

Families with Special Children

A Relational Family Therapy Approach

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Introduction

- Educator for children w/special needs in mainstream schools
- Specialised in family and marital therapy, work with families who have children with special needs

Presentation outline

- Relational family therapy in a nutshell
- The family life cycle
- The stages of mourning
- Effects on the family
- Case example of family therapy
- Support groups



Relational family therapy

- Branch of psychotherapy that works with families and couples in intimate relationships to nurture change and development
- Views the family as complex and interactive social system with subsystems
- Characteristics – interactive, interdependent and reactive (all member's needs and experiences affect others)

Relational family therapy



The family life cycle

- Parents progress through a series of stages in adapting to a child's diagnosis
 1. Encountering the disability
 2. School entry
 3. Adolescence
 4. Adulthood

1. Encountering the disability / Early childhood

- Very stressful time for parents
- Experiencing “anomie” or normlessness (components of which are meaninglessness and powerlessness)

Some challenges

- **The diagnostic phase**
reaction – relief/shock; followed by a crisis that effects the whole family, disappointment, anxiety and depression; mourning the lost child
- **The quest for intervention**
feelings of anomie, gain control of situation, more important than emotional support
- **Appointments with various professionals**
- **Informing members of family, friends, people from work**
- **Interactions with strangers**

2. Childhood / School entry

- Normalization
 - resolution of anomie,
 - resume to activities before the diagnosis (return to work, social activities, vacation, recreational activities)
 - normalization determined by the availability of supportive resources

Some challenges

- **Continuing medical needs**
organization, financial aspect
- **Special educational needs**
appropriate educational program, communicating with school, IP
- **Behavior problems**
(OCD, sleeplessness) – autism; unpredictability of behavior, social-interpersonal ramifications, family social life most affected

“It’s like a three-ring circus day-to-day. There is no way you can ignore somebody who has motor oil for blood, doesn’t sleep so nobody sleeps. There’s constant turmoil in the house. You either accept it or flail against it your whole life” (McHugh)

- Continuing dependence
- Financial burden
direct and indirect costs

3. Adolescence and 4. Adulthood

- Adolescence is typically a time of transition for family – childhood ends and adulthood begins
- Tasks to accomplish: establish identity, achieve independence, adjust to sexual maturation, prepare for future, develop mature relationships with peers, develop a positive self-image and body image

Some challenges

- **Continuing dependence**
- **Living arrangements**
personal assistants, group home, institutionalization...
- **Employment opportunities**
- **Social opportunities**
friendship, dating, marriage, recreational opportunities and opportunities for sexual activity
- **Financial needs**
legal and financial security for the future

The stages of mourning

(Kubler and Ross)

- Denial
- Bargaining
- Anger
- Depression
- Acceptance

- “Acceptance is not a surrender to the idea that the disability is unchangeable. Rather, parents accept the need to learn skillful ways to alter the negative effects of the condition. True acceptance includes the conviction that much needs to be done and that what is done will make a difference.” (Cook et al, p. 189, Seligman)

Effects on the family

- **The challenge of endless care**
the need for flexibility, adaptability and open communication
- **Stress**
can lead to depression, withdrawal, isolation; its implications in illness, family dysfunction
“parents of children disabilities can have more health and psychological problems and experience a diminished sense of mastery”
mothers – vulnerable (absorb family stress to protect the rest of the family); divorce rate comparable to rest of population, tend to be more marital distress
- **Stigma**
attitudes of others in professional, educational, social and public context

Family therapy

- All families need help from time to time, some need considerable assistance (family, friends)
- Counseling and psychotherapy IS NOT compensation for the practical help these families need
- To accept or change distressing thoughts, feelings, or behaviors within a trusting setting/relationship

- When dysfunctional relationships prevail in the family, it is considerably more difficult to deal with the disabled child.
- “Children have a profound effect on marriage. And children with disabilities often change the structure of the marriage even more so, because their disabilities usually emphasize the aspects of life.”
(Marshakin Prezant, 2007)

Counseling or psychotherapy?

- When the parents learn that their child has a disability
- When parents blame themselves for the child's disability / feelings of guilt
- When the parents are overprotective and are hindering the child's growth and independence
- When the parents are in deep denial of child's disability (defense mechanism)
- When the child approaches various milestones (concerns that (re)surface)
- To help separate feelings of anger about becoming the parent of such a child from their generally positive feelings toward the child (express feelings of anger, rejection)
- To cope with feelings of shame

Case example

“Help me accept my daughter with special needs. How do I do this?”

Systemic level

- Barbara – a very sad and lonely woman, divorced when daughter was 6 yrs. old; 1 yr. after that was told by professionals that her daughter had an intellectual disability and was reschooled; at the time of therapy still lived with ex-husband in the same house, ex-husband soon after the divorce remarried to woman with children
- She stated that she felt like she “was drowning” under the pressure of everything... work, daughter, ex-husband

Intrapsychic level

- Barbara - daughter: “I find her nerve-wrecking. She sucks the energy out of me. I want her to do things faster, understand things better, be more obedient, pay better attention.”
- Feelings of guilt. “I’m a bad mother. I don’t think I’m doing a good job of it.”
- She can’t be relaxed w/her daughter, sees her as the barrier that is keeping her from being truly happy.

- She's been caught up in her own insecurities, doubt, guilt and misfortune in life, she wasn't prepared to confront, listen to and accept her daughters' problems. She also found her daughter's ongoing dependence nerve wrecking.

- Barbara – ex-husband: feelings of anger, resentment, constant tension. She couldn't speak up for herself, felt like she was being constantly bullied, he cuts her off, breaks the bond/communication

Interpersonal level

- Primary family – comes from broken home; father absent then abusive; at 16 begged her mother to get a divorce
- At home she learned to feel worthless, ashamed, humiliated, flooded w/guilt, felt like she didn't exist
- “Survive by shutting off from others”

Therapy sessions

- How to develop a healthy relationship, trust someone w/intimate thoughts and emotions
- Prepare for move
- How to break the dysfunctional emotional bond to ex-husband and set healthy boundaries in communicating with him
- Work out issues of abusive father w/mother and brother
- Develop a healthier relationship w/daughter; more welcoming, accepting, patient
- Forgive herself for yrs. of being preoccupied with other emotional baggage to be there for her daughter

Social support

- Within-family, family-to-family, parent-to-parent, information provided by information centers, organizations, support groups, books, internet...
- Increase well-being, positive caregiving, positive parental attitudes, improve child behavior, and better parent-child relationships
- Help to shield from isolation, emotional and physical exhaustion, experienced stigma, social exclusion

Thank you!

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