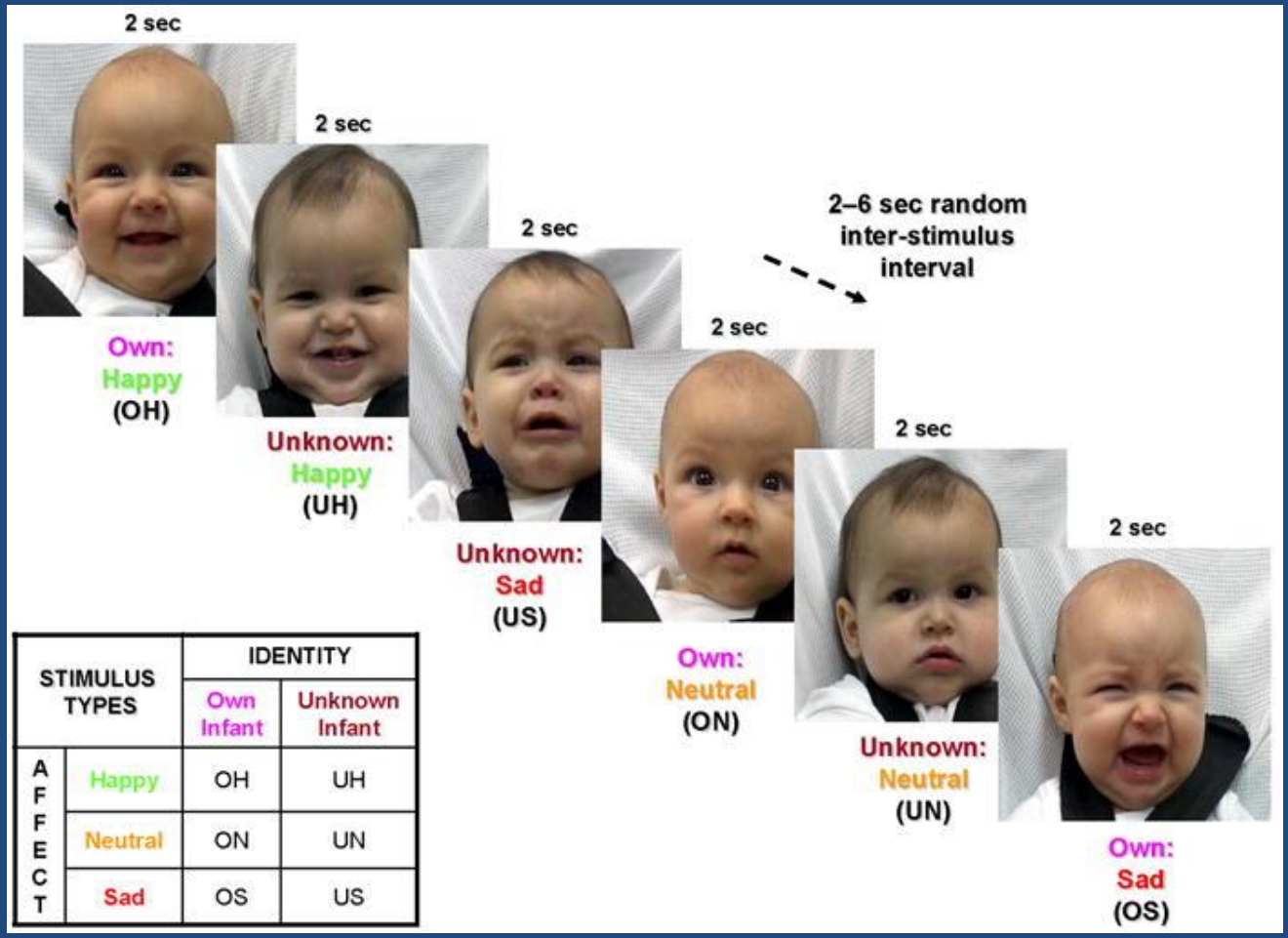
Mothers with hostility problems

Strathearn et al (2009)

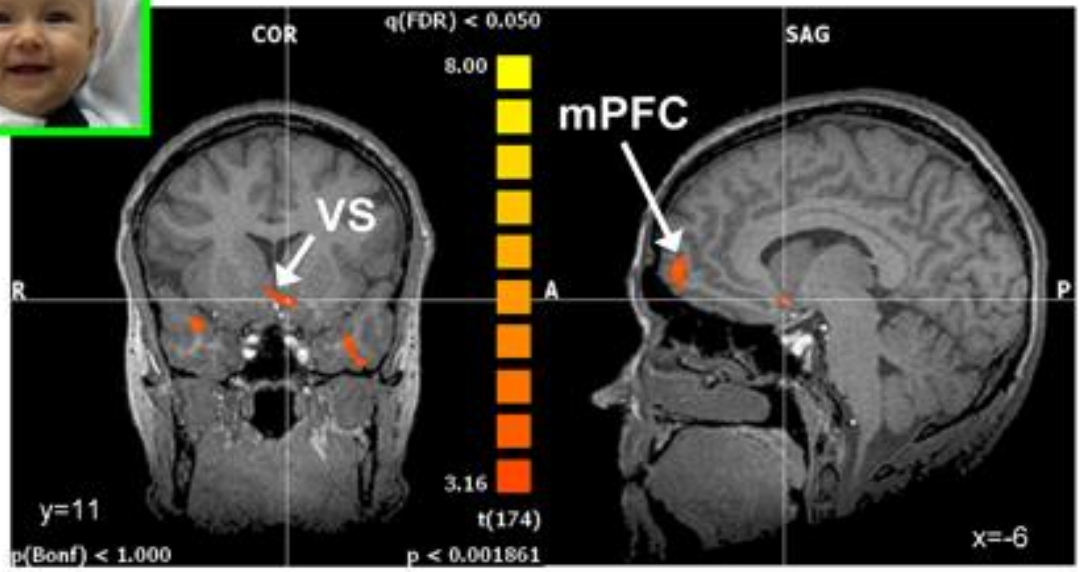
- fMRI study; mothers divided into secure and insecure shown images of their infants' smiling, neutral or crying faces
- Secure mothers' reward-response centres activated equally with crying *or* smiling faces;
- Insecure mothers respond to smiling, but *insula and other disgust centres activated by crying + lower oxytocin levels*.

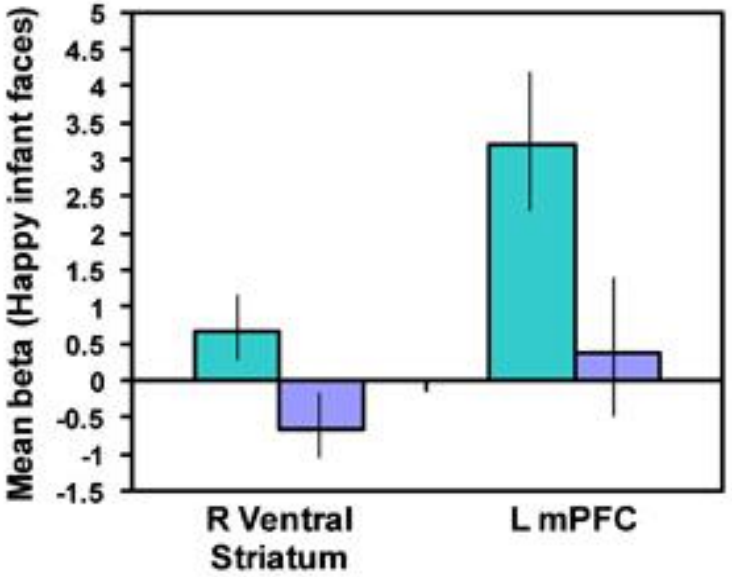
Strathearn et al's babies



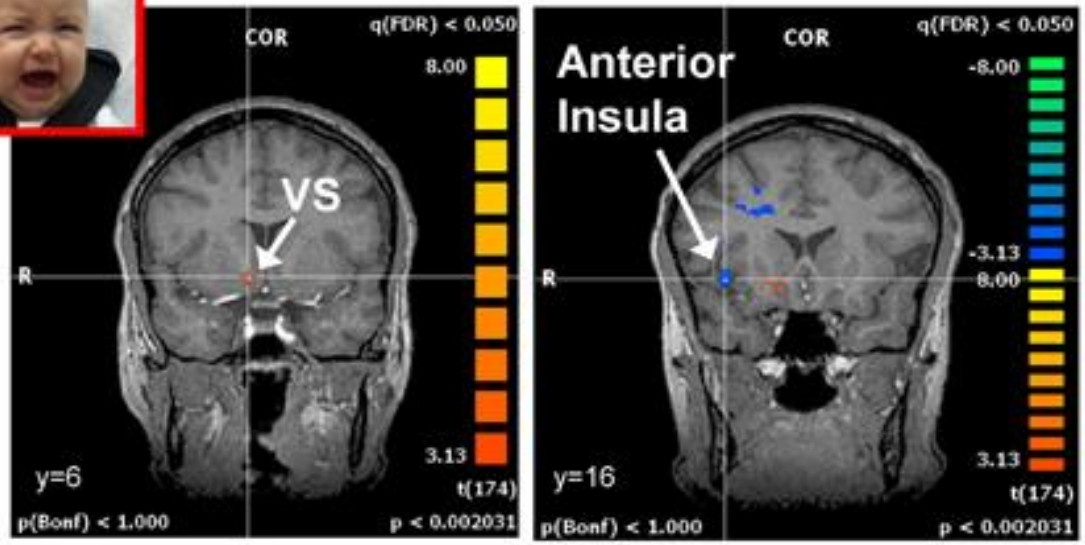
STIMULUS TYPES		IDENTITY	
		Own Infant	Unknown Infant
AFFECT	Happy	OH	UH
	Neutral	ON	UN
	Sad	OS	US

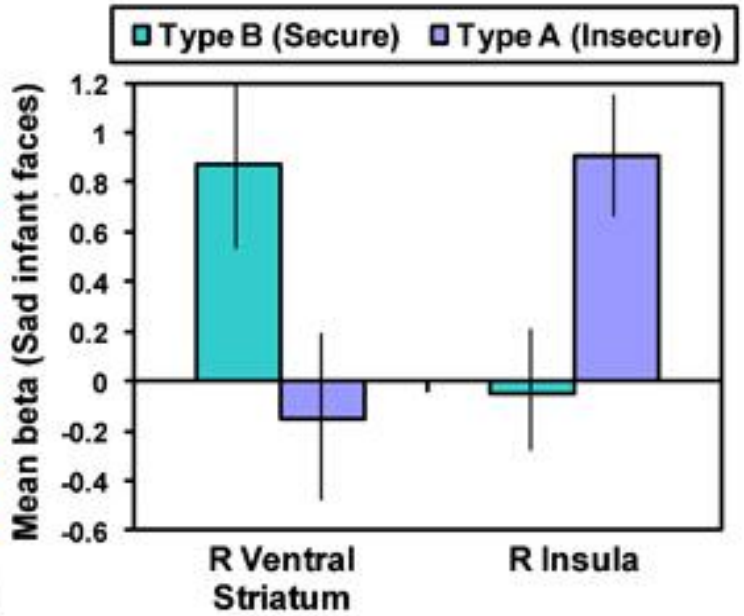
a


COR
q(FDR) < 0.050
8.00
3.16
t(174)
p < 0.001861
mPFC
VS
SAG
R
A
P
y=11
p(Bonf) < 1.000
x=-6

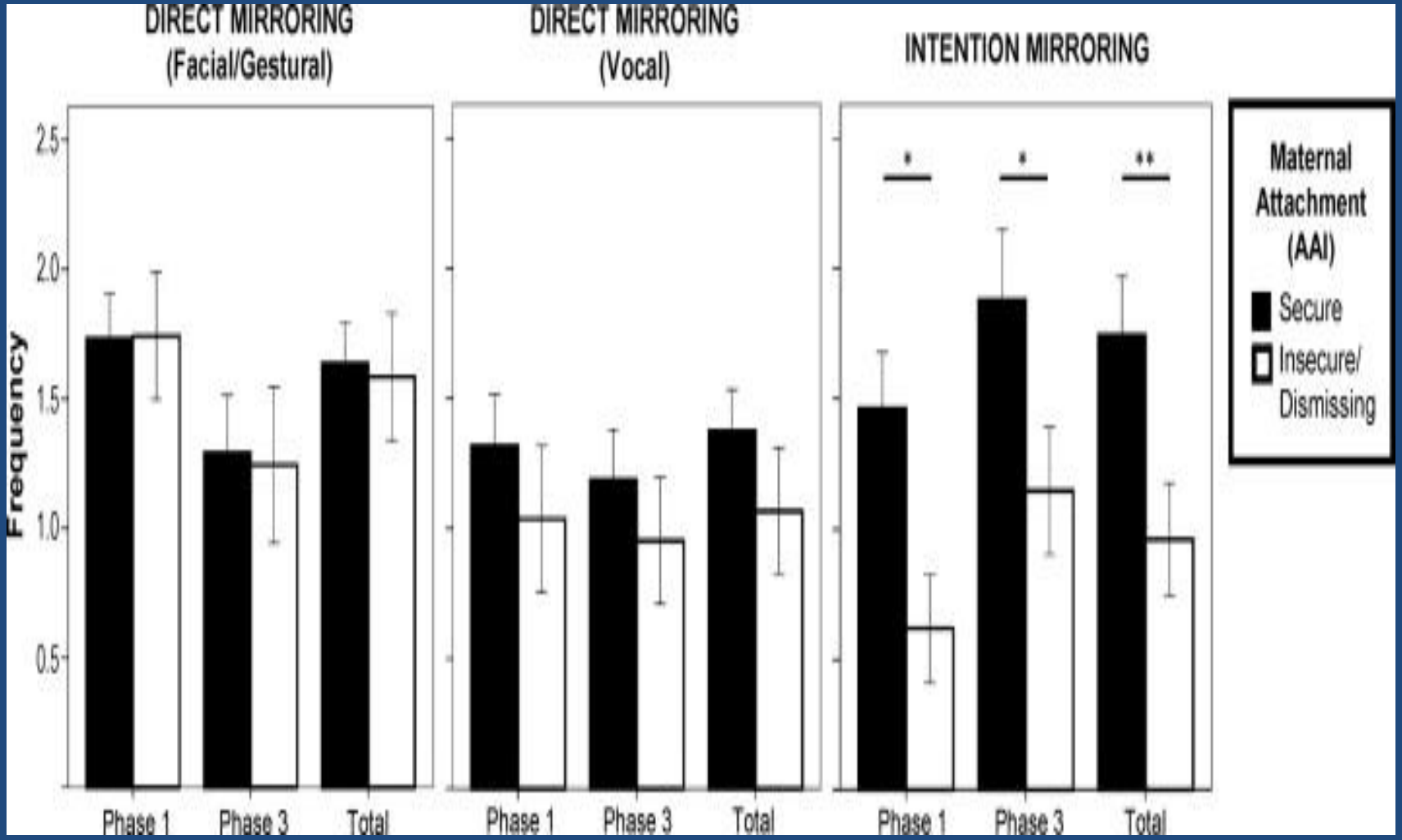

Mean beta (Happy infant faces)
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
-0.5
-1
-1.5
R Ventral Striatum
L mPFC

b

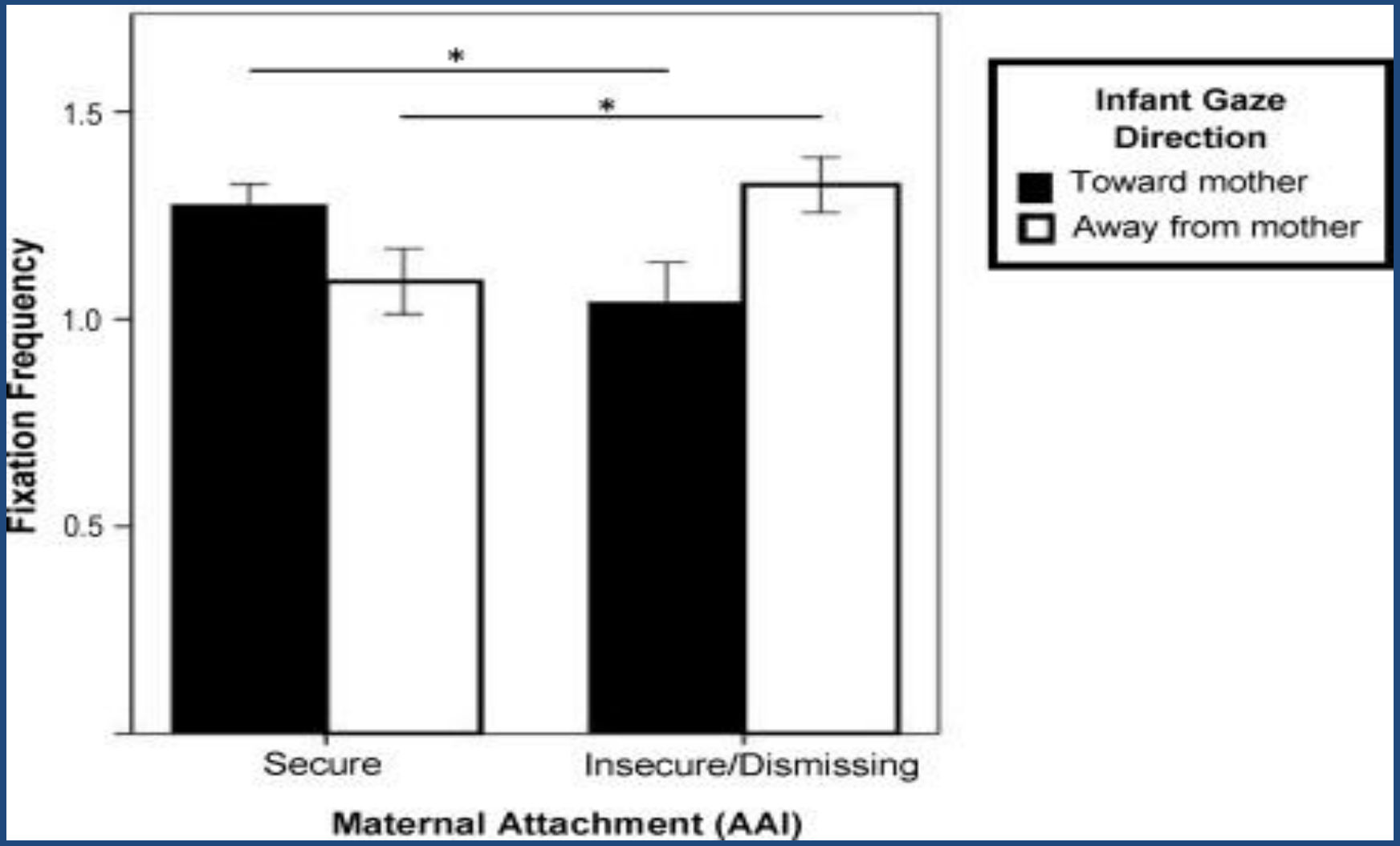

COR
q(FDR) < 0.050
8.00
3.13
t(174)
p < 0.002031
VS
R
y=6
p(Bonf) < 1.000
COR
q(FDR) < 0.050
-8.00
-3.13
8.00
3.13
t(174)
p < 0.002031
Anterior Insula
R
y=16
p(Bonf) < 1.000


Type B (Secure)
Type A (Insecure)
Mean beta (Sad infant faces)
1.2
1
0.8
0.6
0.4
0.2
0
-0.2
-0.4
-0.6
R Ventral Striatum
R Insula

Kim et al 2014: the impact of maternal attachment on mirroring



Maternal attachment affects infant gaze



Parental personality affects child development

- Equal GxE contribution; where E is parental behaviour and attachment to/with child
- The epigenome: maternal stress and social status affects children's genetic expression
- Parental personality affects relationship with child: communications, stress management
- Parental personality dysfunction can lead to abnormal parental behaviour: hostility, harshness, fear

Pd in parents affects mental health of children

- Wolff & Acton (1968) 89% parents of CAMHs referrals had pd; 51% moderate or severe
- Parental ASPD associated with CD/aggressiveness in children
- Maternal BPD impacts on personality development in daughters
- Maternal somatising disorder and somatising in children

Pd and child maltreatment

- Studies of detected child abusers find high rates of pd (60-70%)
- Parental ASPD is significant predictor of neglect and abuse by parents
- PD present in 33%-50% of abnormal illness behaviour cases
- Link with defence style: projection of agency on to child

Lyra's story

Lyra was physically abused and neglected as a child; and was taken into care. She left care at 16 and married soon after. She had 4 children in quick succession; and then her marriage broke up. She made a new partnership immediately and had a baby boy, Peter. She failed to act when her partner and his brother abused Peter.

Relevance for parenting assessment

- Parents with pd are likely to have had histories of abuse and neglect themselves
- Poor mentalising and negative affect management: *so pregnancy is super-stressful*
- Hostility when stressed: perceptions of babies as angry, challenging, competitive
- Can't ask for help effectively from professionals
- Parenthood can be traumatic for mothers with PD

PD and poor care-giving

- Failure to monitor or react to distress
- Indifference to need for care
- Reacting to vulnerability or need with hostility, anxiety, panic, distress,
- Helplessness and confusion
- Frightened or frightening carers
- Failure to relate to other carers: controlling care giving

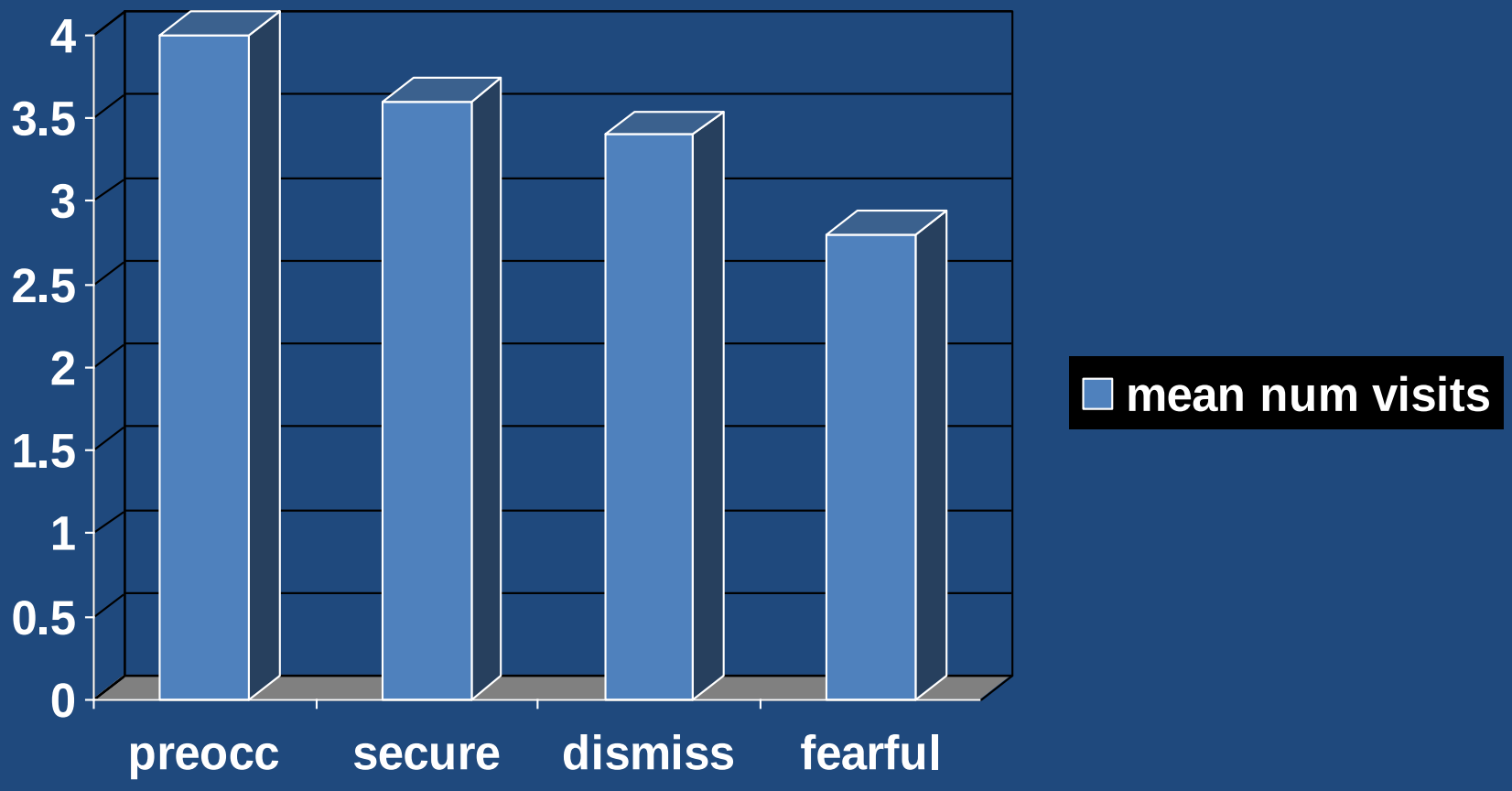
Manifestations of poor care by parents with pd

- Hostility towards children who are distressed; can't contain distress
- Hostility towards those who care for children
- Failure to notice or monitor children's needs (Neglect)
- May see child as peer/competitor/adult
- Abuse: physical, emotional

Personality and illness behaviour

- Your personality affects how you seek help from others when stressed
- Strong association between PD and somatising disorders and other forms of abnormal illness behaviour: medically unexplained symptoms, frequent presentations
- May extend to abnormal care eliciting for others e.g dependent children
- Health anxiety as response to stress

Primary Care Visits and Attachment Categories



Magda's story

Magda migrated to England with her husband and 2 children. The marriage broke up soon after, amid domestic violence between Magda and her husband. Magda started to drink heavily and took 2 overdoses. She got pregnant by a new partner and had another baby. She started to starve and torment her 5 year old son; and falsely claimed he had a medical condition that required a special diet.

Mothers with abnormal illness behaviour

- Any age, any class, any gravida
- May have NO psychiatric history or diagnosis
- Somatic disorders and personality disorders are commoner than in general population
- Care needs to be taken re assumptions: splits in teams are common
- Professionals need high index of suspicion
- Don’t panic! Most cases are mild. Get advice.

Implications for assessment

- Identify early: help midwives to think about mothers with SD, ED, and any history of overdoses or self harm
- Useful questions: when you were little were you frightened of either of your parents?
- Are you in touch with your parents or any friends from school?
- How do you manage when you get distressed?
- Validate anxiety: “Not everyone likes being pregnant…..”

Assessment will guide treatment

- We could give the ACES questionnaire
- Then offer antenatal psycho-educational groups to mothers with 4+ scores
- Preparing women for the transition to motherhood
- Sharing concepts from attachment theory
- Giving permission not be perfect mothers!

Specific therapies for PD

- NICE recommends DBT (good for impulse control) MBT (good for relational perspectives) mother-baby therapy (good for baby-centred perspective)
- Groups are effective and build confidence: especially now we are all WFH!
- BUT groups that people can attend reduce loneliness and isolation
- Think about co-morbidities

Last word

- What other children does this mother have?
- What other psychosocial problems does she have?
- Don’t discharge with no plan for help from other services
- Could your services offer a drop-in group in community centre/church hall?
- Skilling up staff to feel confident in supporting mothers with PD.

Questions?