Mindfulness Based Parenting for Mothers in Substance Use Treatment who have Infants and Young Children

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Background
<table>
<thead>
<tr>
<th>ACE Category*</th>
<th>Women (N = 9,367)</th>
<th>Men (N = 7,970)</th>
<th>Total (N = 17,337)</th>
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<tbody>
<tr>
<td><strong>Abuse</strong></td>
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<tr>
<td>Emotional Abuse</td>
<td>13.1</td>
<td>7.6</td>
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<tr>
<td>Physical Abuse</td>
<td>27.0</td>
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<td>Sexual Abuse</td>
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<td><strong>Neglect</strong></td>
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<td>Emotional Neglect¹</td>
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<td>12.4</td>
<td>14.8</td>
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<tr>
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<td>9.2</td>
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<td>Mother Treated Violently</td>
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<td>11.5</td>
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<tr>
<td>Household Substance Abuse</td>
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<td>Household Mental Illness</td>
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<td>Parental Separation or Divorce</td>
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<td>Incarcerated Household Member</td>
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<td>4.1</td>
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Longitudinal Impact

http://www.cdc.gov/ace/index.htm
“Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of **prolonged activation of the stress response systems** can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual’s physical and mental health—for a lifetime. The more adverse experiences in childhood, the **greater the likelihood of developmental delays and later health problems**, including heart disease, diabetes, substance abuse, and depression. Research also indicates that **supportive, responsive relationships** with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.”

Center on the Developing Child at Harvard University
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Practicing Safety Mindfulness for Mothers in Drug Treatment (PSMDT)

Outcome Measures:
- Improve quality of parenting
- Decrease parental stress
- Decrease exposure to ACEs
- Mindfulness & intentional pediatric practices by clinicians/staff
- Adherence to well child visits & immunization schedules
- Improve rates of developmental screening
- Enhanced linkages & referrals
The Need for Parenting Training...
Parenting and Substance Using Mothers

• Mothers with substance use disorders have been identified as at risk for parenting deficits

• Findings suggest a number of attitudes and behaviors
  • Ambivalent feelings
  • Harsh punitive responses expressed through yelling and threatening
  • Lack of understanding about basic developmental issues
  • Perception of infant communications as demanding and inappropriate
Attachment

• Attachment theory is used as a framework for understanding parenting quality in regards to poor parenting, child abuse, etc.

• Attachment is a long-lasting emotional bond revealed when a child under stress seeks out and tries to stay close to a specific figure.
  • Signaling behaviors: crying, calling, reaching out to caregiver
  • Executive behaviors: approaching, seeking, climbing up on, clinging
  • Differential behaviors: baby smiles, calls to, looks to for reassurance, follows after the attachment figure (Honig, 2002)
Attachment (continued)

• Behaviors that promote secure infant attachments
  • Touch and caress tenderly
  • Use loving voice tones
  • Show genuine individualized interest
  • Attend promptly to distress signals
• Prevent discipline problems by attending to baby tiredness; frustration by a difficult task; need for loving reassurance
Review of the Literature

• Observations of mother-child interactions among substance using women found poor sensitivity, unresponsiveness to children’s emotional cues, less emotional involvement, and heightened physical provocation and intrusiveness (Bernstein et al., 1984; Burns et al., 1997; Hans, 1992; Hans et al., 1999, Suchman et al., 2006)
Review of the Literature (continued)

- Studies reporting substance using mothers’ views about parenting have indicated a lack of understanding about basic child development, lower capacity to reflect upon their children’s emotional and cognitive experience, and ambivalent feelings about having and keeping children (Mayes and Truman, 2002; Murphy and Rosenbaum, 1999)
Parenting Interventions for Substance Using Mothers

• Most are curriculum-based cognitive behavioral and psycho-educational approaches with the aim of replacing maladaptive parenting behaviors with adaptive ones

• Most effective intervention (MTP) has been a relational approach that emphasizes the emotional quality of the relationship between parent and child

• Limitations MTP:
  • Require extensive individual therapy
  • Expensive
  • Labor intensive
Exciting Alternative

• Mindfulness Based Parenting

THE AIM AND INTENT

• Mindfulness Based Parenting for Mothers in Drug Treatment

• Nurture—self and child
• Attune—listen with full attention
• Aware—inner thoughts and emotions of self and child
• Accept—self, child and situation
• Respond wisely, rather than react impulsively
We See Mindfulness in the Media Today
What is Mindfulness and Being Present?

• Mindfulness is an ability to be present in this moment, without judgment, to be aware of what you are thinking, feeling, or perceiving

• “Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.” Kabat Zinn
Staying here as opposed to reliving the past or worrying about the future

- Mindfulness involves acceptance, this means that we pay attention to our thoughts, feelings and body sensations without judging them—“without believing, for instance, that there’s a “right” or “wrong” way to think or feel in a given moment.”

- “When we practice mindfulness, our thoughts tune into what we’re sensing in the present moment rather than rehashing the past or imagining the future.”

www.greatergood/berkeley.edu
Exercise

• If you are able to, right now, in this moment let's try a 3 minute exercise to see how it feels to experience the present...
Moment by Moment

• Mindfulness practice allows us to observe the moment by moment present – how did you experience the exercise?
• Developing muscle memory to understand that there is a natural place to pause – reducing reactivity – daily practice makes the pause more automatic in everyday life
• Example: taking 3 gentle breaths... Feeling this spaciousness... likely to be less reactive, in driving, at moments of tension
• Feed forward loop of feeling better about yourself when you have observed yourself not reacting
Identifying Stress and Breathing in Calm
“Settle Your Mind”
Glitter Globe Art Project

SUPPLIES:
Clear spice jar with screw on lid
Glitter Glue—for some reason, I’ve found that Elmer’s Glitter glue works better than the rest.
FINE Glitter
plastic spoon for stirring—also can sit the globes on a small paper plate while working with them.
Painter’s tape to seal the jars closed
Self – Compassion

• How do women in drug treatment feel about themselves?
• How can they be responsive to their children, enhance attachment and prevent toxic stress in their children?
• Compassion vs. Sympathy or Empathy
  • Can not feel compassion without first feeling self-compassion
Understanding Self-Compassion

• When we are hurt or injured either physically or emotionally we can recognize there are 2 arrows of pain that we experience....

• 1\textsuperscript{st} arrow is the pain of a hurt feeling, a bodily pain,

• 2\textsuperscript{nd} arrow is what we say to ourselves when we are hit with the first arrow.
Research Suggests Mindfulness:

• Boosts our immune system’s ability to fight off illness
• Is good for our minds: increasing positive emotions/reducing negative emotions & stress. Maybe good as antidepressants in fighting depression and preventing relapse
• Changes our brains: increases density of gray matter in brain regions linked to learning, memory, emotion regulation, and empathy
• Helps us focus: tune out distractions and improves memory and attention skills
• Fosters compassion and altruism and boosts self-compassion as well.
Research Suggests Mindfulness:

• **Enhances relationships**: couples more satisfied with their relationship, partners feel more optimistic and relaxed, and more accepting of and closer to one another.

• Good for **parents and parents-to-be**: reduces pregnancy-related anxiety, stress, and depression in expectant parents. **Parents** report being happier with their parenting skills and relationship with their kids, and their kids were found to have better social skills.

• **Helps schools**: in classroom, reduces behavior problems & aggression among students, improves happiness & **ability to pay attention**. **Teachers** show lower blood pressure, less negative emotions & symptoms of depression, greater compassion & empathy.
Research Suggests Mindfulness:

- Helps **health care professionals** cope w/stress, **connect w/patients**, & **improve their general quality of life**. It helps **mental health professionals** by reducing negative emotions & anxiety, increasing their positive emotions & feelings of **self-compassion**.

- Helps **prisons**: reduces anger, hostility, & mood disturbances among prisoners by increasing awareness of their thoughts & emotions, helping w/their rehabilitation & reintegration.

- Helps **veterans**: can reduce the symptoms of Post Traumatic Stress Disorder (PTSD)

- **Fights obesity**: Practicing “mindful eating” encourages healthier eating habits, helps people lose weight, and helps them savor the food they do eat.

http://greatergood.berkeley.edu/
How much time is necessary for mindfulness:

- Minimum - 5-10 minutes a day, everyday
- Optimum - 45 minutes
  - of doing nothing
  - Sitting comfortably
  - Being aware of your breathing
  - Watching your thoughts
  - and feelings come in
- And letting them go……
Mindfulness Based Parenting
MBP Group Format

• Once a week for 2 hours for 12 weeks
• Ideal group size 10-13 mothers
• 10 completed cohorts, 8-10 graduates in each cohort
  • Participating children: 3 months to 3 years
• Group Structure: discussion, activities, mindfulness practices
• Mothers are encouraged to do 5-15 minutes of daily practice
MBP Group Format (continued)

• Childcare is provided during group
• Graduation ceremony and celebratory luncheon
• Quarterly support groups after the 12 sessions; open to all graduates
• 6 MBP groups (each teacher leads 3 groups) each year.

• Encouragement and Incentives
  • notebooks, weekly handouts, possible 5 - $25 gift cards, daily meditation practices downloads, CDs, MP3 players
  • mothers receive an encouraging mid-week email from the teacher
Adaptations to MBP Curriculum

Adjust to trauma histories, short attention span & low literacy levels

• Refocus body scan away from areas of body that are common targets of assault
• Shortened practices
• Simplify language, eliminate jargon, repeatedly explain key terminology
• Simplify home practice
• Stress role of informal practice

Practice Adaptations

• Awareness of Breath
• Presented with the aid of a glitter globe, introducing a way to breathe to calm
• Shortened, eyes open option
Adaptations to MBP Curriculum (continued)

Movement
• A main component of practice
• Match intensity (agitation & pent up energy) of the participants and then slow pace
• No pelvic rocking motion as could be a trigger for those sexually abused

Mindfulness in Daily Life
• Emphasis on short informal practices
• Reinforce using the breath as a way to calm reactivity
• Allowing (accepting) and kindness and self care continually highlighted
• Emphasis on “No Matter What” practice, 5 quiet minutes for oneself each day
Adaptations to MBP Curriculum (continued)

Mother-Child Dyad
• 45 mins of Mother-Child group activities in Sessions 4, 7 & 11
• Focus on present moment awareness and enhancing the mother-child bond
General Adaptations to MBP Curriculum

• Flexibility in curriculum
• Treatment center adaptations
• **Co-facilitator from FC is integral – Clinician**
• Mid-week encouraging email
• Quarterly support groups open to all graduates
Data & Findings
PSMDT Project Preliminary Data
Demographics (N=67)

- **Mage** = 30.6 years old
- **M_{#children}** = 2.8
- **Range_{#children}** = 1-10
- **Ethnicity**
  - Hispanic = 13.2%
  - Non-Hispanic = 84.9%
- **Race**
  - Caucasian 73.6%
  - African American 5.7%
  - Multiracial 3.8%
  - Unknown =1.9%
- **Religion**
  - Catholic 49.2%
  - Islamic 5.9%
  - Other Christianity 27.5%
  - No religion 11.6%
- **Education**
  - Some High School 32.1%
  - High School / GED 26.4%
  - Trade / Vocation Training 7.6%
  - Some College 24.5%
  - College Graduate 5.7%
- **Employment**
  - **Unemployed** 86.0%
  - Employed 4.0%
  - Disabled/Unable to work 10.0%
- **Marital Status**
  - Single 37.7%
  - **Partner / Boyfriend** 41.5%
  - Husband 9.4%
Preliminary Data: ACE’s

- Range 0-7
  - Parental divorce
  - Household substance use
  - Witnessing parental violence
  - Physical abuse
  - Sexual abuse
  - Psychological abuse
  - neglect

- ACE mean score = 3.8 (SD 1.9)
  - 0 ACEs = 3.1% (2/65)
  - 1-3 ACEs = 41.5% (27/65)
  - 4+ ACEs = 55.4% (36/65)
Categories of ACE Exposure: A Comparison to Local and National Estimates

$X^2(1) = 5.05, \ p < .05$

$X^2(1) = 8.76, \ p < .01$

$X^2(1) = 27.5, \ p < .001$

- Philly Urban ACEs
- Study Sample
Perceived Stress Among MBP Participants

- *Perceived Stress Scale (PSS)*

- Amount of stress (general stress, not parenting-specific) in the past month.

- Pre-MBP Mean Score: 23.2 (SD 6.4)
  - Higher than normative data
  - Mean = 16.14 (SD 7.56)*

- Post-MBP Mean Score: 19.6 (SD 6.4)

- Pre-Post Change P-value: 0.0675

Parenting Stress Among MBP Participants

• *Parenting Stress Index (PSI)*

• Total Stress score provides an indication of the overall level of parenting stress experienced.

• Pre-MBP Total Stress Mean Score = 72.3 (SD 14.1)
  • Higher than normative data
  • Mean = 71.0 (SD 15.4)*

• Post-MBP Total Stress Mean Score: 74.0 (SD 16.9)

• Pre-Post Change P-value: 0.78

Parenting Stress Among MBP Participants—3 PSI Subscales

- **Difficult Child**
  - Pre Mean = 22.2 (SD 7.1)
  - Post Mean = 25.9 (SD 8.4)
  - Normative Mean = 13.9 (SD 5.2)*

- **Parental Distress**
  - Pre Mean = 30.8 (SD 7.3)
  - Post Mean = 27.9 (SD 7.0)
  - Normative Mean = 26.4 (SD 7.2)*

- **Parent-Child Dysfunctional Interaction**
  - Pre Mean = 19.5 (SD 4.8)
  - Post Mean = 20.9 (SD 7.0)
  - Normative Mean = 18.7 (SD 4.8)*

Depression

• 82% none/mild depression
• 5.1% moderate depression
• 12.8% severe depression

*The Beck Depression Inventory (BDI; Beck, Steer, & Brown, 1996), a 21-item self-report instrument, was used to assess the existence and severity of symptoms of depression. There is a four-point scale for each item ranging from 0 to 3. Scores were summed to give a single total score for each participant.
ACE’s and Current Population

- A high prevalence of ACE’s (4 or more) associated with 2.2 fold increase in high perceived stress and 4.0 fold increase in difficulty controlling anger

- As # ACE’s increased, prevalence and risk of illicit drug use increased

- Women with Hx ACE’s poorer mental and physical health than women w/o Hx ACE’s

- Women w/Hx ACE’s heavier users of opiates compared to those w/no Hx ACE’s
KIPS

• KIPS focuses on quality of parenting behaviors
• Does the parent’s behavior meet child’s needs, promote development and learning?
• Rating scale KIPS anchored by behavioral descriptions that allow for cultural differences
• Physical interaction could mean touch, body language, or respect for child’s space and movement
• Allows for parents to express high quality behaviors in a variety of ways
Quality of Parenting Behavior at Baseline

- Mean KIPS score 2.52
- Subscale “Building Relationships” M=2.66
- Subscale “Supporting Confidence” M=2.34
- Subscale “Promoting Learning” M=2.53
- All scores reveal low quality parenting behavior
- Study data compared to normative data, difference statistically significant
Qualitative Highlights Baseline

• **Disparate sensitivity to baby cues and toddler cues:** moms more sympathetic to baby and challenged by toddlers

• **More reaction than sensitivity to child’s cues:** unaware child interested in certain activities, children frustrated during play

• **Limited physical play for dyad:** moms sedentary, tired, slow, disinterested, distracted

• **Preoccupation with self:** more about their play than child’s play, lots of focus on feelings of guilt

• **Inappropriate modeling of emotions:** moms rarely acknowledged, modeled, or commented on emotions
Qualitative Highlights Baseline (continued)

- **Lack of touch in toddler dyads**: limited use of reassuring or soothing child, physical distance

- **Limited flexibility in being open to child’s agenda in play**: lack of awareness and respect for child’s preferences

- **Need for education in child development**: unreasonable expectations, challenged in knowing what activities and behaviors were appropriate for her child’s developmental stage

- **Limits and consequences**: inconsistent, repeat limit but no follow through on consequence, Lots of frustration
Impact of MBP on Quality of Parenting

• Significant change in mean KIPS scores from pre to post (p=.00)
• Dose not related to KIPS difference score in intervention group
Consumer Testimonial: The Mindful-Based Parenting Group

Kelliann is a consumer participant at the Practicing Safety Mindfulness Project for Mothers in Drug Treatment in Philadelphia.

“Parenting is one of the most challenging, demanding and stressful jobs on the planet. Although I may not have control over many of the stressors that come along with parenting, I do have control over the way I respond to them. When I make the decision to respond to any given situation rather than automatically reacting to it, I am practicing mindfulness. Mindfulness is about paying attention to the present moment, on purpose, without judgment. I myself have two wonderful children, ages 3 and 1, both girls. Needless to say I encounter many stressful moments on a daily basis; scream your head off, pull your hair out, lock your kids in the closet kind of moments! The Mindful-Based Parenting (MBP) group has opened my mind to a more calm, cool, and collective approach to parenting instead of a kicking, biting and screaming approach. The group has taught me useful techniques that allow me to listen to my kids, pay attention to their feelings, and control my own emotions with compassion and, best of all, without judgment. Not only has MBP made a tremendous difference in the way I parent but it has helped me to form better relationships in other areas of my life as well.”

Kelliann
Question and Answer
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