



Recognizing Parental Self-Blame: Tips to Support Families and Caregivers

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I RECENTLY SPENT TIME WITH A FAMILY STRUGGLING WITH A RECENTLY RECEIVED DIAGNOSIS OF AUTISM SPECTRUM DISORDER (ASD). THEIR DAUGHTER IS 14. WHEN YOUNGER, EMMA PRESENTED AS SLIGHTLY ALOOF, WAS VERY BRIGHT, STRUGGLED WITH HER ATTENTION SPAN, AND WAS SAID BY HER TEACHERS TO BE “VERY CREATIVE.”

As I sat and listened to their story, I felt myself starting to track the road of emotions both parents felt over the years. It went from the joy and anxiety of first-time parents to slight concern over things Emma did as a baby to feeling proud that Emma was able to recognize and read words at a very young age. This windy road of ups and downs, challenges, and success with the school system and extended family was real and an everyday part of life.

It is so important to know and recognize that a parent's or caregiver's road of emotions as they watch their child grow and develop will be filled with ups and downs and that this is extremely typical. However, for a family that receives word of a diagnosis for their child, this road will be filled not only with emotions towards their child but also about themselves. Weaved in among the typical emotional stages families may go through upon receiving a diagnosis (Hedderly & McConachiez, 2003) is a feeling of self-blame. This was a clear theme for this family and many others I have worked with in the past.

Although literature on the self-blame of parents with children with various diagnoses is unfortunately scarce and this theme only occasionally emerges through qualitative interviews in some studies (e.g., Huang et al., 2010), it is a valid and frequent emotional response to learning a child meets criteria for a particular diagnosis. In an article by Francis (2012), the author explains that parents of children with developmental disabilities (DD) and mental health disorders often experience what is called "parent-blame" or "stigma of bad parenting." Acknowledging parents and caregivers may go through this stage of self-perception is so important for clinicians and educators as they start to help the family make sense of a diagnosis and move forward.

It has been documented the parent or caregiver starts blaming themselves when their subjective judgment of the cause of a negatively perceived event, such as the child's disabilities, detaches from objectivity, and the recurring feelings of responsibility, criticism, and failure take over. This cognitive and emotional rollercoaster is something I have observed in many of the families that come through our Center. In the book, *The Psychology of Shame*, Kaufman (1996) argues, "the essence of the self-blame identity script is the repeated accusation of the self for real or imagined mishaps" (p. 103).

Through my clinical experiences, I've found it is also possible self-blame develops rather quickly after a stressful event (e.g., parents can blame themselves immediately after hearing a child's diagnosis). Moses (2010) identified four topics during



her qualitative interview that manifested as parental self-blame: bad parenting, ineffective parental oversight of the child's condition, hereditary transmission, and negative family environment. Although these topics can be extremely difficult to confront, they are real variables that impact the family unit and each member in different ways.

Research, various blogs, and other articles have highlighted the experiences of parents coping with the confirmation of various disabilities for their child in terms of their inadequate knowledge, adaptational difficulties, and burden. As stakeholders in a child's life, the fields of mental health counseling and education need to focus on family perspective and experiences when working with a child with an educational or clinical diagnosis. Various supportive strategies are required to empower families, which would help alleviate their burden. Moreover, parents' training to strengthen a child's learning skills is also warranted. So, where do we start?

When educational settings are providing an educational classification for a student, the process of reviewing what the

classification means and providing supports and strategies to families is critical. Oftentimes, schools provide documentation of an identified learning disability yet limit the amount of time that is designated to teach parents about that particular educational classification. Setting time to not only review the results but also educate parents on what the classification can mean for the child would be helpful. This is not to say clinicians in private practice do it any better. Educating parents and caregivers on the classification or diagnosis can alleviate some of that parental stress and self-blame. Part of this psychoeducation should include tips for self-care, talking with extended family members, and (where appropriate) siblings. Parents and caregivers are also encouraged to seek out local support groups. These groups are often run by a clinician or even another parent who is going through a similar situation. One piece of advice I give to families I work with is to look for a support group that is “supportive” and not divisive. Some groups get together to tell horror stories of the school system or fuel parents into creating an adversarial relationship with their schools. The truth is, education is not perfect, and some schools and districts must continue to learn how to provide the best educational settings possible.

Now that we all know that, let’s come together to talk about how to support schools, families, and children. We are all in

this boat together. Working to support families going through these stages of self-blame, guilt, and even implicit stigmas at times needs to be talked about. Parents and caregivers do the best they can. Educators and outside professionals need to check their implicit biases about parents and thoughts like, “They should be doing something more, or different.” That mindset only creates division in a world where there is already enough of that going around. Parental self-blame for a child’s disability is real, and we must address it so we are supporting the mental health needs of the family system, and therefore the child or student, in the best possible way.



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