



# Parental Reflective Functioning: An Approach to Enhancing Parent-Child Relationships in Pediatric Primary Care

Monica Roosa Ordway, PhD, APRN, PPCNP-BC, Denise Webb, APRN, Lois S. Sadler, PhD, RN, PPCNP-BC, FAAN, & Arietta Slade, PhD

---

Monica Roosa Ordway, Assistant Professor, Yale School of Nursing, West Haven, CT.

Denise Webb, Home Visitor, *Minding the Baby*, Yale Child Study Center, New Haven, CT.

Lois S. Sadler, Professor, Yale School of Nursing, West Haven, CT; and Co-Director, *Minding the Baby*, Yale Child Study Center, New Haven, CT.

Arietta Slade, Clinical Professor and Co-Director, *Minding the Baby*, Yale Child Study Center, New Haven, CT.

Generous support for the *Minding the Baby* program was provided by The Irving B. Harris Foundation, The FAR Fund, Pritzker Early Childhood Foundation, Seedlings Foundation, Child Welfare Fund, Stavros Niarchos Foundation, The Annie E. Casey Foundation, The Patrick and Catherine Weldon Donaghue Foundation, The Edlow Family Foundation, The Schneider Family, National Institutes of Health (NIH)/National Institute of Nursing Research (P30NR08999), NIH/National Institute of Child Health and Human Development (R21HD048591 and RO1HD057947), and NIH/National Center for Research Resources (UL1 RR024139).

Conflicts of interest: None to report.

Correspondence: Monica Roosa Ordway, PhD, APRN, PPCNP-BC, Yale School of Nursing, Yale University West Campus, PO Box 27399, West Haven, CT 06516-7399; e-mail: [monica.ordway@yale.edu](mailto:monica.ordway@yale.edu).

0891-5245/\$36.00

Copyright © 2015 by the National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.

Published online February 3, 2015.

<http://dx.doi.org/10.1016/j.pedhc.2014.12.002>

## ABSTRACT

The current state of science suggests that safe, responsive, and nurturing parent-child relationships early in children's lives promotes healthy brain and child development and protection against lifelong disease by reducing toxic stress and promoting foundational social-emotional health. Pediatric health care providers (HCPs) have a unique opportunity to foster these relationships. However, such a role requires a shift in pediatric health care from a focus only on children to one that includes families and communities, as well as the inclusion of children's social and emotional health with their physical health. To foster healthy parent-child relationships, HCPs must develop the expertise to integrate approaches that support the family's socioemotional health into pediatric primary care. This article suggests ways in which pediatric HCPs can integrate a focus on parental reflective functioning into their clinical work, helping parents to understand some of the thoughts and feelings that underlie their children's behavior. *J Pediatr Health Care.* (2015) 29, 325-334.

## KEY WORDS

Parenting, pediatric health care, reflective functioning

There has been an important paradigm shift in the field of pediatrics away from the traditional biomedical approach and toward an ecological health approach that focuses on the broad array of environmental influences—family, society, and social policy. This paradigm shift was highlighted in the January 2012 policy statement and accompanying technical report by the American Academy of Pediatrics (AAP) that discussed the

importance of mitigating the effects of toxic stress on the health and development of persons across their life span (Garner et al., 2012; Shonkoff et al., 2012). Toxic stress is defined as the experience of a prolonged stress response in children in the absence of safe responsive caregiving and is considered to be an important risk factor in the development of lifelong disease (Shonkoff et al., 2012). Because negative physiological effects of toxic stress are so extensive and complex, the earlier the stressor/issue is identified and remedied, the better (Shonkoff, 2010). Knowing that a key modifier to the experience of toxic stress is the provision of safe, responsive caregiving to children, pediatric health care providers (HCPs) have been called upon to develop effective strategies to enhance parent-child relationships (Garner et al., 2012). Here, we suggest ways in which pediatric HCPs can enhance parents' capacity for reflective functioning, or the capacity to envision their own and their child's mental states (Fonagy et al., 2002; Slade, 2005). We will first define parental reflective functioning (RF) and describe its role in the parent-child relationship and then provide an overview of the potential use of parental RF in pediatric primary care practice. This approach can be used by HCPs to promote secure relationships and better socioemotional health in routine well-child office visits by helping parents respond sensitively and reflectively to their children.

## PARENTAL REFLECTIVE FUNCTIONING

Parent-child attachment research conducted during the past 40 years has shown that interpersonal and emotional aspects of the parent-child relationship are important predictors of children's development (Bowlby, 1969, 1988; Cassidy & Shaver, 2008). A healthy parent-child relationship is essential to socioemotional health, and one outcome of a nurturing and safe early relationship is the "security" of the infant-parent attachment. Security refers to the child's sense that he can seek and obtain safety and comfort from his caregiver when he needs it, and that—with this safety in mind—he can explore the world freely and comfortably. Without this sense of safety, his ability to grow emotionally, develop healthy relationships, and feel confident in his explorations is diminished. Secure parent-child relationships are strongly related to numerous positive child outcomes (Goldberg, 2000; Sroufe, Egeland, Carlson, & Collins, 2009). In contrast, insecure parent-child relationships leave infants and young children less able to regulate stress and vulnerable to other adverse child behavioral and emotional outcomes (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2005).

Contingent parent-child interactions are key to the development of secure attachment. When children's emotional cues are addressed in a safe, responsive manner, the parent becomes a "secure base" from which children can learn through exploration of their environment with the knowledge that their parents

are close by and will welcome them back with interest, support, and curiosity about their children's experience (Bowlby, 1988). Contingent interactions help children develop a capacity for self-regulation and exploration, which in turn results in better psychosocial adjustment and a sense of empathy in their school-aged and adolescent years (Egeland, Weinfield, Bosquet, & Cheng, 2000). Children are more likely to have behavior problems and relationship difficulties in their school-age and adolescent years if their caregivers have limited capacity to recognize and respond to their early emotional cues (Egeland et al., 2000; Sroufe, Carlson, Levy, & Egeland, 1999). In contrast, children of caregivers who are able to respond to them sensitively are less likely to have behavioral problems (McClain et al., 2010; Ordway et al., 2014a).

Parents are most likely to respond sensitively when they can understand the meaning and intention of children's signals and see their children as separate from themselves. Peter Fonagy and his colleagues (Fonagy, Steele, Steele, Moran & Higgitt, 1991; Fonagy & Target, 1997) refer

to this capacity—to keep the child in mind—as reflective functioning (RF), or the ability to understand oneself and others in light of mental states (thoughts, feelings, and intentions). A reflective parent is able to make sense of her child's behaviors *in light of* mental states, which is to understand, for example, that he is crying because he is angry, or clinging to

her because he is afraid, or banging his spoon on his high chair because he wants more food. Mature RF reflects a complex understanding of "how the mind, and particularly mental states, work" (Slade, 2005, p. 274), that feelings can intensify and then diminish over time (her child will not continue to be sad all day), that they can be opaque and hard to discern (the caregiver cannot be certain what her child is feeling, so she will have to figure it out), that they can trigger other mental states (if he gets scared, he may then get angry), and—most important—that they can trigger behavior, both in oneself and the other. Thus, within the context of the parent-child relationship, for example, a reflective parent might understand her child's temper tantrum in light of his anger at having to stop at the grocery store after a long day at day care, or her own shortness with him as a function of frustrations left over from a hard day at work. In both of these instances, the mother is able to understand her

Parents are most likely to respond sensitively when they can understand the meaning and intention of children's signals and see their children as separate from themselves.

Download English Version:

<https://daneshyari.com/en/article/2662709>

Download Persian Version:

<https://daneshyari.com/article/2662709>

[Daneshyari.com](https://daneshyari.com)