Enhancing Reflective Functioning in Substance Abusing Mothers: An Approach to Improving Parent-Child Relationships

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Current statistics:

Data averaged between 2011-2012 among pregnant women aged 15 to 44:

- 5.9% reported illicit drug use
- 18.3% among pregnant women aged 15 to 17
- 9.0% among pregnant women aged 18 to 25
- 3.4% among pregnant women aged 26 to 44
- 8.5% reported current alcohol use
- 2.7% reported binge drinking
- 0.3% reported heavy drinking
- 15.9% reporting tobacco use

“Drug use by a parent is sometimes viewed by professionals as a willful act rather than a psychiatric illness, making a parent’s difficulties with care giving at least incomprehensible and at worst reprehensible.”

“The perpetual cycles of substance abuse and concomitant psychosocial maladjustment across generations is not likely to be interrupted for families until its inevitability is no longer assumed by their healthcare providers.”

Suchman, N., Mayes, L.C., Pajulo, M.
### Stress pathway

**Emerging research**

<table>
<thead>
<tr>
<th>Substance abuse</th>
<th>Parenting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress plays detrimental role in executive functioning activity</td>
<td>Requires flexible regulatory strategies in response to ever-changing infant cues</td>
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<tr>
<td>Addiction reinforces habitual behaviors that relieve negative emotional states</td>
<td>Parents more vulnerable to stress, more likely reactive in parenting</td>
</tr>
<tr>
<td>In response to stress, reward seeking is activated; coping and regulation strategies are diminished</td>
<td>Substance abusing mothers report higher stress than non-abusing mothers</td>
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<tr>
<td>Tolerance for stress is limited, perception of stress is heightened, and ability to cope with stress is impaired</td>
<td>Stress-induced craving significantly predicts relapse in abstinent parents</td>
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### Reward pathway

**Emerging research**

<table>
<thead>
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<tbody>
<tr>
<td>Drug effects initially rewarding, but with chronic use and habituation, drug-seeking behavior motivate reward</td>
<td>Reward circuitry enlisted in drug use overlaps with reward circuitry inherent in mother-infant engagement</td>
</tr>
<tr>
<td>In addicted vs. non-addicted individuals, less anticipation and engagement with non-drug rewards (i.e. relationship)</td>
<td>Lower brain activity associated with representation of non-drug rewards and the maintenance of their value</td>
</tr>
<tr>
<td>Less activity in key brain regions associated with sensory processing, emotional regulation, impulse control and executive functioning</td>
<td>Anticipation or motivation to parent is diminished when relationship with the infant holds less reward value</td>
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</tbody>
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*Suchman, N., Pajulo, M and Mayes, L. Eds (2013). Parenting and Substance Abuse. NY: NY. Oxford University Press*
Focusing parent-child treatment

- Mutual dysregulation
- Poor parenting models
- Limited developmental knowledge
- Typically behaviorally focused parenting offered alongside substance abuse treatment

Keys to engagement:
- Identification with the parental role can lead parent to seek treatment
- Reward of parent-child relationship can supplant substance associated rewards

Attachment styles

<table>
<thead>
<tr>
<th>Infant Attachment style</th>
<th>Adult Attachment style</th>
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<tbody>
<tr>
<td>Secure</td>
<td>Secure/Autonomous</td>
</tr>
<tr>
<td>Insecure</td>
<td></td>
</tr>
<tr>
<td>Avoidant</td>
<td>Dismissing</td>
</tr>
<tr>
<td>Resistant/Ambivalent</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Disorganized</td>
<td>Disorganized</td>
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</table>
Original Theory of the Intergenerational Transmission of Attachment

Mediational Analysis Identifies the “Transmission Gap” (Van IJzendoorn, 1995)
Emerging Theory
of the Intergenerational Transmission of Attachment

What is Reflective Functioning?

An essential human capacity to interpret behavior in light of the underlying thoughts, feelings, intentions, beliefs, desires, and plans.

The parent’s capacity to reflect about herself, her child and the relationship between.
Research demonstrates that the ability to reflect is an ordinary capacity, not limited by education, socioeconomic status, race or ethnicity.
Why is RF important for parent-infant relationships?

- Crucial to development of infant secure attachment (Slade, 2005)
- Protective factor against hostile and intrusive parental behavior (Grienenberger & Slade, 2005)
- Intrinsic to emotional regulation (Slade, 2005)
- Protective factor against development of child psychopathology (Fonagy & Target, 2002)
Potential for Breakdown in Parental RF

- Escalation of parental stress ➔ Breakdown in RF
- Child’s temperament and/or fit with parent ➔ Breakdown in RF
- Parents’ hx of unresolved loss or trauma may lead to difficulty processing their own or child’s experiences ➔ Breakdown in RF
- Child’s developmental age coincides with age of parental trauma ➔ Breakdown in RF

ACCELERATING: FIGHT OR FLIGHT
Sympathetic Nervous System
Heart Rate + Respiration ↑ — Blood Flow to Extremities — Skin Color: Flushed
Body Distressed / Compromised Reflection

Window of Responsiveness
Body Regulated / Mind Reflective

BRAKING: FREEZE
Parasympathetic Nervous System
Heart Rate + Respiration ↓ — Blood Flow to Core of Body — Skin Color: Pale
Body Shut Down / Compromised Reflection

Passage of Time
Cycles of Non-Reflective Interactions
(Fearon, Target, et al, 2006)

POOR REFLECTION

Frightening, undermining, frustrating, distressing or coercive interactions

Try to control/changd self or other

Others seem incomprehensible

Turning Cycles of Non-Reflective Interactions into Cycles of Reflective Interactions

Holding/reflective environment of group

Sensitive, responsive & attuned parenting

Cohiosity about and wish to understand child’s mental states

Child seen as separate but related to self

Increased self-understanding

Child develops reflective capacity & is better able to self-regulate

Containment of negative affect

Improved parental reflection

Powerful emotion
What Does Good RF Look Like?

In relation to others internal experience:

• Openness to discovery/curiosity about mental states
• Perspective taking – acknowledge separateness
• Awareness that mental states change over time
• Others’ thoughts and feelings seen as opaque

Assessing Reflective Capacity:

The Parent Development Interview (PDI) (Slade et al., 2004)

• Developed by Arietta Slade et al. to measure parent reflective functioning
• Long version = 32 question; Brief-PDI = 16 question structured interview conducted with parent speaking about relationship with specific child
• Interviews transcribed and scored on a scale of -1 to 9, with -1 representing anti-reflective commentary and 9 representing exceptional commentary
• A score of “5” correlated with security in attachment
AUDIENCE RESPONSE

DOES THE PARENT HAVE THE CHILD IN MIND?

• HIGH?
  ➢ Is the parent’s understanding of her child’s internal states particularly complex or nuanced – especially related to a difficult incident?

• MEDIUM?
  ➢ Can the parent identify the child’s internal states? Can she link thoughts, feelings and behavior in causal sequences? Does she link her own with her child’s internal states?

• LOW?
  ➢ Are the parent’s comments cliché or generic? Is there a lack of detail? Is it hard to get a sense of the specific child?

“Compassion is not a relationship between the healer and the wounded. It’s a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

The Reflective Provider (Fearon et al., 2006)

- Is comfortable talking about feelings and internal experiences
- Is highly respectful of the feelings of others
- Is inquisitive about what those feelings might be as well as what thoughts, meanings, and related experiences are attached to them.
- “Facilitates wondering” about internal states (in the child, in the mother, in the self), making connections between behavior and internal states and between self and other
- Recognizes the challenge of doing this at times of high intensity affective arousal

Reflective Parenting Program

parenting workshops, prenatal to adolescence
CRP Core Programs

- **Mindful Parenting Groups (MPG)**
  - Groups for Parents and Infants, Toddlers, or Preschoolers from 3 months to 3+ years
  - Training for mental health providers in the MPG model

- **Reflective Parenting Program (RPP)**
  - Workshops for Parents, Prenatal through Adolescence
  - Training for mental health providers in the RPP model

Both MPG and RPP are approved by CIMH and L.A. County DMH as billable Community Defined Evidence (CDE) group models for Prevention and Early Intervention, targeting Parenting and Family Difficulties

- **Reflective Care Program (RCP)**
  - Workshops and Reflective Supervision for non-licensed care providers in support service organizations (ie Residential Care, Home Visitors...)

Target Populations to Date

- Families with Child Welfare Involvement
- Foster to Adoptive Families
- Teen Parents
- PMAD (Perinatal Mood & Anxiety Disorders)
- Mothers with history of substance abuse
- Monolingual Immigrant Families
- Head Start/Early Head Start Families
Schedule of RPP Workshop Topics

- **Workshop 1:** Introduction
- **Workshop 2:** Temperament
- **Workshop 3:** Responding to Children’s Distress
- **Workshop 4:** Attachment & Separation
- **Workshop 5:** Play and Parental Involvement
- **Workshop 6:** Discipline I
- **Workshop 7:** Discipline II
- **Workshop 8:** Dealing with Anger & Big Feelings I
- **Workshop 9:** Dealing with Anger & Big Feelings II
- **Workshop 10:** Overview and Goodbye

RPP Group Structure

- Mindfulness Exercise
- Review of previous week’s Take Home Reflection
- Presentation of Curriculum Topic
- Discussion and Exploration of Topic
- Jumping Off Points and Exercises
  - Role Plays
  - Handouts (e.g. cartoons, temperament chart, etc.)
  - Storytelling Activity
- Introduction of Next Take Home Reflection
Reflective Parenting Program Outcomes

Beck Depression Inventory
• N of 89, 28% decrease in depressive symptoms
• p < .001, Effect Size = .39 (medium)

Parenting Stress Index
• N of 89, 7% decrease in parenting stress
• p < .001, Effect Size = .29 (small)

Achenbach Child Behavior Checklist
• N of 71, 12% decrease in Total Problems
• p < .001, Effect Size = .45 (medium)
## RPP/ Substance Abuse Tx Outcomes

<table>
<thead>
<tr>
<th>Parent</th>
<th>PRE ECBI</th>
<th>POST ECBI</th>
<th>PRE BECK</th>
<th>POST BECK</th>
<th>PRE PSI</th>
<th>POST PSI</th>
<th>PRE YOQ</th>
<th>POST YOQ</th>
<th>PRE PDI</th>
<th>POST PDI</th>
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### RPP/ Substance Abuse Tx: PDI passage scores

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<th>Q14</th>
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<td>P4 PRE</td>
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Collaborative System of Care

Security

- Mental Health Tx
- Substance Abuse Tx
- Parenting Support
- Social/Community
- Medical

Funding Stream Management Supervision Support Staff Service Delivery

REFLECTIVE CAPACITY

Systems:

- Improve early identification, access and referral systems
- Integrate parenting and addiction treatment
- Formalize culturally-competent communication across sectors
- Work with courts & child protective services to emphasize the significance of security in early attachment relationships
- Invest in reflective and relational systems as a whole, providing family-driven care in order to reduce stigma and promote sustainable outcomes
Keeley Gilmore, Parent Advocate
Department of Mental Health, LA County
Center for Reflective Parenting

www.reflectiveparenting.org

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