Self-reported and Observed Ratings of Parental Reflective Functioning: Associations with Maternal Mental Health and Parenting

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Introduction
Parental reflective functioning (RF) refers to the ability of parents to understand and reflect on their child’s mental states and to draw accurate conclusions about the knowledge, feelings, and thoughts of their children. This consists of an awareness of their child’s mental states, the ability to understand the connections between mental states and behavior, and an interest and curiosity regarding their child’s mental states. Greater levels of parental reflective functioning have been associated with more positive and less negative parenting behaviors (Grienenberger et al., 2005; Rosenblum et al., 2008; Stacks et al., 2014) and has also been shown to play an important role in the intergenerational transmission of attachment (Slade et al., 2005).

Parental reflective functioning has primarily been assessed via semi-structured interviews such as the Parent Development Interview (Slade et al., 2004) and the Working Model of the Child Interview (Zeanah et al., 1986), but recently, a self-report measure of parental RF called the Parental Reflectivity Questionnaire (PRFQ; Rosenblum et al., 2009), has been developed to assess reflective functioning. The first aim of the current study, therefore, was to examine what factors may contribute to concordant or discordant ratings of parental reflective functioning based on observed versus self-report methods.

Additionally, few studies have explored the relationship between parental reflective functioning and maternal mental health. One such study found positive correlations between reflective functioning and maternal depression symptoms (Stacks et al., 2014), contradicting expectations; however, other studies have found no associations between maternal PTSD symptoms and reflective functioning (Schechter et al., 2005; Stacks et al., 2014). The current study sought to examine various predictors of maternal RF. The current study utilized data from the first and fourth waves of data collection (n = 79).

Method
Participants
Age: Mean = 26; Range = 18–42; SD = 5.7
Monthly Income: Median = $1500
73% received services from WIC and 76% had public health insurance
Family status: Single parents = 64%
First-time mothers = 30%

Procedures
A community sample of pregnant women (N = 120) was recruited for a prospective longitudinal study on parenting. Mothers were interviewed during the third trimester of pregnancy (T1), and at 3 months (T2), 1-, 2-, and 3-years postpartum (T3, T4, and T5). The current study utilized data from the first and fourth waves of data collection (n = 79).

Measures
• The Working Model of the Child Interview (Zeanah, Benoit, & Barton, 1986) was used at T1 to assess mothers’ mental representations of their children and the parent-child relationship. The Parenting Reflectivity Scale (Rosenblum et al., 2008) was used to measure parental RF from the transcribed interviews on a 1-5 scale, with 1 = low or no reflexivity and 5 = high reflexivity. Coding was completed by a team of trained coders (ICCs ranged from .59 – .81).
• The Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2009) was used at T4 to measure parents’ perceptions of their own reflective functioning. The PRFQ assesses RF on three elements: pre-mentalizing or an inability to think about the child’s mental states (α = .56), certainty about the child’s mental states (α = .71), and interest and curiosity in the child’s mental states (α = .65). A total score derived from the three scales was used in the current study, with higher scores indicating greater parental reflective functioning (α = .53).

Method, continued
• The PTSD Checklist-Civilian version (Weathers et al., 1994) was used to assess PTSD symptoms at T1 and T4 (α = .87 and .85, respectively).
• The Beck Depression Inventory-II (Beck et al., 1996) was used to assess depression symptoms at T4 (α = .94).
• The Brief Symptom Inventory-Holistic scale (Derogatis, 1993) was used to assess symptoms of hostility at T1 and T4 (α = .80 and .85, respectively).
• The Perceived Social Support Scale (Procidano & Heller, 1983) was used at T1 and T4 to assess for perceived social support from friends and family (α = .91 and .74, respectively).
• The Parenting Daily Hassles Scale (Crinic & Greenberg, 1990) was used at T4 to measure the intensity of everyday parenting hassles experienced (α = .76).
• The Parenting Stress Index-Short Form (Abidin, 1995) was used at T4 to measure levels of stress in the parent-child relationship (α = .92).
• The Parenting Relationship Questionnaire (Kampouris & Reynolds, 2006) was used at T4 to measure aspects of the parenting relationship. The Attachment (α = .78), Involvement (α = .84), Confidence (α = .80), and Relational Frustration (α = .75) subscales were used.
• Maternal education was assessed at T1 using a demographics questionnaire.

Results
A polythetic hierarchical method cluster analysis was used to determine clusters of mothers with concordant or discordant RF scores based on observed and self-reported scores (see Figure 1). Cluster quality was .65, suggesting a good level of cluster cohesion and separation. The analysis produced three groups:
1. High concordant (37%, n = 29): high RF on both observed and self-report measures
2. Low concordant (28%, n = 22): low RF on both observed and self-report measures
3. Discordant (35%; n = 28): low on the observed measure of RF, but high on self-reported RF

Discussion
Over one third of the sample was found to have discordant parental RF scores, suggesting that for some mothers, self-report measures of parental RF may not adequately capture their reflectivity. It may be that mothers who rated themselves high on parental RF based themselves on perceptions of how they should be rather than their actual reflective functioning abilities (Luyten et al., 2013). Therefore, multi-method assessments of parental RF may be necessary in order to obtain accurate measurements of the construct. Notably, there was not a low self-reported/high observed discordant RF group, with mothers viewing themselves as less reflective than they appear to be.

Mothers with low levels of parental RF reported more mental health symptoms, more parenting stress and everyday parenting hassles, and less social support by friends and family members than mothers with high parenting reflectivity. Additionally, these mothers viewed themselves as having a poorer relationship with their child in terms of attachment, involvement, and confidence than women with high parental RF or mothers who considered themselves high in RF. It may be that mothers with low parenting reflectivity have difficulties interacting with their child in ways that promote healthy relationships or that their increases in mental health symptoms are contributing to greater feelings of stress and poorer relationships as a result. Further research is needed to better understand the relationships between mental health, reflective functioning, and parenting outcomes. Additionally, continued research on methods to assess parental reflective functioning is recommended.

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Table 1. Between-groups Differences for RF Clusters on Maternal Mental Health, Social Support, Parenting, and Maternal Education

<table>
<thead>
<tr>
<th>Cluster</th>
<th>RF Clusters</th>
<th>Maternal Mental Health</th>
<th>Social Support</th>
<th>Parenting Stress</th>
<th>Parenting Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High Concordant (n=29)</td>
<td><strong>26.52</strong></td>
<td><strong>32.23</strong></td>
<td><strong>36.64</strong></td>
<td><strong>2.34</strong></td>
</tr>
<tr>
<td>2</td>
<td>Low Concordant (n=22)</td>
<td><strong>31.17</strong></td>
<td><strong>33.26</strong></td>
<td><strong>28.90</strong></td>
<td><strong>5.10</strong></td>
</tr>
<tr>
<td>3</td>
<td>Discordant (n=28)</td>
<td><strong>35.90</strong></td>
<td><strong>37.28</strong></td>
<td><strong>28.25</strong></td>
<td><strong>2.40</strong></td>
</tr>
</tbody>
</table>

Note: *p < 0.05; **p < 0.01; ***p < 0.001; p < 0.001.