



Full length article

Sensitivity and attachment interventions in early childhood: A systematic review and meta-analysis

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ABSTRACT

A systematic review and meta-analysis of randomized controlled trials (RCT) was conducted to determine whether early interventions are effective in improving attachment security and parental sensitivity. Electronic databases were searched 2002–2015 onwards. All RCTs delivered to mothers, fathers or carers, before their child's mean age was 36 months, via 1:1 support, group work or guided self-help were included. The search was restricted to English Language publications. Study Selection, data extraction and quality appraisal were independently undertaken by two authors. With regard to analysis, where appropriate, dichotomous data were pooled using the Mantel-Haenszel odds ratio method and for continuous data descriptive statistics were collected in order to calculate standardized mean differences and effect sizes.

Four studies met inclusion criteria and were divided into two groups: North American & Canadian and South African based studies. Combining data from both groups indicates that early interventions improve attachment security and improves rates of disorganized attachment. One study provided extractable data on the outcome of parental sensitivity which shows that early interventions were effective in improving maternal sensitivity at 6 and 12 months. Study results generally support the findings of a previous review (Bakermans-Kranenburg et al., 2003) which found that early interventions improved attachment security and maternal sensitivity.

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1. Background

Early interventions focusing on promoting parental functioning and secure infant attachment with young mothers, have developed significantly over the last few years informed by increasing recognition that brain development is most rapid in the first three years of life. It is therefore at this time when the greatest positive outcomes can be achieved, and subsequently, progress maintained throughout a child's lifespan (Sweet & Appelbaum, 2004). It is a child's early experiences that can affect their long-term social, developmental, behavioral and health outcomes (Robinson, Miller, & Rickard, 2013). At risk families and those living in adversity often lack the resources and experience for achieving optimal wellbeing (Nievar, Van Egeren, & Pollard, 2010). Early interventions, often anchored within home visiting programmes, have shown positive effects on pregnancy outcomes, child abuse and neglect (Olds, Hill, Robinson, Song, & Little, 2000), A&E attendances, hospitalizations, immunization rates, parental knowledge and competence, maternal psychological health and maternal behaviour

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(Nievar et al., 2010). Montgomery, Gardner, Bjornstad, and Ramchandani (2009) also report an improvement in parent-child interactions and mental health outcomes.

1.1. Home visiting interventions: the approach

Since the mid-1990s, a range of home visiting and parenting programmes has evolved to address a range of issues and problems in the parent-infant relationship and parenting capacity and capability. Home visiting programmes and early interventions emphasize the importance of parental behaviour in influencing and improving the lives of children by directly targeting well studied mechanisms of risk in early childhood development which frequently focus on key domains of parent-child relationships (Olds et al., 2000; Olds et al., 2004). Most home visiting programmes assume that vulnerable parents, lacking experience and resources, need additional support to promote their child's development (Olds et al., 2000). Home visiting programmes enable professionals to observe family dynamics and the environment in which the family lives, affording a better understanding of the needs of the family (Olds et al., 2000). Delivering support in the home also provides an opportunity to involve the whole family and is beneficial in building a therapeutic relationship (Sweet & Appelbaum, 2004).

1.2. Impact of home visiting programs: the current state of the evidence

Home visiting programmes have been most extensively researched and studied over the past twenty years and deemed to be crucial to reaching disenfranchised and disadvantaged families across a range of communities internationally. Although a comprehensive review of these programs is not possible here, the interested reader is referred to Howard and Brooks-Gunn (2009) and Olds, Sadler, & Kitzman, 2007. A number of studies has shown that visited families have significantly better outcomes than control families, with respect to a raft of diverse key outcomes including sensitive care giving, secure attachment, mother-child interactions, and child mental developmental outcomes at 24 months (Slade, 2005; Olds, Robinson, O'Brien, Luckey, & Pettitt, 2002). Olds and colleagues have also found that home based intervention programmes had a number of health and social beneficial impacts: reduction in maternal smoking, preterm births, and emergency department visits for illness and injury in both infancy and childhood. In addition, mothers reported fewer subsequent pregnancies, increased employment, increased father involvement, and decreased time on welfare. These impacts were sustained in the long term: at 15 and 20 year follow-up, mothers receiving home based intervention programmes were less likely to have abused or neglected their children, had become less reliant on welfare benefits, had fewer behaviour problems linked to substance abuse, had fewer arrests. These positive outcomes applied to their children who had fewer arrests, convictions, sex partners, and days of consuming alcohol (Kitzman et al., 2010; Olds et al., 2000; Olds et al., 2010).

In the UK, we have witnessed the implementation of the Family Nurse Partnership programme which has been driven by safeguarding children, particularly targeting young, inexperienced mothers, who are considered to be most vulnerable and at increased risk of poor outcomes (Robinson et al., 2013).

1.3. Contemporary approaches to home visiting programmes

Home visiting programmes and early interventions have previously focused on promoting sensitive care giving and optimum parenting, hence the promotion of positive maternal behavior which in turn led to a clinical emphasis on teaching parents and modifying behavior (Puckering, 2004). More recently, in the implementation of home visiting programmes, there has been a shift towards more relationship based, psychotherapeutic approaches promoting parental reflectiveness and or mentalization through relationships in order to promote positive parenting, attachment and maternal sensitivity (Munro, 2011). The 'Minding the Baby®' project commissioned by the National Society for the Prevention of Cruelty in Children (NSPCC) incorporates these types of approaches and is currently being piloted in the UK by the NSPCC (NSPCC, 2015; Sanger, Haynes, Mountain, & Bonett-Healy, 2015) having proven successful in the USA. This is an intensive, flexible, relationship-based, interdisciplinary, trauma-informed and mentalization-based programme, embedded in community health care. Multi-level and modal types of inter-disciplinary interventions are delivered in partnership by an expert nurse or midwife and social worker. Results from the USA have found that following the intervention, mother-child interactions were less disrupted, infants were more likely to be classified as secure and less likely to be classified as disorganized in attachment style. Additionally, the mothers' level of reflective functioning improved and families were less likely to be referred to child protection services (Slade & Sadler, 2013). These reported findings indicate promising results for the pilot study currently being undertaken in the UK.

1.4. Attachment & reflective functioning

It is firmly established in the attachment field that the quality of the infant's attachment to their primary caregiver is robustly related to a range of child outcomes (Goldberg 2000; Slade, 2005). The type of caregiving an infant receives is now understood to be central to a preverbal set of expectations, or an internal working model of human interaction that the infant would develop and carry throughout life (Brandon et al., 2009). Furthermore, empirical findings have highlighted the role of the mother's own mental state with respect to attachment – referred to as her internal working model of attachment, in shaping the sensitivity of care, and thus her child's attachment security (De Wolff & van Ijzendoorn, 1997). These attachment

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