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Mental Health & Prevention

journal homepage: www.elsevier.com/locate/mhp

Effects of early intervention in children at risk: Short-term and long-term findings from an attachment-based intervention program



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ARTICLE INFO

Article history:

Received 20 May 2015

Received in revised form

30 June 2015

Accepted 7 July 2015

Available online 19 July 2015

Keywords:

Child abuse and neglect

Early childhood

Early prevention

ABSTRACT

This article presents summary findings of an attachment-based early intervention program, the Ulm Model, in families at risk. Mother–infant pairs ($N=113$) received either the attachment-based intervention or treatment as usual. A significant increase in maternal sensitivity was seen immediately post-intervention for the highest-risk mothers in the intervention group; however, in a follow-up 8–22 months later ($N=53$), this effect was no longer evident. Cognitive development was assessed at follow-up as well. No correlation was found between cognitive development and the receipt of intervention services, but a correlation was found with the mother's earlier levels of sensitivity and psychosocial stress.

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1. Introduction

Following some serious cases of child abuse and neglect in Germany which received widespread media attention, policy-makers as well as professionals working with children and families began to engage in extensive debate on the causes of child maltreatment and possible strategies for its prevention. The problem is recognized as a relevant social and political issue at a national level, and a number of political initiatives have been implemented. For example, the National Centre on Early Prevention (www.nzfh.de) was established, which coordinates pilot projects aimed at improving interdisciplinary collaboration and networking between professionals as well as enhancing parental educational skills.

For families experiencing psychosocial stress, interventions that start prenatally and extend through early childhood are understood to be critical. In order to tailor the types of assistance provided, interdisciplinary support systems are needed (Ziegenhain et al., 2010; Ziegenhain, 2012; Zwönitzer et al., 2015). That is, cooperation must exist between professionals of different disciplines, especially the health care and the child welfare systems; and networking structures between these disciplines must be established.

“Early prevention”, as defined by the NZFH expert advisory committee, refers to a support system that provides coordinated services for families starting as early as prenatally and extending through the first three years of the child's life. Among other elements, it includes strategies that serve to enhance parental sensitivity and educate parents in how to provide their children with adequate care and support. Lack of awareness of a child's needs or the inability to adequately interpret these needs can result in harsh and aggressive parenting behaviors (Teti, & Candelaria, 2002; Minde, & Minde, 1997; Ziegenhain, 2004). Children who experience neglect or abuse are at elevated risk of suffering severe consequences, with the risk highest for the youngest age groups (US Department of Mental Health and Human Services, 1999).

In Germany, a number of programs have been established that are based on attachment theory (Berlin, Zeanah, & Lieberman, 2008) and are aimed at enhancing parental sensitivity and preventing child abuse and neglect. Meta-analyses have found attachment-based interventions in early infancy to be effective in fostering secure attachment (Bakermans-Kranenburg, van IJzendoorn, & Juffer 2003), and have concluded that short-term preventive interventions with a behavioral focus (i.e., supporting sensitive behaviors on the part of the parent) are more effective than programs targeting parental attachment representations.

The above findings were used to develop the Ulm Model, a short-term intervention aimed at high-risk families that concentrates on effecting behavioral changes by enhancing maternal

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sensitivity (Ziegenhain, 2007). The goal was to integrate the empirical results of infant developmental psychology and attachment theory with the concept of self-regulatory behavior (Als, 1982; Brazelton, 1999). In the intervention, which involves 7 home visits scheduled approximately 10 days apart over about 3 months, videotapes are taken of the mother and child interacting in everyday situations, and the counselor selects short clips that illustrate situations deemed to be either synchronous (mother is sensitive to the infant's signaling and the interactions are pleasurable) or not synchronous (mother is not responsive to the infant's signals, and/or interactions are controlling). The counselor reviews these tapes with the mother and uses them to discuss developmental topics and the impact of maternal behavior on the child's development. The goal is to help the mother to better understand her child's signals and to react to them promptly and adequately. The Ulm Model can be implemented as a component within the regular welfare service system (Ziegenhain, 2007). In a pilot study, it was implemented within an early preventive intervention program titled "A Good Start to Life" (Kuenster, Schoellhorn, Knorr, Fegert, & Ziegenhain, 2010; Ziegenhain et al., 2010).

The purpose of the study was to evaluate the implementation of the Ulm Model and to determine whether mothers who received this service would show a greater improvement in sensitivity post-intervention than would mothers in a treatment-as-usual control group. In a follow-up phase, we sought to determine if there were any correlations between the child's long-term cognitive development and the mother's earlier levels of psychosocial stress, received interventions and sensitivity: i.e., to see whether lowering stress and enhancing maternal sensitivity would act to foster the child's development.

Detailed results of the evaluation and follow-up of the Ulm Model are published elsewhere (Kuenster et al., 2010; Bovenschen et al., 2012; Pillhofer et al., 2014; Zwönitzer et al., 2015). This article summarizes the findings, in order to evaluate the effectiveness and long-term effects of early intervention on families at high risk.

2. Material and methods

2.1. Study implementation and design

Professionals from the regular youth welfare and health care systems, including social workers, midwives, psychologists, etc., were trained in the Ulm Model and encouraged to integrate it into their work. All participating professionals underwent a 16-day training in the application of the model, during which they worked under supervision.

"A Good Start to Life" was implemented between 2007 and 2011 in four German states: Bavaria, Baden-Wuerttemberg, Rhineland-Palatinate, and Thuringia. The program was directed at new mothers who met at least one of the following risk factors: teenage motherhood, maternal psychosocial problems, maternal mental health problems, immigrant background, and infant with developmental problems. Study participants were recruited by practitioners of collaborating health care or child welfare services (Pillhofer et al., 2014).

In the primary study, mother–infant dyads were provided with services for 3 months, with two-thirds receiving interventions that included the Ulm Model and the remainder receiving treatment as usual. Participants were assessed at study entry as being at either moderate or high risk for child abuse and neglect. Measures of maternal functioning were conducted at baseline (pre-intervention), post-intervention, and when the child was about 6 months and 12 months of age. Participants were contacted 8–22 months later, when the child was aged two to four years, and invited to

take part in a follow-up study that investigated longer-term changes in maternal sensitivity and evaluated the impact of intervention services, maternal sensitivity, and maternal psychosocial stress on the child's cognitive development.

Both the primary study and the follow-up assessment received ethics approval from the Institutional Review Board of Ulm University Hospital, and signed informed consent was obtained from all participants.

2.2. Sample

A total of 113 mother–infant pairs were recruited for the primary study. Only 53 (46.9%) agreed to take part in the long-term follow-up, for a dropout rate of 53.1%.

In the primary study, 64.2% of the mothers were first-time parents, 73.5% were single, and 28.9% had less than a high school education (Pillhofer et al., 2014). There were no statistically significant differences in maternal sociodemographic data between the intervention group and the control group, or between the primary and follow-up stages of the study. At the time of study completion, the mean age of the children was just under three years (35.2 months, $SD=10$), and the mean age of the mothers was 28.5 years ($SD=6.7$). With regard to living circumstances, 32.1% ($N=17$) of the mothers were living alone and 66% ($N=35$) were living with a partner (Zwönitzer et al., 2015).

2.3. Measurements

In the primary study, measures of maternal sensitivity and psychosocial stress were assessed at four time points for all participants: pre-intervention, at the end of the intervention, and when the child was about six months and 12 months of age. For the subset of participants who agreed to take part in the long-term follow-up, when the child was aged two to four years, maternal sensitivity and psychosocial stress were assessed again, along with measurements of the child's cognitive development and a questionnaire to determine what additional services had been received over the intervening time. Ideally, the follow-up visit would have taken place when each child was the same age; however, this phase of the study was not planned until after the primary study was done, and when the funding for it was received, it was necessary to carry it out within one year.

Maternal sensitivity was assessed using the CARE-Index (Crittenden, 2007), a tool for measuring the sensitivity of mother–child interactions. Videotapes of 3–5 min duration were taken while the mother was asked to either play with her infant as she usually would or to carry out routine care-giving tasks. The tapes were later viewed and scored by seven reliable coders on a 13-point scale, with a score of less than 5 indicating parenting at "high risk" for child maltreatment, 5 or 6 indicating "inept", and 7 or higher indicating "adequate". To measure inter-rater reliability within our working group, we established a set of 21 videos that were representative of our sample, and determined that inter-rater reliability was high (ICC; $r=0.74–87$) (Pillhofer et al., 2014; Zwönitzer et al., 2015).

Subjective feelings of stress in the mothers were assessed using the following three instruments: (1) The "Allgemeine Depressionskala" (ADS-L; Hautzinger, & Bailer, 1993) is the German version of the Center for Epidemiological Studies Depression Scale (CES-D). Depressive symptoms were investigated using the 20-item version of the ADS-L, a self-assessment questionnaire which measures the presence and duration of impairments due to depressive affect, physical ailments, motor restraint, and negative thought processes. (2) The Brief Symptom Inventory (Franke, 2000) is a 53-item self-evaluation questionnaire in which the respondent rates the occurrence over the past week of 9 categories

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