

## Reflective Parenting Programs: Theory and Development

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Recent research has indicated that parental reflective functioning or mentalization plays a crucial role in the development of a range of healthy adaptations in both parent and child. While many parenting interventions developed over the course of the last 20 years have implicitly attempted to enhance mentalization in parents, this article describes an effort to directly intervene with parents to enhance or encourage the development of reflective capacities. In this article, the broad outlines of a reflective parenting approach are described. Two reflective parenting programs are then considered, one a group intervention designed for low-risk parents, the other a home visiting intervention designed for high-risk parents and children.

OVER THE COURSE OF THE LAST FOUR YEARS, A GROUP OF US AT THE Yale Child Study Center have been engaged in developing psychoanalytically informed programs for parents and younger children in both high- and low-risk settings (Goyette-Ewing et al., 2003; Slade, 2002; Slade et al., in press; Slade, Sadler, and Mayes, in press). While we began this work with the general aim of improving parent-child relationships along a range of dimensions, we believed, from the outset, that facilitating change in parents

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and in parent–child relationships would depend, in large part, on our success in engaging and enhancing parental reflective functioning. In the following article, I will begin by outlining why it made particular sense to us to organize our programmatic efforts around the construct of parental reflective functioning. I will then describe what we have come to see as the general and guiding principles of a reflective parenting approach. Finally, I will briefly describe two reflective parenting programs we have developed at the Yale Child Study Center.<sup>1</sup>

### *Parental Reflective Functioning*

The construct of reflective functioning was introduced by Peter Fonagy, Miriam Steele, Howard Steele, and Mary Target just under 15 years ago (Fonagy et al., 1991; Fonagy et al., 1995). The last decade's elaboration of these seminal ideas is described in Fonagy et al. (2002). Fonagy and his colleagues define the reflective function as an individual's capacity to mentalize, that is, to envision mental states in the self or the other. The term mental state is meant to describe all mental experience: thoughts, feelings, desires, beliefs, and intentions. The capacity to think reflectively means not only that an individual acknowledges or recognizes mental states but also that he or she can envision his or her relationship to others and to behavior. Understanding how mental states work is fundamental to the mentalizing capacity.

Data from a variety of studies (Fonagy et al., 2002; Grienberger, Kelly, and Slade, in press; Slade et al., in press; Truman, Levy, and Mayes, in press) support Fonagy's notion that a parent's capacity to make sense of her own and her child's mental states plays a crucial role in helping the child (1) develop flexible and adaptive means of regulating himself and (2) establish productive and sustaining relationships (Slade, in press). Presumably, it is the parent's capacity to tolerate and regulate her own internal, affective experience that allows her to tolerate and regulate these experiences in her child.

As we began to think about the development of psychoanalytically oriented programs for parents and their children, Fonagy and his colleagues'

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<sup>1</sup>John Grienberger and his colleagues at the Wright Institute in Los Angeles (Grienberger et al., 2004) have recently developed a reflective parenting program that shares many of the same principles and assumptions of the programs elaborated here.

theoretical and research work convinced us that the enhancement of parental reflective capacities would necessarily be crucial to any successful treatment effort, a potent catalyst for change in the parent–child relationship. And, while previous work in the areas of parent–infant psychotherapy (Fraiberg, 1980; Heinicke et al., 1999; Lieberman, Silverman, and Pawl, 1999) and attachment intervention (Marvin et al., 2001) had not in any way *specifically* emphasized the development of reflective capacities, it seemed likely to us that much of these programs’ success in changing parental representations of the child, and in altering caregiving practices, were actually the result of changes in parental reflective functioning that were the by-product of focusing on the parent–child relationship. That is, we began to think that changes in a relationship are often the result of changes in a parent’s capacity to make sense of her child as a separate, differentiated person with thoughts, feelings, and a mind of his own—to think more reflectively about that child.

These were the assumptions that led to the development of two reflective parenting programs, Parents First (Goyette- Ewing et al., 2003), and Minding the Baby (Slade et al., in press). Before turning to a fuller description of these programs, however, I will describe what we have come to see as some of the general principles of a reflective parenting program. These descriptions are by no means prescriptive or exhaustive; rather, they are an attempt at articulating the kinds of thinking and understanding we wish to strengthen in parents.

### *The General Principles of a Reflective Parenting Program*

#### *The Stages of Reflective Functioning*

All aspects of the reflective approach are organized around helping the parent keep the child in mind in increasingly complex and sophisticated ways. Essential to the work of Fonagy and his colleagues (Fonagy et al., 2002), as well as to our work elaborating these seminal constructs (Slade, in press), is the notion that reflective functioning can be described along a continuum from low to high. Some parents are barely able to recognize mental states in themselves or their children, whereas others are able to speak in a rich, dynamic, and evocative way about their own and their child’s internal experience. These same parents are often able to also

describe the dynamic relationship between their own and their child's mental state. Here is an example of a highly reflective mother actively grappling with the intersection of her own and her child's mind.

Sometimes she gets *frustrated and angry* (child mental state) in ways that *I'm not sure I understand* (opacity of child's mental state). She points to one thing and I hand it to her, but it turns out *that's not really what she wanted* (opacity). It *feels very confusing to me* (mother's mental state) when *I'm not sure how she's feeling* (opacity of child's mental state) especially when she's upset. Sometimes *she'll want to do something* and I won't let her because it's dangerous, and *so she'll get angry* (mother recognizes diversity of mother and child mental states). I may try to pick her up and she obviously didn't want to be picked up because *she's in the middle of being angry* (mother recognizes dynamic nature of child's affect) and I interrupted her. In those moments it's *me who has the need to pick her up and make her feel better, so I'll put her back down* (mother recognizes that her need is triggering a behavior that is not in line with the child's needs, and changes her behavior accordingly).

What is remarkable about this vignette is that the mother not only struggles to actively make sense of both her own as well as her child's mental states but also clearly understands the impact of her own internal experience on that of her child. Out of respect for her child's *independent, autonomous* thoughts and feelings, she struggles to contain her own feelings without disregarding the distinct needs of her child, which are in subtle conflict with her own.

As we know, mothers such as these are quite rare. Many parents beginning intervention programs have to be engaged first in tolerating their child's internal experience, even at the most basic level. This is where we must begin, mirroring and containing them at these rudimentary levels, pulling them up to slightly more nuanced understanding only with time and only within the confines of a sustaining therapeutic relationship. We have come to think of this as moving them through the stages of reflective functioning, beginning with helping them to contemplate and hold only the most basic of mental states, moving on to consider the impact of these mental states on behavior and other mental states, and only finally to

consider the interpersonal and dynamic relations between one person's internal life and another's. We have seen time and again that while it is relatively easy to talk about the child's experience, truly "mentalizing," namely envisioning mental states in the self or the other, is a far more complex enterprise. In particular, a parent's capacity to understand how her thoughts and feelings might be affecting her child is especially hard won, even for intact, low-risk parents.

### *Developing a Reflective Stance*

The primary aim of any reflective parenting program is the development of a reflective stance in parents. The simplest definition of what we mean by a reflective stance was offered by child psychoanalyst Sally Provence in her concise directive to parents: "Don't just do something. Stand there and pay attention. Your child is trying to tell you something." Reflective parenting programs attempt to engage parents in wondering what that "something" might be. In other words, we hope to engage parents in thinking about their children in terms of their internal experience rather than their behavior.

Many parents seeking help, in both high- and low-risk settings, characterize their children and their struggles with their children in terms of their child's behavior: "My child is not sleeping ... running around all the time ... mean to other children," etc. Likewise, they may describe their child in ways that have nothing to do with the child's thoughts or feelings: "She's active ... adorable ... bad ... temperamental ... just like me ... a monster," etc. In all of these examples, the parent is focusing on the child's behavior or personality. This is what Fonagy calls the "physical stance," the tendency to respond to external, rather than internal characteristics of the other (Fonagy et al., 2002).

Some parents actually appear to be describing their child's internal experience. To the clinician, however, they are actually misinterpreting or misrepresenting the child's mental states. "He's trying to drive me crazy ... she loves it when I am miserable ... she feels sexy today ... he's a devil. ..." While these examples are obviously indicative of a variety of parental projections, the point I wish to make is that in all these instances, the parent is entering into the child's experience in a way that is likely a distortion of his actual feelings and intentions.

In the sections below, I will describe some of the approaches that we see as essential to developing a reflective stance in parents.

*Modeling Reflectiveness.* Clinicians continuously model reflectiveness by representing the child to the parent in terms of mental states. One of the ways clinicians do this is by focusing on the child's internal states and intentions. For instance, one mother complained during a home visit that her 10-month-old daughter kept picking up and playing with (and sometimes rendering inoperative) the remote control for the television set. She offered this as an example of the baby's misbehavior and intentional oppositionalism and thus felt entitled to both her anger and punitive behavior. From the home visitor's perspective, this was an example of normative exploration on the one hand and identification with the mother on the other.

In this situation, it would be of little use to contradict the mother's perception of the child. But what home visitors and group leaders do in situations like this is gently try to give voice to the child's internal experience in a way that is nonthreatening to the mother but that begins to reframe her emphasis on behavior and/or her projections in light of the child's mental states. For instance, when the child is exploring, the home visitor can "speak for the baby" (Carter, Osofsky, and Hann, 1995) "Oh, you want to do just what Mom does ... oh, that is so interesting with all those buttons, you just want to see how this works" etc. These kinds of comments, which are the essential tools of any infant-parent psychotherapy or early intervention approach, are all efforts to model a reflective stance, namely "I am going to try to *understand* this child in terms of what he is feeling and thinking, not in terms of what he is doing, and I am going to *respond* to what he is feeling or needing, not to his behavior."<sup>2</sup>

In a myriad of ways, we model the reflective stance. We struggle to penetrate the opacity and complexity of the child's experience, and we try to symbolize it. We play with it, we wonder about it, we search for the right metaphors to make the child "sensible" to the parent. And we iterate—again and again—the essential aspects of reflective awareness. We talk about feelings, we link them to behavior, again and again, continuously underscoring the links between behavior and mental states. (Maybe he's up in the middle of the night because he was so afraid when you were

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<sup>2</sup>It is important to note that this approach does not imply that behavior is unimportant, rather that it is meaningful. There are many instances in which a child's behavior must be addressed and directly contained unimportant (especially in situations when the child is at immediate risk of harm or danger); this becomes especially true as they become older and more intentional.

away.) We note the relations between a parent's mental state and those of her child. (You've been pretty angry ... maybe that's made her feel worried.) We try to be accurate in our descriptions of mental states. We understand what we don't know about another's internal experience.

*Facilitating Wondering.* For most parents, curiosity about their child's experience, and the recognition that such experiences are separate from their own, emerges slowly and often comes in moments of suddenly wondering: "Gee, I wonder why he did that? Oh, so maybe *that's* how she was feeling." The simple act of even briefly imagining the child's experience, because it leads to understanding, can be momentous and can transform a parent's representation of the child. And it is only after the parent is engaged in wondering that developmental guidance and knowledge takes on real meaning and vitality.

Indeed, moments such as these (which are a kind of "aha!" moment) provide opportunities for the clinician to in a real and experience-near way teach the parent about development. One of the most vexing problems in working with parents and younger children is engaging parents in understanding development without "teaching" them about development. An educational approach is generally futile, particularly when parents are responding in the heat of the moment, because developmental knowledge (or even advice) doesn't generalize in such situations, whereas thinking reflectively about the child and his development does and is inherently both regulating and facilitating.

*Eliciting Affect as a Means to Mentalization.* Change occurs when parents are experiencing strong emotions, which are then accessible to therapeutic evaluation. It is for this reason that successful parent-infant interventions often arise when working "in the moment" (Fraiberg, 1980). We always try to talk about what actually happened, what the parent felt, what the child felt, how the parent knew this, etc. It is within the context of talking about concrete situations—optimally ones that occur in the home visitor's presence—that strong emotions and frightening thoughts can be mobilized; helping the mother regulate these "affectively supercharged moments" (Pine, 1985) is essential to the process. The discussion of such moments may happen within the framework of the intervention itself (these often occur during home visits, for instance) or they may be re-experienced in the telling within a group or individual setting. In any event, it is this experiencing of strong emotion within the treatment context that is

vital to the emergence of mentalizing capacities because it is the act of making meaning of “hot” and disregulated moments within the self, the other, and the relationship that promotes reflection. To quote Mary Target (personal communication, April, 2003), the reflective function—which, is “thinking about feeling and feeling about thinking”—is engaged when the affects intrinsic to the interaction are generated and contained in a way that the mother can safely envision her child’s and her own mental states, presumably in a new relationship to each other. In essence, she begins to symbolize the relationship in more complex and flexible ways, which inherently changes the way she experiences the relationship.

### *Holding the Parent in Mind*

As will become more obvious when I describe the essential differences in implementing the reflective approach with low- as opposed to high-risk parents below, parents differ from the outset in their capacity to hold the child in mind. But for those parents who are not yet ready to contemplate the contents of their child’s mind—because they are too frightening or evocative—the clinician’s capacity to hold the adult in mind in both concrete and abstract ways throughout an intervention is essential. Parents usually want to do right by their children. Most often they are undermined in responding sensitively by their own intense feelings and desires. A parent’s capacity to—in Selma Fraiberg’s (1980) words—“hear her baby’s cry” is within most clinical situations contingent on the clinician’s capacity to hear the mother’s cry. Many of the parents we see are faltering in areas where they themselves have not been held or heard. The child exploring and breaking the remote control was really infuriating her mother, who had only her own ruptured experiences with her abandoning mother to fall back on. Without the support of a clinician who starts with the mother’s experience—for example, anger, disavowal, or sadness—the mother’s ultimate capacity to make sense of the child’s internal experience will remain at best unelaborated and transitory. She must first come to regulate and contain her own distress as a function of her own transforming relationship with the clinician.

It is within the context of being held in a therapeutic relationship that a mother’s own childhood experiences become a meaningful part of the treatment. As Fraiberg (1980) noted decades ago, the mother’s experience of caring for her baby is what provides the access to experiences that have

been too painful to remember or integrate. Thus, while a crucial part of the work in many treatments, especially with high-risk parents, is helping the mother consider in a live and dynamic way the links between the past and the present, this is the *end result* of the logical evolution of a careful focus on internal experience.

#### *Working at a Level the Parent Can Manage*

For many parents, their child's internal experience can seem scary and overwhelming (just as their own is). We may have a complex view of what the child is trying to tell the parent, but trying to get a parent to see things in this light is like trying to get them to swallow a Smithfield ham in one gulp. We need to begin at a level they can take on and integrate. Often, for instance, it is much easier for parents to talk about biological upheaval than it is about feelings and desires in their children (Slade, 1999). It can be much easier for parents to think about what excites and calms the baby than to talk about more laden, interactive issues.

The reflective parent approach I am describing here is not a new approach; instead, what this work brings into sharp focus is what has actually been most helpful and organizing about parent–infant psychotherapy and related programs in attachment-based and early intervention. The reflective approach is an attempt to describe and articulate a process that is engaged by all successful clinicians; specifying these processes will, I believe, help focus clinicians even more explicitly on these dynamics and broaden their technical skills and deepen their thinking about both process and outcome.

#### *An Explicitly Psychoanalytic Approach*

In the previous sections I have not used psychoanalytic terms to describe what we do. Nevertheless, I believe that the approach that I have described here is deeply psychoanalytic. We make the assumption that what transpires between parent and child is crucial to that child's development. We make the assumption that parental projections and projective identifications are inherently disruptive and impair the mother's capacity to hold her baby in mind as a separate, autonomous, thinking, and feeling being. Clinical work with parents is geared toward helping parents tolerate their own and their child's mental states; this is not the same as making the "unconscious conscious," rather it is

making the unknowable knowable. The slow development of the capacity to contemplate internal experience leads to a diminution of the defenses, specifically projection, projective identification, dissociation, disavowal, and denial, and is accompanied by the emergence of higher level ego functions and defenses. Furthermore, such developments are accompanied by enormous shifts in both object representations and in qualities and levels of object relatedness. These are clearly “psychoanalytic” outcomes.

Interpretation, which was once seen as *the* fundamental technique of psychoanalysis, is no longer viewed as the dominant agent of change in psychoanalytic work. In line with these shifts in psychoanalytic thinking, there is a very limited place for actual interpretation in reflective parenting work although there is ample room for interpretive *thinking* on behalf of the clinician. This kind of thinking helps the clinician identify defenses and resistances and allows him or her to keep these dynamics in mind when deciding how to approach a particular situation and how to frame individual moments with the child.

### *Two Reflective Parenting Programs*

In the last two sections of this article, I will briefly describe two reflective parenting programs. Space precludes a full description of either program, which can be found elsewhere (Goyette-Ewing et al., 2003; Slade et al., in press). Both were developed in an attempt to integrate Fonagy’s ideas about reflective functioning and mentalization into parenting interventions. In the time that has elapsed since these programs were first formulated (Slade, 2002), Fonagy and his colleagues have developed a wide range of “mentalization-based therapies” (Bateman and Fonagy, 2004; Fonagy and Target, 2005), all of which, like the ones described here, are aimed at enhancing mentalizing capacities in both adults and children.

#### *Parents First*

Parents First (Goyette-Ewing et al., 2003; see too Grienenberger et al., 2004) is a group intervention for parents of infants, toddlers, and preschoolers that was viewed—from its inception—as a preventive intervention to be delivered within the context of normal educational and childcare settings. Central to its development was the notion that the support of parents is as crucial an aspect

of early education as is the support of children and their cognitive and socio-emotional development. In particular, we believed that children's cognitive and socioemotional development should not be viewed outside the context of healthy and sustaining parent-child relationships and that nurturing and promoting these relationships was essential to school readiness and success. And we believed that one of the best ways to enhance these relationships was to engage parental capacities for reflective functioning. While there are many other aspects of the Parents First program, including mental health consultation to staff, parents, and children, I will here only emphasize the group reflective parenting workshops.<sup>3</sup>

Parents First workshops are conducted at a convenient time of day over a 12-week period. Parental participation is entirely voluntary. The workshops are geared toward engaging the reflective function in parents through a set of progressive reflective exercises presented in a fixed sequence across the 12-week workshop period. There is also an effort to impart developmental knowledge across all 12 sessions within the context of greater reflective practice. Parents are also asked to participate in "family activities" between group meetings; these simple activities such as having a tea party and blowing bubbles help parents become more observant and appreciative of their child's experience. These also facilitate play and mutual pleasure and are thus great allies in the deepening of reflective awareness.

Workshop leaders are trained to recognize the stages of reflective functioning, so that they can work at a level that makes sense to the parent and provide the level of holding and containment that the parent requires. They are also trained in the basic principles described above: modeling reflectiveness, facilitating wondering, eliciting affect, and holding the parent in mind. Every effort is made to establish a contemplative, reflective tone during group meetings; it is made clear from the outset that group leaders are most interested in helping parents understand their children and not in providing specific advice or parent training. Parents are encouraged to see the everyday interactions with their children as opportunities to wonder contemplate. This approach assumes a certain readiness for reflective functioning on the part of the parent; parents who are too disrupted or unable to engage in the fundamental assumptions of the program require more intensive help and are not suitable for this normative group approach. During group, parents are asked to talk about their day-to-day

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<sup>3</sup>The Parents First program was made possible by a grant from Donald Ackerman.

lives with their children; these descriptions emerge within the context of reflective exercises that frame each individual session.

The workshop sequence is based on the stages of reflective functioning. The first group meeting begins with a simple idea—which is the building block of all complex reflective functioning—namely, that even very young children have thoughts, feelings, and intentions of their own. Parents can come to learn about these internal experiences through observation. Parents are asked to simply watch their children and to talk about what they noticed and what might have surprised them in their observations. The second week's lesson takes the awareness of the child's internal life a step further and introduces the notion that emotions, thoughts, and desires can *underlie* behavior. Paying attention to these processes can often help parents *understand* behavior. These reflections are contextualized within normative discussions of temperament, play, exploration, and the like. For low-risk parents, these are usually easy stages in the process. Nevertheless, even in these early sessions some parents find the simple concept of contemplation and reflection very disturbing and want specific advice about problematic behavior and interactions. It becomes the job of the group leader to contain and normalize this anxiety.

The next sessions ask the parent to begin to contemplate the interconnectedness of their own and their child's mind. At this stage, not only must parents consider what is in their child's own mind but how their two minds intersect, for better or for worse. Group leaders address the importance of the child's feeling understood and held in mind by the caregiver and underscore the dynamic relation between one person's feelings and another's. It is during this stage in the intervention that the parent's own role in determining how the child sees himself and how the feelings of parent and child mutually influence each other are raised. Parents are invited to think about their own dreams and expectations for their child; they are also invited to consider how their own feelings might affect those of the child. This second stage in the intervention marks a crucial step in the parent's thinking about her own place in the relationship and of the interrelationship between minds. Again, this can be a very difficult step for parents, who are often most comfortable focusing on their children and not on their own role in determining their child's self-experience.

The next stage introduces an idea complementary to that of the interconnectedness of minds, namely that the parent and child are also inherently of *two* minds: they can disagree and they can have different ideas about the same thing. Each perspective is valid and important in negotiating any

conflict because as Dr. Seuss noted: “A person’s a person, no matter how small.” Thus, common struggles such as those that occur at times of transition are placed within the context of diverse perspectives and distinct aims.

The next stage in the intervention offers parents several tools for managing this now increasingly complex understanding. They are invited to take a “fresh look” in hot moments (which presumably they now understand more dynamically), taking the perspective that there is something to be understood, not controlled, in most moments of crisis. In essence, reflective functioning implies both understanding and regulation; this stage in the program is aimed specifically at developing regulatory skills.

The last weeks of the intervention address in a multiplicity of ways how difficult this process can be. Sometimes it is difficult to know another person’s emotional state; we do not always know how others feel. Others cannot easily read our minds. Also, one mental state does not obviate or rule out other, conflicting mental states: children *and* parents can feel two things at the same time. Not knowing and dealing with contradiction both are enormously difficult for parents. Adding to this complexity is the fact that strong emotions often lead parents and children to misinterpret each other’s desires and intentions. Parents can find it very painful to deal with these complexities although the normalization of these processes within the group format is enormously therapeutic. The idea that there is always ambiguity when it comes to the realm of the inner life, that contradiction is the rule rather than the exception when it comes to human experience, and that parents themselves misread and misunderstand their children on a regular basis (this is why Winnicott suggests that mothers need only be “good enough”) are ultimately enormously relieving to parents, particularly when they begin to experience how regulating this perspective can be. In the final session, parents are reminded that however strong emotions may be in a given moment, they always diminish over time. The capacity to hold this in mind through the storms of childrearing can be enormously sustaining.

### *Minding the Baby*

Minding the Baby<sup>4</sup> is a preventive program that was developed for pregnant young women and their families living in an inner-city community in New

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<sup>4</sup>Minding the Baby was made possible by a grant from the Harris Foundation.

Haven, Connecticut. While rooted in the same assumptions and guiding principles as Parents First, *Minding the Baby* is geared toward a much more high-risk population of parents and children (Slade, Sadler, de Dios-Kenn, et al., in press; Slade, Sadler, and Mayes, in press). We think of high risk as variously stemming from the combined effects of chronic poverty, social disadvantage, and family dissolution, factors frequently associated with elevated rates of trauma, abandonment, and severe psychopathology. This means that women come to early parenthood facing an enormous number of challenges and often find it very difficult to provide sustaining and secure environments for their children. They struggle just as powerfully to right their own lives and to find meaning and sustenance in intimate relationships and in work. Importantly, reflective capacities are often quite underdeveloped in these women, largely as a function of their own traumatic life experience and the relative absence of stable, nurturing caregivers.

Thus it seemed that in this population there was an even greater need to focus on the enhancement of reflective capacities in parents. However, as a function of the very real and enormous complexities faced by these families, we had to greatly extend the model we used in Parents First. The necessity of “holding the mother in mind,” as described above, would be complex and multifaceted and would require the provision of many more levels and layers of support for parents and families. First, the intervention had to be much more sustained and intensive. Thus, in our model, services are delivered by Master’s level clinicians on a weekly basis in the home, beginning when the mother is in her second trimester, and extending to the child’s second birthday. In addition, to be of most use to families, the program had to be linked to other community services and agencies. Thus, from the outset, *Minding the Baby* has been embedded in a community health center, and our clinicians have worked closely with family care providers in an ongoing way.

To date, most successful home visiting programs in the United States have been delivered either by nurses or mental health professionals (see Heinicke et al., 1999 and Olds et al., 2000 for reviews). Nurses, while in a special position to meet new families’ most pressing concerns about childbirth and child rearing, are often ill equipped to cope with the significant mental health and social service problems faced by inner city families. Likewise, mental health professionals, while able to address the latter concerns, must overcome the stigma associated with mental health service delivery and cannot address the many health needs faced by new families. It seemed to us in reviewing this literature that there were great strengths

in both models. And from the standpoint of reflective functioning, it seemed to us that new parents needed help in holding their babies in mind in *both* ways: in terms of their physical as well as emotional needs. Because the child comes to know his body through the hands of his mother, we wanted to help our mothers come to feel safe and confident in knowing their babies' bodies as well as their minds, to feel that they could contain and regulate their babies' physical states, and then slowly, with time, come to know their babies' mental states.

In line with this thinking, we decided on an integrated nursing/mental health model, delivered by an interdisciplinary team that includes a pediatric nurse practitioner and a clinical social worker. Optimally, while the two home visitors alternate weekly visits to the family, the frequency and content of visits can be flexibly adjusted to meet the changing needs of the parents and children. The nurse provides ongoing help in relation to physical health and caregiving, while the social worker provides infant and parent mental health services and social service support. At the same time, however, their roles overlap in a number of ways, with both providing developmental guidance, crisis intervention, support for parenting and the developing attachment relationship, as well as a range of concrete supports. As has been described again and again in the infant-parent psychotherapy literature, the very real needs of high-risk families require that they be helped at many levels at the same time; this demands constant flexibility and collaboration on the part of the treatment team (Lieberman et al., 1999; Seligman, 1994).

The emphasis on the development of reflective capacities begins in pregnancy and continues through to the baby's second year of life. The basic principles outlined above serve to organize and frame the work, which necessarily emerges in a way unique to each family and their particular set of concerns. While home visitors introduce a range of topics and concerns with mothers, these emerge as a function of the mother's particular life circumstance and the developmental needs of her infant or toddler (for a fuller descriptions, see Slade et al., 2004; Slade et al., in press a, b). Unlike group interventions, which rely upon the establishment of a therapeutic alliance rather than a transforming therapeutic relationship, the development of therapeutic relationships is at the heart of *Minding the Baby*. The relationships with the home visitors mediate the emergence of the reflective function. It is important to note that establishing such connections with abandoned and traumatized women and their families is not easy, as they are continuously disrupted by powerful and elemental transference reactions on the part of

mothers who have been betrayed and hurt by those who cared for them. The home visitors are repeatedly inundated with demands and crises (eviction, food shortage, domestic violence) that require immediate action. Chaos, maternal pathology, and levels of extreme deprivation experienced by the family often challenge the clinical task of keeping both mother and infant in mind. Consistency—the bedrock of any therapeutic work—is difficult to achieve even at the level of maintaining regularly scheduled visits. Add to all these complexities the fact that the interdisciplinary team—while sharing common beliefs and values—does not always share a common language. Although the construct of reflective functioning provides common ground for discussion, as do the guiding principles of our model, there are nevertheless crucial differences in approach that must be managed against the backdrop of families prone to splitting and disorganization.

#### *Concluding Comments*

In this article, I have described the development and evolution of two reflective parenting programs. While different in essential ways, these two programs provide examples of how the constructs of mentalization and reflective functioning can be adapted and applied in a range of clinical settings. At the heart of this approach is the idea that these constructs are universally relevant to the challenges of parenting, regardless of one's level of ego functioning and organization. As Anna Freud, Selma Fraiberg, and so many other child psychoanalysts have demonstrated over the years, the particular and unique concerns of psychoanalytic theory can be of enormous utility to anyone struggling to raise a child. The trick is translating these ideas to parents in ways that make sense; it is our aim in these pilot programs to do just that.

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