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Lasting Effects of an Interdisciplinary Home Visiting Program on Child Behavior: Preliminary Follow-Up Results of a Randomized Trial¹

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Child mental health is of great concern requiring effective and appropriate parenting interventions. This pilot study was the first attempt to examine the intermediate effects of an ongoing parenting home visiting program, Minding the Baby (MTB), on parental reflective functioning (RF) and child behavior. Results indicated that the women who participated in the MTB intervention described their children—when assessed post-intervention—as having significantly fewer externalizing child behaviors. However, there was no significant difference between the two groups on parental RF from the end of the intervention to follow-up. The central finding that children who participated with the MTB program were reported to have significantly fewer externalizing behaviors following the intervention has important clinical and public health implications. Recommendations for the design of future follow-up studies and for further exploration of parental RF as it relates to the MTB outcomes are discussed.

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MENTAL HEALTH PROBLEMS are estimated to affect one in five children (National Center for Chronic Disease Prevention, 2009). These problems create great vulnerability in families, increase costs to society, and are major nursing and public health concerns. Common mental health problems among children fall into two broad categories: internalizing (anxiety and depression) and externalizing behavior problems (aggression, destruction,

and delinquent behavior) (National Center for Chronic Disease Prevention, 2009). Reports from randomized controlled trials (RCTs) suggest that parents who participate in parenting programs designed to increase their parenting skills report a reduction in their children's behavior problems (Gardner, Burton, & Klimes, 2006); however, the mechanism underlying the relationship between children's reduced behavior problems and participation with parenting programs is poorly understood.

Parenting programs may be particularly important for families struggling with poverty and other forms of disadvantage, as children growing up in these environments are more likely to develop problem behaviors—such as aggression, attention problems, or delinquency (Lyons-Ruth, Alpern, & Repacholi, 1993; Smeekens, Riksen-Walraven, & Van Bakel, 2007). Child poverty rates have increased

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steadily in the United States over the past decade. From 2000 to 2010, the rate of child poverty increased from 15.6% to nearly 22% with the most notable increases occurring after 2006 (Redd, Karver, Murphey, Moore, & Knewstubb, 2011). Poverty is one of the toxic stressors that negatively affect children's development as addressed in a recent American Academy of Pediatrics policy statement (Garner et al., 2012). Research suggests that well designed and implemented programs involving parental effort and social programs can improve the lives of children and their families, particularly those with fewer resources (Moore, Redd, Burkhauser, Mbwana, & Collins, 2009). This study was designed as a pilot study to examine the intermediate effects of one such program, *Minding the Baby*[®] (MTB), on child behavior 1–3 years post-intervention.

Reflective Functioning

Parental reflective functioning (RF) is defined as a parent's capacity to envision the mental states of herself and her child (Slade, 2005) and refers to the awareness that an individual's behavior is a reflection of mental states (thoughts, feelings, intentions, desires) (Ordway, Sadler, Dixon, & Slade, *in review*; Slade, 2002). According to Fonagy and colleagues (2002), one's capacity for RF is central to self-organization and affect regulation. They further suggest that the quality of a person's RF capacity is a result of early social relationships in life (Bateman & Fonagy, 2012). Parents who are able to use parental RF are not simply reacting to their infant's or child's behavior, rather they are understanding the mental states that underlie the behavior; therefore they respond to the child's emotions, needs, and desires (i.e. the child's mental states) in a reflective manner (Slade, 2005). To date, while there are studies linking parental RF with infant attachment (Slade, Grienenberger, Bernbach, Levy, & Locker, 2005), no studies have examined the potential role of RF as a mediator of the relationship between parenting and child behavior.

Effects of Home Visiting Programs

One important focus for the prevention of adverse child behaviors such as aggression and disruptive behaviors is fostering and supporting early parent–child interactions and attachment (Lyons-Ruth & Melnick, 2004). That is the focus of many home visiting programs working with new parents. To date, relatively few home visiting programs described in the literature have reported significant longitudinal effects (Howard & Brooks-Gunn, 2009; Paulsell, Avellar, Martin, & Grosso, 2010) and among those with reported results, home-visiting programs delivered by nurses demonstrate the strongest results (Eckenrode et al., 2010; Olds, Sadler, & Kitzman, 2007). This pilot study is the first follow-up study of the MTB home visiting program, which is unique from other programs in that it incorporates an interdisciplinary

team focused on the enhancement of parental RF rather than teaching specific parental skills (Sadler, Slade, & Mayes, 2007; Sadler, Slade, & Mayes, 2006; Slade et al., 2005; Slade, Sadler, & Mayes, 2005).

Minding the Baby[®] (MTB)

The MTB home visiting program focuses on young first-time new parents, primarily mothers, who are at high risk due to multiple complex issues, including young maternal age, poverty, and history of trauma that often render them unable to identify or use clinical or other community-based resources (Sadler et al., 2006; Sadler et al., *under review*, November 2012). An interdisciplinary team of a pediatric nurse practitioner and clinical social worker provide weekly individual home visits to first time mothers beginning prenatally until their children are 2 years old (Sadler et al., 2006). The MTB home visiting program was designed as a preventive program to enhance parental RF and the development of secure attachment of the infant (and subsequent children), as well as to address maternal health and mental health issues and thereby short circuit some of the child and family mental health problems that begin early in life. The MTB program is rooted in the public health concerns surrounding the vulnerability of young parents and their children—living within under-resourced communities, with a particular focus on bringing maternal physical and mental health as well as infant mental health clinical care into the home setting. Findings from the original pilot study of the 27 month intervention indicate more securely attached infants and fewer infants with disorganized attachment, as well as less rapid subsequent child-bearing and less child maltreatment in families who received the MTB program when compared with control group families who have received routine health care. While a larger randomized clinical trial is still underway, it was important to begin to examine longitudinal effects from the initial cohort of families. The purpose of this current pilot study was to evaluate the intermediate effects (1–3 years post intervention) of the MTB program on child behaviors and parental reflective functioning (RF). We hypothesized that mothers who participated in the MTB intervention would report lower levels of child behavior problems and have increased capacity for parental RF compared to the control group. If intervention mothers were to report lower levels of child behavior problems, our secondary hypothesis was that parental RF would mediate this relationship.

Methods

Design

This pilot study is a prospective longitudinal follow-up study of the MTB home visiting program. In the original

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