

Mothering from the Inside Out: Results of a pilot study testing a mentalization-based therapy at a community mental health clinic

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Introduction

- A cornerstone of parenting is managing dyadic psychological distress, but among parents struggling with mental illness, the dynamic and fluctuating nature of adult psychopathology complicates the parent-child relationship.
- There is a paucity of evidenced based mental health programs focused on parenting.
- We suggest that there are potential benefits of developing and evaluating parenting interventions that focus on parental reflective functioning (RF), defined as the ability to understand the mental states (thoughts, emotions, intentions) underlying one's own and another's behavior (Figure 1)
- Enhancement of parental RF can help a parent break the viscous cycle of psychological distress and dysregulated relationships (Figure 2)
- Considering the demonstrated efficacy in two randomized clinical trials with mothers enrolled in treatment for substance abuse, the aim of this study was to examine the preliminary feasibility, acceptability and efficacy of adapting Mothering from the Inside Out (MIO) for use at an urban community mental health clinic.

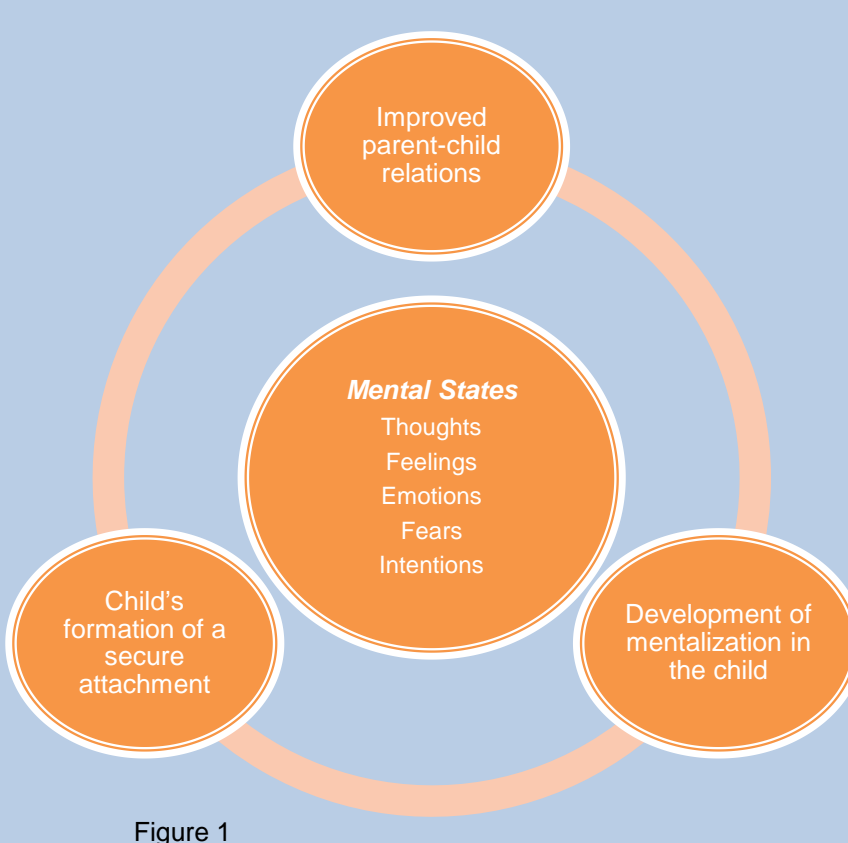


Figure 1

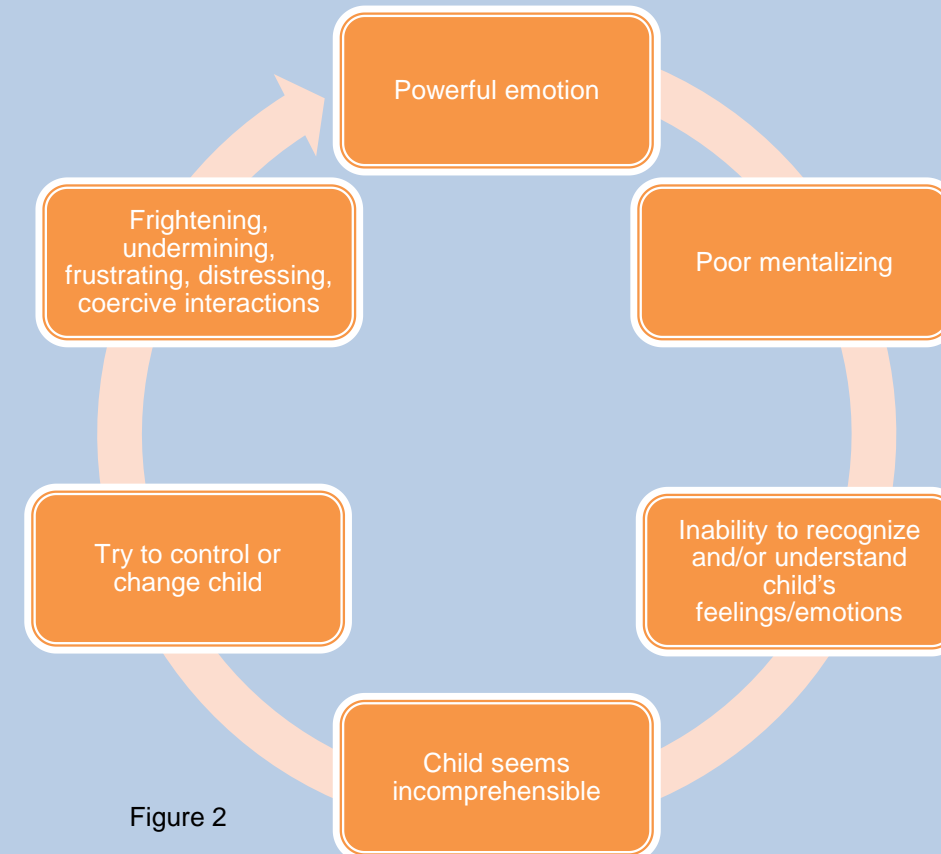


Figure 2

Study Aims

Purpose: To adapt the PIO intervention for use with caregivers who have or are at risk for interpersonal difficulties.

Aim 1: Determine whether community-based clinicians could deliver MIO with sustained fidelity.

Aim 2: Examine the preliminary feasibility, acceptability and efficacy of MIO when delivered by clinicians in a community mental health center.

Aim 3: Replicating the proposed treatment mechanisms identified in the two RCTs.

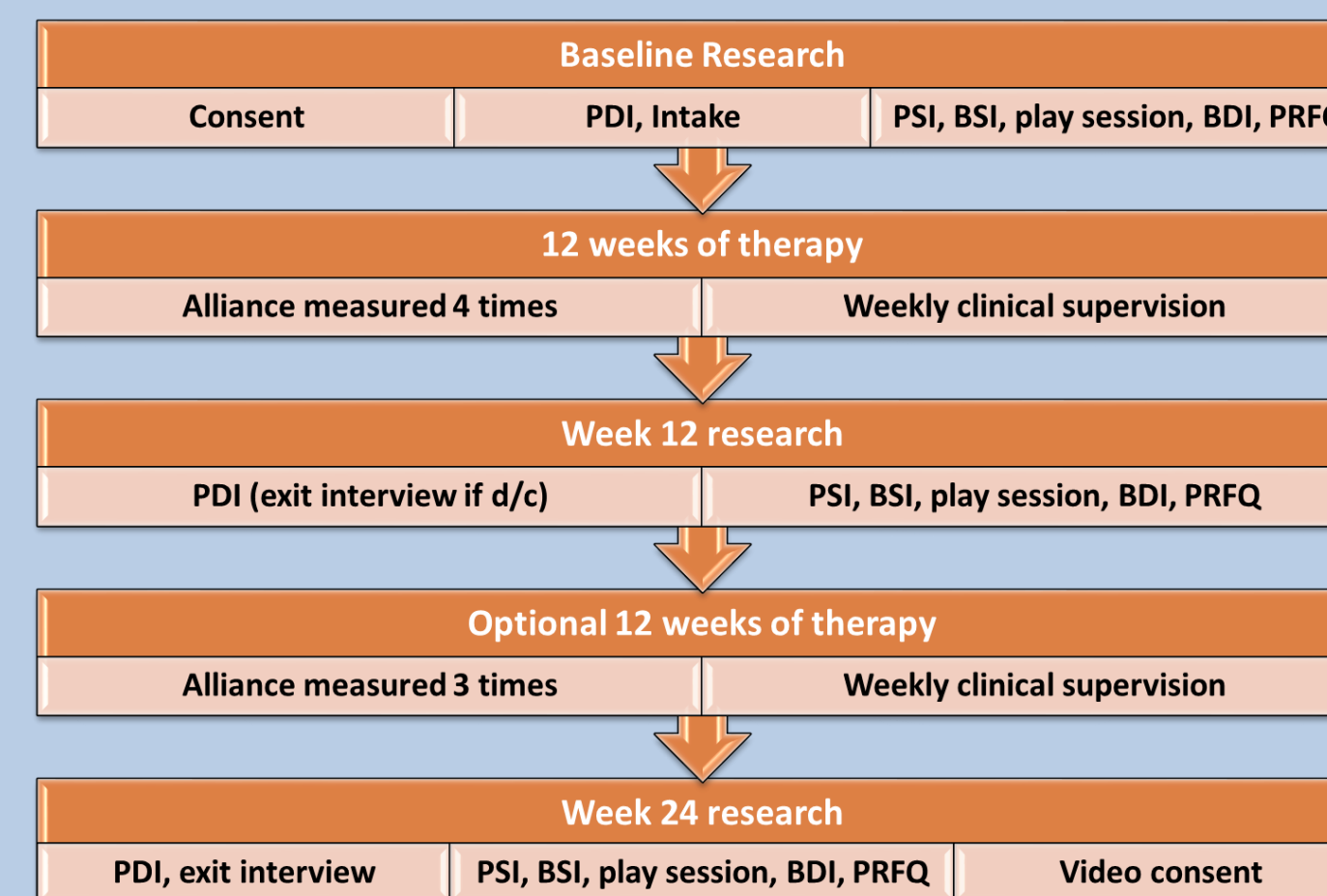
Methods

- The adapted MIO intervention involves 12-weekly, 1-hour individual therapy sessions focused on helping mothers make sense of their child's and their own emotional experience within the parent-child relationship.



- Seventeen mothers caring for a child between birth and 84 months of age consented to participate and complete the initial intake and baseline assessments and engage in therapy with a community mental health therapist trained in the MIO approach.
- Treatment fidelity was measured using a scale developed for the randomized trial involving substance using mothers.
- Treatment attendance and alliance served as measures of feasibility and acceptability.
- Treatment outcomes included:
 - Maternal reflective functioning: Parent Development Interview (PDI), Parental Reflective Functioning Questionnaire (PRFQ)
 - Psychiatric and parenting stress: Parenting stress index (PSI), Brief Symptom Inventory (BSI), Beck Depression Index (BDI)
 - Mother-child interaction quality: Coding Interactive Behaviors play session

Protocol



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Results

- MIO was feasible and acceptable when delivered in the community-based setting
- All maternal indices improved
- At the end of 12 sessions, mothers mean RF score and potential for RF showed a moderate increase from baseline to post-treatment
- Child-focused RF showed a large increase from baseline to post-treatment.
- Mothers' reports of parenting and psychiatric stress had fallen to ranges that were considered within normal limits
- The group mean for depression also decreased
- MIO demonstrated preliminary efficacy for improving maternal RF and reducing parenting and psychiatric distress.

Table 1. Effect size (d) for treatment outcome differences from baseline to 12 weeks

	Baseline	12 weeks	d
Maternal Reflective Functioning			
Mean RF	2.85 (.58)	3.11 (.60)	.34
Potential RF	4.12 (.86)	4.53 (.80)	.35
Child-focused RF	2.91 (.51)	3.42 (.64)	.64
Self-focused RF	2.81 (.72)	2.85 (.72)	.04
Parenting Stress			
Personal Distress	30.35 (9.73)	26.71 (10.74)	.25
Dysfunctional Interaction	21.06 (5.58)	21.00 (8.09)	.01
Difficult Child	30.59 (8.57)	27.82 (8.12)	.23
Psychiatric Symptoms			
Global Psychiatric Distress (BSI; T Score)	62.35 (10.01)	55.94 (11.9)	-.41
Depression (BDI)	16.88 (9.26)	10.06 (7.39)	-.58
Mother-Child Interaction			
Maternal Sensitivity	3.39 (.75)	3.41 (.72)	.02
Child Involvement	3.28 (.87)	3.34 (.78)	.05
Dyadic Reciprocity	3.28 (1.06)	3.27 (1.06)	-.01

- Support was found for the proposed mechanisms of change: Therapist fidelity to the unique MIO treatment components predicted improvement in maternal RF which, in turn, was associated with improvement in quality of mother-child interactions.



Conclusions

This finding adds to a growing body of evidence showing the validity of this treatment model for improving mother-child relationships in high risk dyads where psychoeducational instruction and behavioral coaching have proven insufficient.