

“We think about ourselves as we are thought by our primary caregivers” – caregivers mentalization skills in the context of institutional foster care

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Background

Children placed in institutional foster care due to parental substance use disorders are at increased risk of developing complex PTSD in early childhood, before and during foster care placement [1]. Mentalization is a profound skill for preventing psychopathology and stabilizing emotion regulation [2]. Research shows that children learn to mentalize by being mentalized [3]. But what if caregivers themselves have poor mentalizing skills?

Objective & Method

Children living in foster care due to parental substance use disorders and their caregivers, who attend a mentalization-based group intervention, are asked to participate in this mixed-method study, conducted at the Faculty of Psychology (University of Vienna, A).

Hypothesis include that the capacity to mentalize of foster children is lower than of their caregivers. We assume that 1. the caregiver’s social competences and attitudes to drugs and drug addiction have an impact on the children’s mental state and 2. this mentalization-based group intervention helps to increase the children’s level of reflective functioning, the empirical operationalization of mentalization. In a pre-post and 1-year follow-up design we use: Reflective Functioning (RF) Scale for the Adult Attachment Interview (AAI) and for the Child Attachment Interview (CAI), Inventory of social competences (ISK), Coloured Progressive Matrices (CPM), Child Behavior Checklist (CBCL/6-18R), “Patte-Noire”-Test, Attitudes to drug use (EMCDDA Evaluation Instrument). Biographical Data are collected via semi-structured interviews.

Preliminary results show that the mentalization capacity of some of the participating institutional foster caregivers are low (see Table 1). Thus, in cooperation with the Institute for Drug Prevention of the Office of Addiction and Drug Policy of Vienna, we designed and implemented a mentalization-based training for institutional foster caregivers to increase 1. their reflective functioning (operationalized referent to the capacity to mentalize) and 2. sensitivity for the interpersonal communication dealing with children suffering from complex PTSD. The complete training consists of two training days plus two reflection meetings within one year. It is evaluated by a pre-post measure of the participants’ reflective functioning (adapted version of the Reflective Functioning Questionnaire, RFQ). Figure 1, 2 and 3 represent the results of the first two trainings (n=12).

Preliminary Results

Table 1 (RF Score for the AAI):

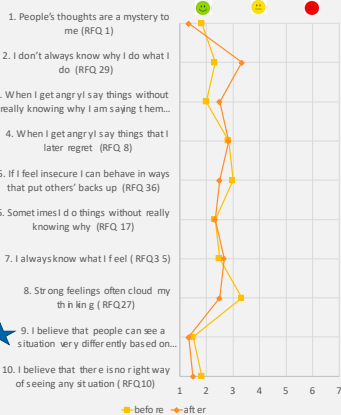
Institutional Foster Caregivers	AAI – RF Score
1 (f)*	5
2 (f)	3
3 (f)	3
4 (f)	5
5 (f)	6
6 (m)	5
7 (f)	6
8 (m)	5
9 (f)	6
10 (f)	5
11 (m)	5
12 (f)	3
13 (m)	3
14 (f)	5
15 (f)	3

AAI - RF-Score: -1 = no RF; ≤ 3 low RF; 4-6 average RF; ≥ 7 high RF

*sex: male (m); female (f); intersex (i); divers (d)

Figure 1: RF training Round 1 (RFQ mean score):

Reflective Functioning Round 1 (low number=higher functioning)



★ full question Item 3: „When I get angry I say things without really knowing why i am saying them“ (RFQ 22). Full question Item 9: „I believe that people can see a situation very differently based on their own beliefs and experiences“ (RFQ 31).

★ Pre-post test of significance of the total sample (n=12), results show a **significance for the 8th item** (Strong feelings often cloud my thinking (RFQ 27) $p = 0,031$ (exacte two-tailed p -values at a level of $p < .05$)

Figure 2: RF training Round 2 (RFQ mean score):

Reflective Functioning Round 2 (low number=high reflective functioning)

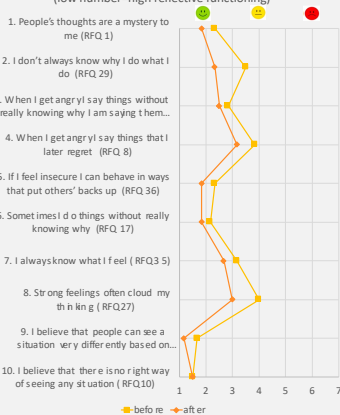
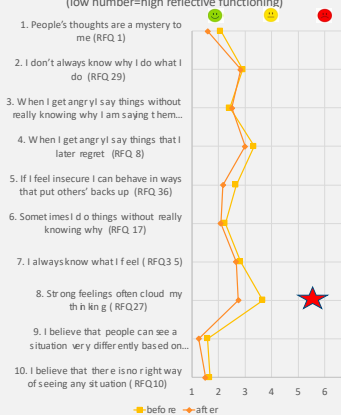


Figure 3: RF trainings total (n=12) (RFQ mean score):

Reflective Functioning Total (low number=high reflective functioning)



Discussion

- Different instruments to assess the reflective functioning (AAI: semi-structured clinical interview versus RFQ: self-report questionnaire) in the two samples.
- voluntary participation in the training – can assume a certain level of reflective functioning already prior to the training.
- The small sample size does not allow to draw any generalizations out of the results; future trainings will provide more data.

Refs.:

[1] Ensink, K., Bégin, M., Normandin, L., Godbout, N., & Fonagy, P. (2017). Mentalization and dissociation in the context of trauma: Implications for child psychopathology. *Journal of Trauma and Dissociation*, 18(1), 11-30. doi: 10.1080/15299732.2016.1172536
 [2] Atkins, T., Reisz, S., Hasdemir, D., & Fonagy, P. (2021). Family Minds: A randomized controlled trial of a group intervention to improve foster parents’ reflective functioning. *Development and Psychopathology*, (2021), 1–15. doi:10.1017/S095457942000214X
 [3] Midgley, N. & Vrouva, I. (Eds.). (2012). *Minding the Child. Mentalization-based interventions with children, young people and their families.* London: Routledge