



Parental Reflective Functioning in Substance Use Disorder

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INTRODUCTION

Reflective functioning (RF) is the manifestation of metalizing capacity and is referred to as the ability to understand, anticipate and interpret one's own behavior and the behavior of others in light of underlying mental states. RF and Parental Reflective Functioning (PRF) are related skills; however, they seem to capture slightly different aspects of metalizing. PRF is the operationalization of metalizing in an attachment relationship with the child, that is, the caregiver's ability to interpret self and child behavior in relation to mental states. PRF is important because mental representations of the current and ongoing relationship also influence parenting behavior. Studies have shown that higher PRF is associated with proper care and child attachment security, while low maternal RF has been found in mothers whose children have anxiety disorders, impaired emotion regulation and externalizing behaviors. Additionally, higher PRF was associated with better metalizing ability in children. Studies show that mothers diagnosed with substance abuse have an increased risk of exhibiting PRF deficiencies, as well as an increased risk of maladaptive parenting practices, child abuse, and neglect. Furthermore, the results on addictive mothers from our study group indicate that IQ was not significantly associated with PRF and that health problems were significantly negatively associated with PRF. We also found that when the group was split in two, based on PRF levels, mothers with negative to low PRF showed more severe problems in addiction-related aspects, such as a significantly younger age of onset of substance use, an earlier age at which a diagnosis of addiction was made, as well as more frequent reporting of multiple substance abuse than mothers with sufficient to high PRF. Furthermore, childhood trauma had significant negative associations with PRF.

DESCRIPTION

The Reflective Functioning Scale (RFS) assesses the ability to reflect (metallize) attachment relationships using interview

transcripts. When used in the Parent Development Interview (PDI), it measures PRF. However, this interview is labour intensive and time consuming and requires highly skilled assessors. Therefore, there is a need for a fast, easy-to-use, self-reported measurement of RF. The Reflective Functioning Questionnaire (RFQ) was designed to provide an easy-to-use self-assessment of metalizing. Additionally, the PDI produces a one-dimensional RF scale, while the RFQ is a multi-dimensional RF-style screening measurement. Additionally, RFQ could potentially overcome some critical issues with the use of narrative interviews, which necessarily rely on language skills and verbal patterns. It is important to note that high levels of both metalizing styles are considered negative entities because they both indicate that a respondent cannot assess the opacity of a person's mental state. The insecure RF style in these individuals precludes adequate RF due to their concrete and inflexible metallization which renders them unable to envision complex ways of understanding their own or another person's self. The particular RF style prevents adequate RF by making individuals confident that their view of the world is their true and unique one, eliminating the need to metalize about someone else's state of mind.

Definite and uncertain RF styles can be closely related to the concepts of "psychic equivalency mode" and "pretend mode". The psychological equivalence mode is a mental mode in which individuals equate their external reality with their internal mental reality, i.e. there is no metallization yet. Because this rarely happens, individuals with this tendency tend to be intolerant of other alternative perspectives, which in turn lead to an insecure RF style characterized by individuals with concrete and inflexible beliefs about mental states. The insecure RF style often prevents these individuals from attempting to metalize. For example, if you answered "strongly agree" to the question "I sometimes do things without really knowing why," that reflects a high RFQ uncertainty score. In the particular RF style, ideas often do not form a relationship between external and internal reality, so that an individual's mental representations

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lack a link to his external reality, making them certain in their metallization. Metallization is possible in semblance mode, but not connected to reality. The “strongly disagree” response to the question “sometimes I do things without really knowing why” reflects a high security score for the RFQ. Integration of these modes during an individual’s development results in correct RF, and trauma is known to cause individuals to revert to one of these modes. If the uncertain RF deficit is dominant, therapy should address the lack of distinction between mental representations and reality. If the particular RF deficit prevails, therapy should address the lack of relationship between them [1-4].

CONCLUSION

According to studies, RFQ has not been used to measure RF in mothers with SUD. This may be important due to research showing that mothers with SUD have low levels of RF as a group. There is a need for approaches that are less labour-intensive than currently practiced, which involve lengthy interviews that require clinical skills, and then labour-intensive coding. The RFQ-8 is a long overdue addition to the field of RF research due to its time and labour saving properties as a short self-assessment questionnaire. Administering RFQ-8 before treatment could be an effective way to screen for safe or dangerous predominant RF deficit and identify what metallization-based therapy should focus on.

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CONFLICT OF INTEREST

The author’s declared that they have no conflict of interest.

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