INTRODUCTION

- Existing research suggests that interpersonal violence can impair parenting and lead to parent-child relationship disturbances (Levendosky et al., 2011; Muzik et al., 2017).
- Moreover, maternal mental representations have been suggested to be regulatory in violence-exposed mothers’ dyadic interactions with their children (Schecter et al., 2008).
- In accordance with this, prenatal reflective functioning (RF), defined as a parent’s capacity to accurately understand his or her child’s mental states (i.e., thoughts, feelings, desires, beliefs, intentions) and link them to his or her own mental states and behavior (Ponaguy et al., 2002; Rosenblum et al., 2008), may be related to more adaptive parenting among violence-exposed mothers (Schecter et al., 2008; Stacks et al., 2014).
- However, no studies have longitudinally examined prenatal parental RF and PTSD symptoms to predict later parenting quality among traumatized mothers.
- The aim of the current study is to examine the relationship between prenatal PTSD symptoms, prenatal parental reflective functioning (RF), and parenting behavior 2 years postpartum among a sample of trauma-exposed mothers.

METHODS

Participants

- 120 women followed from pregnancy through 2 years postpartum.
- Age: Range 18-42 years; M = 26; SD = 5.7
- Race: 47% African-American, 36% Caucasian, 13% Biracial, 4% Other
- Family Status: 64% single/never married, 28% married, 4% divorced, 4% separated
- Education: 20% high school diploma or less, 44% some college, 36% college degree
- Income: Median monthly household income = $1500; 73% received services from WIC, and 76% had public health insurance
- Participants reported high rates of childhood emotional abuse, childhood physical abuse, childhood sexual abuse, and Intimate Partner Violence (IPV) across their lifetime (see Figure 1).

METHODS, CONT.

Procedures

- A community sample of pregnant women was recruited for a prospective, longitudinal study on parenting.
- Data from interviews conducted during the mothers’ third trimester of pregnancy (T1; N = 120) and at 2 years postpartum (T4; n = 99) were used for the current study.

Measures

- PTSD symptoms were assessed during participants’ third trimester of pregnancy at T1 (α = .87) and 2 years postpartum at T4 (α = .95) using the PTSD Checklist - Civilian version (PCL-C; Weathers et al., 1994). The PCL-C is comprised of 17 self-report items that correspond to core features of PTSD. PCL-C items are summed to derive a total severity score.
- Parental Reflective Functioning (RF) was assessed during participants’ third trimester of pregnancy. RF was scored from the Working Model of the Child Interview (Zeanah et al., 1986) using the Parenting Reflectivity Scale (Rosenblum et al., 2008). Interviews received an overall code ranging from 1-5, with 1 = low or no reflectivity and 5 = characteristically high reflectivity. Coding was completed by a team of trained, reliable coders (ICCs ranged from .81 - .87).
- Positive and negative parenting behavior were obtained by coded observations of videotaped interactions between mothers and children at 2 years of age.
  - Various parenting behaviors and expressed affect were coded. Each individual behavior was rated from 1 = less of the behavior and 5 = more of the behavior.
  - Exploratory Factor Analysis was used to examine the underlying structure of observed parenting behaviors. Two factors were found:
    - **Positive parenting composite**, which included engagement, enthusiasm, warmth, and less flat affect.
    - **Negative parenting composite**, which included interference, covert/overt hostility, frightened/frightening behavior, and low sensitivity.
  - ICCs of individual maternal behaviors ranged from .62 -.90.

RESULTS

- Bivariate correlations revealed significant associations between prenatal RF, prenatal and postpartum PTSD symptoms, and parenting behaviors at age 2 (see Table 1).
- Multiple regression analyses further examined associations between prenatal RF, prenatal and postpartum PTSD symptoms, and parenting behaviors at age 2.
  - Results showed that greater prenatal RF and fewer prenatal PTSD symptoms significantly predicted more positive parenting behaviors at age 2 after controlling for concurrent PTSD symptoms (see Figure 2).
  - Results also showed that greater prenatal RF and fewer prenatal PTSD symptoms significantly predicted less negative parenting behaviors at age 2 after controlling for concurrent PTSD symptoms (see Figure 3).

DISCUSSION

- The effects of PTSD symptoms and parental reflective functioning were consistent with expectations, with higher levels of RF and lower levels of PTSD symptoms related to more positive parenting and less negative parenting.
- Interestingly, concurrent PTSD symptoms did not contribute uniquely to parenting behaviors at age 2, suggesting that historical traumatic experiences before the birth of a child can have a lasting, damaging impact on the caregiving system and the formation of parenting characteristics across the perinatal period.
- These findings reinforce the critical importance of early intervention, targeting both parental RF and maternal mental health difficulties (i.e., PTSD symptoms), in the early childbearing years of infancy/toddlerhood and in pregnancy.
- Such interventions are crucial to early childhood outcomes in that they support parents as they promote a positive caregiving environment, thereby positively impacting the developmental trajectories of children vulnerable to the effects of the intergenerational transmission of trauma.

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Figure 1. Participant Lifetime Exposure to Traumatic Events

Figure 2. Prenatal Predictors of Positive Parenting Behavior

Figure 3. Prenatal Predictors of Negative Parenting