

Van Bakel, Hedwig ¹, Eliëns, Marij ², Van der Zeeuw, Cecilia ³ & Kerkhofs, Barbara ³

¹ Tilburg University, ² Youth care centre De Combinatie, ³ GGZ Eindhoven (Mental Health Care Centre) The Netherlands

INTRODUCTION

Preventive intervention programmes for vulnerable infants of high-risk parents have recently gained more and more attention (Barlow et al., 2003, 2009). Infants in at-risk families (in which parents have severe problems themselves) often stay invisible to care for a long time, and referrals to professional care generally take place too late. Patterns of negative interactions between parents and infant have already occurred or have even become set, which increases the risk of an adverse socio-emotional development of the child. It is for this reason that the Project "Baby Extra" was initiated. "Baby Extra" functions as an intermediary between at-risk parents and health care providers and closely cooperates with several mental health care organizations, hospitals and youth (health) care centres. During one antenatal and one postpartum two-sessions-module the contact between (expectant) parents and their infant is promoted in an attempt to enhance the quality of parent-infant interaction and to prevent the infant from developing attachment problems.



INTERVENTION

Intervention

The Baby Extra Programme is theory-driven and based on concepts such as attachment (Ainsworth et.al, 1978), attunement (Stern, 1985; Tronick, 1989) and face-to-face communication (Beebe & Lachmann, 2002). It also incorporates the most important elements for successful preventive programs such as 1) early (e.g., prenatal) identification of at-risk families/parents, 2) initiation of supportive services during pregnancy (or shortly after birth), 3) voluntary participation, 4) case management support 5) provision of parenting education, guidance and support, 6) limited but goal-directed sessions with video-feedback and 7) integration within existing service structures.

The programme consists of two antenatal and two postnatal sessions. The first face-to-face contact takes place during pregnancy. The session is informative and supportive and particularly focused on parenthood expectations and forming relationships. In the second session during pregnancy the parents are shown a demonstration video about labour, first moments of contact with the baby and developmental milestones in the first year of life. After birth, the second two-sessions module takes place. The module after birth consists of a first face-to-face contact where a video recording is made of a care moment with the baby (T0).

In the first session attention is paid to the problems and questions of parents concerning care of the infant and contact between parent and infant. The second session is a video feedback session in which the taped video is discussed with the parents. This brief Video Interaction Guidance (VIG) is a method to guide and support attunement and positive contact between parent and infant (Eliëns, 2005). VIG uses edited video feedback to help parents identify their strengths and to achieve desired goals. After this second postnatal session parents receive a DVD with edited clips of the positive moments of contact with their infant. When the two-sessions modules are insufficient for parents and they still feel incompetent, then the Baby Extra therapist will actively support and assist the parents to seek for appropriate care and care providers in the region.

METHOD

Participants

In the present study 27 women and their infants participated. Twelve mothers ($M_{age} = 31.5$ yrs, $SD = 3.85$) and their infants were enrolled in the Baby Extra project, and the healthy control group consisted of 15 mothers ($M_{age} = 32.4$ yrs, $SD = 5.4$) and their infants.

Procedure

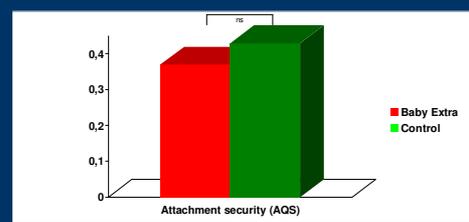
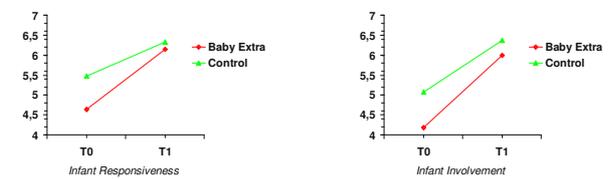
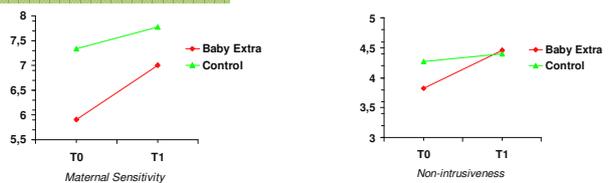
In the Baby Extra group ($n=12$), mothers with psychological/psychiatric and/or addiction problems are studied at the time of referral to Baby Extra (T0) and when the infant is 12-15 months of age (T1, $M_{age} = 11.9$ months, $SD = 3.5$). In a healthy control group without serious risk factors mothers and infants are also studied at T0 and T1 ($M_{age} = 13.7$ months, $SD = 3.8$).

At T0 and T1 a parent-infant interaction episode is videotaped (free play session/changing a diaper) and at T1 the child's attachment security is also assessed during a home visit.

Measures

The video-taped parent-child interaction episodes were rated using five rating scales (Biringen et al., 1998, 3rd ed.) to assess the quality of 1) Maternal sensitivity, 2) Structuring, 3) Non-intrusiveness and 4) Non-hostility. The infant's behaviour was rated on 1) Responsiveness and 2) Involvement. The child's quality of attachment behaviour was rated during a two-hour home visit at T1 (between 13-15 months) with the Attachment Q-Sort (Waters, 1997). A score between -1.00 (very insecure) and +1.00 (optimal secure) indicates the child's secure base behaviour.

RESULTS



CONCLUSION

The first preliminary data of the pilot study showed the Baby Extra Programme to be a successful and promising low-cost preventive intervention programme for vulnerable families with infants.