

1: Faculty and Staff

Methods. We focused on interventions that included a direct parent component, explicitly stated outcomes related to the teen and/or their parents, were evaluated for parent or teen outcomes, targeted drivers under age 21, and had at least one evaluation study published since and in English.

Originally published in the Journal of Medical Internet Research [http: This is an open-access article distributed under the terms of the Creative Commons Attribution License \[http: The complete bibliographic information, a link to the original publication on \\[http: This article has been cited by other articles in PMC.\\]\\(http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4211111/\\)\]\(http://creativecommons.org/licenses/by/2.0/\)](http://www.jmir.org/2014/12/e24/)

Abstract Background Effective broad-reach interventions to reduce childhood obesity are needed, but there is currently little consensus on the most effective approach. Parental involvement in interventions appears to be important. The use of eHealth modalities in interventions also seems to be promising. To our knowledge, there have been no previous reviews that have specifically investigated the effectiveness of parent-focused eHealth obesity interventions, a gap that this systematic review and meta-analysis intends to address. Seven databases were searched for the period January to April. Secondary outcomes included diet, physical activity, and screen time. Interventions were included if they targeted parents of children and adolescents aged years of age and used an eHealth medium such as the Internet, interactive voice response IVR, email, social media, telemedicine, or e-learning. Results Eight studies were included, involving parent and child or adolescent dyads. A total of 3 studies were obesity prevention trials, and 5 were obesity treatment trials. Four of seven studies that reported on dietary outcomes demonstrated significant improvements in at least 1 dietary measurement, and 1 of 6 studies that reported on physical activity outcomes demonstrated significant improvements compared with the control. The quality of the interventions was generally not high; therefore, these results should be interpreted with caution. Conclusion It is recommended that larger, longer duration, high-quality parent-focused eHealth studies are conducted, which transform successful components from face-to-face interventions into an eHealth format and target younger age groups in particular. Childhood is a period of time where unhealthy behaviors such as consumption of energy-dense foods and beverages, physical inactivity, and sedentary behavior are established [2]. During this time, parental influence and role modeling play a key part in the development of such behaviors [3 - 5]. Parental involvement in childhood obesity interventions appears to be important, given that children are highly influenced by the family unit [6 , 7]. Recent systematic reviews and meta-analyses have investigated the effectiveness of parent-focused childhood obesity prevention and treatment interventions, with the weight of the evidence supporting the use of parent-focused interventions. A meta-analysis of weight-related behavior change interventions for 2- to year olds where parents were involved resulted in greater body mass index BMI reductions than interventions that had optional or no parent involvement [4]. These are similar findings to 2 meta-analyses of children aged years [8 , 9], whereas another meta-analysis of 2- to year olds found that interventions that targeted parents had a smaller yet still significant effect than those that targeted children directly [10]. The lack of studies in preschool-aged children has been highlighted [11]. Of the aforementioned 2 meta-analyses that sought to include studies, which involved children from 2 years of age, one included no studies in the preschool age group and the other included only 2 studies in this age group [4 , 10]. A meta-analysis of parent-focused obesity prevention and treatment interventions specifically in the early childhood years age group demonstrated a small, yet significant combined effect in the short term, but in the long term, the combined results were not significant [2]. When the studies were looked at individually, 5 were successful in the long term, which were all commenced at preschool age. The baseline BMI of the children appeared to be a factor, as 2 of the 3 studies that were successful at both short- and long-term follow-up included only children who were overweight or obese [2]. Effective broad-reach interventions that target childhood are required; however, currently, there is little consensus on the most effective intervention approach [11]. As mentioned, interventions that target parents are effective [2 , 4 , 8]. In addition, the use of eHealth interventions also hold promise in this area, with the use of such technology in the child and adolescent age group having increased in recent years [12]. However, neither of these previous reviews have specifically investigated the effect of

parent involvement. This current systematic review and meta-analysis builds on previous reviews, but differs in that it is, to our knowledge, the first to measure the efficacy of eHealth interventions in improving BMI or BMI z-score in children and adolescents where parents are an agent of change. This review is of importance in determining effective broad-reach approaches to prevent and treat childhood obesity, which in the long term could potentially alter the path of childhood obesity and reduce the progression into adult life. The review adopts a broader definition of eHealth than 1 of the previous reviews and includes interventions using the Internet, IVR computerized voice prompts over the telephone, which participants respond to via the telephone keypad , social media Facebook, Twitter, and so forth , mobile health such as mobile phone apps , telemedicine using video conferencing , email, and e-learning. Eligibility Criteria Type of Studies Randomized controlled trials investigating the effect of eHealth interventions on weight of children and adolescents, where parents or carers were an agent of change, were considered for this systematic review and meta-analysis. Studies were excluded if participants had special needs or had a condition where physical activity was restricted or if they required a special diet. Studies not published in English were also excluded. Type of Participants eHealth studies targeting obesity prevention or treatment for children and adolescents aged years, where parents or carers were agents of change, were considered. The parent or carer being an agent of change was defined as the parent or carer having an active role in the intervention and being responsible for implementing change. No restrictions were placed on the type of setting, provided that the parent or carer was an agent of change. Secondary outcomes included body fat, waist-to-hip ratio, and improvements to dietary intake, physical activity, sedentary behavior, screen time, biomedical indicators such as blood pressure and cholesterol , knowledge, and self-efficacy. Pre articles were not included as it was thought that any interventions at this early stage would be exceedingly basic. In addition, the reference lists of relevant articles were scanned. Study Selection After the database searches, 1 author MH removed duplicates and screened the titles of the articles, and relevant articles were shortlisted. A second author RJ then checked the decisions made. The abstracts of the remaining articles were then screened by MH , and a second shortlist was derived and checked by a second author RJ. The full text of the remaining articles was retrieved and read by author one to create a final shortlist. The shortlisted articles were then viewed by the second author RJ. Any differences were discussed, and a decision was made by consensus. Where a decision could not be reached, a third author AO reviewed the papers to make a final decision. Data Collection Process One review author MH independently extracted the data from the included studies. Contact was made via email with the author of 1 paper to request additional data on BMI at a time point during the study, which was used in the meta-analysis and systematic review. In line with the recommendations of the PRISMA statement, each of the items on the checklist was evaluated separately rather than an overall score being assigned.

2: Reaching Children Through Their Parents – National Childrens Alliance

The purpose of this study was to evaluate the efficacy of the Family Check-up (FCU), a parent-focused brief motivational intervention, in families where parents were concerned about one adolescent's alcohol or marijuana use and the referred adolescent also had a sibling close in age.

PDF version Introduction There is growing prospective and retrospective evidence linking the quality of early infant-caregiver attachment relationships with later social and emotional outcomes. Insecure-disorganized infant-caregiver attachment evidently develops when the caregiver displays unusual and ultimately frightening behaviours in the presence of the child. Of the four patterns of infant-caregiver attachment secure, avoidant, resistant, disorganized, the disorganized classification has been identified as a powerful childhood risk for later socio-emotional maladjustment and psychopathology. Problems and Research Context Historically, most attachment-based interventions have focused on improving caregiver sensitivity which could be defined as the capacity to read cues and signals accurately and respond promptly and appropriately, with the assumption that this would promote secure child-caregiver attachment, which in turn would be linked to positive social and emotional outcomes. This might reflect the fact that, in addition to the still fresh discovery that disorganized attachment is often associated with markedly negative outcomes, it is only recently that researchers have uncovered one possible child-caregiver interactional pathway to disorganized attachment. Examples of atypical caregiver behaviours include failing to keep a child safe, failing to comfort a distressed child, laughing while the child is distressed, mocking or teasing a distressed child, asking for affection and reassurance from the child, stilling or freezing i. Key Research Questions and Recent Research Results There is good evidence for how to improve caregiver sensitivity and promote secure child-caregiver attachment. One shortcoming of the Bakermans-Kranenburg et al. However, a few sensitivity-focused interventions seemed to have some impact, suggesting that disorganized attachment might change as a side effect of some sensitivity-focused attachment interventions. The sensitivity-focused attachment interventions that changed disorganized attachment started after infant age six months rather than during pregnancy and before infant age six months, focused on children at risk rather than parents at risk, and were conducted by professionals rather than non-professionals. The authors concluded that attachment interventions that focus on preventing or reducing disorganized attachment might need to focus specifically on caregiver behaviours associated with disorganized attachment, such as atypical caregiver behaviours. In two recent studies, Benoit et al. Conclusions In summary, attachment-based interventions to date have focused mainly on precursors of organized types of attachment rather than on precursors of disorganized attachment, reflecting the fact that the extent of negative sequelae of disorganized child-caregiver attachment has only recently been identified, as have precursors of disorganized attachment. Given the high base rate of organized but insecure avoidant or resistant attachment in the general population, it might not be realistic or even necessary to focus interventions on preventing or eliminating avoidant or resistant attachment, unless the infant is symptomatic. On the other hand, a large proportion of infants who develop insecure-disorganized attachment with their primary caregiver go on to develop significant social and emotional maladjustment and psychopathology. Thus, clinically, insecure-disorganized child-caregiver attachment appears to be the most significant type of attachment that requires intervention. The direct focus on antecedents of disorganized attachment, such as atypical caregiver behaviours, represents a promising direction for future research. Implications Research findings suggest that an attachment-based intervention should focus on improving caregiver sensitivity to promote secure child-caregiver attachment and the positive social and emotional outcomes associated with secure attachment. However, an exclusive focus on improving caregiver sensitivity may be neither sufficient nor effective in preventing or reducing the most clinically relevant type of insecure attachment, i. Recent research findings suggest that a focus on reducing atypical caregiver behaviours might be a promising direction to reduce disorganized child-caregiver attachment. More research is needed to determine whether a reduction in factors linked to disorganized attachment, such as atypical caregiver behaviours, is in fact linked to a reduction in disorganized attachment and the associated poor social and emotional outcomes for children. More research is

also needed to determine what intervention techniques are most effective in reducing atypical caregiver behaviours or other precursors of disorganized child-caregiver attachment and disorganized child-caregiver attachment. It is important to appreciate that when dealing with problems in the child-caregiver attachment relationship, recent meta-analyses^{5,8} show that the best interventions to date are brief, use video feedback, start after infant age six months, and have a clear and exclusive focus on behavioural training of the parent rather than a focus on sensitivity plus support, or a focus on sensitivity plus support plus internal representations. However, other researchers emphasize the need for home-based, intensive, and long-term interventions for some of the most disturbed and dysfunctional families. There is also a need to train service providers in the use of proven attachment-based techniques and in recognizing disorganized attachment and its precursors. Definition, types, antecedents, measurement and outcome. Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology* ;11 2: Green J, Goldwyn R. Attachment disorganisation and psychopathology: Hennighausen K, Lyons-Ruth K. Disorganization of attachment strategies in infancy and childhood. *Encyclopedia on Early Childhood Development* [online]. Centre of Excellence for Early Childhood Development; Accessed October 1st

Attachment-based intervention and prevention programs for young children. Disorganized infant attachment and preventive interventions: A review and meta-analysis. *Infant Mental Health Journal* ;26 3: Unresolved states of mind, anomalous parental behavior and disorganized attachment: A review and meta-analysis of a transmission gap. *Meta-analysis of sensitivity and attachment interventions in early childhood. Psychological Bulletin* ; 2: Atypical maternal behavior toward feeding-disordered infants before and after intervention. *Infant Mental Health Journal* ;22 6: Reduction of disrupted caregiver behavior using Modified Interaction Guidance. *Infant Mental Health Journal* ;27 5: How to cite this article: Efficacy of Attachment-Based Interventions. Accessed November 14,

3: Emotion-Focused Family Therapy - Based on the healing power of connection.

Recent systematic reviews and meta-analyses have investigated the effectiveness of parent-focused childhood obesity prevention and treatment interventions, with the weight of the evidence supporting the use of parent-focused interventions.

Tara Chaplin Associate Professor Emotion regulation and the development of psychopathology and substance use in adolescence; Parent-focused interventions; Bio-psycho-social models of emotion Dr. She received a Ph.D. She completed post-doctoral training at the University of Pennsylvania from 1998 to 2001. Following this, she moved to Yale University, where she completed one year as a post-doctoral associate and two years as an Associate Research Scientist from 2001 to 2003. Chaplin was promoted to Assistant Professor of Psychiatry at Yale in 2003. She is also interested in the role of the family in adolescent emotional development. Related to this, Dr. Selected Publications Turpyn, C. Prenatal cocaine exposure differentially affects stress responses in girls and boys: *Development and Psychopathology*, 27, Gender differences in emotion expression in children: *Psychological Bulletin*, 137, Parent-adolescent conflict interactions and adolescent alcohol use. *Addictive Behaviors*, 37, Stress reactivity and corticolimbic response to emotional faces in adolescents. *The role of emotion regulation in the development of psychopathology. A vulnerability-stress perspective* pp. 1-12. Grants and Fellowships 1. Parent-adolescent interactions, gender, and substance use: This 5-year competing renewal of R01 DA will use fMRI to examine brain mechanisms of associations between parenting and adolescent substance use, by gender. George Mason University Title: Core Team Member Aims: This Center seeks to conduct transdisciplinary research on the mechanisms and modulation of complex adaptive systems underlying human movement and behavior. This project will assess the efficacy of a mindfulness-based parent intervention in obese parents to reduce obesity risk in their toddlers. Parent-adolescent interactions and substance abuse risk: Neural mechanisms of a parent-focused mindfulness intervention to prevent adolescent substance use Role: Reducing stress with parenting-focused mindfulness to prevent youth substance use Role: Gender differences, Neuro-imaging Supplement Role:

4: Attachment: Efficacy of interventions | Encyclopedia on Early Childhood Development

The effectiveness of parent-focused interventions in improving coping/mental health outcomes of critically ill children and their parents: an evidence base to guide clinical practice.

5: Faculty and Staff: Tara Chaplin

Efficacy of Child-Focused and Parent-Focused Interventions in a Child Anxiety Prevention Study Ellen Simon Department of Clinical Psychology, Maastricht University.

Start your own senior services business The nature of cancer What does your last name mean? The efficiency of college students as conditioned by age at entrance and size of high school Pellas tulip festival Whose body is it anyway? Rural crafts in Scotland Invitation to C^ -algebras and topological dynamics Christus consolator, and other poems Laptop user guide for beginners 5.1. Conceptual context as the foundation of investment performance measurement/t62 Adventures in Remote Parts of the Upper Amazon River, Including a Sojourn Among Cannibal Indians High response surveys (Research report LERN, Learning Resources Network) International financial institution lending to Asia and the Pacific The circle of love Genetic engineering threatens human dignity Leon R. Kass Multinational Agribusinesses Guide to the archives of the government of the United States in Washington. Structural package design Simon in Summer (Simon) In memoriam: Hendrik De Waard (1922-2008) Henry the Fourth, parts I and II Concordance to the Poetical Works of John Milton Imperial Japanese mission, 1917 Physical symptoms addressed by bodywork therapies Love, the ultimate apologetic Use of RNAi in *C. elegans* Tsuyoshi Ohkumo . [et al.] All Around the U.S.A. Tales of a Theatrical Guru (Music in American Life) Vienna city guide Lonely planet Human Communication Disorders Study Guide Typological Considerations, 38 Planning urban design standards On the Cope and Mitre Automated Integration of Clinical Laboratories 3 Dimensional Problems of Piezoelasticity A good knights sleep Maurice Blondel, social Catholicism, and action francaise Strategic management schools of thought Rocky Mountain birds*