parental schizophrenia, 109–110
 objective impact, 110
 subjective impact, 109–110
- parental substance abuse, 98–99, 141–142
 adolescents, 143–144
 school-aged children, 143
- child variables, 11
- child's perspective, 86–87
 child's social participation and interaction, 87, 91–94
 consideration for, 91–94
 lack of, 86
 drawing as a communication strategy, 87–88
 case example, 88–91
- childhood trauma, 141
- Children First: National Guidance for the Protection and Welfare of Children, Ireland*, 359
- Children First* initiative, Ireland, 308
- Children of Alcoholics Screening Test (CAST), 146
- Children of Parents with a Mental Illness (COPMI) initiative, Australia, 306, 356
- children of parents with psychiatric disorders, 96–97. *See also* child outcomes; child's perspective; parental psychiatric disorders; young people as carers
- common needs of, 96
- discussion about their parent's disorder, 202–203
 encouraging parents to talk to children, 204–205
 factors influencing the conversation, 205–206
 principles of discussion about sensitive topics, 206–208
 when they should be told, 203–204
 who should talk to the children, 204
- grouping together, 96
- identification of high risk children, 102–103
- understanding their parent's disorder, 201
 importance of, 201–202
- Children's Group program, Canada, 87
- CHIME recovery framework, 313, 314–317
 case study, 317
 connectedness, 314–315
 empowerment, 317
 hope and optimism, 315
 identity, 316
 meaning and purpose, 316
- clinical recovery, 312
- Clubhouse Family Legal Support Project, USA, 324, 329–331
 agency as clearinghouse, 330
 attorney's role, 331
 focus on recovery, 329–330
 partnerships, 330
- cognitive behavioral therapy (CBT)
 childhood anxiety disorders, 134

- depression prevention in children and adolescents, 262
- cognitive information, 29–30
- transformations of, 30–31
- communication with children.
See children of parents with psychiatric disorders
- community capacity building.
See intervention implementation
- compulsive caregiving, 66
- conceptual framework, 2. *See also* models of parental psychiatric disorder impact
- broad-spectrum risk and protective factors, 12
- developmental needs of families, 12
- disorder-specific factors, 11–12
- environmental and societal factors, 11
- parent–child interrelationship, 10–11
- remaining gaps and tensions, 12–13
- translational implications, 12
- within-person characteristics, 11
- confidentiality issues, 78, 282
- connectedness, importance of, 314–315
- conscious reflection, 30
- consent issues, 78
- personality disorder, 184
- contamination notion, 55
- continuing professional development. *See* professional development
- Continuum of Need, 285
- controlling behavior, child, 165
- cost-benefit analysis (CBA), 46
- cost-effectiveness analysis (CEA), 46
- cost-utility analysis (CUA), 46
- courtesy stigma, 54
- crisis plan development, 337–338
- Crossing Bridges program, 8, 277
- cues, 51–53
- cultural issues
- asylum seekers, 195, 196–197
- discussion with child, 205
- grandparents as primary caregivers, 248, 250
- stigma, 55–56
- custody loss, 333. *See also* state intervention
- diagnosis impact, 335
- impact on mothers, 335
- inevitable cases, 333–334
- overrepresentation of psychiatric patients in hearings, 336
- postpartum vulnerability, 335
- prevalence in mothers with psychosis, 334–335
- prevention of unnecessary loss, 336
- crisis plan development, 337–338
- documentation of household and childcare routines, 338
- legal system navigation, 338
- maintaining mental health, 337
- parenting resources use, 338
- recommendations for policymakers, 339
- self-monitoring for triggers and warning signs, 337
- terminating parental rights, 335–336
- cytochrome P450 enzyme activity during pregnancy, 212
- danger information processing, 29
- delusion, 31
- denial, 30
- depression. *See also* bipolar disorder; postnatal depression
- adolescents, 259
- treatment, 259
- attachment effects, case study, 32–34
- burden of disease studies, 43, 44
- child outcomes, 100–101, 117–119
- academic outcomes, 117–118
- clinical implications, 122–123
- physical health outcomes, 118
- psychological outcomes, 118–119
- social outcomes, 117–118
- child risk factors, 100–101, 102
- factors influencing child/family outcomes, 120–122
- child factors, 121–122
- environmental factors, 122
- parental factors, 120–121
- family impact, 119
- paternal, 120
- prevalence, 117
- prevention in children and adolescents, 47–48, 259–260, 263–264
- Family Bereavement Program, 263
- family group cognitive behavioral intervention, 262
- Family Talk intervention, 260–261
- New Beginnings Program, 262–263
- Prevention of Depression (POD) program, 261–262
- transmission risk model, 2–5
- developmental needs of families, 12
- developmental theoretical model, 7–8
- disability adjusted life years (DALYs), 44
- discrimination, 53. *See also* state intervention
- bias in state intervention, 326–327
- case study, 327–329
- discussion with children. *See* children of parents with psychiatric disorders
- distorted information, 30
- drawing as a child communication strategy, 87–88
- case example, 88–91

374	Index
drug abuse. <i>See</i> alcohol abuse; substance abuse	
dynamic-maturational model (DMM) of attachment and adaptation, 31, 39	
eating disorder, 154–155 child outcomes, 98, 157–158 mechanism, 158 child risk factors, 98, 102 genetic factors, 155 interventions, 158–160 parent, 159–160 pregnancy, 159 prepregnancy, 159 parenting behaviors and, 156–157 perinatal consequences, 155 prevalence, 154 research limitations, 160	funding and services, 347 geographic context, 346 medical model, 346 stigma, 347 erroneous information, 30 ethical issues assessment for court, 77–78 parenting assessment, 61 personality disorder, 183–184 expert witness, 74, 78–80. <i>See</i> also assessment for court responsibilities of, 83
ecological systems theory, 75 chronosystems, 77 exosystems, 76 macrosystems, 76 mesosystems, 75 microsystems, 75 economic evaluation techniques, 45–46. <i>See</i> also health economics	Falkov, A., 8–9 falsified information, 30 family. <i>See also</i> family-focused care adult mental illness impact on. <i>See</i> parental psychiatric disorders functional formulation, 32 maternal depression case study, 33 paranoid schizophrenia case study, 34–36 somatic symptoms case study, 38 importance of, 324–325 social capital, 254 family advocacy movement, 302 Family Bereavement Program (FBP), 263 family-centred practice, 302. <i>See also</i> family-focused care
educational interventions depression, 123 children, 123 parents, 123 substance abuse, 145	<i>Family Characteristics</i> , Australia survey, 23 Family Drinking Survey, 146 Family-Focused Assessment (FFA), 285 family-focused care, 301–302 constraints on, 305–306 family engagement, 306 organizational support, 305 workforce, 306 continuum of, 303–305 international responses, 306–309 Australia, 306–307 Canada, 307 Ireland, 308 Norway, 308–309 Thailand, 309
Effective Child and Family (EC&F) program, Finland, 238, 243	theoretical underpinnings, 302 Family-Focused Mental Health Workforce Questionnaire (FFMHQ), 295 family group conference, 65 family law. <i>See</i> legal issues the family model, the (TFM), 8–9, 277–278 as a framework to inform practice and training, 299 future prospects, 286 key principles, 278–280 use in clinical practice, 281–283 clinical content, 281–282 clinical encounter, 281 scenarios, 283 use in consultation and supervision, 284–285 scenarios, 284–285 use in training, 285 embedding training, 285–286
efficient resource allocation, 42	Family Options intervention, 266 action plan implementation, 272 key players, 269–271 clinical consultant, 270–271 family coaches, 269–270 family team, 270 parent peers, 270 parents and families, 269 model, 267–268 practice and policy implications, 274 preliminary findings, 273–274 implementation, 273 mothers' outcomes, 273–274 rationale, 266–267 service components, 268 steps, 271–273 assessment of strengths and needs, 271 first contact, 271 initial in-person session, 271 transition from active intervention involvement, 272–273 working together, 272
e-learning, 288–289 awareness raising, 295 benefits and disadvantages of e-resources, 289 evidence of impact, 295–296 family approach, 290–295 professional development resources, 288, 290, 297 common features of, 290–295 emotion dysregulation, 32 empowerment, 317 England, policy change, 360–361 environmental influences, 11 depression impact, 122 environmental scan, 346–347 economic context, 346	

family recovery model, 5–6, 267, 334	health professionals, stigmatizing attitudes of, 56	stakeholder engagement, 348
Family Smart project, Canada, 307	Healthy Child Manitoba Act (HCMA), 357	talking to providers, 346
Family Talk intervention, 260–261	Healthy Minds, Healthy People health plan, British Columbia, 307	organizational capacity building, 349–350
family therapy, 238, 303	Henry, A. D., 5–6	communication, 349–350
depression prevention in children and adolescents, 262	histrionic personality disorder case study, 182–183	focus on families, 349
substance abuse, 147–149	Holding Tight project, Finland, 149	reframing challenges as opportunities, 350
fetal alcohol spectrum disorders (FASD), 142	hope, importance of, 315	review of policies and procedures, 350
Focus on Families intervention, 147	Hosman, C. M. H., 7–8	provider capacity enhancement, 350–351
gender, stigma relationship, 56	identity, 316	flexible support mechanisms, 351
gestational diabetes, antipsychotic association, 214	indicated prevention, 47, 48	learning about needs of families, 350
Goodman, S., 2–5	Infant and Toddler CARE-Index, 67	training for working with families, 350–351
Gotlib, I., 2–5	information processing, 29–32	shift to family focus, 343
grandparents as primary caregivers, 248	attachment relationship, 31	background, 344–345
case study, 254–256	information transformations, 30–31	policy and practice implications, 351
effects on grandparents, 249–250	meaning-making, 29–30	theoretical background, 343–344
influencing factors, 250	parental psychiatric disorder impact, 31–32, 39–40	invisible child, 86
experiences of children, 251	safety and danger information, 29	Ireland family-focused care, 308
experiences of parents, 250–251	integrative model of depression transmission risk to children, 2–5	policy change, 358–359
family-focused assessment and intervention, 252–254	intergenerational dialog, 91–94. <i>See also</i> child’s perspective	kinship care versus foster care, 251. <i>See also</i> grandparents as primary caregivers
model, 252–254	intervention gradient, 68	labeling, 10, 53
prevalence, 248	intervention implementation community capacity building, 345–349	lactation. <i>See</i> breastfeeding
reasons for, 249	celebrating success, 349	language, 30
group interventions, children of substance-abusing parents, 146	champions, 348	in discussion with children, 207
healthcare market, 42	collaboration, 348	legal issues, 324. <i>See also</i> custody loss; state intervention
health economics, 42–43	creative thinking and innovation, 348	asylum seekers, 197
cost-effective interventions, 47–48	environmental scan, 346–347	bias in treatment of parents with psychiatric disorders, 326–327
descriptive studies, 43	increasing community awareness, 348	case study, 327–329
economic evaluation techniques, 45–46	learning from parents and families, 345–346	prevalence of state intervention, 325
evaluative studies, 43	mission to focus on families, 347	Let’s Talk About Children intervention, 238, 243
explanatory studies, 43	multiple approaches, 348–349	sessions, 244–245
parental psychiatric disorder economic significance, 44–45		letter of instruction, 79
predictive studies, 43		

Cambridge University Press

978-1-107-07068-4 - Parental Psychiatric Disorder: Distressed Parents and Their Families:
Third Edition

Edited by Andrea Reupert, Darryl Maybery, Joanne Nicholson, Michael Göpfert and Mary V. Seeman

Index

[More information](#)

376

Index

- lithium
 - neonatal complications, 215
 - recommendations during pregnancy, 215
 - teratogenicity, 214
- lived experience of child. *See* child's perspective
- major depressive disorder (MDD), 117. *See also* depression
 - adolescents, 259
- Manitoba, 356–357
- Manitoba Child Health Strategy, 357
- marijuana, 139
- marital conflict, depression
 - association, 119
- markets, 42
 - healthcare market, 42
- maternal sensitivity, 225
 - interventions to increase, 225–226
 - effectiveness, 226
 - postnatal depression impact, 225
- maternal-fetal conflict, 210
- meaning in life, 316
- meaning-making, 29–30
- mental disorders. *See* parental psychiatric disorders; psychiatric disorders
- Mental Health and Wellbeing, Profile of Adults, Australia 1997, 23
- mentalization, 141, 166
- mentalization-based treatment (MBT), 148
- migration. *See* refugees
- models of parental psychiatric disorder impact, 2
 - depression transmission risk, integrative model, 2–5
 - developmental theoretical model, 7–8
 - family model, 8–9
 - family recovery model, 5–6
- Moving Parents and Children Together (M-PACT) program, 147
- multidimensional family therapy (MDFT), 148
- National Association for Children of Alcoholics, USA, 147
- National Comorbidity Survey (NCS), USA, 21
- National Survey on Drug Use and Health, USA, 21
- negativity, child anxiety disorder relationship, 130–132
- neonatal abstinence syndrome (NAS), 143
- New Beginnings Program, 262–263
- Nicholson J., 5–6
- Norway
 - family-focused care, 308–309
 - policy change, 357–358
- obsessive-compulsive disorder
 - case study, 181–182
- omitted information, 30
- opiate abuse, 139. *See also* substance abuse
- opportunity cost, 42
- optimism, importance of, 315
- oral contraceptives, psychopharmaceutical interactions, 212
- organizational capacity
 - building. *See* intervention implementation
- pain medication, breastfeeding
 - and, 218
- paranoid schizophrenia case study, 34–36
- parent–child interrelationship, 10–11
 - maternal sensitivity, 225
 - interventions to increase, 225–226
 - postnatal depression impact, 225
- parental child, 66, 251
 - prevention in asylum seekers, 194
- parental control, child anxiety disorder relationship, 130–132
- parental psychiatric disorders. *See also specific disorders*
 - economic significance, 44–45, 48
 - cost-effective interventions, 47–48
 - history of psychiatric care, 238–239
 - impact on families, 1, 109–110, 325–326. *See also* models of parental psychiatric disorder impact; children of parents with psychiatric disorders
 - attachment perspective, 29
 - case studies, 32–39
 - objective impact, 110
 - subjective impact, 109–110
 - information-processing relationship, 31–32, 39–40
 - parenting challenges with, 108
 - prevalence data, 1, 20, 44, 325
 - bottom-up approach, 22–23
 - challenges, 25–27
 - importance of, 27
 - integrated approach, 23–25
 - practice implications, 27
 - top-down approach, 20–22
 - transmission to child
 - outcomes, 97, 103–104
 - identification of high-risk children, 102–103
 - limitations of studies, 103
 - literature search, 97–101
 - practice implications, 104
- Parent–Child Game, 68
- parentification. *See* parental child
- parenting assessment, 61. *See also* assessment for court
 - avoiding harm, 62
 - conduction of, 64–68
 - avenues for intervention identification, 68
 - clarification of referral question, 64–65
 - direct structured assessment, 66–67
 - family group conference, 65
 - narrative, 65
 - observation of family interactions, 65–66
- engagement and collaboration with parents, 62

Cambridge University Press

978-1-107-07068-4 - Parental Psychiatric Disorder: Distressed Parents and Their Families:
Third Edition

Edited by Andrea Reupert, Darryl Maybery, Joanne Nicholson, Michael Göpfert and Mary V. Seeman

Index

[More information](#)

- ethical assessment practice, 61
- fairness, 62
- “good enough” concept, 64
- professional coordination, 63–64
- responsibility to whole family, 61–62
- risk assessment, 63, 67
- timing, 62–63
- parenting capacity, 324–325
- personality disorder and, 183
- parenting formulation, 69–71
- case example, 71
- parenting rights, 324–325
- parents, working with, 238. *See also* parental psychiatric disorders; parenting assessment
- encouraging parent–child mutual understanding, 242–243
- importance of work on parenting, 239–240
- initiating discussion, 240–242
- issues, 240
- Let’s Talk About Children intervention, 243
- sessions, 244–245
- practice implications, 245
- participatory practice, 302
- personal recovery, 312
- personality disorder (PD). *See also* borderline personality disorder (BPD)
- case studies, 181–183
- ethical issues, 183–184
- guidelines for clinicians, 177–181
- clinical skills, 178–179
- treatment issues, 179–181
- overview, 176–177
- parenting and, 177
- pharmacodynamics, 210
- pharmacokinetics, 210
- policy context
- examples of policy change, 355–361
- Australia, 355–356
- Canada, 356–357
- England, 360–361
- Ireland, 358–359
- Norway, 357–358
- USA, 359–360
- recommendations for making change, 361–362
- drivers of change, 361–362
- facilitators of change, 362
- promoters of change, 362
- systems approach, 354–355
- multiple layers of complexity, 354–355
- timing importance, 355
- postnatal depression
- impact on child, 223–224
- maternal sensitivity as mediator, 225
- mechanisms, 224–225
- interventions to increase maternal sensitivity, 225–226
- effectiveness, 226
- prevention, 47, 226–233
- research limitations, 233–234
- research recommendations, 234
- pregnancy
- eating disorders during, 159
- psychopharmacology and, 212
- antianxiety agents, 216
- antidepressants, 215–216
- bipolar disorder, 214–215
- schizophrenia, 213–214
- refugees, 192–193
- prejudice, 53
- Prevention of Depression program, 261–262
- professional development, 288
- e-learning resources, 288, 290, 297
- common features of, 290–295
- importance of, 289–290
- principles of effective professional development, 296–297
- principles of successful professional development
- feedback, 297
- follow-up support, 297
- goal identification, 296
- independent access to information, 297
- promoting critical thinking, 297
- self-reflection, 297
- small-group discussion, 297
- training framework, 297–299
- prolactin-elevating drugs, 211, 217
- protective strategies, 31
- provider capacity enhancement. *See* intervention implementation
- Provincial Working Group on Supporting Families with Parental Mental Illness, British Columbia, 307
- psychiatric disorders. *See also* parental psychiatric disorders; *specific disorders*
- cost-effective interventions, 47–48
- costs of, 44–45
- prevalence, 43–44, 325
- psychiatry, 78
- psychoeducation. *See* educational interventions
- psychology, 78
- psychopharmacology, 210–211
- breastfeeding and, 216–217
- during pregnancy, 212
- antianxiety agents, 216
- antidepressants, 215–216
- bipolar disorder, 214–215
- schizophrenia, 213–214
- parenting and, 218–219
- paternal exposure, 219
- postpartum, 216
- preconception, 211–212
- public stigma, 53–54
- antistigma strategies, 56–57
- quality-adjusted life-years (QALYs), 46
- recovery, 312–313, 329–330. *See also* CHIME recovery framework
- clinical practice and, 313
- nonclinical needs, 313
- parenting relationships, 314–317
- recovery model, 195
- refugees, 188–189. *See also* asylum seekers
- definition, 188
- impacts on parenting, 191–193
- intact families, 191–192
- reunited families, 192
- separated families, 192

Cambridge University Press

978-1-107-07068-4 - Parental Psychiatric Disorder: Distressed Parents and Their Families:
Third Edition

Edited by Andrea Reupert, Darryl Maybery, Joanne Nicholson, Michael Göpfert and Mary V. Seeman

Index

[More information](#)

378

Index

- refugees (cont.)
 mental health impacts,
 189–191
 during migration, 190–191
 post-migration, 191
 pre-migration, 189–190
 pregnant women, 192–193
 unaccompanied minors, 192
- relational intervention,
 borderline personality
 disorder, 169–170
 case study, 170–171
- relational practice, 302
- resilience, 85
 depression impact
 relationship, 122
 increasing, 259
 children of depressed
 parents, 123
 schizophrenia impact
 relationship, 110–111
- resource allocation, 42
- responsibility issues, personality
 disorder, 183
- risk, 85
 assessment, 63, 67
 factors for adverse child
 outcomes, 102–103. *See*
 also specific disorders
- Safe Relationships, Safe
 Children initiative,
 British Columbia, 307,
 357
- safety information processing,
 29
- schizophrenia, 107–108
 child outcomes, 101, 110
 custody loss prevalence,
 334–335
 impact on children, 109–110
 objective impact, 110
 resilience to, 110–111
 subjective impact,
 109–110
 interventions, 113
 paranoid schizophrenia case
 study, 34–36
 parenting challenges with,
 108
 parenting impact on
 schizophrenic mothers,
 111–113
 objective impact, 112–113
 subjective impact,
 111–112
- parenting prevalence,
 108–109
- psychopharmacology during
 pregnancy, 213–214
 infant extrapyramidal
 effects, 213
 maternal effects, 214
 recommendations, 214
 teratogenicity, 213
- selective serotonin reuptake
 inhibitors (SSRIs),
 during pregnancy, 215
- self-empowerment, 57
- self-stigma, 54
 antistigma strategies, 57
- serotonin-norepinephrine
 reuptake inhibitors
 (SNRIs), during
 pregnancy, 215
- smoking, 138
 breastfeeding and, 217–218
- social participation of children,
 87, 91–94
- societal influences, 11
- socioeconomic status, health
 status relationship, 43
- sociological frameworks, 9–10
- sodium valproate
 complications for infant, 215
 recommendations during
 pregnancy, 215
 teratogenicity, 214
- somatic information, 29
 transformations of, 30–31
- stakeholder engagement, 348
- Standardized Assessment of
 Personality:
 Abbreviated Scale
 (SAPAS), 175
- state intervention. *See also* cus-
 tody loss; custody loss;
 legal issues
 bias in treatment of parents
 with psychiatric
 disorders, 326–327
 case study, 327–329
 outcomes, 325–326
 prevalence, 325,
 stereotypes, 53. *See also* stigma
 stigma, 10, 51
 antistigma strategies, 56–58
 education, 57
 positive contact, 57
 protest, 57
 associative stigma, 54–55,
 57–58
- attitudes of health
 professionals, 56
- community capacity
 development and, 347
- cultural aspects, 55–56
- definition, 51–53
- gender relationships, 56
- practice implications, 58
- public stigma, 53–54, 56–57
- risk of stigmatization, 10
- schizophrenic mothers, 111
- self-stigma, 54, 57
- Strengthening Families
 Program (SFP), 148
- subjective experience of child.
See child's perspective
- substance abuse, 138
 child outcomes, 98–99,
 141–142
 adolescents, 143–144
 school-aged children, 143
- child risk factors, 99, 102
- family impact, 138–140
- implications for
 administrators, 150
- implications for clinicians,
 149–150
- implications for
 policymakers, 150
- interventions, 144–149
 assessment and services
 for adolescents,
 146–147
 family treatment, 147–149
 removal of children, 145
 services for neonates and
 young children, 145
 services for school-aged
 children, 145
- prenatal impact on neonates
 and infants, 142–143
- prevalence, 138
- theoretical frameworks,
 140–141
 attachment impact,
 140–141
 self-medication
 hypothesis, 140
 treatment, barriers to, 144
- substance-use disorder, 138.
See also substance abuse
- symptom resolution, 312
- system of care, 339
- teratogenicity
 antidepressants, 215

antipsychotics, 213	bipolar disorder, 102	vicarious traumatization, 195–196
bipolar disorder	depression, 100	<i>Vision for Change, A</i> , initiative, Ireland, 308
medications, 214	eating disorder, 98	
Thailand, family-focused care, 309	limitations of studies, 103	
tobacco use, 138	schizophrenia, 101	within-person characteristics, 11
Toward a Secure Base project, Norway, 149	substance-use disorders, 98	workforce issues, 301, 306
training, 296, 350–351. <i>See also</i>	transgenerational specificity, 101–102	family-focused care, theoretical
professional development	treatment-rejecting personality disorders, 177	underpinnings, 302
embedding, 285–286	case study, 181–182	wraparound services, 339
the family model role, 285	treatment-seeking personality disorders, 177	
framework, 297–299	case study, 182	young people as carers. <i>See also</i>
transgenerational concordance, 97, 101–102	Ulysses Agreements, Canada, 307	children of parents with psychiatric disorders
anxiety disorder, 99, 101	United Nations Convention on Rights of the Child (1989), 302	communication with, 17, 18
eating disorder, 98	USA, policy change, 359–360	inclusion and involvement, 18–19
limitations of studies, 103		information needs of, 17
schizophrenia, 101		explanations of
substance-use disorders, 98		procedures, 16–17
transgenerational equifinality, 101–102		introductions from professionals, 16
transgenerational multifinality, 97, 101–102	van Doesum, K. T. M., 7–8	service contacts, 18
anxiety disorder, 99	van Santvoort, F., 7–8	recognition and value of role, 17