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The Pregnancy Interview - Revised

Arietta Slade, Ph.D.

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This interview is an adaptation of the Pregnancy Interview (Slade, Grunebaum, Haganir, & Reeves, 1987). I am grateful to Dr. Olga Poznansky for developing Appendix A: Guidelines for Probing. This protocol may not be used or adapted without written permission from Arietta Slade, Ph.D., Yale Child Study Center, 230 South Frontage Road, New Haven, CT 06520

Email address: arietta.slade@yale.edu

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PREGNANCY INTERVIEW – REVISED

The Pregnancy Interview - Revised is copyrighted, and is not to be adapted, shortened, renamed, or incorporated into other interviews. If this interview is to be used in contexts where changes must be made to accommodate a given population, permission for such modifications must be obtained in writing from the authors of the instrument. In whatever context it is used, it must always be identified by its full name, and full credit be given to its authors. This interview should not be given without training. The sections below provide guidelines for interview administration; interviews may well be uncodable if not properly administered.

Introduction to the PI-R

This is a revised version of the Pregnancy Interview developed by Slade, Grunebaum, Haganir, & Reeves, 1987. In this revised version, a number of the questions have probes aimed at eliciting specific feelings, episodic memories, and reflective functioning. The original interview versions, as well as this revision, are aimed at assessing maternal reflective functioning. It can also be used to assess the quality of parental representations along a range of relevant developmental/clinical dimensions. This interview is not meant to be used to assess attachment classification.

Instructions to Interviewers

These instructions refer to the use of the PI-R in a research setting. Obviously, if the interview is to be given in a clinical setting, the procedures will be modified somewhat, although the basic instructions should remain unchanged.

A. Before Mother Arrives:

When the mother arrives, make sure all the materials are ready and that the equipment works (seems obvious, but it is surprising how often data are lost to equipment failures!). If the interview is being done in the mother's home, it is always a good idea to double record, as well as to have back up batteries and an extension cord with you. Since you will not necessarily have a firm surface upon which to set up equipment, bring something like a clipboard that can double as a sort of table. Also, remember to try and make mother comfortable while you set up the equipment. If you anticipate interruptions, it would be a good idea to let the mother know you may turn the recorder off in these instances, and then turn it back on when the interruption has been addressed.

B. Introducing the Interview

Begin by endeavoring to put the mother at ease; the tone, from the outset, should be friendly and relaxed. Describe the basic features of the interview: It is aimed at learning about the woman's experience of pregnancy and some of her expectations about the child and about motherhood, it takes roughly an hour to complete, it has just over 20 questions.

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Describe the interview in a conversational tone. The aim here is to give them an idea of the kinds of questions they will be asked, doing so in a relaxed manner. Assure them there are no “right” or “wrong” answers — that you are interested in their thoughts and feelings about what parenting is like for them. Do not go overboard here. If they seem comfortable with the kind of introduction you are providing, do not feel you have to provide more information. Remind them they are free to refuse to answer any question (although we do not expect they will want to).

After you have introduced and described the interview, ask mothers if they have any questions or concerns about the interview before you get started. Be sure to encourage mothers to ask any questions they wish then or during the interview if something should occur to them. Truly pause and genuinely ask for and wait for questions from interviewee and listen for any concerns.

C. The Interview - General Comments

Begin by letting the mother know you will be asking a series of already prepared questions that have to be asked in a particular order. Let them know that you know that the nature of this format may mean that they get asked about something you will have already discussed, but that there are methodological reasons for following the same order with each mother, and you hope they will bear with any redundancies. By the same token, let them know the questions may sometimes seem irrelevant or foreign to them.

D. Administering the Interview

Ask questions exactly as they are written, except in situations where the same probe is asked repeatedly, and you want to rephrase it slightly so that the interview sounds natural. You want to sound natural and conversational, but you do need to be consistent with the interview. So be careful when you reword that you don’t change the meaning, and try to do this as little as possible. Of course there are times when mothers ask for a clarification, or may actually not understand the question, in which case you will obviously have to rephrase the question. Just be careful not to change the meaning or elaborate the meaning of the question when you do so. Reliability (i.e., the comparability of interviews across interviewers) depends upon interviewers’ adopting similar styles of interviewing, and to their adherence to the questions and probes as written. It is fine to contextualize, or to use preambles appropriate to the mother (i.e., “I know we talked about this before, but...”). These kinds of remarks help the mother get to the question while leaving the questions themselves standardized.

In this revised version, a number of the questions have probes aimed at eliciting specific feelings, episodic memories, and reflective functioning. If the mother answers these questions without your having to probe, that is fine, but these probes must be asked if the mother does not answer them spontaneously. Probing adequately is probably the most important element of interview administration. The failure to probe as indicated can make it very difficult to score the interview.

You should have the interview nearly memorized, so that you are not glued to the materials and can maintain eye contact with the mother and insert comments, probes, etc., in an entirely natural manner. This is really important, because we are asking about difficult and complex issues and

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the mother should feel you are available and interested. This is essentially a semi-structured interview, and should be conducted in such a way as to make the mother maximally comfortable and responsive. These are difficult questions and touch upon powerful emotional issues; the more relaxed and unthreatened the mother feels, the more likely they are to be open and forthcoming.

It is very important to conduct the interview in such a way as not to interfere with the mother's particular style of responding. You need to let them know you hear them without saying too much or leading them on. For instance, some mothers are very guarded and limited in their responses. It is critical not to push such individuals too much; this will make them angry and even less forthcoming. Also, if you try too hard to get them to open up, you are intervening in a way that will affect their natural patterns of responsiveness. Similarly, if a mother is vague and disorganized, it is very important to avoid the temptation to try to organize them. It is not your job to get them to make sense (which you won't be able to do anyway); it is your job to create a receptive atmosphere, so that they will communicate to you as fully as they are able. Just keep in mind that your job is to hear them as they are.

The most common interviewer errors are to probe too much, or too little, either of which can make coding very difficult. (Please see Appendix A for further guidelines for probing.) Probing too much can arise for a variety of reasons, but the two most common are 1) getting enmeshed with a mother and trying to sort out a chaotic story, and 2) conducting a “clinical” interview, probing for unconscious material and the like. The first problem, enmeshment, is relatively easy to recognize because the interview goes on too long, and the interviewer finds him or herself drowning in details and continually trying to get things straight. At this point, less probing is more. The tendency of clinicians to turn the PI into a true clinical interview also leads to too much probing. In clinical interviewing, we are working with the individual to get them to articulate diffuse, complex, and sometimes hidden meanings. We are not after “meaning” in that sense, on the PI. Do not supply words for them, do not say things like “What I think you really mean to say is...”, do not summarize “when I think about all this together, I wonder whether...”. Keep your clinical voice silent; this does not mean you shouldn’t listen clinically, but it does mean you keep that line of thinking to yourself. You are really just trying to hear the story the way they tell it. Probes are meant to clarify the story, not reveal its other layers.

Probing too little usually occurs when a subject is herself defended and resistant in some way, and subtly puts the interviewer off. In these circumstances, the interviewer often feels like she is being intrusive, bothering the subject, and that the kindest thing she can do is finish the interview fast. You certainly don’t want to bug the subject any more than you have to, but if you find yourself rushing and uncomfortable, try to slow down and stick to the interview. If it is really difficult, probe selectively. In these cases, it is better to probe generally (“can you tell me more?”) than to probe feelings (“and how did that make you feel?”). Probing too little also occurs when the interviewer does not follow up simple, unelaborated answers. For instance, if a mother gives a sparse answer (which often happens when subjects are not especially comfortable with language and verbal communication), you can feel very free to ask them to tell you more, to invite them to flesh out the story. One sentence answers are very difficult, if not impossible, to code. But some subjects really need permission and encouragement to express themselves in this context, in which case you want to do the things you do with any person who is hesitant –

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encourage them and convey your interest in questions and full non-verbal engagement. Do not hesitate, ever, to ask questions that answer questions you have about an actual life event; any unclarity you feel is going to be just as vexing to the person coding the interview. Remember to always try to read your subject and adjust yourself to their comfort level, to the extent that you get scorable and developed answers. Remember too that most mothers start off slow, and that your encouragement at a slow beginning will reinforce their warming up to the task.

D. Debriefing the Mother After the Interview

After the interview is completed, again inquire if the mother has any questions about the interview or any other concerns that may have arisen during the course of the interview. Be sure to encourage the mother to raise even the slightest concern, and give them a way to reach you if they have any questions or feelings that they would like to discuss with you in the weeks after their meeting with you. This rarely happens, but sometimes mothers do have very strong feelings during the course of the interview, and they should be given a way to process these feelings with you if need be.

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Preamble:

This interview is about the feelings you've been having during your pregnancy, about your baby and about yourself as an expectant mother. It has just over twenty questions, and usually takes about an hour – give or take – to finish. Before we get started, could you tell me just a little bit about the circumstances of your pregnancy, where you're living, who you're living with, what's happening with the father of the baby, are you working or going to school, etc. (Try to sensitively get a little sense of the mother's relationship to the father of the baby, etc., just so that a context is established for the interview. This section shouldn't take more than three minutes – it is just to get background and to have a little warm-up.)

OK, thanks. That helps me get oriented. So, to start, now that you're in your ____ week of pregnancy...and you're how old?

1. What changes have you made in how active you are...for example in what you eat, and how much you exercise?

- Have there been any changes in how you are sleeping?
- How do you feel about doing these things differently?

2. Can you remember the moment you found out that you were pregnant? (Pause to let her think.) Tell me about that moment... How did you feel? Why do you think you reacted that way?

3. Can you remember the FOB's reaction when he found out you were pregnant? (Pause) Describe that moment to me... How did you feel about his reaction? Why do you think he reacted that way?

4. Can you remember what your family's reaction was when you told them? (Pause) Describe that moment to me... How did you feel about their reaction? Why do you think they reacted that way?

5. Pregnancy is usually a pretty complicated time in terms of feelings, and ups and downs. Let's start with your good feelings...What are some of the good feelings you've had during your pregnancy? If they are able to name feelings, probe for two of them, one at a time. Think of a time when you felt ____... Can you tell me about that time? Why do you think you felt ____?

6a. Have you had any hard or difficult feelings during your pregnancy? If they can name feelings, probe for two of them, one at a time. Think of a time when you felt ____... Can you tell me about that time? Why do you think you felt ____?

6b. Have you had any worries about the baby? Think of a time when you felt ____... Can you tell me about that time? Why do you think you felt ____?

Probe if they can't talk about negative feelings: If they can't come up with any negative feelings, probe for the following: Have you had any worries about the baby, or about how you'll manage once the baby's here, in terms of money, where to live, getting help with the baby, etc.? (Do they

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know how they're going to manage financially, where they'll live, how they will get help? Are they planning for it? Have they even thought through it?)

6c. What do you do when you have these feelings?

- Is there anyone you can talk to about the feelings that bother you during pregnancy?
- What makes it helpful to talk to that person?

7. When would you say you first really believed there was a baby growing inside of you?

- Can you remember that moment? Tell me about that moment... how did you feel?

8. Would you say you have a relationship with the baby now?

- If they say yes, can you think of 2 words to describe that relationship? What makes you say the relationship is ____? (Probe for both)
- **Do you have a nickname/special name for the baby?**

9. Do you know the sex of the baby? Yes: How do you feel about it? No: Do you have a preference or feelings either way?

10. What do you try to give the baby now?

- How do you feel about taking care of those needs?

11. What will your baby need from you after it's born?

- How will you feel taking care of those needs?

12. Take a minute to imagine your child in the future. What kind of person do you imagine your baby's going to be? What's the idea or picture that comes to mind? (Pause) Why do you think ____ comes to mind?

13. When you think of the first six months of your baby's life, when do you imagine you'll be the happiest? (If necessary: Why do you think that is going to be the happiest time?)

14. When you think of the first six months of your baby's life, when do you imagine will be the hardest time? (If necessary: Why do you think that is going to be the hardest time?)

15. Who's going to help you take care of the baby after it's born?

- Do you plan to go back to work/school? (And how easy/hard would that be for you?) If you are, who will be caring for the baby?

16. Since you've been pregnant, what has your relationship with your mother been like? (Again, keep in mind that if mother uses any general descriptors, like "better", probe for that and examples.)

17. In what ways do you imagine you will be like your mother as a parent?

- In what ways do you imagine you'll be different?

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18. Since you've been pregnant, what has your relationship with your father been like? (Again, keep in mind that if mother uses any general descriptors, like "better", probe for that and examples.)

19. In what ways do you imagine you will be like your father as a parent?

- In what ways do you imagine you'll be different?

20. Are there things that you're afraid you'll do as a parent? Perhaps things your parents did to you that you're afraid you'll do too?

21. How has your relationship with the FOB/husband been affected by the pregnancy?

22. How do you expect him to be involved with the baby?

23. OK, we're almost done! If you had to think of five years from now and your child is five years old, and you had three wishes for your child, what would they be?

24. Is there anything else about what it's been like to be pregnant that you'd like to add?

THANK YOU VERY MUCH!

APPENDIX A: GUIDELINES FOR PROBING

Examples of good probes:

Example 1:

Um, have you had any worries about the baby?

M: Like dreams. **(Okay)** I be havin' bad dreams and, like, baby dreams and — **(Uh-huh)** — and I get upset. **(Okay)** I think, "Oh, my God."

I: Can you think of a specific time when you felt upset? GOOD FOLLOW UP

M: About the dream? **(Uh-huh)** I felt — the dream felt real. **(Okay)** So I woke up, like — I'm like, "Did this really happen?" **(Okay)** It was scary. **(Uh-huh)** Like — [Laughter] [Unintelligible 17:28] **(Okay)** So —

I: Um, so it was really scary, so — (Yeah) — it made you feel worried.

M: I felt, like — it was like goin' to the hospital and, you know. Everybody's, like, checking me, and, you know. **(Okay)** It was horrible. **(Ah)** So I felt like something was wrong with the baby. **(Okay)** Is it gonna make it? And I was like — I didn't know what to do.

I: I see.

M: So I was like — I woke up like, "Oh, my God." Like, almost crying, but I didn't know if it was real.

I: I see.

M: So when I woke up, I just, like, checked to feel he's moving.

I: I see.

M: You know. **(Okay)** And, like, um —

I: And then he was okay.

M: He was okay. I was okay. [Laughter] **(Ah)** It was just, like — it felt so real. So —

Example 2:

I: And what do you think will be the hardest time in the first six months of the baby's life?

M: The crying.

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I: The crying.

M: The crying.

I: Uh-huh, and why do you think that's going to be hard? GOOD FOLLOW UP

M: Because I want to — I think I'd, like, I'd want to think everything bad, like, is she, like, I don't know. Probably calling the doctor's every five minutes, worrying, like, if I did something wrong, or if she's hungry, but I'll know if she's hungry or if she needs to get changed, or something like that. I don't know, I just —

Example 3:

I: Can you remember the moment that you found out you were pregnant?

M: Oh, it was not a good day.

I: It wasn't, okay. Tell me about that. GOOD ENCOURAGING HER TO FOLLOW UP

M: I don't know. When they bring me to the hospital, to the place where they do — I think it's called a hospital, I don't know. It was all the way in [City Name], (**oh-okay**) and then they did a pee test on me.

I: Okay. You gave urine in a, in a cup or something?

M: Yeah. (**Okay**) And they took all these tests, and then they said that I was pregnant.

I: How did you feel?

M: I didn't believe her.

I: So kind of shocked, maybe? Try to not provide her with mental states but instead encourage her to explain, if she can, what she is feeling. For example, ask her to say more about why she didn't believe the doctor and what that was like

M: Yeah, for the last three days I was shocked.

I: Why do you think you felt that way?

M: Because I didn't feel anything. (**oh**) Because usually, the first sign of pregnancy, to me, is, like, throwing up and feeling nauseous. I didn't; I felt like my regular self.

Examples of not probing enough:

Example 1:

- I:** Yes. [Laughter] Yeah. So there's also — how do you feel about these changes in having to do things differently?
- M:** I don't mind. (Uh-huh) I cherish every moment. I love it. Follow up with why she loves it just to see if she would say anything else

Example 2:

- I:** Uh-huh. And do you know the sex of the baby?
- M:** Boy.
- I:** Um, how do you feel about having a boy?
- M:** Great, 'cause I knew I was having a boy from the beginning.
- I:** You always knew?
- M:** Yeah. I ain't had that feeling of a girl. My mother had that feeling. I know it's gonna be a boy. Until, you know, all the ultrasound pictures and that last one tells you it's a boy. (Uh-huh) I knew.
- I:** You knew before they told you?
- M:** Yeah. I started cryin', 'cause I knew it was gonna be a boy. Would have been helpful to ask and "why do you think you reacted this way?"

Example 3:

- I:** So I got a — a little — I made us a little interrupted. So I'm gonna ask you the question we were talking about before about, um, uh, when you think of your — the first six months of your baby's life, when do you imagine you'll be the happiest?
- M:** When he says, "Mommy." No follow up. Needed to ask and "why would him saying mommy make you the happiest?"
- I:** When he says, "Mommy." (Yeah) Um, when you think of the first six months of the baby's life, when do you imagine you'll — what do you think will be the hardest time?

Examples of providing language/mental state to the mother – not a good thing to do

- I: Have you had any hard feelings during your pregnancy or, you know, down, feel down? Like being sad or depressed or angry or, you know —or overwhelmed?**
- M: Oh, yes. Oh, yes. You know. **(Is there a time?)**
- I: Well, -- any other time? Well you've been going to school, you've been going to a lot of appointments-- you've had a lot to do. That could be overwhelming.**
- M: Yeah, in school I have, we have a lady, but now the lady's not going to school, so and I feel bad because I, like I, I feel she's, she's not going to school because me and they, she's, she's, I think she's afraid that I can do something to her because when I was arguing to her, I was, I almost hit her. **(Oh.)** But the teacher —
- I: What do you think made you so angry at that moment?**
- M: Because she was my friend, I thought she was my friend and I bring her to my house and it disappears \$150 and disappear a iPhone that cost \$500. So that makes me angry. **(Okay.)** Angry, angry, and it was not even mines. It was my husband's.
- I: So she stole from you?**
- M: Yeah, so and I was like, you know what, I opened my my-- my door from my house for you, I, you ate in my house, you did this in my house, you just, you went to [city] with us, with my husband, with me, with my, you know, with my family and you do this to me? And then and I was like, you know what? Oh, my God. She's not going to school no more.
- I: So you were really furious? Try not to help her by giving her feelings**
- M: Yeah. **(okay)** And then they arguing, sometimes they arguing with my husband, they, you know, I **(um-hmm, yup)** um wanting--
- I: Let go. And couples argue.**
- M: Yeah-- like sometimes I feel alone, that I feel depressed because I'm always by myself in my house, you know, alone. I mean, my husband take me out some, all, every weekend **(okay)** to eat, you know, all day in there, but during the, the week, I go to school and then I come back here and by myself. Or if I don't go to school, stay home by myself all day. Yeah, and the only thing that I do here is cooking and then lay down, watch TV because they help me with the cleaning **(oh, oh that's good)** , so now they help me but once I get out the belly, I'm going to do all by myself again from the beginning. **(You think so?)** Oh, yes.