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UNIVERSITAT AUTÒNOMA DE BARCELONA

**IMPROVING QUALITY OF MOTHER-CHILD RELATIONSHIP AND
THEIR ATTACHMENT, AS A FACTOR OF MENTAL HEALTH: A
SYSTEMATIC REVIEW OF INTERVENTIONS.**

Joanna Riera Martínez

Tutor: Sergi Ballespí

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TABLE OF CONTENTS

1. INTRODUCTION.....	1
2. METHODOLOGY	4
3. RESULTS.....	5
3.1 Origin of interventions	6
3.2 Differences according to population.....	7
3.4 Four types of interventions	8
3.5 Measures to evaluate the outcomes	21
4. DISCUSSION	22
4.1 Limitations	24
4.2 Future research	25
4.3 Implications.....	26
5. CONCLUSIONS	26
6. ACKNOWLEDGEMENT	26
7. REFERENCES	27

IMPROVING QUALITY OF MOTHER-CHILD RELATIONSHIP AND THEIR ATTACHMENT, AS A FACTOR OF MENTAL HEALTH: A SYSTEMATIC REVIEW OF INTERVENTIONS.

ABSTRACT: Early maternal-child attachment security give the foundation for a correct social and mental development from children. There are some interventions targeting qualities of caregiver-child relationship such maternal sensitivity or reflection function. This systematic review conduces to examine the effectiveness of such interventions. The methodology utilized is PRISMA through electronic databases exploring studies published since 2014 to 2016. The study population comprises children of perinatal to 12 years old and their principal caregiver. For the final evaluation, 14 studies were selected which met the previously established selection and quality criteria. The review finds evidence of the efficacy of the interventions assessed, although serious limitations, such sample size or lack of control group, were also detected, which should be taken into consideration when designing future interventions. The likelihood of success is more when it enhances significantly more than one feature that helps improving maternal-child attachment secure. In this way, 20-Week COS intervention (Powell et al. 2014) and MIP (Norman, 2001) seems to be the most effectiveness. Finally, the findings indicate the need for continuity to develop news efficacy studies of this type of intervention and enhance professionals to use it in not only high-risk population but also low-risk.

Keywords: systematic review, maternal-child attachment, intervention, maternal representations, mother-child interaction, caregiver-child attachment, maternal sensitivity, reflective function.

1. INTRODUCTION

Despite being underestimated in studies of psychopathology, it is known that early secure maternal-child attachment relationships give the foundation for a correct development of the child through all his life.

Since the seminal work of John Bowlby (1969-1981), backed up by scientific studies of his collaborator Mary Ainsworth (1965; 1967) who developed a procedure for observing and assessing the quality of attachment in relationships between a caregiver and child, it is known that a secure attachment contributes to the development of a) the necessary confidence to discover the world with security, b) the self-confidence, c) the mother support to this discovery in order

to get an autonomous live in a, sometimes unstable, world and d) to the develop of basic mental structures such as self-esteem, self-concept or mental representation of others (Fonagy, 2002; Frith, 2003; Grienberger, 2005; Kim, 2015). These elements determine not only the type of social relations we have with others but also with our-self (Kim, 2015). On this context, the role of caregiver is the most important aspect to develop the intersubjectivity, social relationships, prosocial behaviours, assertiveness and many other crucial dimensions to live and to adapt to an interpersonal world (Allen, 2006). Given the importance of these features in the life of people it has been suggested that we are in front of the generation, enhancement and maintenance of mental health (MaBeth, 2011; McGauley, 2011; Pijnenborg, 2012; Sanamé, 2013).

The quality of attachment is characterized by a child's demonstration of comfort when the child has a secure base to explore the world. In stressful situations, secure attached children can express negative emotions. Moreover, they are able to redirect the response taking into account the sensitive responsiveness of their caregiver until their baseline approaching to the caregiver (Bowlby, 1988). In contrast, the insecure patterns of attachment are not able to respond in an adaptive way. There are three types of insecure patterns: insecure-avoidant (A) in light of an overprotective parents, insecure-ambivalent (C) in light of hostile parents and disorganized (D) which are children that are contradictory, misdirected, freezing or fearful in the presence of the mother (Bakermans-Kranenburg, van IJzendoorn & Blom, 1999). This D type is not included in DSM-5.

The child at the beginning doesn't know too much about emotions, reactions, desires or frustrations and it is thanks to the caregiver sensitivity that the child will learn to put name to these concepts making it available to be thought for the mental child, in other words, to be mentalized (Kim, 2015; Frith, 2003). Furthermore, MZ allows us 1) to understand our contributions to the problems or conflicts with others 2) to change our conducts and to keep calm when we are disturbed, promoting our ability to deal effectively with our conflicts, and moreover, 3) to relate to ourselves and others with empathy and compassion.

Both mentalization (MZ) and attachment procedures seem to share a similar process of intergenerational transmission. Leckman (2004) and Crittenden (2008) show, through neuroimaging studies, that

mothers with insecure attachment have problems to process the sadness and inhibit the negative affective responses (low MZ), so, they cannot process correctly their children and don't know how work with. Kim (2015) shows that MZ mother predicts the same ability for their children, in other words, MZ begets MZ while non-MZ begets non-MZ. On the same way, Bouchard (2008) shows that mother reflective function could be a predictor of the type of child attachment. This intergenerational pathway from reflective functioning to infant attachment through parenting, justify the importance of the interventions in early care of children (Ensink et al. 2016).

As an example of the importance of what we are saying, recent studies in neuroscience have demonstrated both 1) the importance of socio-emotional attachment to the child into his/her development 2) the importance of the MZ as a mediating variable in the relationship between attachment and mental health. For example, the intergenerational transmission of attachment and MZ are related with the Oxytocin Neuropeptide. It improves the perceived relevance of the social signals, generates a sense of security, builds confidence reciprocal and mobilizes the behavioural approach (Carter, 2014 cited in Kim, 2015). These important functions of Oxytocin emerge in its intersection with others neurobiological systems, including the hypothalamic-pituitary-adrenal axis as a stress regulator, Dopamine involved in the reinforcement, Vasopressin involved in the social adaptation and the neurotrophic factor as a factor of neuronal plasticity development. During pregnancy the relationship between Oxytocin and Dopamine increase. The Oxytocin

production is less in people with insecure attachment (Pierrehumbert, 2012 cited in Kim, 2015) therefore, MZ is also affected. These results are according to Feldman (2013, cited in Kim, 2015) when he says that mothers with a deficit in MZ show a decrease in Oxytocin and in the relationship with Dopamine.

We consider the relevance of the mother-child relationship and their interaction is crucial for the development of the child attachment with all the implications that it has in the future life, as we already explained before. But, despite of that, treatments with a direct approach to have promote secure attachment through mother-child relationship are scant and not all of them have been validated its effectiveness scientifically. For this reason, we think that is really necessary to synthesize the knowledge that we actually have about the effective of the interventions aimed at improving maternal-infant attachment quality.

This type of interventions are focused on the two constructs most proximal aimed at improving maternal-infant attachment quality, these are a) Maternal sensitivity, which it means, sensitive and appropriate responses to de child's signals to exploration and b) Maternal reflective function, which it means, mother ability to reflect on her own and her child's behaviour, thoughts, and feelings in attachment/caregiving interactions and on her personal experience and history affecting current caregiving interactions (Letourneau, 2015). While maternal reflective functioning is the internal capacity to mentalize or envision mental states in oneself and one's child (Fonagy, 2006) maternal sensitivity is characterized by observable parenting behavioural

responses to infant cues (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003).

Letourneau et al. (2015) studied the effectiveness of interventions focused on increasing maternal sensitivity alone or in combination with reflective function, including literature search current to October 2013. In order to do the Metanalysis, only those using the Strange Situation Procedure were aggregated (seven interventions).

The results showed that there was a beneficial effect of the interventions aimed at increasing maternal sensitivity alone or in combination with reflective function as compared to no or standard intervention. The significant OR (2.77) suggests that compared to infants who did not receive the attachment intervention, infants who received the intervention were nearly three times as likely to be securely attached. Effects were greatest for maltreated and highly irritable children (Cicchetti et al., 2006; Van den Boom, 1995), also for mothers and children affected by socioeconomic adversity (P. Cooper et al., 2009; Svanberg et al., 2010), maternal depression (Van Doesum et al., 2008), and recent adoption (Juffer et al., 2005; Juffer et al., 1997). The ineffective interventions were delivered to families with relatively low psychosocial risk, these observations suggest that maternal-infant attachment interventions focused on maternal sensitivity and reflective function will be most beneficial if targeted to higher risk childbearing populations. The most successful intervention consisted of intense, prolonged infant-parent psychotherapy (Cicchetti et al., 2006). The much longer duration of P. Cooper et al.'s (2009) intervention suggests that either (a)

professionally trained healthcare providers or (b) video feedback may add to the efficiency and effectiveness of direct interventions aimed at improving maternal–infant attachment security.

Moreover, most effective interventions occurred between the ages of 3 and 9 months, with only one beginning prenatally, suggesting that effective interventions do not need to begin immediately after birth but can rather wait until the middle of the infant's first year of life and still be effective. This conclusion supports Bakermans-Kranenburg et al.'s (2003) earlier contention that interventions need not begin until infants are 6 months of age. However, neither this nor Bakermans-Kranenburg et al.'s (2003) review can provide guidance for when during this six month window intervention is likely to be most or least effective.

In conclusion, this narrative and meta-analysis review found beneficial effect on maternal–child attachment before children are 3 years of age. Direct interventions focused on maternal sensitivity and/or reflective function is effective, and perhaps most beneficial to high-risk childbearing families (vs. low risk families). It seems that video feedback on sensitive responsiveness during the visits improve the promotion of secure maternal-child attachment. According to the authors, additional research is needed to explore the optimal timing for attachment-based interventions.

In front of that, the aim of our systematic review is to examine the effectiveness of interventions aiming to improve maternal-child attachment security with studies published since 2014 to 2016.

2. METHODOLOGY

PRISMA checklist methods were employed for the systematic review. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) methods use a robust and comprehensive framework to conduct systematic reviews in a structured approach to data collection, critical appraisal and analysis of research.

Information sources and search

Studies were identified by searching through the next bibliographic databases: Cochrane, PubMed, PsycINFO/PsychNET, SCOPUS, ProQuest Central, Web of Science, Wiley Online Library, Springer and Taylor & Francis Online. The articles classified to be part of this review were found in the next online journal: Journal of Social and Clinical Psychology, Child Abuse & Neglect Journal, Infant Mental Health Journal, Journal of Child and Family Studies, Child Development Journal, Journal of Child Psychology and Psychiatry. The following expression was used in the search strategy:

(Treat OR Interv* OR Therap* OR Program* OR Psychotherap*) AND (Mother* OR Care* OR Caregiver* OR maternal* OR Parent*) AND (Child* OR baby* OR infant*) AND (mother-child interaction* OR mother-child relation*) AND (Maternal sensitivity* OR Reflection Function* OR Attachment* OR Circle of Security*).*

The expressions consists on truncated words and Boolean operators

Truncation is represented by an asterisk (*). It includes in the search all the words with the same root and different endings. The “AND” operator includes in the search both terms that are found before and after

the operator. The “OR” operator includes at least one of the search terms that are placed right before and after the conjunction.

Study selection and data clinical trial

The Manager Database was Mendeley.

The pre-selection criteria are determined by the following conditions:

- a) The keywords used in the search were to be first on the abstract section.
- b) English was the only language allowed.
- c) Only articles were allowed.

The selection criteria consist on:

- a) Interventions are routed early childhood.
- b) Results had to be consistent with the objective to be answered.
- c) Only articles with assessment methodology of interventions were included.
- d) The primary outcome had to be related in early infant attachment topic.
- e) Interventions have to contain a pre-evaluation and a post-evaluation.
- f) Samples must contain at least $n \geq 15$ dyads.

g) Only articles published at latest 2014 were included for use the Letourneau Narrative Review (2015) as our base. Information from the included studies was then analysed.

3. RESULTS

A total of 83 studies were identified after the initial search and the deletion of duplicates in the different electronic databases. The screening phase involved the examination of titles and abstracts of all studies identified according to the selection criteria. Consequently, a total of 52 studies were excluded, 6 reviews (systematic reviews, critical reviews, narrative reviews) were considered and 25 studies were selected to the next phase. From the nominated ones, 8 were excluded since it did not fulfil the methodological criteria. Following the procedure, 14 eligible empirical studies fully met the previously stipulated eligibility criteria for inclusion in the systematic review process (see Figure 1).

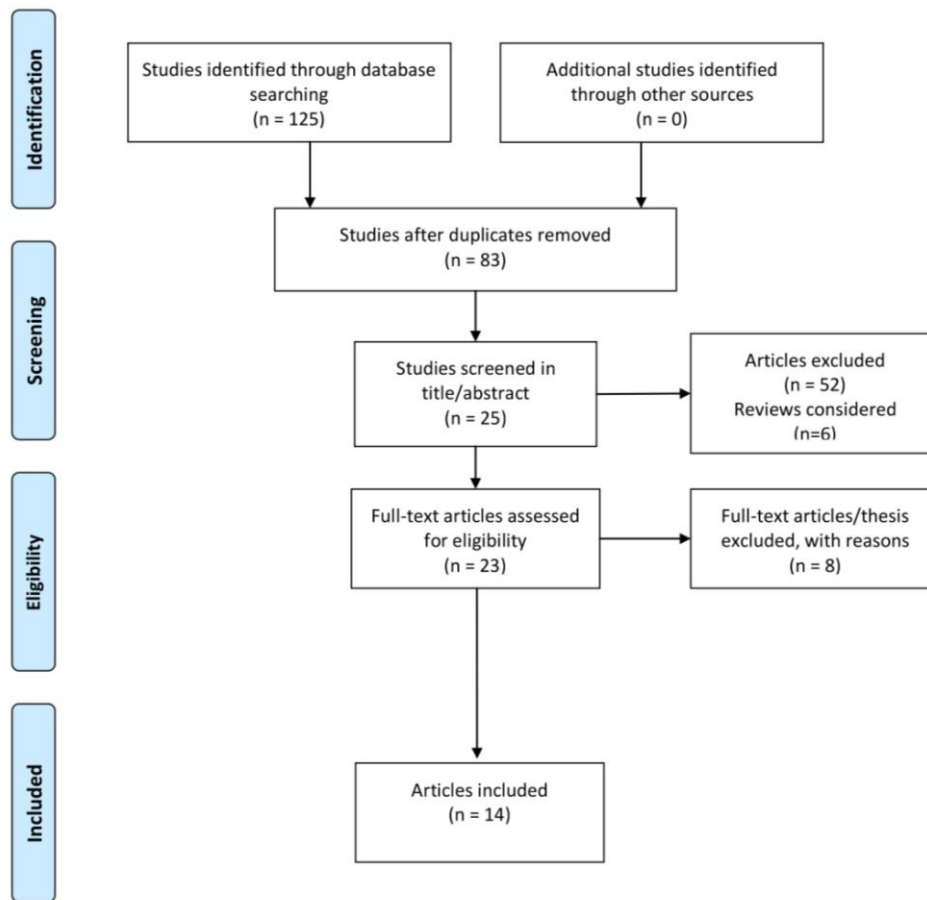
**PRISMA 2009 Flow Diagram**

Figure 1 - PRISMA flow diagram of the study selection process.

The studies included in the SR are: Allen (2014), Bain (2014), Baker (2015), Bernard (2015), Berlin (2014), Carnes-Holt (2014), Cassibba (2015), Horton (2015), Huber (2015), King (2015), Lavi (2015), Muzik (2015), Pillhofer (2015) and Salomonsson (2015).

3.1 Origin of interventions

This systematic review exposes interventions originated from the beginning of 21th Century (see Table 1). Even though this systematic review includes articles published from 2014 and

on, it does not determine the origin of the creation of interventions, so, the proliferation of interventions is best explained by an increase in concern to improve caregiver-child relationship. The oldest one is Mother-Infant Psychoanalytic treatment by Norman (2001) and the newest one is 20-week COS intervention by Powell, Cooper, Hoffman & Marvin (2014). Some of them are inspired by older therapies, like Mother-Infant Psychoanalytic treatment (Norman); others are new interventions as Parent-Infant Psychotherapy “New Beginnings” (Baradon et al. 2008). Each intervention works in

different characteristics which can be found in caregiver-child interaction when it is trying to improve caregiver-child attachment (see Table 5).

3.2 Differences according to population

All the interventions were analyzed with infants from perinatal to 12 years old and the duration of the interventions last from 8 sessions (COS-P) up to 20 sessions (20-

week COS). Although each study looks for improvements in a specific population if the sample is enough randomized and the sample is greater than 30 ($N > 30$), outcomes may be generalized to a broader population (see Table 2).

Along this review, the term high-risk and low-risk populations are often used. High-risk population refers to the community with a higher-than-expected risk for

Intervention	Authors	Year of publication
Mother-Infant treatment (MIP)	Psychoanalytic Norman	2001
Attachment and Biobehavioral Catch-up (ABC)	Dozier & The Infant Caregiver Project	2006
Child Parent Relationship Therapy (CPRT)	Landreth & Bratton	2006
Child-Parent Psychotherapy (CPP)	Lieberman & Van Horn	2005, 2008
Parent-Child Interaction Therapy (PCIT)	Thomas & Zimmer-Gembeck	2007
VIPP-R Intervention program (VIPP-R)	Juffer, Bakermans-Kranenburg & Van Ijzendoorn	2008
Tuned In Parenting Program (TIP)	Priddis, Wells, Dore, Booker & Howieson	2008
Parent-Infant Psychotherapy "New beginnings" (PIP)	Baradon, Fonagy, Bland, Lenar & Slead	2008
Emotional Attachment and Emotional Availability (EA2)	Biringen	2008
Circle Of Security-Parenting Program (COS-P)	Cooper, Hoffman, & Powell	2009
Attachment-based Ulm Model Intervention	Kuenster, Schoellhorn, Knoww, Fegert, Ziegenhain	2010
Mom Power intervention (MP)	Muzik, Schimicker, Alfafara, Dayton, Schuster & Rosenblum	2010
20-week COS Intervention	Powell, Cooper, Hoffman, & Marvin	2014

Table 1 - Interventions: Authors and year of publication

Caregiver population type	Effective Interventions	Children population type	Effective Interventions
Insecure attachment mothers	PIP, ABC, VIPP-R, 20-week COS	Autism children	PCIT
Depression/Anxiety Postpartum depression Other health mental problems	PCIT, MIP, PIP, TIP, MP, CPP, MIP	Children experiencing disrupted	PCIT, CPRT
Parenting Stress Parenting Distress	PCIT, ABC, CPRT, MIP, EA2,	Externalizing and internalizing behavioural problems	PCIT, CPRT, 20-week COS, EA2,
Abusive parents	PCIT, CPP, COS-P	Foster children	PCIT
HIV/AIDS (aug. psicosocial stress and Postpartum depression.	PIP	Emotional, physical or sexual Abused child (Trauma)	CPP, Ulm Model, MP
Substance-abuse problems	ABC, COS-P	Neglect child	Ulm Model, MP
Adoptive families	PCIT, CPRT, EA2	Infant distress	MIP
Childhood maltreatment/abuse/trauma history	PIP, ABC, COS-P, MP, CPP, TIP		

Table 2- Effective intervention for each population type

developing a particular disease, which may be defined on genetic defect, physical attribute, lifestyle habit, socioeconomic feature and level of education. In this case, high-risk population are the individuals who have genetic defect and/or disorganized context and/or health problems and/or an education level up to high-school studies and finally, a low socioeconomic level. Low-risk population refers to the opposite of the description of high-risk population.

3.4 Four types of interventions

Interventions can be grouped in four types:

- a) Video-feedback interventions
- b) Individual family interventions
- c) Group families' interventions
- d) video-feedback combined with individual or group intervention. Non-physical power is used in any interventions.

Video-feedback interventions

Supervised video-feedback sessions (On distance)						
Intervention	Study & Aim	Methods	Participants	Measures	Terms to evaluate	Outcomes (P<0.05)
VIPP-R Intervention Program	Cassibba et al. (2015) Italia AIM: To explore the effectiveness of the Video-Feedback Intervention	Pre and post Two types of group: →Group Control →Intervention group	N= 32 infant with their mother. N= 6 intervention group N= 16 control group Children: 6-13 months old.	Emotional Availability Scales (EAS) The Strange Situation Procedure (SSP) Adult Attachment Interview (AAI)	Maternal sensitivity The security of mother-infant attachment. Security of mother's attachment representations	↑Maternal sensitivity ↑Infant Attachment security Only mother with previous insecure attachment representation may benefit from the intervention.
Circle Of Security-Parenting Program (COS-P)	Horton et al. (2015) North Carolina State. AIM: A quantitative exploratory evaluation of the effectiveness of an attachment-based parent program, Circle of Security-Parenting (COS-P).	Pre and Post No control group Quantitative exploratory evaluation Patients were 4 days training in COS-P and 9 weekly group sessions. Video-feedback	N=15 mothers in residential treatment for substance abuse. Children: under of 12 years old.	Reliable Change Index (ERQ) The Emotion Regulation Questionnaire (PAT) The Parent Attribution Test (PCF) Perceived Control Factor (PS) The Parenting Scale	Reliable positive change Emotion regulation Parental attributions Parental discipline practices	↑Parental discipline practices. ≈Emotion regulation ≈Parental attributions. ≈Reliable positive change: 44% showed positive changes on at least one of the previous parenting factors.
Tuned in Parenting Program (TIP)	King et al. (2015) Australia AIM: To explore the outcomes of a parent-child	Pre and Post Self-report measures were summarized. 9 weeks	N=14 mothers Children: 4-24 months old.	Post-natal Depression: EPDS Depression, Anxiety and Stress Scale: DASS-21	Depression Anxiety Parenting Stress	↓Reduction in symptoms of maternal depression and anxiety. ↑Maternal sensitive

	relationship intervention for enhancing maternal sensitivity to the infant's needs and increasing maternal emotional wellbeing in the parenting situation.	Audio recordings from semi-structured interviews were analyzed using a thematic and content approach. Video-feedback		Parenting Stress: PSI/SF The Pleasure in Parenting Scale Tuned In Parenting: TIP-RS	Emotional Wellbeing of Parent Verbal and non-verbal cues of children and responses of mothers.	responsiveness. ↑Maternal Wellbeing. ↑Mother-Child Interaction
Emotional Attachment and Emotional Availability Intervention (EA2)	Baker et al. (2015) Colorado State To test the online modality EA2 Tele-Intervention	Pilot Study with Pre and Post evaluation. Two types of groups: → Delayed intervention group (DG) (Control group) → Immediate intervention group (IG). 6 weeks Video-feedback	N=15 adoptive parents (12 mothers and 3 fathers): → n=8 IGn → n=7 DGn Additional 13 spouses or partners of participating adoptive parents participated in the individualized sessions. Children: 1, 5-5 years old.	The Emotional Availability Scales (EAS) The Emotional Availability-Self-Report: EA-SR. The Emotional Attachment & Emotional Availability Clinical Screener: EA2-CS. The Attachment Q-Sort, Version 3.0: AQS The Parenting Stress Index: PSI The Child Behavior Checklist-Parent Report for ages 1.5 to 5 years: CBCL.	Maternal sensitivity Attachment Security Parenting Stress Children's behavior problems	↑Emotional attachment ≈Structuring ≈Non-intrusiveness ≈Non-hostility ≈Child secure attachment ≈Parenting Stress ↓Child behavior problems

Table 3- Supervised video-feedback sessions (On distance)

Difference according to features of intervention

There are video-feedback sessions (VIPP-R, COS-P, TIP and EA2), which their main aim is to increase caregiver sensitivity to their child. Other characteristics that increase attachment concur with the goals of these interventions, like promoting children's emotional regulation in COS-P or reduce depression caregiver (see Table 3).

VIPP-R intervention is a short-term, home-based program that provides the parent with personalized video feedback emphasizing the parent's sensitive behaviours in interaction with the infant. The intervention aims to promote a reorganization of mother's mental representations with respect to attachment through discussions about parental attachment experiences during infancy and childhood. Two approaches are included: a) Focused on interactive

behaviour. Video feedback is a valid aid in order to achieve the interaction as the focus of attention. b) From psychodynamic perspective: focused on the mental representations that the mother has of herself, her child and their relationship. Videos are used to speed up the access to early memories of the mother's own past.

Circle Of Security-Parenting Program (COS-P) is an 8-session, DVD-based format which can be used individually or in groups. Each session lasts 1:30 h and must include increasing parent's observation and inferential skills related to understanding their child's needs, increasing parent's sensitivity to their child, increasing parental emotional regulation, and decreasing parent's negative attributions of their child.

Tuned in Parenting Program (TIP) primary goals, like the previous program, are increasing maternal sensitive responsiveness and improving maternal emotional wellbeing.

Emotional Attachment and Emotional Availability Tele-Intervention (EA2) is a 6-week program designed for 6 to 10 parents per session that involves a video feedback component and information on EA and attachment. The program uses Skype and a website similar to Dropbox in order to share all the videos with the parents. Therapists give material to work in home (two books about EA concepts in the context of parenting). Each session begin with participating parents simultaneously watching an instructional video about 45 minutes. The remainder of each session included self-reflective activities and group discussions regarding information presented in the videos and the Parent Work-book. At the end of the 6-week tele-

intervention each participant and respective partner completed one, 1-hr individualized sessions via Skype with the facilitator to follow a family systems approach and attend to any specific individual concerns that a particular family have been experiencing. Participants can discuss or explain EA—informed parenting strategies with the partner as well as adoption-related queries and/or concerns.

Effectiveness of the video-feedbacks interventions evaluated

The VIPP-R Intervention Program efficacy

The results (Cassibba et al., 2015) showed a significant interaction effect between the intervention and the infant attachment security; moreover, main effects of attachment security and intervention for maternal sensitivity were found (EAS, AAI). Despite of this, only mothers with an insecure attachment representation baseline may benefit from the intervention.

Circle of Security-Parenting COS-P efficacy

Related to population, analyses of demographic data indicates that participants with more education, no personal history of Child maltreatment, less time in the residential program and lower social desirability scores demonstrated more positive outcomes (Horton et al. 2015). COS-P is efficacy with child maltreatment and maladaptive social information processing in the context of residential substance-abuse treatment.

Mothers showed mean improvements from pre to post-test on emotion regulation, parental attributions and parental discipline practices. Some of participants showed improvement significantly but only 44% showed some

reliable positive change on at least one of these parenting factors associated with Child Maltreatment. The highest number of participant reliable changes and the only measure that had a significant number of participants who had improved was parental discipline practices.

Tuned in Parenting Program efficacy

TIP enhanced maternal sensitive responsiveness and reduces symptoms of maternal depression of participants following the program completion (King et al. 2015). The preventative relationship based intervention holds considerable promise in improving maternal wellbeing and transforming relationships between mothers and their children.

Emotional Attachment and Emotional Availability efficacy

The results (Baker et al. 2015) showed statistically significant improvements in parent-child observed emotional attachment. Structuring, Non-intrusiveness and Non-hostility increased with this intervention, although not significantly. Moreover, were reduced considerably by the child behaviour problems as with hostility, mutual attachment and capacity to involve the parent. Therefore, parental perception of parent-child relationship quality improved. On the other hand, child secure attachment and parenting stress did not improve.

Individual family interventions

Supervised individual sessions						
Intervention	Authors' Study	Methods	Participants	Measures	Terms to evaluate	Outcomes (P<0.05)
Parent-Child Interaction Therapy (PCIT)	Allen et al. (2014) USA AIM: To examine PCIT's effectiveness for increasing positive parenting skills, reducing children's behavior problems, reducing parents' stress, and improving the parent-child relationship with adopted children typically considered in need of attachment-focused treatment (children with history of maltreatment)	Pilot data from an open trial of PCIT	N=85 adopted children and their adoptive caregivers.	Child Behavior Checklist (CBCL)	Children's behavior problems	↑Children's emotional and behavioral problems
		No control group	Children: 2- 8 years old.	Eyberg Child Behavior Inventory (ECBI)		↑Parenting Distress
		Pre and Post		Parenting Stress Inventory (PSI-SF)	Parenting stress	↓Parenting Stress
		14-20 week		Family risk factors		↓Parent-Child Dysfunctional Relationship
				Dyadic Parent-Child Interaction Coding System (DPICS)	Parenting skills	↑Verbalizations communicating positive attention: descriptions, praises and reflections.
						↓Discouraged verbalizations: commands questions and critical statements.

Child Parent Psychotherapy (CPP)	Lavi et al. (2015) San Francisco	Pilot study Pre and Post	N=64 mother with history of complex trauma enrolled during the third trimester of their pregnancy. Children: perinatal to 6 month old.	The Life Stressor Checklist (LSC) Maternal Fetal Attachment Scale (MFA) The center for Epidemiological Studies-Depression Scale (CES-D) Posttraumatic Stress Symptoms (PTSS) The Adult-Adolescent Parenting Inventory-2 (AAPI-2)	Childhood interpersonal trauma Maternal fetal Attachment Depression Posttraumatic stress symptoms Child-rearing attitudes	↓Childhood interpersonal trauma in the past and present. Mothers with Low maternal-fetal attachment demonstrated the greatest improvement in: ↓Depression ↓PTSS ↑Child-rearing attitudes Than High maternal-fetal attachment.
	AIM: To examine the potential impact of a perinatal adaptation to Child-Parent Psychotherapy (CPP). Range of 12 to 42 weeks	No control group Treatment: Weekly perinatal CPP sessions until their infant were 6 months old. Range of 12 to 42 weeks				
Mother-Infant Psychoanalytic treatment (MIP)	Salomonsson et al. (2015) Sweden	Randomized controlled trial (RCT). Pre and Post	N=66 mother-infant dyads in Stockholm sample. →n= ? MIP intervention →n= ? Control intervention group: child health centre care. Children: 3'5-4'5 years old.	The Edinburgh Postnatal Depression Scale (EPDS) The Swedish Parental Stress Questionnaire (SPSQ) The Symptom Checklist-90 on general psychological distress (SCL-90). Ages & Stages Questionnaire: Social-Emotional (ASQ: SE) The Parent-Infant Relationship Global Assessment Scale (PIR-GAS; ZERO TO THREE). The Emotional Availability Scales (EAS)	Depression Parenting Stress Mother distress Infant distress Mother-Infant Relationship Mother-Infant Interaction Maternal Sensitivity	↓Depression ↑Mother Well-being = major life events = maternal representations of the child ↑Mother-infant relationship qualities ↑Maternal sensitivity
	AIM: To compare the long-term efficacy of MIP and CHCC.	Two types of group: →Control group →Intervention group. 3'5 years of intervention. It means 23 sessions, two/three times par week.				

Table 4- Supervised individual sessions

Difference according to features of intervention

There are supervised individual sessions (PCIT, CPP and MIP) where the therapist works directly with the family (see Table 4). Parent-Child Interaction Therapy (PCIT) is a cognitive-behaviour intervention where the therapist coaches the parent during play with the child. Instead, the Mother-Infant Psychoanalytic treatment (MIP) has a psychoanalytic perspective and Child Parent Psychotherapy (CPP) mixes psychoanalytic, cognitive-behavioural and social-learning therapies.

Parent-Child Interaction Therapy (PCIT) is a two 7-10 sessions-phases. Both begin with an hour didactic training followed by the sessions. Two-way-mirror, via a “bug-in-the-ear” receiver that the parent wears, the therapist provides the parent with feedback on their use of the communication skills and behavioural management with their children. Parents are asked to practice with their children at home for 5 minutes every day.

1 Phase CDI (Child-Directed Intervention): 7-10 sessions. Parents are coached to follow their child’s lead in play by describing their activities, reflecting their appropriate verbalizations and praising their positive behaviour.

2 Phase PDI (Parent-Directed Intervention): 7-10 sessions. Therapists train parents to give only clear, direct and essential commands, maximizing changes for compliance. They learn specific method of using time-out for dealing with noncompliance and may also be taught “hands-off” if indicated.

Child Parent Psychotherapy (CPP) is a relationship-based treatment designed to

break the intergenerational transmission of trauma and psychopathology in families with children under than 5 years old. CPP is a multi-theoretical intervention that integrates theories of attachment, psychoanalysis and complex trauma with clinical strategies.

In the Mother-Infant Psychoanalytic treatment (MIP), frequency and treatment duration are adapted to the pathology of mother and child, to the mother’s motivation and to the possibilities of continuing therapy. The mother is given opportunities of venting her distress and working with her “ghosts in the nursery”, “negative attributions” and “projective distortions”.

Effectiveness of the individual family interventions evaluated

Parent-Child Interaction Therapy efficacy

This treatment (Allen et al. 2014) is effective to reduce children’s emotional and behavioural problems. In the pre-treatment phase, adoptive parents reported clinical child behavioural problems in a 65.8% of cases, in contrast to the post-treatment that were 26-3% of cases, reducing the intensive and number of behaviour problems. Also, the results showed strong significant increases in verbalizations communicating positive attention, such as descriptions, praises and reflections and strong significant decreases in discouraged verbalizations, such as commands questions and critical statements.

Significant improvements in Parental Distress, Parent-Child Dysfunctional Relationship, Difficult Child and Total Stress Scales were found, which it means significant improvements in indicators of

parenting stress from pre-treatment to the end of treatment.

Child-Parent Psychotherapy efficacy

In Lavi (2015) study, from 64 mothers who completed treatment, two-thirds reported an incident of interpersonal violence before age of 16 including physical abuse, sexual abuse and a combination of those. Almost 40% reported that the pregnancy was unwanted by the biological father. 80% reported being verbally abused during their pregnancy and one-third reported physical abuse during their pregnancy. Alcohol and nicotine were found.

Mothers with Low maternal-fetal attachment demonstrated the greatest improvement in depression, PTSS, and child-rearing attitudes compared to women with high maternal-fetal attachment.

This study provides promising results indicating that a perinatal adaptation of CPP may lead to improved maternal mental health and parenting attitudes at a time of increased vulnerability in a high-risk population, since maternal mood symptoms are known to increase and remain elevated during this perinatal time.

Mother-Infant Psychoanalytic treatment efficacy

Authors (Salomonsson et al., 2015) found effects on maternal depression, mother-infant relationship qualities (mother well-being) and maternal sensitivity in favour of MIP intervention. Despite of this, effect on major life events and maternal representations of the child were not found.

Supervised group interventions

Supervised group sessions						
Intervention	Study	Methods	Participants	Measures	Terms to evaluate	Outcomes (P<0.05)
Parent-Infant Psychotherapy "New beginnings" (PIP)	Bain et al. (2014) South Africa AIM: To test the effectiveness of this parent-infant psychotherapy group model of the treatment "New beginnings" program.	Pre and Post Two types of group: Group 1,2, 3: intervention Group 4: control. 1, 2 with the same therapist 3, 4 with other therapist. 12 week	Two Johannesburg shelters for homeless women. N=22 mother/caregiver Group 1: 7 dyads Group 2: 6 dyads Group 3: 9 dyads (3 dyads at the end) Group 4 control: 6 dyads Children: 9 days-2.5 years old	Reflective function Scale (PDI) Kessler-10 for Depression and Anxiety Emotional availability Scale (EAS) Griffiths Scales	Reflective function Anxiety and Depression of mother Maternal sensitivity Infant's speech development	=Reflective function = Maternal sensitivity = Infant's levels of responsiveness = Hearing development ↑speech development
Child-Parent Relationship Therapy (CPRT)	Carnes et al. (2014) AIM: To explore the effectiveness of Child	Pilot study. Pre and post 10 week Two types of groups:	N=61 adoptive parents (mothers and fathers): →n=32 intervention group →n= 29 control	Child Behavior Checklist (CBCL) Measurement of Empathy in Adult-Child Interaction	Children's behavior problems Parental empathy	↓Children's behavior problems. ↑Maternal sensitivity ≈Depression

	Parent Relationship Therapy.	→Randomized control group. →Intervention group.	group Children: 2-10 years old	(MEACI)		
Mom power intervention (MP)	Muzik et al. (2014) USA AIM: To evaluate the effects of Mom Power Program (MP)	Pre and Post No control group 13-session multi-family intervention Participants received nominal monetary during the home visits and for the group sessions. 13 week	N=99 young mothers. Children: under the age of 6 years.	Life stress exposure NWS-PTSD Structured Clinical Interview for DSM-IV Axis I Disorders (SCID) Postpartum Depression Screening Scale (PDSS) Caregiving Helplessness Questionnaire (CIIQ) Working Model of the Child Interview (WMCI): → Parenting Reflectivity and Parenting Helplessness scales. Intervention satisfaction	Parenting stress Children or family trauma, past or present: emotional, physical or sexual abuse. Maternal mental health: diagnosis and symptoms Depression Helplessness and reflectivity parenting. Acceptance and helpfulness of the intervention	↓PTSD ↓Clinical diagnoses for PTSD ↓Clinical diagnoses for Depression ↓Depression Helpful and user-friendly.

Table 5- Supervised group sessions

Difference according to features of intervention

There are supervised group sessions (PIP, CPRT and MP) where the mothers (or caregiver) explore the week that had had with their babies or any other events that may have occurred that may have been important (see the Table 5).

Parent-Infant Psychotherapy “New beginnings” (PIP) is a 12-week group therapy intervention (1:30 h/session) for infants with attachment difficulties and

their mothers. Child Parent Relationship Therapy (CPRT) is a 10-week group therapy intervention (2 h/session) for distressing parents. Mom Power Intervention (MP) is a 13-week group therapy intervention targeting improvements in self-care/mental health and parenting competence in mothers with experience of trauma or abuse and psychopathology. The facilitators in MP discuss personal goals, barriers and attainment with each participant and provide individualized

referrals for further services as desired and indicated.

Parent-Infant Psychotherapy (PIP) explore the following topics of the previous week:

- Remembered thoughts and feelings around her pregnancy.
- Exploration of aspects of her own childhood experiences.
- The infants' experiences of the world.
- How the mothers manage their own difficult feelings.
- The infants' experiences of their mother's feelings and states.
- How mothers can help their babies to manage their feelings.
- About separations and endings.

The group conversation in PIP frequently diverts from the topic to consider a particular mother-infant interaction and then return to the topic naturally. All the sessions ended with a check-in with all dyads to ensure that everyone felt sufficiently contained to leave.

In CPRT, same as MP, parents also weekly-supervised play sessions with their children, about 20 minutes, individually. In MP, a part of 10-weekly group session they have 3 individual sessions more (specifically, one individual session mid-group and one each before and after the group). The individual sessions are designed to engage, motivate, and build trust and rapport with participants. Moreover, the individual sessions allow an opportunity to assess the logistics of group participation as well as the safety and tangible needs of each family.

In MP the facilitators create a welcoming environment, give support and encouragement when participants are trying new skills and ways of interacting

with their children. Parents learn how to meet a child's needs while exploring and connecting with a caregiver; how to repair a disruption in the relationship; how to co-regulate a child's emotions; and how to create an atmosphere of warmth, joy and delight in which their child can learn and grow. In addition, parents explore what experiences from the past might impact their parenting and what current experiences may be affecting their children.

Effectiveness of the group interventions evaluated

Parent-Infant Psychotherapy "New beginnings" efficacy

This intervention improved significantly the speech development of the child and Interaction-structuring capacities (EA) in mothers. Although this increase, no significant improvement in mother's reflective functioning was founded.

Depression has a weak positive link to maternal sensitivity but the sensitivity levels did not increase significantly over the program, on the same way, the level of depression and anxiety increased slightly across all groups (72% mothers reporting slightly higher symptom levels at post-testing). The program did not have significant effects in Infant's levels of responsiveness.

Intrusiveness and Hostility (EA) are related with frightening/frightened parental behaviour linked to the development of disorganized attachment in the infant. Only one mother demonstrated an above-average level of hostility in her interactions with the child.

Infant's global development: infants with AIDS generally display significantly lower scores on developmental measures of mental development as compared to HIV-negative SAMPLES. In particular 81% of the babies in this sample exhibited developmental delays in the area of hearing and speech development in children from 3 to 16 months. The New Beginnings program had a significant effect on the infants' speech development but not on the hearing development.

Child Parent Relationship Therapy (CPRT)

Carnes (2014) showed in this study statistically significant decrease overall behaviour problems by adopted children, especially for the externalizing problems ($p=0.004$).

Without treatment often will appear other serious problems across the life span, including depression, substance abuse and violence. About Empathy of parents, there were a statistically significant interaction effect with the treatment.

There was increasing capacity in participants' ability to reflect on their child's emotional needs and/or respond with sensitivity to meet these needs.

Decreasing depression, although was not significant, and improved maternal sensitivity $=.00$ were found. Demonstrated enhanced awareness of the emotional needs of their children as well as the importance of attending to these needs, and improved ability to respond sensitively to their children.

These outcomes lend attachment-based intervention programs in improving sensitivity within both high-risk and community populations.

Mom Power intervention efficacy

MP (Muzik et al. 2014) was associated with reduction in depression 0.03, PTSD 0.06 as well as reduction in clinical diagnoses for depression (0.029) and PTSD (0.013) and caregiving helplessness (0.038). Mothers with mental problems who completed the intervention improved significantly in front of the non-completers. Decreased significantly depression and PTSD, also, the clinical diagnosis of them. Effects were most pronounced for women with a mental health diagnosis at baseline.

Combination of supervised video-feedback sessions and individual/group sessions

Combination of supervised video-feedback sessions and individual/group sessions						
Intervention	Study	Methods	Participants	Measures	Terms to evaluate	Outcomes ($P<0.05$)
Attachment and Biobehavioral Catch-up (ABC)	Berlin et al. (2014) USA	Pilot randomized trial	N=21 mother-infant dyads from residential	Childhood Trauma Questionnaire (CTQ)	Childhood's mother trauma	↑Maternal sensitivity
	AIM: (The first) to test the efficacy of the ABC program for mothers and their infants targeted on the basis of maternal	Pre and Post Two types of group: →Control group. →ABC intervention group.	substance-abuse treatment at least two months: →n=11: ABC group →n=10 control group	Center for Epidemiologic Studies Depression Scale (CES)	Depression	↑Children distress ↑Maternal responsiveness
				Generalized Anxiety Disorder 7-	Anxiety	

	substance abuse.	10 home sessions of intervention.	Children: 1-20 months old.	Item Scale (GAD-7) Maternal Behavior Q-Sort (MBQS)	Sensitive and Emotionally supportive parenting behaviors	
Attachment and Biobehavioral Catch-up (ABC)	Bernard et al. (2015) AIM: To examine the effect of an Attachment-Based Intervention on Child Protective Services-Referred Mothers' Event-Related Potentials to Children's Emotions	Three types of groups: → CPS group → Low-risk group → CPS Control group It examined the responses for emotional faces relative to neutral faces in children: crying, laughing and neutral expressions. 10-session intervention program.	N=40 mothers-child dyad from Child Protective Services (CPS): → n=19 ABC intervention → n=21 DEF intervention (Control group) N= 30 low-risk mothers. Children: 4-6 years old	Event-Related Potential (ERP) methodology which examine: → N70: negative deflection. → LPP: late positive potential.	Maternal sensitivity	↑Maternal sensitivity
20-week COS Intervention	Huber et al. (2015) Australia AIM: A quantitative exploratory evaluation of the effectiveness of an attachment-based parent program, Circle of Security-Parenting (COS).	Pre and post No control group Dyads were filmed in the Strange Situation Procedure before and after the interventions 20 weeks of intervention	N= 83 caregiver-child dyads who addressed to a metropolitan community-based infant and early childhood mental health service because of child behavioral or emotional difficulties and/or the parent-child relationship. Children: 13-88 months old	Circle of Security Interview (COSI) Availability Sales, The Parent Development Interview-R and the Caregiving Interview. The Strange Situation Procedure (SSP)	Caregiver representation of their child Parental caregiver representations Reflective functioning (CFR) Children attachment	↑Caregiver representation ↑Reflective function without post-secondary education. ↑Child attachment security from the insecure dyads.
UIm Model Intervention	Pillhofer et al. (2015) Germany AIM: To evaluate the implementation of the UIm Model in a field setting and to compare its effects with changes in a treatment-as-usual control group	Pilot study Pre, during and Post evaluation Two types of group: → control group. → intervention group. the intervention used home visits and video feedbacks	N=96 mothers at risk for child abuse and neglect: → n=33 group control with standard services only. → n=63 intervention ABC group. Children: 6-12 months old	Assessment of maternal sensitivity (CARE-Index) Risk Indices Around Birth (RIAB) Adult Attachment Interview (AAI)	Maternal sensitivity for child abuse and neglect. Risk for child abuse Maternal attachment representation	= Maternal sensitivity in low-risk ↑Maternal sensitivity in high-risk ↑Emotional development in high risk group. = Maternal attachment representation

	receiving only standard social services.	3 months
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Table 6- Combination of supervised video-feedback sessions and individual/group sessions

Difference according to features of intervention

Finally, there are therapies where combine supervised video-feedback and individual or group sessions (ABC, Ulm Model and 20-week COS), see Table 6. Attachment and Biobehavioral Catch-up (ABC) is a 10 home-based session (1hr home visits/session) where combines individual mother-child sessions with video-recorded mother-child interaction. 20-week COS Intervention is a 20 weekly group sessions and 2 h videotaped session/week. Ulm Model Intervention (Ulm) Is a 7 weekly individual sessions (1:30 h/session) scheduled approximately 10 days apart over duration of about 3 months. While mother play with her infant as she usually would and carry out routine caregiving tasks such as diapering or feeding, while videotapes of 3-5 minutes durations are taken.

Sessions in Ulm Model Intervention usually took place in the participant's home and were conducted by a local family service counsellor or other social service practitioner.

20-week COS Intervention has a pre-intervention videotaped lab visit session and 2-hr videotaped session/week as we saw. The 20 weekly group sessions includes three parts:

- Phase 1: Developing the caregiver's capacity to accurately observe themselves interacting with their child and describe how they behave in response to the child's signalling of attachment, exploration, and

caregiving needs. "I need a map to understand my child's needs".

- Phase 2: Helping parents to become aware of their own mental representations of caregiving and attachment, and how these influence their own and their child's behaviour in the relationship and.
- Phase 3: changing maladaptive mental representations of caregiving to more accurate and adaptive ones by developing the caregiver's capacity for reflective function. "I must then learn to stand back and watch myself and this child". "The next step is to talk about what I am doing (and not yet doing) to meet my child's needs".

In Attachment and Biobehavioral Catch-up (ABC), each session includes both mother and child together. A trained parenting coach guides the dyad to a specific topic. Includes a review of video-recorded mother-child interaction.

The first two sessions of ABC are devoted to the topic of "overriding" one's own parenting history and non-nurturing instincts. The following sessions provide coaching in reference to three specific behavioural targets:

1. Nurturance
2. Following the child's lead
3. Reducing frightening caregiving behaviour.

As mothers begin to consider the connections between how they become more aware of how they can override automatically elicited.

Effectiveness of the video-feedback and individual or group sessions

Attachment and Biobehavioral Catch-up efficacy

In this study (Berlin et al., 2014) there were pictures with babies laughing, crying and neutral faces. N170: negative deflection occurring approximately 130-200 ms after the stimulus. While control mothers had higher amplitude (N170) responses to crying faces than to neutral and laughing faces, the N170 in neglectful mothers did not vary with the emotional expression.

LPP: Late positive potential, when is necessary to sustain more attention allocation of children's signal of distress.

At post-intervention there were significant group differences in maternal sensitivity (0.00) in front of the pre-intervention where there were no differences observed. The present study showed that CPS-referred mothers who received the ABC intervention showed enhanced psychophysiological processing of emotional infant faces relative to mothers who received a control intervention.

ABC mothers N170 and LPP responses were more strongly modulated by emotion type than DEF mother's responses, partially resembling those of low-risk comparison mothers. It means that mothers who receive the ABC intervention demonstrated enhanced attention to both crying and laughing expressions. So, ABC intervention increase maternal responsiveness to children's cues of distress as well as children's signals of positive mothers engage in synchronous interactions, it is possible that the ABC intervention influences how mothers process both positive and negative dimensions of children's emotion expression. Maternal

sensitivity was correlated with ERP responses such that more sensitive mothers showed larger ERP responses to emotional faces than neutral faces, compared to less sensitive mothers.

Attachment-based Ulm Model Intervention efficacy

Authors (Bernard et al., 2015) wanted to see if risk for child abuse and maternal attachment representation was important for the effect. They saw the following:

Maternal sensitivity: Among participants at moderate risk for child abuse, no differences were found between the intervention group and control group in either maternal sensitivity or infant development. Among those considered high-risk, mothers in the intervention group showed a significant increase in maternal sensitivity from pre- to post-intervention. -Maternal sensitivity significantly improved in the intervention group from pre to post but the effect was moderated by risk status and was seen only in the high risk group.

Maternal attachment representation: It seems that maternal attachment representation was not a significant moderator for the intervention effect, but was significant higher at the 6-month follow up. Also the distribution of attachment groups did not significantly differ between the intervention and control groups.

No significance main multivariate group effect was seen for social, emotional or general development (only in the high-risk group for emotional development were found: in the high risk group emotional development was significantly higher than in the control group).

20-week COS Intervention efficacy

Caregiver reflective functioning, caregiver representations and level of child attachment security increased after the intervention and level of attachment disorganization decreased for those with high baseline levels. Parents without postsecondary education had significantly increased RF scores post-treatment (0.004) while those with postsecondary education showed no significance increase (0.60). In caregiving representations (positive representations) had a significant main effect for time (0.005). However the improvement was greater for the group with no positive representations at baseline.

The number of caregiver who made statements about being either frightened of their child or frightening to their child decreased after the intervention (.0005 and 0.023, consequently).

No change in attachment of children were significant ($p=0.6$), 13 before intervention were disorganized and 10 after it. Also some of secure attachment children showed a decrease but it was no significance. However there was a significant increase in mean security level for the 23 “insecure” dyads ($p= 0.000$) with a large effect size.

3.5 Measures to evaluate the outcomes

Depending on the term to evaluate, authors used specific measures. Sometimes, to evaluate the same term they use difference measure (see Table 7).

Measures to evaluate the outcomes				
Caregiver attachment representation	Caregiver representation of child	Maternal sensitivity/parental empathy/emotional availability/maternal responsiveness	Reflective function/ Helplessness	Children Attachment
Adult Attachment Interview (AAI) → VIPP-R, Ulm Model Circle of Security Interview (COSI) → 10-week COS Maternal Fetal Attachment Scale (MFA) → CPP Adult Attachment Interview (AAI) → VIPP-R The Strange Situation Procedure (SSP) → VIPP-R	Circle of Security Interview (COSI) → 10-week COS The Attachment Q-Sort, Version 3.0: AQS → EA2 The Strange Situation Procedure (SSP) → VIPP-R	Assessment of maternal sensitivity (CARE-Index) → Ulm Model Event-Related Potential (ERP) methodology → ABC Maternal Behavior Q-Sort (MBQS) → ABC Measurement of Empathy in Adult-Child Interaction (MEACI) → CPRT Emotional availability Scale (EAS) → VIPP-R, EA2, MIP, PIP The Emotional Availability-Self-Report: EA-SR. → EA2 The Emotional Attachment & Emotional Availability Clinical Screener: EA2-CS. → EA2	Circle of Security Interview (COSI) → 20-week COS Caregiving Helplessness Questionnaire (CIHQ) → MP Parenting Reflectivity and Parenting Helplessness scales → MP Reflective function Scale (PDI) → PIP	The Strange Situation Procedure (SSP) → VIPP-R, 20-week COS

Mother-infant relationship qualities/child-rearing attitudes/Parental discipline practices/Parenting skills	Emotional regulation	Parenting Stress	Emotional wellbeing of parent	Parental attributions
The Parent-Infant Relationship Global Assessment Scale (PIRGAS; ZERO TO THREE) → MIP Dyadic Parent-Child Interaction Coding System (DPICS) → PCIT Tuned In Parenting TIP-RS → TIP The Parenting Scale → COS-P The Strange Situation Procedure (SSP) → VIPP-R The Adult-Adolescent Parenting Inventory-2 (AAPAI-2) → CPP	The Emotion Regulation Questionnaire (PAT) → COS-P	The Swedish Parental Stress Questionnaire (SPSQ) → MIP Parenting Stress Inventory (PSI-SF) → PCIT Depression, Anxiety and Stress: DASS-21 → TIP Parenting Stress: PSI/SF → TIP The Parenting Stress Index (PSI) → EA2	The Pleasure in Parenting Scale → TIP The Symptom Checklist-90 on general psychological distress (SCL-90). → MIP	The Parent Attribution Test (PCF) → COS-P
Mother distress & Children distress	Skills development of child	Children behavior	Mental health & Depression/Anxiety	Trauma and PTSD
The Symptom Checklist-90 on general psychological distress (SCL-90). → MIP Dyadic Parent-Child Interaction Coding System (DPICS) → PCIT Ages & Stages Questionnaire: Social-Emotional (ASQ: SE) → MIP	Griffiths Scales → PIP	Child Behaviour Checklist (CBCL) → EA2, PCIT, CPRT, Eyberg Child Behavior Inventory (ECBI) → PCIT	Structured Clinical Interview for DSM-IV Axis I Disorders (SCID) → MP Center for Epidemiologic Studies Depression Scale (CES) → CPP, ABC, Generalized Anxiety Disorder 7-Item Scale (GAD-7) → ABC Postpartum Depression Screening Scale (PDSS) → MP Kessler-10 for Depression and Anxiety The Edinburgh Postnatal Depression Scale (EPDS) → TIP, MIP, Depression, Anxiety and Stress: DASS-21 → TIP	Childhood Trauma Questionnaire (CTQ) → ABC NWS-PTSD → MP Posttraumatic Stress Symptoms (PTSS) → CPP The Life Stressor Checklist (LSC) → CPP Life Stress Exposure → PIP

Table 7- Measures to evaluate the outcomes

4. DISCUSSION

Parents play many different roles in their children's lives, as teacher, playmate, disciplinarian, caregiver and attachment figure. Attachment is one specific aspect in

the relationship between a child and a parent which purpose is to make a child feeling safe, secure and protected, for this reason, the role as an attachment figure is one of the most important in predicting the child's later social and emotional outcome (Dozier, 1999).

Two perspectives, the “cognitive-behavior” focus and the “psychoanalytical” view took part of the development of these theories. VIPP-R Intervention Program, for instance, contains a more “behavioural” first part and a more psychoanalytical second part. This double origin justifies the importance of create these interventions, although complicates the evaluation.

This mother-child attachment relationship it is composed of different terms which can be evaluated with the finality of measuring improvement of interventions. In this way, it is difficult and controversial to decide which the most effective intervention is in order to improve maternal-child attachment due to the variety of terms used in each intervention. Still, considering the number of interventions that have used some terms more than others (see Table 8), it can be determined that the terms *a) caregiver attachment representation b) caregiver representation of child c) maternal sensitivity/parental empathy/emotional availability/maternal responsiveness d) Reflection function e) mother-infant relationship quality/Parental skills/child-rearing attitudes f) parenting stress g) Mental health and h) Trauma history* of children and caregiver and PTSD are the most representative. On the other side, the wide range of measuring instruments used can distort the comparison.

Given this, it is possible to sort interventions depending on which kind of terms are most effective. It has been found that the most effective intervention to improve reflective function is 20-week COS (Huber et al. 2015). The most effective interventions to improve maternal sensitivity/parental empathy/emotional availability/maternal responsiveness are

EA2, Ulm Model (in High-risk mother) (Bernard et al. 2015), ABC (Berlin et al. 2014 & Bernard et al. 2015), CPRT (Carnes et al. 2014), VIPP-R (Cassibba et al. 2015), MIP (Salomonsson et al. 2015). The most effective interventions to improve caregiver attachment representation are Ulm Model (only when children is older than 6 month age) (Bernad et al. 2015), 20-week COS (Huber et al. 2015), VIPP-R (Cassibba et al. 2015). The most effective intervention to improve caregiver representation of child is 20-week COS (Huber et al. 2015). The most effective intervention to improve mother-infant relationship quality/parental skills/child-rearing attitudes are MIP (Salomonsson et al. 2015), PCIT (Allen et al. 2014), COS-P (Horton et al. 2015), and CPP (Lavi et al. 2015). The most effective interventions to improve mental health are MP (Muzik et al. 2014), CPP (Lavi et al. 2015), TIP (King et al. 2015), MIP (Salomonsson et al. 2015). The most effective interventions to improve in PTSD are ABC, CPP (Lavi et al. 2015).

After analyzing the results of each study, it could be perceived that the interventions are more effective for high-risk than low-risk population. At the beginning it is possible to think that these results are logical since the first type of population achieve more changes thanks to the intervention in front of the second one, where changes were not as significant.

Even so, maybe this is a bad lecture of the results. In order to explain the author points of view a figure is used for a better understanding (Figure 2). The X axis represents the increment of changes in caregiver-child attachment. On the Y axis is represented what individuals achieve after an improvement of caregiver-child attachment labelled as protector factors.

As protector factors are related to the population riskiness the area on the graphic is divided in two zones: high- risk

and low- risk population, with two different trends depending on the zone where individuals are considered to be.

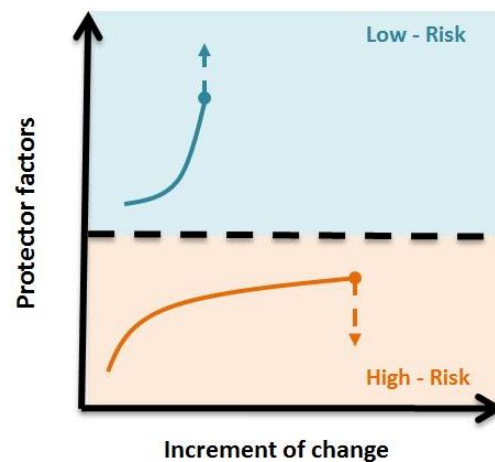


Figure 2 - Protector Factors in relation of riskiness when it is measured the increment of change

A large increment of change does not always mean a large increment in protector factors. Reviewed studies do not often consider the protector factors achieved as an independent outcome originated from the improvement of mother-child attachment.

The initial riskiness of individuals influence on how they develop protector factors through the intervention.

A person with a high-risk, as he/she begins with few protector factors, a slight improvement of the attachment could be a huge positive change in his/her life but it does not mean that the person have already as protector factors as a person in low-risk because is possible that, still, is not enough protected. Moreover, when a person is in high-risk it is possible that parents lose the habits and skills learned during the intervention through the time (See the dashed arrow in Figure 2 in High-Risk area).

A low-risk individual with a little change could use better the tools to increment more his/her protector factors, even if the change appears to be not significant. A low-risk person reinforced with the

intervention could keep the change and moreover, enhance his/her protector factors by him/herself (See the dashed arrow in Figure 2 in Low-Risk area).

4.1 Limitations

There are three limitations in this systematic review not in favour of resolving the aim.

The first limitation is the large number of terms used to describe similar concepts (see Table 7). The author made an effort to relate them in groups to make each other comparable. Even the intention, it could be possible that the author compare similar but distinct concepts according what the original authors refer with their not enough detailed descriptions.

The second one is the size sample of the studies. Ten of fourteen studies have a small sample size (Baker, Bain, Bernard, Cassibba, Carnes, Horton, Huber, Muzik, Lavi, Pillhofer) which it means that the statistics results of effectiveness of intervention are not generalized. The explanation could be that a) Population do

not require help if they perceive that they do not have any problem in caregiver-child interaction, when in fact, everybody could take good advices of this type of interventions b) Professionals may not take into account these interventions since they are difficult to get long term improvements c) Researchers may not be interested since the disorder is not yet appeared because the intervention is in a pre-morbid phase.

Regarding the third limitation, there are just a few studies of the effectiveness of interventions which improve caregiver-child attachment. This is due to the difficulties that researchers find when they decide to study it: a) Firstly, is not easy to find a place where carry out an intervention where, in general, professionals are not interested in since it is not an urgent topic because in most cases the disorder has not appeared yet on the child. b) Secondly, it could be more difficult to find funding and finally, c) As professionals are not interested in the effectiveness of these interventions, researchers simply, do not study it.

In front of that, studies have some intrinsic limitations difficult to resolve. Some studies had methodological problems for not being able to randomize the groups (Allen, Cassibba, King, Pillhofer), most were assigned to the intervention or control group based on the availability of local services and on ethical considerations. Some studies had not control group (Horton, Huber, King, Muzik, Lavi). These methodological problems limit the causal conclusion that can be drawn. The homogeneity of the sample was another limitation founded. It happens because of the small sample size and the limited places where can be done. Again, the

effectiveness of the studies are reduced to a very specific type of population, which also difficult the comparison of interventions. Some examples are the following: 86% of the sample of Berlin's study were white skin and high-school education, the same homogeneity problem of Huber in a 60%. Contrary, in Lavi's study all women were relatively low-income status -relative to general population- and ethnic/minority status. The Carnes' sample were adoptive families residing in a southwestern US metropolitan area and participants were volunteers, so, their motivation to work could be a factor that differentiates them from the general population and in from effectiveness studies of other interventions as "New Beginnings" program worked in two shelters.

If we already know the importance of caregiver-child interaction and its transgenerational attachment development in the construction of mentalization from children to understand how the world works, why do not begin these psychological interventions early when children has still the possibility to construct a good adaptation to his/her context? Again, it seems not enough interesting from professionals than personality disorders or complicated mental health disorders, when the person is already mentally ill.

4.2 Future research

There are other limitations to be considered. As it was already exposed, some interventions try to give to the caregiver verbal and behaviour skills in order to improve the relationship, and consequently, the attachment of children.

Others enhance mothers to improve her metallization through develop maternal sensitivity, reflection function or others. The first one could be understood as a more behaviour focus and the second one, psychoanalytic orientation. Sometimes in a same intervention are both available. May seem no relevant for the results of effectiveness at the beginning but is possible that with the time, ones of them are more effective than the others. It could be interesting to analyze the long-term effects of interventions in families got involved in the study several years ago.

Interventions have a number of sessions determined but it was not possible to find the reason why it is shorter or longer. It could be necessary to justify the number of sessions because of the large difference between them.

Is interesting to evaluate the role of father in the care of children, since almost all the interventions are directed to mothers.

In order to improve the external validity of studies, bigger samples size could be used to generalize the outcomes to a broader population. In relation to internal validity, it must be necessary a randomly control and intervention group.

It would be interesting to use this type of intervention in shelters where professionals take care of children for years before they go from the shelter. These professionals become their mother and father who give them social tools and strategies to survive in the world, so difficult to these children.

4.3 Implications

This systematic review enhance young researchers to study deeper these type of interventions in order to increase the knowledge about their effectiveness and readapt them to the needs of people who wants to use them to have children mentally healthy. To motivate professionals to use these not only with high-risk patients but also with clients who are not at risk but want to improve their parenting skills.

5. CONCLUSIONS

This review allows us to state that there is evidence for the effectiveness of interventions aimed at improving maternal-child attachment. Taking into account the number of outcomes, the most effective intervention seems to be 20-week COS intervention created from Powell et al. (2014) and Mother-Infant Psychoanalytic treatment MIP created by Norman (2001). Curiously, coinciding with the newest and the oldest one. In general show changes in a good direction significant statistically in some of the concepts related to maternal-child attachment which give them, parents and children, protector factors. Despite of the effectiveness showed the difference individually and the limitations of studies make difficult the generalization of results.

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*<<Sólo dos legados duraderos podemos dejar a nuestros hijos: uno, raíces; otro, alas>>
(Hodding Carter, 1907-1972).*

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