

Benefits from parenting program SAFE®: Mothers with attachment status “U” report less birth-related posttraumatic stress (RCT).

Landers, S., Quehenberger, J., Forstner, B. & Brisch, K.H.

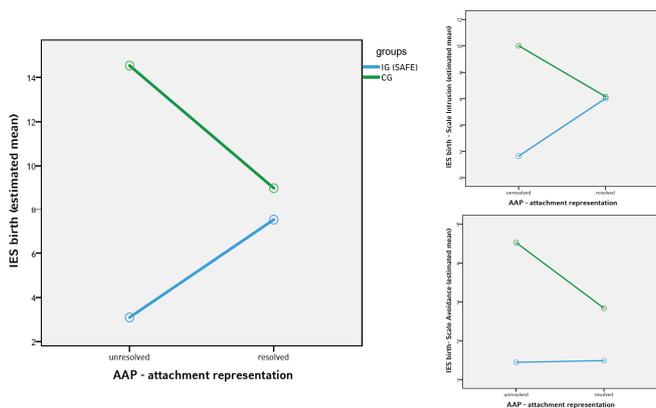
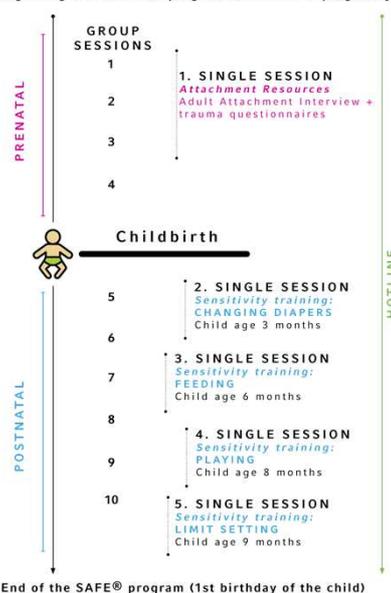
University Hospital of Munich | Dr. von Hauner Children’s Hospital | Department of Pediatric Psychosomatic Medicine and Psychotherapy

INTRODUCTION The parenting program SAFE® (Safe Attachment Formation for Educators; Brisch, 2007) focuses on promoting parents’ sensitive caregiving and the reflection on their childhood attachment experience. An unresolved attachment representation was found to be associated with less flexibility and capability to cope with challenging life events (e.g. Zimmermann, 1999) and consequently higher vulnerability to develop PTSD in adulthood (Benoit et al., 2010). Soet et al. (2003) found that 34 % percent of mothers appraise giving birth to their child as traumatic. In a review Ayers (2004) summarizes that up to 10 % of women suffer from a severe traumatic stress response after birth.

OBJECTIVES Therefore we expect mothers with unresolved attachment status to generally report a higher rate of posttraumatic symptoms regarding delivery. However, we hypothesize that taking part in the SAFE® program helps to reduce the severity of traumatic symptoms, even for mothers with an unresolved attachment state of mind.

RESULTS An ANCOVA with group and attachment representation (resolved vs. unresolved) as factors (covariates: depressive symptoms and attachment representation pre-intervention) shows that the main effect “group” ($F(1,78)= 9.59; p < .01; \eta^2_{\text{partial}} = .11$) and the interaction effect “group*attachment” ($F(1,78)= 5.77; p < .05; \eta^2_{\text{partial}} = .07$) are significantly associated to the severity of reported posttraumatic symptoms (IES total score). For the subscale “Intrusion” both effects are significant (group: $F(1,78)= 7.53; p < .01; \eta^2_{\text{partial}} = .09$; group*attachment: $F(1,78)= 7.16; p < .01; \eta^2_{\text{partial}} = .08$). For the subscale “Avoidance” only the main effect “group” ($F(1,78)= 4.13; p < .01; \eta^2_{\text{partial}} = .05$) is significant. Postnatal depression as well has a significant association with posttraumatic symptoms ($F(1,78)= 28.44; p < .0001; \eta^2_{\text{partial}} = .27$).

Course of the SAFE® program (Overview)
Beginning of the SAFE® program 22th week of pregnancy



	AAP - attachment representation	IES birth		IES birth Intrusion		IES birth Avoidance		
		N	Mean	SD	Mean	SD	Mean	SD
un-resolved	IG (SAFE®)	7	2.14	3.34	1.14	1.46	1.00	2.65
	CG	11	13.00	13.54	9.18	8.15	3.82	7.24
total		18	8.78	11.89	6.06	7.49	2.72	5.94
resolved	IG (SAFE®)	38	8.68	8.14	6.63	6.72	2.05	2.91
	CG	28	8.25	8.32	5.79	4.62	2.46	5.30
total		66	8.50	8.15	6.27	5.90	2.23	4.06
total	IG (SAFE®)	45	7.67	7.93	5.78	6.51	1.89	2.87
	CG	39	9.59	10.10	6.74	5.92	2.85	5.84
total		84	8.56	9.00	6.23	6.22	2.33	4.50

SAMPLE & METHOD A non-clinical subsample of pregnant women (N= 86) was randomly assigned to intervention (n= 45) and control group (TAU; n= 39). The Adult Attachment Projective Picture System (AAP; George & West, 2012) was applied pre-intervention (M= 33.10 weeks of gestation, SD= 5.18) and 5 months (M= 19.70 weeks, SD= 6.53) after birth to assess the attachment representations. At 5 months postnatal the Impact of Event Scale (IES; Horowitz et al., 1979) regarding birth and Beck Depression Inventory (BDI, Beck et al., 1961) were filled in. Mother was 16 to 44 years (M= 33.21; SD= 5.58) during pregnancy.

DISCUSSION Mothers in intervention group seem more prepared to cope with the birth experience despite their unresolved attachment status than mothers in the control group (moderate effect size). This result suggests that attending the SAFE® program enables them to work through the experience of childbirth more easily. As both groups receive an group intervention, but as only SAFE® offers the reflection on own childhood experience and focuses on attachment and sensitivity training, these differences might result in the better coping of the mothers who participated in SAFE®.

CORRESPONDENCE: Swinde.Landers@med.uni-muenchen.de | www.safe-programm.de