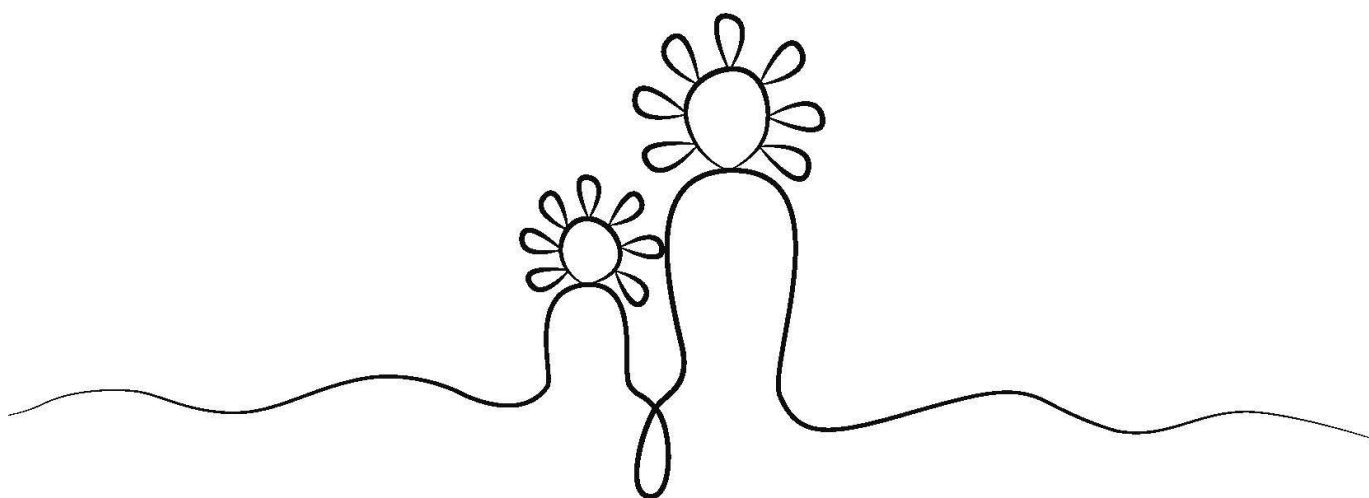


ATTACHMENT VIDEO-FEEDBACK INTERVENTION (AVI): ADIN TXIKIKOEN BABESGABETASUNAREKIKO ARRISKU-EGOEREI AURREA HARTZEKO ESKU-HARTZEA

Attachment Video-feedback
Intervention (AVI): A program
for the prevention of the risk
of child abuse and neglect



amon la zabal zazu



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**ATTACHMENT VIDEO-FEEDBACK INTERVENTION
(AVI): ADIN TXIKIKOEN BABESGABETASUNAREKIKO
ARRISKU-EGOEREI AURREA HARTZEKO ESKU-
HARTZEA**

*Attachment Video-feedback Intervention (AVI): A program for
the prevention of the risk of child abuse and neglect*

Nazioarteko doktoretza-tesia / *International Ph.D.*

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Data / *Date:*

2022

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Ilustrazioak/*Illustrations*: Maitane Varela Alonso

*“Zenbat kostatzen zaigun bizitzan maitekor agertzea.
Zenbat kostatzen zaigun samurtasuna manifestatzea.
Zenbat kostatzen zaigun hitz hain simple horiek esatea
noizbait, noizbehinka...maite zaitut.
Ez dakit zergatik den horrela, baina hala dira gauzak
[...]ni zuek bezala naiz eta kosta egiten zait esaten eta
manifestatzen” - Xabier Lete (1999)*

*“In infancy, it is a joy to be hidden, and a disaster not to
be found” - Donald Winnicott (1991)*

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Zuen enborretik irtendako adaxka izana ez dut inoiz ahaztuko.

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Maite zaituztet.

Eskerrik asko bereziki, Ander, Irati eta Ane, eta baita gainontzeko kuadrilla eta laguntalde minoi ere, bidelagun izateagatik, sostenguagatik, zuen goxotasun, alaitasun eta maitasunagatik, errazteko jarrera izateagatik, eta beti ere ona desiratzeagatik.

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SARRERA/ Introduction

Lan hau hiru ikerketa ardatzetan dago oinarrituta: 1) Adin txikikoen babesgabetasunarekiko arrisku-egoerak arreta goiztiarretik eta prebentziotik lantzea, 2) Atxikimendu sistema ziurra ebidentzian oinarritutako programen bidez jorratzearen garrantzia, eta 3) Adin txikikoen babesgabetasunarekiko arrisku-egoerei aurrea hartzea Attachment Video-Feedback Intervention (hemendik aurrera AVI) (Moss et al., 2018) programaren bitartez.

Batetik, *adin txikikoen babesgabetasunarekiko arrisku-egoerak* arreta goiztiarretik eta prebentziotik jorratzearen garrantzia lantzen da, haren ondorioek haur eta nerabeen garapen sozio-emozionalean eta neuro-biologikoan duten eragin negatiboa azpimarratuz. Gainera, zenbat eta beranduago esku-hartu, geroz eta zailagoa izan daiteke babesgabetasunetik eratorritako egoerak lantzea, edo, akaso, familiekin lan egiteko baliabide gehiago behar izatea. Honenbestez, babesgabetasunarekiko arrisku-egoeren detekzio goiztiarrak eta esku-hartze eraginkorrak sustatzeak epe labur, ertain zein luzera duten eraginaren gainean ikertzea ezinbestekoa izango da, Haur eta Nerabeen Babes-Sistema publikotik familiei eskaintzen zaizkien 0-5 urte bitartera zuzendutako esku-hartze goiztiarren eraginkortasuna areagotzeko eta babes-faktoreak sustatzeko eraginkortasuna erakutsi duten esku-hartzeak izateko, krisi egoeretan erabiltzeko ere balio dutenak.

Ildo honetan, esan beharra dago, doktoretza-tesi honen baitan, “babesgabetasunarekiko arrisku-egoerak” eta “risk of maltreatment” edo “risk of child abuse and neglect” terminoak erabili direla hurrenez hurren, bai nazioartean eta baita Euskal Herrian ere, atal enpirikoan azaltzen diren familia parte-hartzaile profila zehazteko. Ondorioz, babesgabetasunarekiko arrisku-egoera terminoak, Euskal Herrian, babesgabetasunarekiko-zaurgarritasun eta arrisku arin eta ertainei egingo lioke erreferentzia, eta ingelerazko itzulpenak ere, babesgabetasunarekiko arrisku egoeran dauden familiei egiten die erreferentzia, eta ez “haurrei emandako tratu txar” egiaztatuari, zein, “child maltreatment” edo “child abuse and neglect” bezala itzuliko litzatekeen.

Bestetik, ikerketa honen bigarren ardatza *atxikimendua* da. Nahiz eta atxikimenduaren gaineko ikerketa ugari burutu den eta bogan dagoen gaia den, Haur eta Nerabeen Babes-Sisteman ez dago ebidentzian oinarritutako 0-5 urte dituzten haurrei eta beren zaintzaileei

zuzendutako esku-hartzerik ama/aita-haurra diadetan, modu goiztiarrean, haurren garapen sozio-emozionala hobetu eta babes-faktoreak sustatzeko. Haratago joanda, sentikortasunean eta atxikimenduan oinarritutako esku-hartzeen eraginkortasuna jakina den arren, Haur eta Nerabeen Babes-Sistemaren testuinguruan, ez dakigu arreta goiztiarra jasotzen duten gurasoen sentikortasuna eta atxikimendua lantzeko aukera izan duten familien ondorena zein den, arreta konbentzionala jasotzen duten familiekin alderatuz. Horretaz gain, atxikimendu ziurra garatzeak haurren garapen sozio-emozionalaren funtsezko aurrekari bat dela kontuan hartuta, Haur eta Nerabeen Babes-Sisteman, adin goiztiarrean (0-5), haur-zaintzaile diaden arteko harremana atxikimenduan oinarritutako programen bitartez lantzea egiteko garrantzitsu bat da, babes-faktoreak sustatu eta haur eta nerabeen babesgabetasunarekiko arrisku-egoerei aurrea hartzeko.

Azkenik, doktoretza-tesi honen ardatz nagusia *AVI (Moss et al., 2018) esku-hartze programa da*, zeina atxikimenduan oinarrituta dagoen eta Haur eta Nerabeen Babes-Sistemaren testuinguruan, modu goiztiarrean eragina duen. Zehazki, AVI (Moss et al., 2018) programaren bertsio espainiarraren bideragarritasuna eta onargarritasuna aztertu nahi izan da, prebentzio ikuspegitik landutako esku-hartzea Euskal Herriko adin txikikoen babes-sistema publikoan inplementatuz eta ebaluatuz.

Honen harira, haur eta nerabeen babesa arreta-goiztiarrean kokatzeak ekar ditzakeen onurei erreparatuta, ikerketa lan honen ekarpen nagusienak honako hauek dira:

- Batetik, atxikimenduaren teoria gaurkotuetan errotutako eta ebidentzian oinarrituta dagoen AVI (Moss et al., 2018) esku-hartze programaren bertsio espainiarraren bideragarritasuna eta onargarritasuna aztertzea, Babes-Sisteman dauden 0-5 urte bitarteko haurren eta euren guraso/tutore/zaintzaileen harremanetan; eta, AVI (Moss et al., 2018) programaren bertsio espainiarrak gurasotasun behar bezain onari egozten zaion eskuragarritasun emozionalaren aldagaien duen inpaktua neurtzea.
- Bestetik, COVID-19 krisiak guraso/tutore/zaintzaileen gurasotasun behar bezain onaren zenbait aldagaitan (gurasoen estres mailan, familia-kaosean, eskuragarritasun emozionalean eta haurrekiko gaitasun erreflexiboan) izan duen eragina kontuan harturik, AVI (Moss et al., 2018) programaren bertsio espainiarraren eraginkortasuna testuinguru honen baitan aztertzea.

DOKTORETZA-TESIAREN EGITURA/ *Structure of the*

Doctoral Thesis

Ikerketa-lan hau bi zati nagusitan banatu da: Zati teorikoa eta Zati enpirikoa.

Lehenengo zatia (Zati teorikoa) hiru kapituluk osatzen dute eta doktoretza-tesian zehar aztertzen diren hiru ardatzen inguruko errebisio teorikoa aurkezten da: (1) Adin txikikoen babesgabetasun-egoera, (2) Atxikimendua lehen haurtzaroan, eta (3) AVI esku-hartze programa (Moss et al., 2018). Lehenengo kapituluan, adin txikikoei eskaintzen zaien arretaren eta babesaren gaineko definizio eta legedian kokatuta, haurrei emandako tratu txarrek haien atxikimenduan eta ondorengo garapen sozio-emozionalean izan dezakeen eragina aurkezten da. Bigarren kapituluan, ebidentzian oinarritutako esku-hartzeen berrikusketa egiten da. Bertan, Haur eta Nerabeen Babes-Sisteman atxikimenduan errotutako eta ebidentzian oinarritutako AVI programaren erabileraren nondik norakoak azaltzen dira. Bukatzeko, hirugarren kapituluan, egindako lanaren justifikazioa eta ekarpenen garrantzia azpimarratzen dira.

Bigarren zatia (Zati enpirikoa) bost kapituluz osatua dago. Laugarren eta bosgarren kapituluetan, hurrenez hurren, ikerketa-helburuak eta esku-hartzearen inplementazio-testuingurua azaltzen dira. Jarraian, seigarren kapituluan, ebidentzian oinarritutako AVI programaren bideragarritasuna eta onargarritasuna aztertzen duen ikerketa lan bat aurkezten da. Zazpigarren kapituluan, AVIren bertsio espainiarraren esku-hartze prozedura azaltzen da. Zati enpirikoari amaiera emango dion zortzigarren kapituluan, AVI programak COVID-19 krisialdian gurasotasunean izan duen eragina kontuan hartuta, babesgabetasunarekiko arrisku-egoeren inguruko babes-faktoreetan zer inpaktu duen erakusten duen ikerketa bat izango da aztergai.

Hirugarren zatian, doktoretza-tesiaren eztabaida eta ondorioak sakontzen dira. Horien artean, doktoretza-tesian aurkeztutako eduki eta emaitzen indar guneak, ahulguneak eta gaiaren etorkizunaren lan-ildoak elkarren artean bereiztuz. Bukatzeko, erreferentzia bibliografikoak eta eranskinak daude ikusgai, zeintzuk lana bere osotasunean aurkezteko aukera eskaintzen duten.

Ikus jarraian doktoretza-tesiaren atal ezberdinak egituratu diren modua aurkezten duen taula (ikus 1. Taula):

Taula 1.

Doktoretza-tesiaren egituraren laburpena (elebiduna)

SARRERA/ Introduction		DOKTORETZA-TESIAREN EGITURA/ <i>Structure of the Doctoral Thesis</i>
LEHENENGO ZATIA (ZATI TEORIKOA)/ First Section (Theoretical section)	• 1. KAPITULUA/ Chapter 1	ADIN TXIKIKOEI ARRETA ETA BABESA/ <i>Child care and protection</i>
	• 2. KAPITULUA/ Chapter 2	ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZEAK: ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZEA BIDEO-FEEDBACKAREN BIDEZ (AVI)/ <i>Attachment based interventions: Attachment Video-Feedback Intervention (AVI)</i>
	• 3. KAPITULUA/ Chapter 3	DOKTORETZA-TESIAREN JUSTIFIKAZIOA/ <i>Justification of the Doctoral Thesis</i>
	• 4. KAPITULUA/ Chapter 4	IKERKETA-HELBURUAK/ <i>Research objectives</i>
	• 5. KAPITULUA/ Chapter 5	AVI PROGRAMAREN BERTSIO ESPAINIARRA: INPLEMENTAZIO-

BIGARREN ZATIA (ZATI ENPIRIKOA)/ Second section (Applied section)		TESTUINGURUA/ The Spanish version of the AVI program: implementation context
	<ul style="list-style-type: none"> • *6. KAPITULUA/ Chapter 6 	EMPIRICAL STUDY 1- “FEASIBILITY, ACCEPTABILITY, AND INITIAL OUTCOME OF THE ATTACHMENT VIDEO- FEEDBACK INTERVENTION FOR FAMILIES AT RISK OF MALTREATMENT IN SPAIN”
	<ul style="list-style-type: none"> • 7. KAPITULUA/ Chapter 7 	AVI BERTSIO ESPAINIARRAREN ESKU- HARTZE PROZEDURA/ The intervention procedure of the Spanish version of AVI
	<ul style="list-style-type: none"> • *8. KAPITULUA/ Chapter 8 	EMPIRICAL STUDY 2- “EFFECTS OF THE ATTACHMENT VIDEO- FEEDBACK INTERVENTION (AVI) ON PARENTS AND CHILDREN AT RISK OF MALTREATMENT DURING THE COVID-19 PANDEMIC”
HIRUGARREN ZATIA: EZTABAIDA ETA ONDORIOAK/ Third section: Discussion and *Conclusions		
ERREFERENTZIAK/ References		
ERANSKINAK/ Appendices		

**Note: Asterisks correspond to those chapters or appendix written in English. Appendices are written in their original language.*

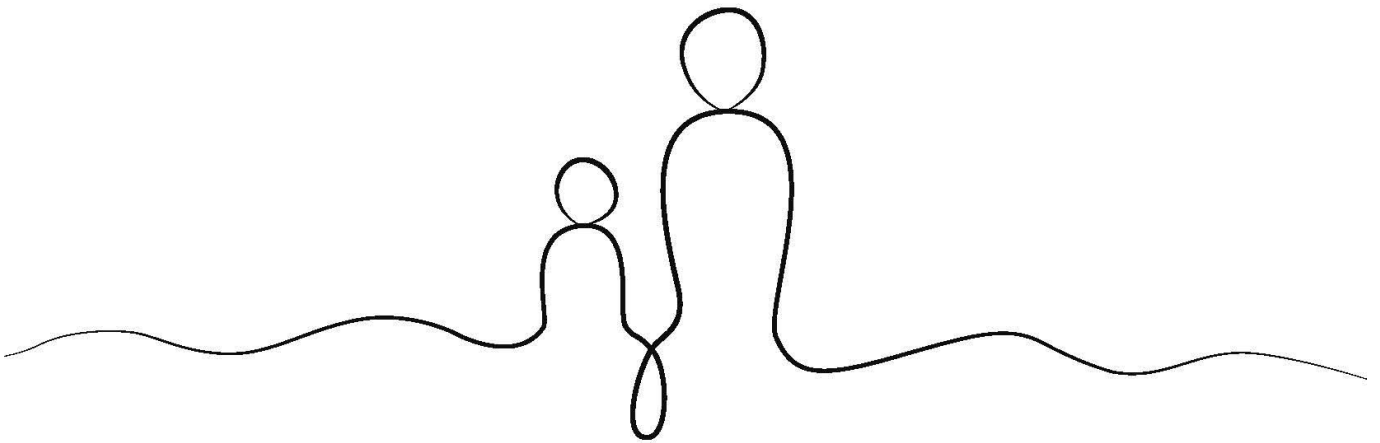
LEHENENGO ZATIA (ZATI TEORIKOA)/

First section (Theoretical section)

1

ADIN TXIKIKOEI ARRETA ETA BABESA

CHILD CARE AND
PROTECTION



1. KAPITULUA. ADIN TXIKIKOEI ARRETA ETA BABESA/

CHILD CARE AND PROTECTION

1.1 HAURRAK BABESTEKO BEHARRA/

Protecting the safety and well-being of children

Jakina da egun hurrei emandako tratu txarren fenomenologia mundu mailako osasun eta gizarte-arazoa dela, hurrek lehen haurtzarotik jasaten dutena. Besteak beste, 2-4 urte bitarteko 300.000 haur beren guraso edo zaintzaile nagusiek eragindako tratu txar fisiko eta/edo emozionalen biktima dira eta 0-17 urte bitartean, bost neskatik batek eta hamahiru mutilatik batek sexu-jazarpena bizi izan du (Osasunaren Mundu Erakundea, 2020). Espainia mailan, 2018. urtean, tratu txarren susmoa zuten 18.801 jakinarazpen formal bildu ziren guztira. Jazarpen tipologiari dagokionez, %67.4a arduragabekeriaren edo zabarkeriaren tipologiari egotzi zitzaion, %25.3a tratu txar emozionalari, %20.7a tratu txar fisikoari, eta %6.4a abusu-jazarpenari. Gainera, susmo bezala jakinarazitako kasu guzti horien gehiengoa (%65.9a) arrisku arin eta ertain bezala sailkatu ziren, eta gainontzeko %34.1a arrisku larriago gisa (Observatorio de la Infancia, 2019).

Honenbestez, estatistika ofizialek agerian uzten dute haurren babesgabetasuna garrantzi handiko arazo soziala dela Espainian. Aipatzekoa da haurren %25a baino gehiago gurasoen edo zaintzaile nagusien eskutik jasotako tratu txarren biktima dela eta kasu horien %10a baino gutxiago salatzen dela (Save de Children, 2018). Kalkuluen arabera, 38.000 adingabek baino gehiagok pairatzen dituzte indarkeria-egoerak, eta sexu-askatasunaren eta sexu-ukigabetasunaren aurkako delituen %47.6 adingabeei eragindakoak dira. Gainera, azken estatistika-aldizkari ofizialaren arabera (Espainiako Gobernuak, 2020), 50.000 haur eta nerabe baino gehiago dago haurren babes-neurri baten pean (egoitza-harrera, harrera-familia). Datu horri haurren babesgabetasunarekiko arrisku-egoeran dauden haurren ehuneko altua gehitu behar zaio, zeina estatistika ofizialetatik kanpo dagoen. Ondorioz, adin txikikongan babesgabetasunarekiko arrisku-egoerak ekiditeko beharrezko baliabide eta esku-hartzeak eskaintzea ezinbesteko ataza da gizarte-mailan.

Hau guzti hau kontuan hartuta, hurrei emandako tratu txarrak prebenitzeko edo babesgabetasunarekiko arrisku-egoerei aurrea hartzeko, babes-faktoreak sustatzen

dituzten esku-hartze programa goiztiarren erabilpena sustatzeko gizarte-politikak abian jarri dira, konkretuki Haur eta Nerabeen Babes-Sisteman (Millet, 2019).

Prebentzioa edo egoera bati aurrea hartzea, aldez aurretik ezartzen eta gauzatzen diren ekintzen bidez defini daiteke, egoera bat gerta ez dadin, edo, gertatu bada, horrek eragiten dituen ondorioek bere horretan jarrai ez dezaten edo landu daitezten. Esaterako, Haur eta Nerabeen Babes-Sisteman artatzen diren babesgabetasunarekiko arrisku-egoeran dauden familiekin, azken urteetan, prebentziotik abiatzearen garrantzia zabaldu da, babes faktoreak sustatzeak, Haur eta Nerabeen Babes-Sistemari ekar diezaiokeen onura kontuan hartuta (Mark, 2020) eta, familiaren ongizatean, harremanen kalitatean eta haurren garapenean duen garrantzia aztertuta (Sanders et al., 2018). Horretarako, ebidentzia erakutsi duten eta atxikimenduan oinarritutako programen erabilpena gomendatzen da (Sidebotham, 2019), bereziki gurasotasun sentikorrean eragiten dutenak (Meléndez-Torres et al., 2019).

Kasu honetan, bigarren mailako prebentzioa arrisku-egoeran dauden biztanleei zuzentzen zaiena da, diagnostiko goiztiarra eta berehalako tratamendua egiteko, dauden arrisku-faktoreak landuz, eta babes-faktoreak indartuz. Helburu orokorra haurrei emandako tratu txarren egoerak antzematea da, eta familia horiei babes-faktoreak sustatzeko esku-hartze programa goiztiarrak eskaintzea (Green et al., 2020).

90eko hamarkadan, familien beharretatik eratorritako legeak eta baliabideak ugaritu egin ziren Haur eta Nerabeen Babes-Sistemaren arloan. Ildo horretan, esku-hartzera zuzendutako zerbitzuak garatu dira ordutik, zeintzuk, babesgabetasunarekiko arrisku-egoeran dauden familiei zuzendutako programak eskaintzen dituzten, edo beste era batera esanda, bigarren mailako prebentzioa egiten duten haurrei emandako tratu txarrak ahal den neurrian ekiditeko, babes-faktoreak sustatuz (Berman, 2020).

Haur eta Nerabeen Babes-Sisteman familien eta beren haurren babes-faktore horiek sustatzeko, eta haurrei emandako tratu txarrei aurrea hartzeko, ebidentzian oinarritutako programak behar dira (Negriff, 2019; Steele eta Roberts, 2020; Westman, 2019), ikuspegi bio-psiko-soziala dutenak (Sciarrino et al., 2018) eta haurren ongizatea bermatzen laguntzen duten babes-faktoreak aztertzen dituenak (Evans et al., 2014; Moxley et al., 2012).

Horretaz gain, bukatzeko, esan beharra dago, haurrei emandako tratu txarrek eragin ditzaketen ondorio sozio-emozionalak kontuan hartuta (Zeanah eta Humphreys, 2018), eta atxikimendua haurren garapen osasuntsuaren aurrekari garrantzitsu bat den heinean, haurrei emandako tratu txarren kontestuan aplikatzen diren programa goiztiarrek gurasotasun sentikorrean ez eze, atxikimenduan oinarritutakoak izateak programen efikazia handitzea dakarrela (Cassidy eta Shaver, 2016; Corcoran eta McNulty, 2018; Toth eta Manly, 2019).

1.1.1. HAURREI EMANDAKO TRATU TXARRAK/

Child maltreatment

Hartara, azpimarratzekoa da haurrak eta nerabeak eskubideen subjektu titularrak direla eta, garapen prozesuan dauden talde zaugarria osatzen duten heinean, babestu egin behar direla, 1989ko azaroaren 20an Haurren Eskubideei buruzko Nazio Batuen Konbentzioari jarraiki.

Dena den, haurrei emandako tratu txarrak erregulatu dituen legedia eta hauek babestuak izateko eskubidearen gaineko legislazioa historian zehar 80. hamarkadatik gaur egunera arte eraikitzen joan da, haurrei emandako tratu txarrak aitortzetik abiatu zena (Fantova, 2014; Muela, 2007).

Historian zehar, erronka amaigabea izan da haurrei emandako tratu txarren gaineko definizio zehatz, homogeen, nazioarteko, zientifiko eta integral adostu bat izatea (De Paúl, 2009; Herrenkohl, 2005; Muela, 2007). Haurrei emandako tratu txarren konstruktua Tardieu medikuak ezagutarazi zuen lehenengo aldiz 1868. urtean; zehazki, 32 umeri autopsiak egin ondoren izendatutako “kolpatutako haurraren sindromea” adierazpenaren bidez (Tovar Domínguez, 2016). Baina, Tardieu medikuaren heriotzaren ondoren heldu zen haurrei emandako tratu txarren gaineko pentsamolde aldaketa nabarmenena, Henry Kempe eta bere lankideek, haurren babesaren ondorena betiko aldatu zuen ekarria egin zutenean, abusuak jasandako haurrei buruzko sinposio bat antolatuz, pediatria akademia amerikarrak nazio mailan antolatutako bilera batean.

Haurrei emandako tratu txarraren larritasuna agerian uzteko asmoz, Kempe eta Silverman pediatrik (zeintzuk 1953. urtean haurren hezur hausturen etiologia ezezaguna ikusita, gurasoek haurrei nahita kaltea eragin diezaieketela aitortu zuten (Silverman, 1953)) artikulu bat idatzi zuten eta, horri esker, Estatu Batuetan haurren eskubideak babesteko aldaketak egiten hasi ziren legedian (Kempe et al., 1962). Artikulu horretan, haurrei emandako tratu txarrak “sindrome” bezala azaldu, tratu txarren epidemiologiaren gaineko azterlana egin eta medikuek haurrei emandako tratu txarrak ez onartzearen gaineko azalpena eman zuten. Hartara, 80ko hamarkadan, gizarteak ikuspegi aldaketa bat egiten du eta umeez beren beharrak asetuak izateko eskubidea dutela ulertzen da (Cicchetti, 1989).

Gerora ere, 90. hamarkadan zehar, oraindik komunitate zientifikoan ez zegoen haurrei emandako tratu txarren definizio amankomunik (National Research Council, 1993). Nahiz eta saiakera bat baino gehiago egin den (Perea-Martínez et al., 2001), zaila da mundu mailan haurrei emandako tratu txarren gaineko definizio argi, fidagarri, egoki eta erabilgarri bat aurkitzea (Cicchetti eta Toth, 2005). Esan daiteke, 90. Hamarkadan, oraindik haurren eskubideei buruzko lehenengo gomendio batzuetara mugatzen zela 1924an Genevako Deklarazioan 5 herrialdek haurrak babesteko oinarritzko 5 printzipio onartzen zituen adierazpena.

Homogeneotasun falta horren zergatia, hainbat arrazoiri egotz dakioke. Hala nola, aldagai kultural eta sozialak kontuan hartuta gurasotasunaren gaineko jarreraren eta ekintzen egokitasuna baloratzeko subjektibotasunari; definizio horretan gurasoen jokabideez gain elementu gehiagok barne-hartu beharko luketen usteari; “kaltearen” kontzeptua erabili beharko litzatekeen argi ez eduki izanari; edota, dena delako definizioa, arlo anitzetan berdin erabili ote daitekeen adostasun faltari (ikerketan, esku-hartzean, klinikan, zuzenbidean, etab.) (Cicchetti eta Lynch, 1995).

Haurrei emandako tratu txarren fenomenoaren heterogeneotasuna ere hainbat faktoreri dagokie (Aber eta Zigler, 1981; Cicchetti eta Barnett, 1991; Zuravin, 1991). Esaterako, haurrei emandako tratu txarren nozioari berari, tratu txar moten sailkapenari, haurrei emandako tratu txarrak azaltzeko ikuspegi edo hurbilpen teoriko-praktikoei, haurrei emandako tratu txarren oinarrian dauden egoera, eragile eta zergatien usteetan dauden

desberdintasunei eta, neurri batean, haurrei emandako tratu txarrak jasateak dituen ondorioen ikuspegi sakon eta globalaren gaineko informazio-faltari (Muela, 2007).

Ondorioz, esan bezala, nahiz eta haurrei emandako tratu txarren gaineko definizio ugari dauden, heterogeneotasun hori kontuan hartuta, esan daiteke haurrei emandako tratu txarren definizioa, honakoa dela:

“Gurasoen edo zaintzaileen ardurapean edo zaintzapean dauden bitartean, haurrengan egiten den edozein kalte fisiko edota psikologiko; horretarako edozein akzio fisiko, sexual edo emozional erabiliz, ez-egitez edo egitez, haurraren garapen egokia oztopatzen edo mehatxatzen duena eta haurrak ondo tratatzeari buruzko komunitatearen eskakizunak urratzen dituena” (Muela, 2007). *“Haurrei emandako tratu txarrek, haurrei babes eta heziketa ematen dieten harremanak nahasten dituzte. Familiak dira haur txikiek besteengandik espero duten portaera soziala eta hirugarrenei seinale emozionalak interpretatzeko eta bidaltzeko modua ikasten duten lehen edo funtsezko testuinguruak. Haurrei emandako tratu txarrak gertatzen diren familietan, haurrak komunikaziorako eta portaera emozionalerako egokitu gabeko moduen eraginpean daude, eta auto-erregulazio egokitzailerako eredu eskasak dituzte”* (Cicchetti eta Manly, 2001).

Bestalde, legezko definizio adostuak kontuan hartuta, EAEn, dekretu bidez legeztatuta dagoen BALORA tresnan (Enplegu eta Gizarte Politiketako Saila, 2017), zein adin txikikoei emandako tratu txarrak ebaluatzeko erabiltzen den, zehazten da haurrei egindako kaltea zehazterako orduan, ezinbestean, honako ardatzak aintzat hartu behar direla:

1. Haur edo nerabearen zaintzaileen babesgabetasunarekiko zaugarritasun maila.
2. Haur edo nerabearengan zaugarritasun edo arduragabekeria horrek eragiten duen “kalte esanguratsua”. Alegia, BALORAN definitzen den gisan, gurasoen edo tutoretza edo zaintza betetzen duten pertsonen portaerak haurraren edo nerabearen zenbait arlotan (osasuna, ongizatea edo garapena) eragin dezakeen kaltea.

Bestalde, haurrei emandako tratu txarraren definizioan, honako aspektuak gehitzen dira:

- Kalte esanguratsua *kontinuum* bat dela eta haren muturrean kalte larria (fisikoa edo psikikoa) dagoela.

Ondorioz, hurrei emandako tratu txarrak definitzerako orduan, gradiente zabala dagoela aitortzen da.

- Kaltearen intentsitate errealak edo potentzialak kontuan hartu behar dira, eta kalte hori esanguratsua denean edo izan daitekeenean soilik ondorioztatu ahal izango da tratu txarrak daudela.

Hau da, haurra babestu behar den eta, ondorioz, erdigunean jartzen den subjektua dela kontuan hartuta, babesteko beharra dutenek ematen dioten tratu txarra edo arduragabekeria edo zabarkeria maila kontuan hartzeaz gain, ezinbestekoa da eta berebiziko garrantzia dauka haurrari emandako tratu txar horrek haren garapenean eta osasunean duen inpaktua kontuan hartzea.

- Haurraren edo nerabearen ezaugarri pertsonalek ere eragina dute euren zaurgarritasun mailan. Haurrak eta nerabeak zaurgarri izanez gero, zaintzeko eta babesteko zerbitzuen arreta berezia izan beharko dute.

Azken aitortpen honek, zera gehitzen dio hurrei emandako tratu txarren definizioari: Adin-txikikoaren bere biziko erronkek ere eragina izan dezaketela haur edo nerabe horri emandako tratu txarrarekiko zaurgarritasunean.

Laburbilduz, nahiz eta aitortu daitekeen zaila dela diziplinen arteko definizio global bat aurkitzea, eta nahiz eta ikusmira profesional bakoitzak ertz batetik edo bestetik definituko lituzkeen hurrei emandako tratu txarrak, fenomenoaren ulermen osoa izateko, aspalditik jakina da hurrei emandako tratu txarren fenomenologia konplexua kontuan hartu beharra dagoela, eta ondorioz, mediku-arazotzat jo daitekeela jakin behar dela, eta horrelaxe diagnostikatua eta tratatua izan behar duela; jokaera kriminaltzat jo daitekeela eta, ondorioz, termino legalak erabiliz definitu eta esetsi behar dela; arazo sozialtzat jo daitekeela, eta hartara, fenomeno sozial bezala aztertu behar dela; adingabeen babes-arazotzat jo daitekeela, eta horregatik, adingabeak babesteko zerbitzuen esku-hartzearen bidez bideratu eta landu daitekeela, eta familia-arazotzat jo daitekeen heinean, ezinbestean, familia barruko dinamikaren inguruan ulertu behar dela (Inglés, 1995; Mayhall eta Norgard, 1983).

Gainera, horretaz haratago, hurrekiko tratu txarraren definizioaren eraikitze lan horretan, legeak haurretatik abiatuta eta haurrentzat egitea proposatzen da azken azterlanetan (Kosher eta Ben-Arieh, 2020). Hau da, haurrak subjektu aktibo bezala azaltzea, eta neurri batean, horretan saiatu da “Haurrak eta nerabeak indarkeriaren aurka oso-osoa babesteko ekainaren 4ko 8/2021 Lege Organikoa” (Espainiako Gobernua, 2021).

Espanian, Haur eta Nerabeen Babes-Sisteman onartu den azken lege honek, hurrei emandako tratu txarrak, “indarkeria” termino globalago batek barne hartzen duela definitzen du, giza eskubideen urraketaren markoan. 8/2021 legeak, (Espainiako Gobernua, 2021), honela definitzen du giza eskubideen urraketa: *“Adingabeei beren eskubideak eta ongizatea galarazten dizkien ekintza, ez-egite edo tratu arduragabe oro, baldin eta haien garapen fisiko, psikiko edo soziala mehatxatzen edo oztopatzen badu, haien komisio-modua eta -bitartekoa edozein izanik ere, bereziki informazioaren eta komunikazioaren teknologien bidez egindakoa barne”*.

Konkretuki, honako hauek jotzen ditu indarkeriatzat: *“Tratu txar fisiko, psikologiko edo emozionalak, zigor fisikoak, umiliagarriak edo iraingarriak, arduragabekeriak jokatzea edo tratatzea, mehatxuak, irainak eta kalumniak, esplotazioa, sexu-indarkeria, ustelkeria, haur-pornografia, prostituzioa, eskola-jazarpena, sexu-jazarpena, ziber-jazarpena, genero-indarkeria, genitalen mutilazioa, edozein helburutarako gizakien salerosketa, ezkontza behartua, haurren arteko ezkontza, pornografiarako sarbide ez baimendua, sexu-estortsioa, datu pribatuen zabalkunde publikoa, eta haurren familia-eremuan indarkeriazko edozein portaera izatea”*.

Gauzak honela, esandako guztia kontuan hartuta, kultura, giza-kontestu, herrialde edo bizileku bakoitzean, momentu historiko eta sozialei jarraiki, hurrei emandako tratu txarren inguruko ulermen jakin bat eta definizio bakarra zehaztea garrantzizko ataza da. Horrela, hurrei emandako tratu txarrak prebentziotik landu, identifikatu, baloratu eta esku-hartze eta estrategia sozio-politiko jakin batzuk martxan jarri ahalko lirateke (García Lara et al., 2020).

1.1.2. HAUR ETA NERABEEN BABESAREN GAINEN LEGEDIA/

Legislation affecting child abuse and neglect

Estatu mailako legedia/ The Spanish law

Haur eta nerabeen babesaren inguruko legedia adin txikikoen eskubideetan oinarritu da. Hasiera batean, abandonuan kokatuz, ondoren babesgabetasunean eta azkenik, “arrisku” kontzeptuan (Desai eta Goel, 2018).

Lehen aldiz, “abandonatutako haurtzaroa”ren gainean eta adopzioaren inguruan 7/1970 legean mintzatu zen, “Revista de Desarrollo Social” deritzon (Fundación Foessa, 1971). Dena den, 1978ko konstituzioko III Kapituluaren lehenengo Tituluan aipatu zen botere publikoek familien babes soziala, ekonomikoa eta juridikoa bermatu behar zutela, haurrei aipamen nabarmena eginez (Boletín Oficial del Estado, 1978).

Ondoren, 21/1987 legean, babesgabetasunaren gainean sakondu zen lehen aldiz aurreko legediak adopzio kasuen kudeaketa hobetu beharrekoa zela azalduz. Hartara, momentu hartan instituzioak bete beharrekotik gizarte-funtzioa eskasa zela adieraziz. Lege honek adin txikikoen babesaren eremuan aldaketa ugari egin zituen eta ordutik, “haur abandonatu” terminoa “haurren babesgabetasuna” kontzeptuagatik ordezkatu izan zen instituzio mailan (BOE, 1987).

Aurrerago, 1989. urtean haurren eskubideen gaineko konbentzioan, haurren oinarrituko eskubideak zeintzuk ziren zehaztu ziren (Asamblea General del Gobierno, 1989). Handik gutxira, 1990eko abenduan, Nazio Batuen Haurren Eskubideei buruzko Konbentzioa berretsi zuen Espainiak, 1989ko azaroaren 20an NBERen Batzarrak aho batez onartutakoa eta haurren eta nerabeen eskubideen defentsaren esparru unibertsala osatzen duena.

Azkenik, Estatu mailan “Arrisku” terminoa lehen aldiz legezatu zen urtarrilaren 15eko 1/1996 Lege Organikoan (BOE, 1996). Bertan, aurretik legeztatutako adin txikikoen eskubideak zabaldu ziren eta arrisku egoerak definitu ziren. Lege honetan, lehen aldiz, adin txikikoen babesgabetasuna mailakatu egin zen “arrisku” eta “desanparo” egoerak desberdinduz, eta egoera bakoitzerako instituzio publikoei esku-hartze desberdinak egotziz.

Ordutik, uztailaren 22ko 8/2015 Lege Organikoak eta uztailaren 28ko 26/2015 Legeak (Haurrak eta Nerabeak Babesteko Sistema aldatzekoak), estatu-izaerako esparru juridikoa ezartzen dute, adingabeak eskubideen subjektu izatearekin eta eskubide horiek gauzatzeko gaitasun progresiboa aitortzearekin bat datorrena. Bertan, adingabearen gizarte-babesgabetasuneko kasuetan botere publikoek egin beharreko jarduerak ezartzen dira.

Azkenik, egun, estatu mailan, lehen aipatu den gisan, “Haurrak eta nerabeak indarkeriaren aurka oso-osoan babesteko ekainaren 4ko 8/2021 Lege Organikoa” (Espainiako Gobernua, 2021) dago indarrean. Lege honek, atariko tituluan, Legean behin eta berriro erabiltzen diren bi kontzeptu definitze ditu: indarkeriaren kontzeptua eta tratatu onaren kontzeptua. Horri dagokionez, nabarmentzekoa da indarkeriaren kontzeptuaren barruan sartzen dituela “familia-eremuan indarkeriazko edozein jokabide egotea, adingabeari zuzenduta ez badaude ere”; eta tratatu onaren kontzeptuaren barruan sartzen direla “elkarrekiko errespetuaren, gizakiaren duintasunaren, bizikidetzaren demokratikoaren, gatazkak modu baketsuan konpontzearen, legea berdinean babesteko eskubidearen, aukera-berdintasunaren eta haurrak eta nerabeak diskriminatzeko debekuaren printzipioen sustapen aktiboa”.

8/2021 legeak, prebentzioaren eta babes komunaren paradigma berri bati bide ematen dio estatuko lurralde osoan, adingabeen eskubideen urraketan aurrean, eta administrazio publiko guztiek, bakoitzak bere eskumenen esparruan, sare-lana eta haurren eta nerabeen aurkako indarkeriaren aurkako lanean) duten inplikazioa indartzea bultzatzen du. Lege honek, haurrei emandako tratatu txarrei, kasu honetan, “indarkeriari” aurrea hartzeko, babesgabetasunarekiko arrisku-egoeran dauden familiekin modu eraginkorrean esku-hartzeko, ebidentzian oinarritutako praktikak aplikatzeko beharra zehazten du.

Horrekin batera, adierazi behar da, Espainiako Estatuaren lurralde- eta administrazio-egiturarekin bat etorriz, autonomia-erkidegoek, legegintza-ahala izanik, zabal garatu dutela legedia autonomikoa adin txikikoen eskubideen proiektioari eta sustapenari dagokienez.

Gizarte-laguntzaren arloko eskumenak autonomia-erkidegoei transferitzeko prozesutik aurrera (Espainiar Konstituzioaren 148.1 20. artikulua), autonomia-erkidegoek haurrak eta nerabeak babesteko legeak garatu dituzte, besteak beste.

EAEko legedia/ The law in the Basque Autonomous Community

Euskal Herriari begira jarrita, 2005eko otsailaren 18ko 3/2005 Legea, Haurrak eta Nerabeak Zaintzeko eta Babestekoa da, zeinak Euskal Herrian dauden edo bizi diren haur eta nerabeen eskubideak aitortu eta haien betebeharrak zerrendatzen dituen, baita esku hartzen duten erakundeetako bakoitzaren eskumenak zehaztu ere. Hau da, lege horretan, arrisku edo babes gabezia egoeretan administrazioaren jardun babesleak nolakoa izan behar duen jasotzen da. Lehendik zegoen hutsune juridikoari erantzuna ematea izan zen lege horren helburua. Alde batetik, haurren eta nerabeen eskubideen babesaren eta sustapenaren alde egitea; eta bestetik, adin txikikoak arau hausle diren kasuetan, gizarte eta heziketa arloko arreta jasotzeko aipua egitea.

Lege horretan, 51. artikuluan, jakinarazi beharko liratekeen arrisku-egoerak zeintzuk diren zehazten dira: *"Arrisku-egoerak dira haurraren edo nerabearen garapen pertsonal edo sozialari kalte egin diezaioketen egoerak, babesgabeziatzat jo ezin daitezkeenak eta, hortaz, legeak agindutako tutoretza ezartzea eskatzen ez dutenak. [...] Arrisku-egoera agertuko da, gizartearen, familiaren edo adingabearen beraren gorabeheren ondorioz, adingabearen garapena eta ongizatea mugatuta edo kaltetuta gertatzen badira, eta gurasoek, tutoreek edo zaintzaileek ez badituzte beren gain hartzen haurraren edo nerabearen garapen egokia bermatu ahal izateko erantzukizunak [...]"*.

Ondoren, 52. artikuluan, arrisku-egoeretako jarduketaren deskribapena egiten da. Lehenengo puntuak hala dio: *"Arrisku-egoeretan, haurrak eta nerabeak babesteko arloan eskumena duten herri-administrazioek haien eskubideak bermatu egin behar dituzte, bai eta haien beharrezanetan laguntza emango dela ziurtatu ere. Arlo honetan egiten diren jarduketara publikoek haurren, nerabeen eta horien familien moldatze pertsonala eta sozialean eragin negatiboa duten arrisku- faktoreak desagerraraztea izango dute helburu. Horretarako, honako hauek sustatuko dira: gurasoen, tutoreen edo zaintzaileen laguntza, adingabeei eta haien familiei laguntzeko bitartekoen erabilera, komunitatearen esparruko esku-hartzea, bai eta orientabidea emateko eta jarraipena egiteko zerbitzuak ere[...]"*.

Artikulu berdinean, hirugarren puntuan, jarraian aipatzen dena zehazten da: *“Adingabeak babesteko arloan eskumena duten herri-administrazioek aurkitutako edo salatutako egoera egiaztatzeko betebeharra izango dute; orobat, kasuak agertzen dituen ezaugarriak eta beharrikanak ebaluatzeko betebeharra izango dute, eta kasua ebaluazio horren emaitzaren arabera ebatzearren, beharrezkoak diren neurriak hartzeko betebeharra ere bai”*.

Bereziki, Lehen mailako edo Oinarrizko Gizarte-Zerbitzuei dagokionari begira, 53. artikuluan lehenengo puntuan zera esaten da: *“Arrisku-egoeretan, oinarrizko gizarte-zerbitzuek kasua hartu eta ikertu egin beharko dute, baloratu eta bideratu eta, beharrezkoa baderitzote, komunitatearen esparrutik esku hartu behar dute. [...]. Haurraren babesgabetasun-egoera oso larria dela iruditzen bazaie, esku-hartze espezializatuaren beharra dagoelako edo, are gehiago, adingabea bere familia-ingurunetik bereizi behar delako, kasua haurrak eta nerabeak babesteko zerbitzu espezializatura igorri beharko dute...”*.

Eta jarraian, bigarren puntuan, familia bakoitzari beren beharrei erantzuten dion esku-hartze bat eskaintzeko beharra zehazten da: *“Baldin eta oinarrizko gizarte-zerbitzuek uste badute komunitatearen esparrutik esku hartu behar dutela, kasu bakoitzerako arretaplan bat egin beharko dute, eta, bertan, aurkitutako beharrikanari erantzuteko taxutu dituzten esku-hartzeak zehaztuko dituzte”*.

Horretaz gain, abenduaren 5eko Gizarte Zerbitzuei buruzko 12/2008 Legearen 22. artikuluan jasotzen dira oinarrizko gizarte zerbitzuen eta gizarte zerbitzu espezializatuaren prestazioak. Eta 27. artikuluan EAEko Gizarte-zerbitzuen antolamendua zehazten eta garatzen da, eta Lehen Mailako Arretako Zerbitzuek autonomiaren, gizarteratzearen eta larrialdien edo babesgabetasunaren inguruko egoerei erantzuna ematen lagunduko diete erabiltzaileei eta bereziki, arrisku-egoeren prebentzioari erreparatuko diote.

Gizarte Zerbitzuei buruzko 12/2008 Legearen III. Tituluan, administrazio publikoetako eskumenak banatzen dira. Hala nola, Eusko Jaurlaritzarenak, Foru Aldundienak eta Udalenak. Horrenbestez, legearen betekizuna eta arauen bermea Eusko Jaurlaritzaren gain geldituko dela adierazten da. Zehazki, Udaletako gizarte zerbitzuei egozten zaizkien funtzioei erreparatuta, 28. artikuluan aipatzen eta jorratzen dira kasuen gainbegiratzea eta profesionali prestakuntza eta orientabidea ematea.

Esandakoaz gain, 42. artikuluan ezartzen dira haurren babeserako gaian Udal mailako Oinarrizko Gizarte-Zerbitzuetako edo Lehen Mailako Arretako Zerbitzuak deritzen instituzioen eskumenak zeintzuk diren. Hala dio legeak: *“Arriskuan dauden adingabeak babesteko dauzkaten eskumenak, haurrak eta nerabeak zaintzeko eta babesteko arloan indarrean dagoen araudiak esleitzen dizkienak”*. Bestalde, egun, 26/2015 Legea da Estatu Mailako legegintzan Haur eta Nerabeen Babes-Sisteman aldaketak ezartzen dituen azken berrikusketa (BOE, 2015).

Azkenik, Haurrak eta nerabeak indarkeriaren aurka babesteko 09/06/20 Lege-Proiektu Organikoaren berrikuspenak, haurren eta nerabeen babesgabetasuna haur eta nerabeekiko zaintzaileen jardute “kaltegarri” zuzenaz haratago doala induskatzen du (Secretaría de Estado de Comunicación, 2020). Hau da, EAE mailan, haur eta nerabeen babesgabetasuna gertatu dela zehazteko, BALORAN aipatzen diren egoerez gain, beste zenbait faktore edo bizipenak ere hauen babes faltaren adierazgarri izan daitezkeelakoan, kontuan hartu behar direla aipatzen du. Hala nola indarkeria instituzionala. Bestalde, delitu larrien preskripzioa handitu eta prebentzioa, detekzio goiztiarra eta biktima diren adin txikikoen babesaren gaineko babes-neurriak txertatzen ditu (Secretaría de Estado de Comunicación, 2020). Gehienbat, aurretik araututa zeuden haurtzaroaren babeserako legeak eguneratzen ditu, haur eta nerabeekin ohiko harremana duten profesionalen prestakuntza eta formakuntza espezializatua arautzen du, eta administrazio publikoen arteko beharrezko lankidetzak jasotzen ditu.

Gainera, legeak bereziki, hiru puntu azpimarratzen ditu: haurrek entzunak izateko duten eskubidea, haurrek inolako indarkeriarik ez jasateko duten eskubidea eta haurren interesen lehentasuna.

Azkenik, Euskal Herria mailan, Jaurlaritzak estrategia aitzindaria den “Haurren eta nerabeen kontrako indarkeriari aurre egiteko euskal estrategia (2022-2025)” jarri du martxan aurretik aipatutako legedian oinarrituta, zeinak haurrek eta nerabeek jasaten dituzten indarkeria mota guztiei aurrea hartzea, gerta daitezkeenak azkarrago detektatzea, garaiz esku hartzea, haur eta nerabeei behar duten arreta eta babesa ematea eta, ahal den neurrian, eragindako kalteak konpontzea dituen helburu; tratu onaren kultura, erantzunkidetasuna eta ingurune seguruak sustatzeko asmoz. Estrategia horren azken helburuetako bat, EAEn, “Haurrak eta nerabeak indarkeriaren aurka oso-osoan babesteko

ekainaren 4ko 8/2021 Lege Organikoa” (Espainiako Gobernua, 2021) deritzon legetik eratorritako Euskal legedia berriztatu bat proposatu eta onartzea da.

1.1.3 BABESGABETASUN-ARRISKU EGOERETAN DAUDEN FAMILIEI ARRETA HAUR ETA NERABEEN BABES-SISTEMAN/

Care and protection from the child protection system for families at risk of risk child abuse and neglect

Espainia mailan, onartu berri da Haurrak eta Nerabeak Babesteko Lege Integrala (Espainiako Gobernua, 2021). Lege honek aurrerapen handia suposatu du eta adin txikikoen babesari bermatzeko legediari dagokionez abangoardian kokatzen da. Araudi horrek, arretaz gain, prebentzioa, detekzio goiztiarra, laguntza eta aholkularitza ere nabarmentzen ditu. Era berean, erreparaziorako, berreskuratzeko eta sentsibilizaziorako ekintzak biltzen ditu.

Hala ere, legedia hori gorabehera, estatistika ofizialek agerian uzten dute haurren babesgabetasuna arazo soziala dela Espainian (Save de Children, 2018) eta 38.000 adingabek baino gehiagok pairatzen dituzte indarkeria-egoerak (Espainiako Gobernua, 2020).

Aipatutako hurrei emandako tratu txarrak eta arrisku egoera horiek desagerraraztea eta haurren babesari prebentziotik lantzea eta bermatzea, gizarte-zerbitzuetatik eskaintzen diren esku-hartzeen helburu nagusi dira. Zehazki, zaurgarritasun eta arrisku-egoeretan, Udal Mailako Haur eta Nerabeen Babes-Sistemaren eskumena litzateke haurren eta nerabeen eta haien familien egokitzapen pertsonalean eta sozialean eragin negatiboa duten arrisku-faktoreak ezabatzea, eta haiek babesteko eta familia-ingurunea babesteko neurriak sustatzea. Gainera, arrisku-egoeren esku hartzea administrazio publikoari dagokion heinean, eta hurrekin eta beren familiekin lanean dabiltzan instituzioak direnez gero, ikastetxeek, osasun-zerbitzuek eta administrazio publikoak kudeatzen dituen zerbitzuek (esaterako, arreta goiztiarreko zerbitzuak) betebeharrak orokor bera dute adin txikoen babesari dagokionez (Boletín Oficial del Estado, 2015).

Aipatu beharrekoa da Haur eta Nerabeen Babes-Sistemak zaintza eta babeserako betebeharrak orokor horretan, eskumen eta ardura zehatzetako bat adingabeen eta beren familien “harreman ondasuna” deritzona edo harreman osasuntsu eta ziurrak sortu eta garatzea dela (Fantova, 2014).

Gizarte-Zerbitzuen beste esku-hartze arlo bat familia-esku-hartzea da. Esku-hartze honek, informazioa, orientazioa, laguntza, prestakuntza edo bitartekaritza zerbitzuak barne hartzen ditu eta gurasotasuna sustatze aldera eskaintzen da; betiere, promozioaren eta prebentzioaren ikuspegitik, komunitate osasuntsuak eraikitzeko (Daly, 2012).

Zeregin horretan, babesgabetasunarekiko arrisku-egoerak murrizteko, Haur eta Nerabeen Babes-Sistemak haurrak erdigunean jarrita, hauen beharrak eta garapen sozio-emozionala ahal bezain beste sustatzen dituen programak jartzen ditu familientzako eskuragarri, eta horretan, iragarpen-gaitasun handia lortu dute atxikimenduan oinarritutako esku-hartzeek (Cassidy eta Shaver, 2016; Sroufe, 2021).

COVID-19 krisialdiak gurasotasunean izan duen inpaktua/

The impact of the COVID-19 crisis on parenting

SARS-CoV-2 birusak sortutako COVID-19 krisialdiak gurasotasunean eragin negatiboa izan du, gurasotasunaren erronkak handituz, babesgabetasunarekiko arrisku-egoerekiko zaugarritasuna haziz (Cluver et al., 2020) eta adin txikikoen buru-osasuna kaltetu egin da (Racine et al., 2020).

Bereziki, mundu-mailako krisialdi honek, familiako kideen estres maila handitu, eta haurren beharrei erantzuteko gurasoen gaitasuna gutxitu du, haurrei emandako tratatu txarrak areagotuz eta babesgabetasunarekiko arrisku-egoerak handituz (Lucassen et al., 2021).

Haurren garapenari eta ongizateari dagokionez, errutina aldaketak, ziurgabetasunak eta aurreikusgarritasun ezak, haurren garapenean inpaktu negatiboa izan du (Karki et al., 2020), eta familia-kontestuan zaintzaileen estres mailaren gorakadak eta zaintza sentikorraren murrizteak, hauen garapen sozio-emozionala baldintzatu ahal izan du (Brown et al., 2020).

Zenbait ikerketak, COVID-19 krisialdian Haur eta Nerabeen Babes-Zerbitzuetatik esku-hartze eraginkorrak eskaintzeko beharra azaleratu dute gurasotasunean eragiteko, familien harreman dinamika osasuntsuak sustatzeko eta haurren ongizatea bermatzeko (Purnama eta Jansen, 2022; Weeland et al., 2021) batez ere, egoera sozioekonomiko baxuak eta zaintzaile nagusiak emakumeak diren familietan (Kerr et al., 2021).

Hartara, esandako guzti hau kontuan hartuta, eta gogoan izanda haurren beharrekiko arduragaberiak jokatzen duten edo zabarkorrak diren gurasoek esku-hartzerik jasotzen ez baldin badute ez dutela hauen garapen osasuntsua bermatzen duen zaintza sentikorra aurrera eramateko baliabiderik (Hildyard eta Wolfe, 2002; Toth eta Manly, 2019). Hartara, ezinbesteko ataza da Haur eta Nerabeen Babes-Sisteman eskaintzen den esku-hartze goiztiarreko arreta eraginkorra izatea halako krisi egoeretan (Balençon et al., 2021). Are gehiago, krisi egoeretan, non esaterako meta-analisi batean aztertu den COVID-19 sasoiak amen buru-osasunean eragin negatiboa izan duela, batez ere, 0-5 urte bitarteko haurren gurasoen kasuan (Racine et al., 2022).

Dena den, egun, estatu mailan, ez da ezagutzen Haur eta Nerabeen Babes-Sisteman familiei adin goiztiarrean babesgabetasunarekiko arrisku-egoerei aurrea hartzeko programa eraginkorrik COVID-19 pandemiaren tankerako krisi egoeretan inplementatu denik eta eraginkortasuna erakutsi duenik.

1.2 HAURREN BABESGABETASUNAREN ONDORIOAK ATXIKIMENDUAN ETA GARAPEN SOZIO-EMOZIONALEAN ZAILTASUNAK IZATEKO ARRISKUAN/

Consequences of child abuse and neglect on attachment and difficulties in the socio-emotional development

Garapenaren antolamendu-ikuspegiak (Cicchetti eta Toth, 2015; Sroufe et al., 2005) eragin handia izan du garapenaren psikopatologiaren eremuan, eta erreferentzia-esparru bat eskaintzen du haurren babesgabetasunak garapenean duen eragina azaltzeko eta baita gaitasun sozio-emozionaletan eta gizabanakoaren bizi-zikloan zehar harremanetarako eta beste batzuekin sozializatzeko gaitasunean eta funtzionamenduan sortzen dituen inpaktu negatiboa ulertzeko. Ikuspegi horretatik, ez da espero harreman lineala eta norabide

bakarrekoa izatea esperientzia goiztiarren (adibidez, atxikimendua, haurrei emandako tratu txarrak) eta egokitzapen sozio-emozionalerako zailtasunen artean. Izan ere, horiek modu transakzionalean, konplexuan eta sistemikoan eragiten dute garapenaren beste faktore batzuekin batera (Sroufe et al., 2005). Kausazko prozesuek psikopatologiaren agerpenean duten zereginari heltzeko, arrisku-faktoreak, babesleak eta sustatzaileak hartzen dira kontuan; eremu desberdinetakoak (biologikoa, kognitiboa, emozionala eta soziala) eta garapenaren testuinguruarekin zerikusia dutenak (familia nuklearra, familia zabala, berdinen taldea, kultura, etab.). Faktore horiek modu konplexuan elkar eragiten dute psikopatologiaren presentzian edo absentzian.

Planteamendu horretatik, haurren eta haren zaintzailearen arteko atxikimendu-harreman ziurra ezartzea heziketaren zeregin nagusienetako bat da haurtzaroan, eta horrek eragina du ondorengo garapen-gertaeren funtzionamendu egokitzailearen edo desegokitzailearen berrantolaketan (Doyle eta Cicchetti, 2017). Hala, atxikimendu-harremanek eginkizun moderatzailea izan lezake hainbat faktorek gizabanakoan ongizate psikologikoan duten eraginean. Horrela, psikopatologiarako arrisku-faktore gisa funtzionatzeaz gain (segurtasunik ezaren eta/edo antolaketarik ezaren kasuan), faktore babesle ere izan litezke (segurtasunaren kasuan) eta, neurri batean behintzat, bizi-zikloaren etapa desberdinetan pertsonen buru-osasunean esperientzia kaltegarriek dituzten ondorioak konpentsatuko lituzkete.

Beraz, azaldutakoaren arabera, atxikimenduaren kalitatean dauden desberdintasun indibidualak ez dira patologikoak edo ez patologikoak berez. Hala ere, atxikimendu-harremanetako alterazio goiztiarrak, berez patologikoak ez badira ere, askotan garapen sozio-emozionalean zailtasunak izateko arrisku-faktore dira, batez ere bizi-zirkunstantzia zailak denboran zehar mantentzen direnean, hala nola haurren babesgabetasun-egoerak, non zaintzaileekiko esperientziak alarma iturri diren (Doyle eta Cicchetti, 2017; Graqvist et al., 2017). Horrela, ikerketa lan ugari egiaztatu dute atxikimendu ez-ziurrak nagusitzen direla haurrei emandako tratu txarrak jasaten dituzten edo jaso dituzten haur eta eskolaurrekoengan (Cicchetti eta Toth, 2015; Cyr et al., 2010). Era berean, arlo horretan egindako ikerketa askok haurrei emandako tratu txarren, atxikimendu ez-ziurren eta zailtasun sozio-emozionalen arteko lotura aurkitu dute (Cicchetti eta Toth, 2015; Doyle eta Cicchetti, 2017).

Azterlan horien emaitzek iradokitzen dutenez, haurren babesgabetasun-egoerak pairatzen dituzten umeen kasuan, haurtzaroko harreman ziurrak, halakorik izanez gero, iragankorrak izan daitezke beren izaeran (Cicchetti eta Toth, 2015). Atxikimenduaren kalitatean aldaketa horiek gerta daitezke haurraren, zaintzailearen eta ingurunearen arteko hartu emanak disruptiboak direnean eta haurraren bilakaera-premiei erantzuten ez dietenean, haurren babesgabetasun-egoera kasuetan gertatzen den bezala. Azken batean, hurrei emandako tratu txarrak atxikimendu ez-ziurraren egonkortasunarekin eta, bereziki, atxikimendu desantolatuekin (Booth-LaForce eta Roisman, 2021; Cyr et al., 2010) erlazionatzen dira.

Zenbait adituk (Fearon et al., 2010; Groh et al., 2012) aztertu dute guraso-haurren arteko atxikimenduaren eta haurren garapen sozio emozionalaren arteko harremana, ondorioztatuz ama-haur arteko atxikimendu ez-ziurrak haurren jokabide kanporakoien gorakadan eragina duela ($d = 0.31$, $k = 69$, $N = 5.947$); baita haurren adina gora doan heinean handitzen dela ere (Fearon et al., 2010). Jokabide barnerakoiei dagokienez, Grohn eta bere kideek (2012) burututako meta-analisi lanean aurkitu zuten ama-haur atxikimenduaren eta jokabide barnerakoien artean erlazioaren esangura ertaina zela ($d = 0.15$, $k = 42$, $N = 4.614$). Aurrerago ondorioztatu zen ama-haur arteko atxikimenduaren eragina esanguratsuagoa zela haurren jokabide kanporakoien kasuan, barnerakoekin alderatuz (Grohn et al., 2017).

Beraz, haurren babesgabetasun-egoeretan esku-hartze goiztiarrak bereziki garrantzitsuak dira haurren atxikimendu-estilo ez-ziurren proportzioa murrizteko, haurren babesgabetasun-egoeren belaunaldien arteko zikloak hausteko eta garapen sozio-emozionalean zailtasunak izateko arriskuaren prebentziorako (Manly et al., 2021). Gainera, haurren babesgabetasun-egoera maila eta ingurunearen kaos maila txikiagoa edo handiagoa izanda ere, frogatu da haurren eta zaintzaileen arteko harreman patrioiak esku-hartze baten bidez aldatzeko aukera dagoela (Facompré et al., 2018).

***Summary of the 1st Chapter:**

“CHILD CARE AND PROTECTION”

This first chapter presents, from a preventive perspective, the definition, legislation and assessment system related to the care and protection of children. The role of Child Protection Services when attending families at risk of child maltreatment is explained. The impact that abuse and neglect can have on children's attachment and subsequent socio-emotional development is also explained.

1) Protecting the safety and well-being of children

Child maltreatment is a global problem with serious life-long consequences. Studying child abuse and neglect is complex. Current estimates depend on: a) The definitions of child maltreatment used; b) The type of child maltreatment studied; c) The coverage and quality of official statistics; and d) The coverage and quality of surveys that request self-reports from victims, parents or caregivers. Nonetheless, international studies reveal that nearly 3 in 4 children aged 2-4 years regularly suffer physical punishment and/or psychological violence at the hands of caregivers, and 1 in 5 women and 1 in 13 men report having been sexually abused as a child.

Definition of child maltreatment

Child maltreatment is any physical or psychological harm to children while they are in the care of their parents or caregivers, through any physical, sexual or emotional action, omission, or act that disrupts or threatens the proper development of the child and violates community requirements relating to the proper treatment of children (Muela, 2007). Mistreatment of children disrupts the relations which protect and educate children. Families are the first and fundamental contexts in which young children learn what social behaviors to expect from others and how to interpret and send emotional signals to third parties. In families where child abuse occurs, children are exposed to forms of communication and emotional behavior that are not adapted; they have poor models of adaptive self-regulation (Cicchetti & Manly, 2001).

Legislation affecting child abuse and neglect

In the Spanish child protection system (Ministry of Social Rights and 2030-Agenda), the impact of the legislation is reflected in a total of 50,272 active cases of children in foster care: 44% for neglect, 30% for emotional abuse, 19% for physical abuse, and 7% for sexual abuse.

However, there is a lack of harmonization between the legislation of autonomous communities, leading to practical difficulties for the professionals who have to implement the legislation on a daily basis.

In northern Spain, the Basque Government has launched a pioneering strategy named “The Basque Strategy for Combating Violence against Children and Adolescents (2022-2025)”, which have these four aims in order to promote a culture of good treatment, responsibility and safe environments: a) To prevent all types of violence against children and adolescents (prevention), b) To promptly detect those that may occur (early detection), c) To apply effective interventions and offer attention, care and protection in each case (protection), and d) To repair the damage caused (reparation).

Identification and assessment of child abuse and neglect

The most critical step in any child protection response is how to recognize the different types of child maltreatment. Signs of child abuse are not always clear, as types of abuse vary (physical abuse, sexual abuse, emotional abuse, and neglect). Socio-health professionals and members of a micro-system (family, friends, and neighbors) are often in a position to observe suspected incidents of child abuse or neglect when it occurs. A greater understanding of the risk factors and assessment strategies can help in identifying different types of maltreatment.

Child Protective Social Services

It is worth mentioning the importance of coordination between competent institutions, where certain functions are attributed to each administration, depending on level of severity. Specifically, Child Protective Social Services is responsible for protecting children by developing healthy and secure relationships (Fantova, 2014). Another area of Social Services is family intervention, which includes information, guidance, support, training, or mediation services and is offered to enhance parenthood. This is always

provided from a standpoint of prevention and promotion, with the aim of building healthy communities (Daly, 2012).

Early intervention care offered by Child Protective Social Services is essential, especially in crisis situations such as the COVID-19 pandemic; this global crisis has increased the stress levels of family members and reduced the capacity of parents to respond to the needs of their children, leading to an increase in child abuse and situations that may leave families feeling helpless (Lucassen et al., 2021).

Some studies have revealed the need to provide effective intervention by child and adolescent protection services during the COVID-19 crisis that would assist parents, promote healthy family relationships and ensure the well-being of children (Purnama & Jansen, 2022; Weeland et al., 2021), especially in families in low socio-economic conditions and in which the primary caregivers are women (Kerr et al., 2021). However, in Spain, there have been no early-intervention programs implemented that have been proven to prevent abuse in at-risk families in crisis situations such as the COVID-19 pandemic.

2) Consequences of child abuse and neglect on attachment and socio-emotional development

Experiencing abuse and neglect in childhood puts individuals at risk for attachment insecurity (disorganized attachment), since it significantly disturbs socio-emotional development. In other words, child abuse and neglect appear to influence the course of development by altering many elements of biological, cognitive, social, emotional, and behavioral development.

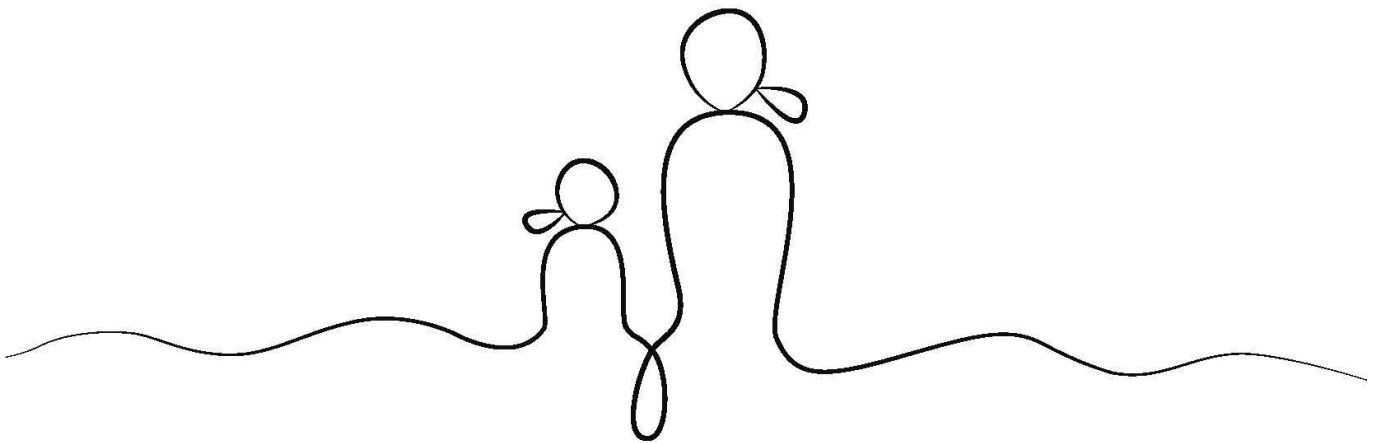
More specifically, children who have been abused and neglected are at increased risk for a number of problematic developmental and health (physical and mental) outcomes, including learning problems, difficulty relating to peers, internalizing symptoms (e.g., depression or anxiety), externalizing symptoms (e.g., oppositional defiant disorder, conduct disorder or aggressiveness), and post-traumatic stress disorder.

Intervention programs influencing attachment security and promoting socio-emotional competences are important in the effort to protect children from the adverse outcomes of abuse and neglect presented in this first chapter.

2

ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZE GOIZTIARRAK: ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZEA BIDEO-FEEDBACKAREN BIDEZ (AVI)

EARLY EVIDENCE-BASED
INTERVENTIONS AROUND THE
ATTACHMENT THEORY: ATTACHMENT
VIDEO-FEEDBACK INTERVENTION (AVI)



2. KAPITULUA. ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZE GOIZTIARRAK: ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZEA BIDEO- FEEDBACKAREN BIDEZ (AVI)/

EARLY EVIDENCE-BASED INTERVENTIONS AROUND THE ATTACHMENT THEORY: ATTACHMENT VIDEO-FEEDBACK INTERVENTION (AVI)

2.1 ATXIKIMENDUA SISTEMA GISA/

The Attachment System

2.1.1 ATXIKIMENDUAREN KONTZEPTUALIZAZIOA/

Conceptualization of Attachment

Familia-esperientzia goiztiarrek haurren, nerabeen eta helduen garapen sozial eta emozionalean dituzten ondorioak azaltzeko orduan, eragin gehien duen ikuspegieta bat da atxikimenduaren teoria orain dela lau hamarkada.

Atxikimendua gizarte-izaerako lotura afektiboa da, pertsona batek beste batekin ezartzen duena. Lotura horren ezaugarriak dira hurbiltasuna bilatzeko jokabideak, barne-interakzioa eta erreferentzia-oinarria eta mundu fisiko eta sozialarekiko harremanetan laguntzea (López, 2006).

Bowlbyren arabera (1969/1998, 1973/1998, 1980/1997), atxikimenduak oinarri biologikoa du eta haurrak estres-uneetan bere amarekiko (edo zaintzaile nagusiarekiko) gertutasuna sentitzea sustatzen duen sistema egokitzalea da. Ikuspuntu emozionaletik, subjektua atxikimendu-irudiaren baldintzarik ezaz eta laguntzeko gaitasunaz ziur baldin badago, lotura horrek segurtasun-, egonkortasun- eta autoestimu-sentimenduak ekarriko ditu; bi pertsonen arteko enpatia, samurtasuna, kontsolamendua, komunikazio emozionala eta maitasuna erraztuz. Ikuspuntu kognitibotik abiatuta, atxikimendua norberari, harremanari, atxikimendu-irudiari eta pertsona atxikiari buruzko irudikapen multzo bat eraikitzea da. Atxikimendu-lotura modu egokian ezartzen bada, irudikapen horien oinarrizko edukia baldintzarik eza izango da. Horrela, pertsona atxikiak sinesten du besteak ez diola huts egingo, eta bera babesteko, zaintzeko eta laguntzeko gaitasuna duela (Cassidy eta Shaver, 2016).

2.1.2 ATXIKIMENDUA SISTEMA GISA/

Attachment as a system

Atxikimendua jokabide-sistema gisa/ Attachment Behavioral System

Atxikimendu-sistema, beste portaera-sistema batzuk bezala (adib. jokabide-sistema erreproduktiboa, gurasoen jokabide-sistema, elikatzeko-sistema eta esplorazio-jokabideen sistema), espezie askoren ekipamenduaren funtsezko alderdia da eta gizabanakoaren eta haren geneen biziraupena eta ugalketa-arrakasta bermatzea du helburu (Ainsworth, 1989).

Bowlby-k (1969/1998) etiologiatik kontzeptu hau maileguz hartu zuen eta adierazi zuen hainbat atxikimendu-portaera euren artean funtzionalki erlazionatuta zeudela (negar egitea, haurra zaintzen duten pertsonari jarraitzea, etab.). Izan ere, horiek guztiek emaitza auresangarri bera izan dezakete: haurtxoa zaintzen duen pertsonarekiko hurbiltasuna.

Atxikimendu-sistema bakarra eta hainbat elkarreragin/ Attachment as an unique system with several reciprocities

Atxikimenduaren aditu diren gehienek kontsideratzen dute atxikimendua beste pertsonari atxikitzen zaien eta harreman bakoitzari egokitzen zaion pertsonaren berezko sistema egonkor eta bakarra dela (López, 2006). Lotura ezberdinak barne hartzen ditu, baina haurrak, gazteak edo helduak atxikimendu-sistema bat izango du irudi bakoitzarekin harremanak dituen unetik. Aldiz, egokitzapen-gaitasuna oso altua da eta pertsona bakoitzarekin mantentzen diren elkarrekintzak oso desberdinak izan daitezke.

Uste da harreman guztiek atxikimendu-sistemaren eraikuntzan paper garrantzitsua betetzen dutela, betiere, esanguratsuenak haurtzaroan eta nerabezaroan zehar irudi nagusiekin izaten diren esperientziak izanik. López-en (2016) arabera, Bowlby-k amari emandako pisu ia eskusiboaz gain, aita, beste senide batzuk eta haur-zaintzaileak ere garrantzitsuak direla. Honen harira, egun, badira zenbait ikerketa haurtzaroan, aita eta haurren arteko atxikimendu ziurraren eta haurren garapen sozialaren arteko lotura ikertu dutenak, eta aiten eta haurren arteko harreman ez ziurrek, amen eta haurren arteko harreman ez ziurrek baino erlazio esanguratsua daukatela aurkitu dute lehen haurtzaroan (Bureau et al., 2017). Are gehiago, kulturak berak ere eragina du atxikimendu-sisteman.

Hala ere, zenbait autorek (adib. Thompson, 2021) planteatu dute atxikimendua hainbat harremanen elkarrekintzek osatutako sistema dela. Beste aditu batzuk hain urrun doaz, ezen atxikimendu-sistemaren batasuna zalantzan jartzen duten. Izan ere, bikote-harremanetan beste atxikimendu mota berri bat sor daiteke (López, 2006).

Lópezen (2006) arabera, haurrak atxikimendu-estilo bakarra izaten du, eta hortik abiatuta, harreman bakoitzera egokitzen da. Autore horrek argudiatzen du adingabeak egoera desberdinetan eta pertsona desberdinekin duen jokabidearen jarraitutasuna. Uste da aldaketak hobeto azaltzen direla atxikimenduaren moldagarritasunetik, lotura desberdinen ondorengo atxikimendu-sistema anitzetatik baino.

Egoera ezberdinek osatutako sistema bakarra eta sistemen arteko sistema/ A single system made up of different situations and a system among systems

Eremu eta egoera askotarikoei aplikatutako atxikimenduari buruzko ikerketek baieztatzen dute atxikimendu-estilo ezberdinek subjektuen jokabidea iragartzeko gaitasuna dutela, bai haurtzaroran, bai helduaroan. Hortaz, subjektua eboluzio-une zehatz batean kontuan hartuta, ez dago zalantzarik atxikimendu-sistema existitzen dela eta pertsonaren bizitzan zeharkako eragin/presentzia duela, eremu anitzetan, bereziki jokabide sozialetan orokorrean eta, partikulariki, intimitatea eskatzen duten jokabide sozialetan (López et al., 2005; Thompson, 2016; Thompson, 2021).

Atxikimendu-sistema oinarri biologikoa duten beste jokabide-sistema batzuen elkarrekintza konplexua da. Jaiotzean zenbait sistema daude aktibo: esploratzailea (errealitatearekiko interesatzeko joera), filiaziokoa (espezie bereko pertsonekin interesatzeko eta afiliatzeko joera) eta sexuala (plazeraren fisiologiarekin, jaiotzetik aktiba daitekeena eta eremu anatomikoan, hormonalean, emozionalean eta abarretan ondoz ondoko garapenak dituen). Ondoren, bizitzako lehenengo urtearen erdialdean, beste bi sistema eratzen dira: atxikimendua eta ezezagunekiko beldurra (ezezagunekin zuhurtziaz edo errefusaz erlazionatzeko joera). Atxikimendua, beste sistema batzuekin batera, elkarrekintza konplexuko sistema da eta sistema horiek guztiek portaera erregulatzeko ahalmen handia dute, baita egoera desberdinetara egokitzeko gaitasuna ere (Cassidy, 2016).

Bizi-ziklo osoan lotura berrietara irekita dagoen sistema/ System open to new connections throughout the life cycle

Pertsonak atxikimendu-lotura berriak ezar ditzakete bizitza osoan zehar. Bi edo hiru atxikimendu-lotura, normalean, bizitzako lehen urtean zehar garatzen dira, familiako kideekin edo haurra zaintzen duten hurbileko beste pertsona batzuekin. Haurtzaroaren erdialdean, haurrak familiakoak ez diren pertsonekin denbora gehiago igarotzen duenean, beste atxikimendu-lotura batzuk garatzeko aukera berriak sortzen dira. Nerabezaroan eta heldutasun goiztiarrean, gizabanakoak normalean sexu-bikotekidearekin atxikimendu-loturak garatzen hasten dira. Nahiz eta gurasoekiko atxikimenduak bizitza osoan zehar mantentzen diren, ondorengo atxikimendu-loturak zentralagoak izaten dira helduaroan (Ainsworth, 1989; López, 2006; Thompson et al., 2022).

2.1.3 BARNE-EREDU OPERATIBOAK/

Internal Working Models (IWM)

Bowlbyren (1969/1998) arabera, atxikimendu-sistemak helburu edo jomuga baten arabera jarduten du. Hau da, ezarritako hurbiltasun-helburua lortzeko bidean egiten ditugun aurrerapenak urratsez urrats ebaluatuz eta zuzenduz goaz, ekintza eraginkorrenen sekuentzia sortuz. Atxikimendu-jokabide hau izaera malgukoa da, zeinak gutxienez hiru eragiketa kognitibo behar dituen: 1) Gertaera mehatxagarrien aurrean pertsonak erakusten duen barne-egoeraren (adib. estresa, segurtasuna) ebaluazioa eta kudeaketa, 2) Atxikimendu-irudiek pertsonaren hurbiltasuna bilatzeko saiakeren aurrean duten erantzunen ebaluazioa eta kudeaketa, eta 3) Aukeratutako jokaeren erabilgarritasuna ebaluatu eta kudeatzea.

Bowlby-ren (1969/1998) arabera, atxikitako pertsonaren hurbiltasun- eta babes-saiakerei zaintzaileak emandako erantzunak aldakorrak badira, pixkanaka, atxikimendu-sistemaren funtzionamenduan aldaketa iraunkorrak eta eraginkorrak sortuko dira. Bowlby-k (1973/1998) dio aldakortasun horrek “barne-eredu operatiboen” edo “irudikapen-ereduen” itxura moldatzen duela. Eredu operatiboak gizabanako batek berari buruz eta bere ingurumenari buruz dituen mapa kognitiboak, irudikapenak, itxaropenak, eskemak edo gidoiak dira. Eredu operatibo horiek honako elementuak barne hartzen ditu: atxikimendu-irudiekiko elkarrekintza zehatz eta berariazkoak, norberaren buruarekiko eta besteekiko harremanekiko sineste edo jarrerak, atxikimendu-harremani eta

elkarrekintzei buruzko azalpen-ezagutzak, eta harreman intimoetan emozioak eta jokabide afektiboa nola erregulatu jakiteko ezagutzak (Bretherton eta Munholland, 2016).

Main adituaren eta bere kideen (1985) arabera, eredu operatibo goiztiarrek haurren oroitzapenak antolatuko dituzte, beren buruarekin eta besteekin elkarrekintzan segurtasuna lortzeko ahaleginetan. Modu horretan, haur batek eredu operatibo arrakastatsuak garatu ditzake hurbiltasuna bilatzeko ahaleginean.

Barne-eredu operatiboak bizitzako lehen hilabeteetan sortzen hasten dira. Hala ere, biziziklo osoan zehar interpretatzen eta birmoldatzen jarraitzen dute. Lehenengo eredu garrantzia da, ziur asko, haurrak gero mundua esperimentatzeko modua zehaztuko duena. Beraz, lehenengo eredu hauek ondorengo beste ereduaren eraikuntzan eragin dezakete (Marrone, 2001; Thompson, 2016; Thompson, 2021). Esaterako, tratu txarrak jasan dituzten haurrek inguruko ez sortu ohi duten eredu operatiboa honakoa izango da: zaintzarako prestasun falta dutenak, beldurra eragiten dutenak eta mesfidantzakoak direnak.

2.1.4 ATXIKIMENDU-SISTEMAREN FUNTZIONAMENDUAN

BANAKAKO EZBERDINTASUNAK/

Individual variations in the attachment system

Atxikimenduaren teoriaren arabera, gizakiak atxikimendu-sistema bat du eta horren funtzio nagusia da gizakia zaintzen duen pertsonarekiko gertutasuna bermatzea eta, behar izanez gero, laguntza eta babesa ematea. Nahiz eta uste den, adina edozein dela ere, pertsona bakoitzak atxikimendu-sistema jakin bat duela, «atxikimenduaren kalitatea» aldatu egiten da segurtasun-mailaren arabera. Hainbat ikerlanek adierazten dute desberdintasun horiek, hein handi batean, haurtzaroan jasotako zaintza motaren arabera zehazten direla (Weinfield et al., 2008).

Haurtzaroan jasotako zaintza motari dagokionez, haurren atxikimenduaren kalitatean hein handi batean eragiten duten honako faktore hauek nabarmentzen dira: 1) Haurtzaroan zehar gurasoekin izandako atxikimendu-esperientzien inguruko irudikapen mentalaren belaunaldiz belaunaldiko transmisioa (Main et al., 1985), 2) Atxikimenduaren faktore ekologikoak (Belsky, 2005), hau da, gurasotasunaren beste ezaugarriak (adib. nortasun-ezaugarriak edo osasun mentala), 3) Guraso-haur diadaren familia-testuingurua eta testuinguru soziala (adib. bikote-harremana, ordezeko zaintzaileak, gurasoak ez direnak edo gizarte-laguntza), eta 4) Haurren jatorrizko izaeraren ezaugarriak (adib.

suminkortasuna, estresarekiko joera edo estresari aurre egitea) (Belsky, 1997; Van IJzendoorn eta Bakermans-Kranenburg, 1997).

Hala ere, atxikimendua ez da haurtzarora mugatzen, bizi-ziklo osoa hartzen baitu (Ainsworth, 1989; Bowlby, 1988/1995). Jarraian aurkezten den taulan azaltzen dira atxikimendu motak, elkarrekintza-jokabideak, aurrekariak, barne-eredu operatiboak eta prebalentzia. Aipatu behar da bizitzako edozein arotan gerta daitezkeela atxikimendu-irudi nagusiekiko elkarreraginen kalitatean aldaketak. Izan ere, zaintzaile goiztiarren sentikortasunean gertatutako aldaketek etenaldia eragin dezakete atxikimendu-estiloan, baita atxikimendu-irudi berria agertzen denean ere (adib. bikote berria edo lagun mina). Gainera, atxikimendu-irudien eskuragarritasuna, sentikortasuna eta erantzukizuna eteten duen aldaketa bakoitzak barne-eredu operatiboan eguneratzea eragin dezake (adib. guraso-irudiren baten heriotza, gurasoen estresa, gurasoen banaketa, etab.).

Bestalde, barne-eredu operatiboan berrikuspen positiboa eragin dezaketen faktoreak ere existitzen dira. Gertaera positiboak, hala nola pertsona maite bat denbora luzez banandu ondoren itzultzea, laguntza eskainiko duen bikote bat aurkitzea edo prozesu psikoterapeutiko egoki bat egitea, faktore horien adibide dira (Bowlby, 1988/1995).

Jarraian, Ainsworth et al. (1978) eta Main eta Solomon (1990) autoreek proposatutako atxikimendu motak azaltzen dituen taula gehitzen da (Muela, 2007):

Taula 2.

Atxikimendu mota, elkarrekintza-jokabideak, aurrekariak, barne-eredu operatiboak eta prebalentzia

Atxikimendu mota, elkarrekintza-jokabideak, aurrekariak, barne-eredu operatiboak eta prebalentzia.				
Atxikimendu mota	Elkarrekintza-jokabideen deskribapena	Aurrekariak	Barne-eredu operatiboak	Prebalentzia
Atxikimendu ziurra (A mota)	<p>Esplorazio aktiboa atxikimendu-irudiaren aurrean.</p> <p>Antsietatea (ez nahitaez bizia) banantze-gertaeretan.</p> <p>Amarekin berriro topo egitean harremana eta hurbiltasuna bilatzea eta hura suspertzeko erraztasuna.</p>	<p>Haur seguruen gurasoak sentiberak, onargarriak, kooperatiboak, eskuragarriak, irisgarriak eta horietatik defenda daitezkeenak dira.</p> <p>Haurren seinaleak ondo irakurtzen dituzte. Sinkronia bat dago amaren/aitaren eta semearen/alabaren arteko elkarreraginean. Elkarreragin tenporizatuak, elkarrekikoak eta bien arteko konpentsatzaileak dituena.</p>	<p>Haurrak bere burua eraikitzen du, zeina maitatua, eraginkorra, autonomoa eta gaitua sentitzen den.</p> <p>Besteekiko barne-irudikapena eskuragarritasuneko eta lankidetzakoa da, zeinetan fidatu eta haien mende egon daitekeen.</p>	%55-60
Atxikimendu antsioso-saiheslea (B mota)	<p>Banaketaren aurrean antsietate gutxi edo batere ez.</p> <p>Amaren aldeko lehentasun argirik ez izatea ezezagunen aurrean.</p> <p>Ama saihestea berriro elkartzean (harengandik urrunduz, behin ikusi ostean).</p>	<p>Gero atxikimendu saiheslea duten haurren gurasoek baztertu egiten dituzte.</p> <p>Zehazki, haren portaera interaktiboaren ezaugarriak hauek dira: haserrea, erresumina, haurraren desioekiko etengabeko aurkakotasuna, etengabeko errietak edo gogo-aldarte sumingarria, jardueretan interferentzia fisikoa eta/edo indar fisikoak obeditzeko duen baliabidea.</p> <p>Haurraren egoera afektiboak kontrolatu nahi izaten dituzte, nola sentitu behar duen zehaztuz.</p>	<p>Haurrak berak eraikitzen du ez dela maitatua sentitzen, baina bai autonomo eta fidagarri.</p> <p>Gainerakoak errefusatzailerik eta intrusibo izatearen barne-irudikapena.</p>	%15-23
Atxikimendu antsioso-anbibalentea	<p>Esplorazio minimoa edo nulua amaren aurrean.</p>	<p>Atxikimendu-irudiak ez dira eskuragarri mantentzen. Askotan, sentiberatasunik gabe agertzen dira, nahiz eta batzuetan</p>	<p>Haurrak bere burua honela ikusten du: ez oso baliotsua, ez-</p>	%8-12

(C mota)	<p>Banaketak eragindako antsietate-erreakzio bizia.</p> <p>Berriro elkartzean, portaera anibalenteak (hurbiltasunaren bilaketa, oposizioarekin eta suminarekin konbinatuta) eta atxikimendu-irudiak kontsolatua izateko zailtasun handia.</p>	<p>sentiberatasunez jokatzen duten gogoaren edo desioen arabera.</p> <p>Ez dira seme-alabekiko elkarreraginean sartzen, seinaleei gutxieneko erantzuna ematen diete, ez dira hain irisgarriak eta ez dira hain laguntzaileak. Seme-alaben esplorazio-portaeran zuzeneko eragina dute.</p> <p>Psikologikoki inplikaturik daude seme-alabekin, baina haurraren ondoezaren seinale asko galtzen dituzte.</p>	<p>eraginkorra eta menpeko.</p> <p>Besteekiko barne-irudikapena honakoa da: axolagabeak, bihozgabeak, aurranezinak eta ez oso fidagarriak.</p>	
Atxikimendu desantolatua (D mota)	<p>Orientaziorik gabe agertzen dira.</p> <p>Atxikimendu-irudiarengana hurbiltzen dira begirada saihestuz.</p> <p>Berriro elkartzean, hurbiltasuna bilatzen dutela erakuts dezakete, bat-batean ihes egiteko eta elkarreragina saihesteko, mugimendu osatugabeak edo helbururik gabekoak erakutsiz, eta jokabide estereotipatuak.</p>	<p>Zaintzaileak beldurtuta, larrituta, ez-eskuragarri edo bihozgabe agertzen dira (alkoholismoagatik, toxikomaniagatik, depresioagatik edo psikosiagatik).</p> <p>Hurbileko inguruan gertatzen diren gertakariekin harreman ulergarririk ez duten jarrerak aurkezten dizkiete seme-alabei, eta haurraren beldur eta ondoezaren iturri dira.</p> <p>Guraso hauek mehatxagarri bezala esperimendatzen dituzte beren seme-alabek.</p>	<p>Norberaren eta besteen irudiak bateraezinak dirudite.</p> <p>Haurrarentzat heldua mehatxu ikusezina eta ulertezina bilakatu da. Disoziazio-nahasteen ezaugarri direnak.</p>	% 12-15

2.2 ATXIKIMENDUAREN TEORIATIK ABIATUTAKO EBIDENTZIAN OINARRITUTAKO ESKU-HARTZEAK/

Attachment oriented evidence-based interventions

Ebidentzian oinarritutako esku-hartze psikologikoez ebaluazio-sistema eta prozedura metodologiko zientifikoak jarraitzen dute eta testuinguru zehatz batean aplikatutako esku-hartzearen eraginkortasun maila frogatua geratzen da, hain zuzen, aldagai gako eta aktiboetan efikazia erakutsiz (Gálvez-Lara et al., 2019). Ebaluazio zientifikoak zehaztutako irizpideak betetzen dituzten esku-hartzeak zeintzuk diren identifikatu daiteke, horrela, instituzio publikoek hautatu ahalko dituzte osasun psikologia aplikatuan eraginkortasun handiena duten esku-hartzeak (Echeburúa et al., 2010).

Ebidentzian oinarritutako esku-hartzeak haurtzaroan aplikatzeak zenbait kritika jaso ditu (zientifikoak, ideologikoak, kulturalak, erakunde-mailakoak eta profesionalen pertzepziotik abiatutakoak), batez ere, esku-hartzearen gehiegizko sinplifikazioagatik (Axford eta Morpeth, 2013) edo psikologia aplikatuan erabiltzeko aurkitu diren zailtasunengatik (Kazdin, 2018).

2.2.1 ATXIKIMENDUAREN TEORIAN OINARRITUTAKO ETA PROBETAN OINARRITUTAKO ESKU-HARTZEAK/

Attachment-based interventions that have proved efficacy

Atxikimenduaren teorian oinarritutako eta efikazia probatu duten esku-hartze ezagunen artean, honakoak aurki daitezke beren ingelesezko izen originalekin (Steele eta Steele, 2018):

Taula 3.

Atxikimenduaren teorian oinarritutako eta probetan oinarritutako programak

Esku-hartzeak	Autoreak eta urtea	Nori dago zuzenduta?
1. Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD)	Juffer et al., (2008)	0-3 urteko haurrak eta beren gurasoak
2. Attachment and Biobehavioral Catch-Up	Dozier et al., (2014)	0-3 urteko haurrak eta beren gurasoak
3. The Circle of Security Intervention	Woodhouse et al., (2018)	0-3 urteko haurrak eta beren familiak
4. The Nurse-Family Partnership	Donelan-McCall eta Olds (2013)	0-3 urteko haurrak eta beren familiak
5. Steps Toward Effective, Enjoyable Parenting	Suess et al., (2015)	0-3 urteko haurrak eta beren gurasoak
6. The UCLA Family Development Project: Promoting Healthy Relationships from Within	Heinicke et al., (1993)	0-3 urteko haurrak eta beren familiak
7. Minding the baby: Complex Trauma and Attachment-Based Home Intervention	Slade et al., (2005)	Amaren haurdunaldiko 27.astea-2 urteko haurrak eta zaintzaileak
8. New Beginnings: A time-Limited Group Intervention for High-Risk Infants and Mothers	Baradon et al., (2009)	0-3 urteko haurrak eta beren amak
9. Group Attachment-Based Intervention: A multifamily Trauma Informed Intervention	Steele et al., (2015)	0-3 urteko haurrak eta beren familiak
10. CAPEDP Attachment: An Early Home Based Intervention Targeting Multirisk Families	Terenio et al., (2013)	Amaren haurdunaldiko 27.astea-2 urteko haurrak eta zaintzaileak
11. Mom2Mom: An Attachment-Based Home-Visiting Program for Mothers of Young Infants	Kaitz et al., (2012)	0-3 urteko haurrak eta beren amak
12. Video-Feedback Intervention for Parents of Infants at High Risk of Developing Autism	Green (2017)	0-3 urteko haurrak eta beren gurasoak
13. Child-Parent Psychotherapy	Toth et al., (2017)	0-6 haurrak eta beren gurasoak
14. The Attachment Video-Feedback Intervention Program (AVI)	Moss et al., (2018)	0-6 haurrak eta beren guraso diadak
15. B.A.S.E Baby watching	Heinz eta Hollerbach (2011)	0-6 haurrak
16. Creating a Peaceful School Learning Environment	Twemlow et al., (2017)	6-11 urteko haurrak
17. Connect	Moretti et al., (2013)	Nerabeen gurasoak
18. Attachment-Based Family Therapy for Adolescent Depression and Suicide Risk	Krauthamer et al., (2017)	Nerabeei eta beren familiak
19. Mentalization-Based Therapy for Adolescents	Rossouw (2012)	Nerabeak
20. Promoting Responsiveness, Emotion Regulation and Attachment in Young Mothers and Infants	Riva et al., (2013)	Ama nerabeak
21. Supporting Father Involvement	Cowan et al., (2000)	Aita helduak

Esku-hartze hauek guztiek atxikimenduaren teorian dute oinarria, esku-hartzean erabiltzen diren tresna eta teknikak aurrez balioztatutakoak izan dira eta metodologia prozedura sendo eta fidagarriak erabiltzen dituzte. Gainera, eskuliburu bat dute oinarri eta inplementazioan dabilzan bideratzaile guztiak aurrez aurreko formakuntzan eta ondorengo gainbegiraketa prozesuan parte-hartzera behartuta daude.

Esku-hartzeetako parte-hartzaileei dagokienez, taulan islatzen den gisan, ebidentzian oinarritutako esku-hartzeak zuzenduta dauden adin-tarteen arabera daude zerrendatuta. Zehazki, horietako lehenengo hamabiak, 0-3 urte bitarteko haurrei eta beren familiei daude zuzenduta; hurrengo hiru programak, 0-6 urte bitarteko haurrei eta beren gurasoei; jarraian doana, eskolara zuzenduta dago, beste laurak, nerabeei, eta horietako bat, guraso gazte edo nerabeei. Azkena, ordea, bikote helduei dago zuzenduta, non aita diren gurasoetan jartzen den arreta bereziki.

Bestalde, aipatzekoa da gehiengoek bideo-feedbackaren metodologia erabiltzen dutela guraso-haur diadek “orainean” duten harremanaren gaineko lana aurkezten dutela. Bideo-atzeraelikadura, azken urteotan, arlo klinikoan emaitza hobekak lortzeko asko erabiltzen ari den metodologia da guraso-haur harreman dinamikak aldatzea helburu duten atxikimenduan oinarritutako esku-hartzeetan (Steele et al., 2014). Bideo-feedbackaren metodologia aberatsa da, harremanen mikro-momentuak, analisi unitate globalak aztertzea ahalbidetzen duelako; eta neurozientziek atxikimenduaren gainean aurkitutako emaitzen eragile sendoenetako bat delako gurasoak bere burua haurrarekin harremanean islatuta ikustea (Steele eta Steele, 2018).

Izan ere, zein gurasotasun mota jarraitu nahiko lukeen eta zer aldatu nahiko/beharko lukeen pentsarazten dion esperientzia sakona da.

Gainera, gurasoaren arreta bere buruarekiko errepresentazio mentaletan, haurraren errepresentazioetan eta bien arteko interakzioak sortzen dituen errepresentazio mentaletan fokatzea azeleratzen du (Stern, 2004). Horren eraginez, esku-hartzeetan gurasotasunean jokabide eta pentsamoldean aldaketak eragiteko katalizadore gisa erabiltzen da (Claiborn eta Goodyear, 2005) eta gurasoaren iraganeko edo beste harreman batzuetan sortutako kalteak erreparatzeko eta konfiantzan oinarritutako harremanak sortzeko aukera zabaltzen dio gurasoari bideratzailearen feedback positiboaren laguntzaz

(McDonough, 2005); batez ere, iraupen laburreko familiei zuzendutako esku-hartzeetan (Fukkink, 2008).

Azkenik, badira zenbait desberdintasun esku-hartzea aurrera eramateko testuinguruari erreparatuz gero. Batzuk, kontestu klinikoan burutzen dira, bakarka edota taldean, eredu multi-familiarrean oinarrituta. Dena den, esku-hartzeen gehiengoa etxean burutzen da, guraso-haur diadarekin bakarka. Izan ere, ikertu izan da familien ingurugiro naturaletan eta modu indibidualizatuan egiten diren ebidentzian oinarritutako esku-hartzeek (Moore et al., 2013) eta eredu bio-psiko-soziala kontuan hartzen dutenek (Espe-Scherwindt, 2008), diada bakoitzaren espezifikotasunak kontuan hartzen dituztela eta guraso-haurren beharrian errealak lantzeko eraginkorrak direla (Dunst et al., 2006; McWilliam, 2010) eta, era berean, gaitasun berrien ikasketak egunerokotasunera aplikagarriak direla (Jung, 2003).

2.2.2 SENTIKORTASUNA: GURASOTASUNAREN OINARRIZKO GAKOA/

Sensitivity: The key to parenting

Zenbait ikerketatan egiaztatu da zaintzaile nagusiak haurren seinaleekiko duen sentikortasuna atxikimendu ziurraren iragarpen nagusietako bat dela (De Wolff eta van IJzendoorn, 1997).

Gurasoen sentikortasunaz hitz egiten dugunean, zehaztu behar da atxikimendu-irudiko haurren segurtasuna ez dela soilik bertan egotearen egonkortasunaren araberakoa, baizik eta haren zaintzaile nagusiak emandako pertzepzio- eta erantzun-faktoreen araberakoa ere bada. Hortaz, atxikimendu ziurra edo ez-ziurra izatea zehazten duten aldagaien artean hiru elementu nabarmentzen dira: 1) Bertan modu egonkorrean egotea, 2) Haurren jokabidearen eta seinaleen pertzepzioan eta interpretazioan asmatzea eta erregularra izatea, eta 3) Haurren seinaleei erantzun egokiak eta kontingenteak emateko prest egotea. Horregatik, gurasoen sentikortasun kontzeptua honela definitzen da: “Haurren seinaleak behar bezala hautemateko eta seinaleei kontingentziaz eta modu egokian erantzuteko trebetasuna” (Ainsworth et al., 1978).

Jokabide hauek zaintzailearen eta haurren arteko sintonia determinatzen dute hitzezko eta jokabideko elkarrizketetan. Zaintzaile sentikorrek haurrekin harreman sinkronikoa dute, sinkronia amaren edo, oro har, zaintzailearen sentikortasunaren ezaugarri bat izanik. Zaintza mota honek diadako kideen arteko elkarrekintza positiboak sustatzen ditu, non,

biak emozionalki eskuragarri eta konektatuta aurkitzen diren eta elkarren arteko harreman egoki eta osasungarriaz gozaten duten (Biringen eta Easterbrooks, 2012). Aldiz, lotura ez-ziurak pertzepzio ez-kongruenteen, interpretazio okerren eta haurren seinaleak modu zabarkorrean erantzutearen arabera garatzen dira.

Kontuan hartuta atxikimendu ziurra haurren garapen sozio-emozional egokiaren oso iragarle garrantzitsua dela, zaintzaileen erantzun sentikorra elementu nuklear bat dela, atxikimendua bizitzako lehen urtean eraikitzen dela, bigarrenean finkatu egiten dela eta lehenengo haurtzaroan garatzen dela, oso garrantzitsua da zaintzaileen sentikortasuna sustatzeko esku-hartzeak diseinatzea, bereziki, haurren bizitzako lehenengo urtean eta arrisku handiko egoerak dituzten familietan. Zenbait meta-analisitan aurkitu diren emaitzei jarraiki, gurasoen sentikortasuna eta haurren garapenaren artean erlazio sendoak daude, hala nola, hizkuntzaren garapenean, garapen kognitiboan, garapen sozio-emozionalan eta haurren funtzio exekutiboen garapenean (Madigan et al., 2019; Rodrigues et al., 2021; Valcan et al., 2018). Aldiz, sentikortasun ezaren eta haurren jokabide arazoaren artean erlazio esanguratsuak daudela aurkitu da, batez ere, jokabide arazo kanporakoietan (Cooke et al., 2022).

Atxikimendu-irudietan ardaztutako esku-hartze programa askotarikoak diseinatu izan dira (hazkuntza-praktikak, sentikortasuna, osasun mentala, etab.). Zehazki, gurasoen sentikortasuna edo haurren atxikimendu ziurra sustatzeko programa hauen eraginkortasun-maila ikertua izan da eta emaitza ezberdinak argitaratu dira. Horrela, zenbait meta-analisitan (Bakermans et al., 2003, 2008) atxikimendu ziurra areagotzeko jardueren ezaugarriak identifikatzea lortu dute, honako emaitzak zerrendatuz:

- Esku-hartze eraginkorrenak atxikimendu-irudien sentikortasunean oinarritzen direnak dira.
- Zaintzaile nagusien sentikortasuna handitzeko esku-hartze eraginkorrak haurren atxikimenduaren segurtasuna hobetzeko ere badira.
- Esku-hartze eraginkorrenak 16 saio baino gutxiago dituztenak dira.
- Haurren sei hilabetetik aurrera hasten diren esku-hartzeak eraginkorragoak dira jairo aurretik egiten direnak edo sei hilabetetik beherako hurrekin egiten direnak baino.
- Hartzaileen ezaugarriak ez dira garrantzitsuak esku-hartzeen eraginkortasuna baloratzeko orduan. Esku-hartzeak eraginkorrak dira, halaber, arrisku handiko,

ertaineko edo txikiko haurren familiekin, bai eta familia kliniko eta ez-klinikoekin ere.

- Alderdi jakin batean oinarritzen diren esku-hartze nahiko itxiak, hala nola, gurasoen sentikortasunean eta guraso/semi-alaben arteko elkarreraginean oinarritzen direnak, esku-hartze zabalak baino eraginkorragoak dira.
- Euskarri gisa bideo-feedbacka erabiltzen duten esku-hartzeak erabiltzen ez dutenak baino eraginkorragoak dira.

Dena den, atxikimenduaren teorian oinarrituta, gurasoen sentikortasunaren lanketa horretan, haur eta nerabeen babesaren testuinguruan, babesgabetasunarekiko arrisku-egoera murrizteko, guraso-haur arteko harremanaren kalitatea hobetzeko eta haurren garapen sozio-emozionala sustatzeko helburuarekin, atxikimenduan oinarritutako eta efikazia erakutsi duten honako esku-hartze programak nabarmendu dira: *Attachment and Biobehavioral Catch-up* (ABC) (Dozier et al., 2014), *Video-feedback Intervention for Promoting Positive Parenting* (VIPP-SD) (Juffer et al., 2008) eta *Attachment Video-feedback Intervention* (AVI) (Moss et al., 2018).

Aipaturiko hiru programen artean, azkena (AVI; Moss eta Lagtz, 2018; Tarabulsy et al., 2018) bereziki eraginkorra da zaintzaile nagusien sentikortasuna sustatzeko (Steele eta Steele, 2018) eta horrek, era berean, haurren atxikimendu ziurra areagotzen du, bereziki adin txikikoen babesgabetasunarekiko arrisku-egoeretan dauden haurren kasuan.

2.3. ATXIKIMENDUAN OINARRITUTAKO ESKU-HARTZEA BIDEO-FEEDBACKAREN BIDEZ (AVI)/

Attachment-based Video-Feedback Intervention (AVI)

Montrealgo (Kanada) Quebeceko Unibertsitateko aditu-talde batek *Atxikimenduan oinarritutako esku-hartzea bideo-feedbackaren bidez* (AVI) (Moss et al., 2018) programaren prozedura egituratua diseinatu zuen orain dela hamarkada bat, adin goiztiarreko haurren atxikimendua hobetzeko asmoz.

AVI (Moss et al., 2018) ebidentzian oinarritutako programa bat da, zeinak seme-alaben atxikimendu ziurra sustatzeko guraso-gaitasunak lantzea duen helburu. Beste modu batean esanda, guraso-haur harremanaren tratu ona sustatzea edo beren arteko

harremanaren kalitatea hobetzea bilatzen du. Era berean, programa hau adin-tarte goiztiarrean inplementatzeak eskola-adinean egongo diren haurren kanpo-portaera gatazkatsuak ekiditea dakar. AVI (Moss et al., 2018) 0-5 urte bitarteko adingabeen familietan aplikatzen da.

AVI (Moss et al., 2018) programaren helburua, gurasoen gurasotasuna sendotzea eta hauen 0-5 urte bitarteko seme-alabekiko atxikimenduan segurtasuna hobetzea da. Zehazki, hiru dira AVIren helburu nagusiak:

- Gurasoen gurasotasun gaitasunak hobetzea, gurasoak zaintza sentikorrean trebatuz.
- Familia-elkarreragin positiboak areagotzea, atxikimenduaren segurtasuna sustatzeko, esan bezala, lotura hori baita haurren garapen sozio-emozionalaren iragarle nagusia.
- Haurren sintoma kanporakoiak (oldarkortasuna, portaera-arazoak, hiperaktibitatea) eta/edo sintoma barnerakoiak (antsietatea eta/edo depresio-sintomak) dituzten haurren jokabidea maneiatzean, gurasoen erantzun egokiak sustatzea.

AVI (Moss et al., 2018) programak zaintzailearen eta haurren arteko elkarrekintzen bideo-grabaketak eta bideo-feedbackaren teknika erabiltzen ditu, hau da, grabatutako irudiak behatzen dira, aztertzen dira eta gurasoekin eztabaidatzen dira. Teknika hau McDonough-ek (2004) garatutako elkarrekintza-metodoarekin eta Erickson-ek (Egeland eta Erickson, 2004) garatutako bideo-feedbackaren bitartez gidatutako autobehaketarekin alderagarria da. Hala ere, bideo-feedbackak ez du erabiltzen gurasoei guraso-gaitasun berriak irakasteko aurrez grabatutako ereduak portaerarik.

Modelatu mota hau erabiltzearen zailtasun nagusia da guraso batzuk ezin direla identifikatu guraso gisa jokatzeko duten aktoreekin edo bideoan parte hartzen duen haurrekin. Gurasoak, itxuraz, seme-alabekiko elkarrekintzari dagokionez “ispilura begiratu” behar dira beren jokabidea aldatzeko (Juffer, 2008).

AVIren (Moss et al., 2018) ikuspegia beste bideo esku-hartze programa batzuen antzekoa da, hala nola, VIPP-SD (*Video-feedback Intervention to promote Positive Parenting*), (Juffer et al., 2008). Dena den, ez da gaur egungo atxikimenduan (Chaffin et al., 2006) oinarritutako atzera begirako terapien berdina. Izan ere, AVIk (Moss et al., 2018)

aita/ama/semi-alaba diadaren eguneko egoeran jartzen du arreta, eta haurraren seinaleekiko sentikortasuna areagotzea du helburu nagusi. Haurraren eta gurasoen eguneko jokabidea eta elkarrekintza bidez grabatzen da eta horixe izango da AVIren hasiera-puntua, eta ez atzera begirako oroitzapenak, zeintzuk gurasoen haurtzaroko esperientzia propioek edo haurrarekiko sentimendu negatiboek baldintzatuta egon daitezkeen.

Bideo-feedbackaren bidezko esku-hartzeak behaketa-gaitasunak lantzeko aukera ematen du, haurraren eta gurasoen arteko elkarrekintza ikusiz, gurasoen jokabide sentikorrek sendotzea ahalbidetzen du. Nahiz eta AVI (Moss et al., 2018) funtsean haurraren eta gurasoen eguneko jokabidean kokatzen den, esku-hartzeak gurasoei informazio osagarria eman diezaieke haurraren garapen positiboaren inguruan, baita egunerokotasunean guraso-jokabide sentikorrek bultzatzearen inguruan ere (gaikako eztabaiden bidez, liburuxkak, dibulgazio-liburuak, etab.). Esku-hartzearen prozesua ebaluatzeko asmoz, bideratzaileak koaderno bat du, non saio bakoitzeko behaketak eta oharrak idazten dituen.

AVI (Moss et al., 2018) familien etxebizitzetan gauzatzen da eta iraupen laburrekoa da (zortzi saio). Etxean elkarrekintzen egoeren grabaketak egiten dira (adibidez, jolas-egoerak, haurraren bainua, janariak, etab.) 10 eta 30 minutu bitarteko denbora-tarte laburretan. Grabaketa egin bitartean, profesionalak ez du aktiboki parte hartzen amaren, aitaren eta haurraren arteko elkarrekintzetan; haren rola zaintzailea arretaz behatzean datza eta, egoera jakin batean, seme-alabekin elkarrekintzan filmatzen du. Grabaketa modu diskretuan egin behar da, guraso eta seme-alaben arteko elkarrekintzako egoera naturalak lortzea bilatuz eta kamerak edo profesionalak haurra gehiegi erakartzea saihestuz. Rol ez-intrusibo honen betetzeak grabaketa egin bitartean profesionalak iruzkinik ez egitea edo gomendiorik ez egitea inplikitzen du.

Rol ez-intrusibo honen funtzionamendua gurasoei azaldu behar zaie grabaketa egin aurretik. Gainera, profesionalak azaltzen du grabaketarekin jarraituko duela haurra negarrez edo estresatuta sentitzen denean ere, kontsideratzen da portaera mota horiek haurraren jokabide-errepertorioaren parte direla eta esku-hartzearen helburuak lortzeko interes profesionalekoak direla, beraz, filmatuak izan behar dute.

Gurasoei seme-alabekin modu natural batean erreakzionatzera animatzen zaie. Horrekin batera, azaltzen zaie esku-hartzean zehar egiten diren grabaketek ez dutela zerikusirik familiako grabaketa pribatuekin, normalean familiako gertaera garrantzitsuen oroitzapenak gordetzeko egiten baitira. Grabaketa hauek egitearen helburua da guraso-

haur elkarrekintzetan haurren ahalik eta portaera gehien biltzea, ondoren behatzeko eta eztabaidatzeko.

VIPP-SDn (Juffer, 2008) ez bezala, AVI (Moss et al., 2018) programaren saio berean filmatutakoari buruz hitz egiten da. Horrek ahalbidetzen du gertatutakoarekiko feedbacka zuzenagoa izatea. Zehazki, bideo-feedbackaren teknikak momentu horretan gertatzen diren haur-zaintzaileen arteko elkarrekintzen berehalako itzultzea ematea ahalbidetzen du eta haren eraginkortasuna frogatua geratu da haurren babesgabetasun-egoeran dauden familiekin lanean (Fonagy et al., 2018). Kasu honetan, esperientziaren berehalakotasunak eta irudien erabilerak introspekzioa eta aldaketaren aldeko errepresentazio kognitibo eta afektiboen agertzea errazten dute. Grabatutako irudi batekiko konfrontazioek aukera ematen dute guraso edo hurrekiko pertzepzio okerrak, negatiboak edo idealizatuak berriro aztertzeko, eta etengabeko interakzio osasuntsuak izateko zailtasun larriak adierazten dituzten diadetan askotan agertzen dira.

Azken hiru hamarkadetan, zenbait emaitza esanguratsu aurkitu dira AVI (Moss et al., 2018) programaren gainean, programa sortu eta inplementatzen hasi zenetik (Tarabulsky et al., 2018); urte askotako ikerketek erakutsi duten emaitzetan oinarrituta; zeintzuk erakutsi duten haurren zaugarritasuna, gehienbat, guraso-haur interakzioarekin edo atxikimendu harremanaren arazoekin lotuta dagoela, eta, ondorioz, beren garapena jokoan jartzen duen arrisku egoeran daudela (Tarabulsky et al., 2008). Gainera, ama-nerabe eta bere seme-alaba diadekin egindako ikerlanetan (Dozier et al., 2013; Moran et al., 2005), Haur eta Nerabeen Babes-Sisteman bideo-feedbackaren prozedura txertatu zuten edo babesgabestahun-arrisku altuko gurasoekin erantzun sentikorrek garatzen laguntzeko bideoetan oinarritutako materiala erabili izan zuten AVI (Moss et al., 2018) esku-hartzeetan (Juffer et al., 2008).

Azken urteetan, AVI programak erakutsi du eraginkorra dela zaugarriak diren familietan amen sentikortasuna handitzeko, gurasoak haurren jokabideak maizago interpretatuz, haurrei galdera gehiago eginez eta intrusibitatea murriztuz (Albarenga et al., 2020). Guzti hau haurren seinaleak aintzat hartzeko, afektuen erregulazioa hobetzeko, haurren autonomia sustatuz zailtasunak gaintzeko (Tarabulsky et al., 2018) eta haurren psikomotrizitatea garatzeko (Dubois-Comtois et al., 2017).

Gainera, babesgabetasun-egoera arrisku altuko familietan, badirudi guraso-haur harremanaren kalitatea hobetzeko eraginkorragoa dela AVI (Moss et al., 2018) esku-hartzea, beste esku-hartze psikosozialekin alderatuz. Nahiz eta ikusi den zenbat eta txikitako trauma larriagoak izan, gurasoek esku-hartzearen efektua murriztu egiten dutela (van der Asdonk et al., 2021).

Horretaz gain, haurreskolako adineko haurretan (0-3 urte), AVI (Moss et al., 2018) esku-hartzearen efektu positiboa aurkitu da “Trauman fokalizatutako esku-hartze kognitibokonduktualarekin” konbinatuta (TF-CBT), batez ere haurren jokabide barnerakoietan, non disoziazio sintomatologia murrizteaz gain, gurasoen estres psikologikoan eta sintoma post-traumatikoetan ere eragiten duen; sexu abusua jasandako haurren eta haien zaintzaile ez ofentsiboen ongizatea hobetuz (Caouette et al., 2021).

Azkenik, gizarte zerbitzuetako Haur eta Nerabeen Babes-Sisteman, guraso-haur diada banatzearen inguruko erabakiak orientatzerakoan, gurasoen gaitasunen ebaluazio sistemari AVI (Moss et al., 2018) esku-hartzea txertatu izan zaio, guraso-haur harremanaren kalitatea hobetuz (Cyr et al., 2022).

2.3.1 AVI ADIN TXIKIKOEN BABESGABETASUNAREKIKO ARRISKU-EGOEREN PREBENTZIORAKO/

AVI for the prevention of the risk of Child Abuse and Neglect

Gero eta ebidentzia gehiago dago atxikimenduan oinarritutako esku-hartzeen eraginkortasunari buruz, zehazki, haurrei emandako tratu txarrak pairatu ohi dituen familia bateko belaunaldien arteko zikloak hausteko garaian eta atxikimendu ez-zurra duten haurren proportzioa murrizteko; bereziki, “desantolatua” izenez ezagutzen diren motakoak (Facompré et al., 2018; Graqvist et al., 2017). Lehen haurtzaroko atxikimenduan oinarritutako esku-hartzeek haurraren eta zaintzailearen arteko interakzio-ereduak dituzte ardatz, eta garrantzia haundia ematen diote zaintzailearen sentikortasunari (Bakermans-Kranenburg eta Oosterman, 2021; Cyr eta Alink, 2017; Facompré et al., 2018). Gaur egun, nahikoa ebidentzia lortu da haurren hazkuntza prozesuan gurasoen sentikortasuna, haren atxikimenduaren segurtasunaren iragarle garrantzitsuena dela ulertzeko, bereziki 24 eta 36 hilabete bitarteko adinetan (Zeegers et al., 2017). Ikusi da atxikimenduan oinarritutako esku-hartzeek haurraren

atxikimenduaren segurtasunean duen inpaktuan, zaintzaileen sentikortasunak bitartekari lana egiten duela. Are gehiago, egun, egiaztatu egin da gurasoen sentikortasuna areagotzeko eraginkorrak diren esku-hartzeek bakarrik lortzen dituztela ondorio positiboak haurraren eta zaintzailearen arteko atxikimendu-harremanean (Bakermans-Kranenburg eta Oosterman, 2021).

Halaber, haurraren zaintza-esperientziaren eta atxikimenduaren segurtasunaren arteko harremanean, amaren sentikortasunak moderatzaile lana egiten du (Owen eta Frosch, 2021). Horrela, zaintzaileek sentikortasun gutxi dutenean, kanpo-zaintzaren gehiegizko denborak, zaintzaren kalitate eskasak edo zaintza ez hain egonkorrak izateak haurren eta amaren arteko atxikimendua ez-ziurra izateko arriskua areagotzen du. Hala ere, zaintzailearen sentikortasuna nabaria denean, kanpo-zaintzan emandako orduak eta zaintzaren kalitatea ez dira atxikimenduaren segurtasunarekin lotzen (Owen eta Frosch, 2021).

Dena den, nahiz eta aipatu den bezala, atxikimenduan oinarritutako eta efikazia erakutsi duten programa goiztiarren implementazioaren garrantzia jakina den zaintza-harreman osasuntsuak sustatzeko eta babesgabetasunarekiko arrisku-egoerei aurrea hartzeko, espainiar estatuan, ez da atxikimenduan oinarritutako eta probatutako esku-hartze goiztiarren implementazioaren emaitzarik ezagutzen.

AVI programaren helburuak/ Objectives of the AVI program

AVI programa (Moss et al., 2018) gurasotasunean jarduteko zailtasunak dituzten 0-5 urteko seme-alabekin aplikatzen da, babesgabetasun-egoera maila arin, ertain eta altuak dituzten familiekin, eta atxikimenduan oinarritutako esku-hartze taldean kokatzen da. Esku-hartze horien helburu nagusia zaintzailearen sentikortasuna hobetzea da, jokabidearen ikuspegitik. Hau da, bideo-feedback teknikaren bidez gurasoen sentikortasuna hobetu nahi da, hazkuntza-jokabide sentikorrak eta gurasoen eta seme-alaben arteko elkarreragin sentikorrak indartuz etxeko eguneroko egoeretan. AVIk ikuspegi malgua eta indibidualizatua du eta esku-hartzearen helburuak sortzen ari diren behar diadikoetara egokitzen dira (Moss et al., 2018).

AVIaren xedea ez da sentikortasunean eragin negatiboa duten testuinguruko faktore jakin batzuk aldatzea, hala nola familiak jasaten duen egoera ekonomikoagatik eratorritako estresa. Era berean, esku-hartzearen fokua ez da zaintzaile-rolaren barneko eredu operatiboak eta atxikimendu-istorioak aztertzea.

Adierazi behar da, nahiz eta AVIa bideratzen duten profesionalak gaitasuna duten arrisku handiko familiek dituzten arazoak lantzeko, hala nola, trauma-esperientzia, ez dela funtsezko alderdia zaintzaileen erantzun sentikorra oztopa dezaketen esperientzia traumatiko potentzialak lantzea. Ildo horretan, AVI programak antzekotasun dezente izango lituzke *Video-feedback Intervention to promote Positive Parenting* (VIPP-SD; Juffer et al., 2017) edo *Attachment and Biobehavioral Catch-up* (ABC; Dozier eta Bernard, 2019) programekin.

Prozedura/ Procedure

AVIa familien etxean egiten da eta iraupen laburrekoa da: zortzi saio, 90 minutu ingurukoa bakoitza. Saio guztiek antzeko egitura dute: saioaren lehen zatia 20-30 minutuko eztabaida tematikoarekin hasten da; ondoren, bideo grabaketa egiten da (10-15 minutu); hirugarrenik, atzeraelikadura positiboa ematen da (20-30 minutu); eta azkenik, agurra eta itxiera fasea (10-15 minutu) egiten dira. Gaika lantzen diren eztabaidak haurren garapenarekin eta hazkuntza positibo eta sentikorraren ingurukoak dira; adibidez, erregulazio emozionala, diziiplina sentikorra, banantzeak eragindako antsietatea.. Nahiz eta edukiak sistematizatu egin diren, kasuan kasuko guraso-premien arabera bata edo bestea lehenago edo beranduago sakonduko den aukeratzten da.

Bideo-grabaketak etxeko interakzio-egoeretan egiten dira, oro har, jolas-egoeretan, denbora-tarte laburretan, 10-20 minutuko iraupenarekin. Grabaketan, profesionalak ez du modu aktiboan esku hartzen zaintzailearen eta haurraren arteko elkarrekintzan; hau da, zaintzaileari egoera jakin batean alaba edo semearekin elkarreraginean jolasteko gonbita egitera mugatzen du bere rola bideo grabaketa unean.

Bideo-atzeraelikadura edo *bideo-feedback* fasean, elkarreragin positiboko uneak hautatzen dira, eta horiek dira esku-hartzean nabarmentzen direnak. Interakzio positiboen bidez, gurasoak gai dira guraso-jokabide sentikorra erakusteko, gai direla sentitzeko eta

haurraren atxikimendu- eta esplorazio-beharrak asetzeko. Esku-hartze saio berean filmatutakoari buruz hitz egiten da eta gurasoak aktiboki inplikatzeko dira, gurasoen jokabideari eta seme/alabaren jokabideari buruzko oharrak eta pentsamenduak partekatuz. Horrelako irudiak errepikatuz, mezu positibo garrantzitsuak nabarmentzen dira eta interakzio negatiboko uneak indargabetzen dira, gurasoen jokabide sentikorra hobetuz. Hartara, esan daiteke AVIk gurasoen jokabide desegokiak murriztea ere baduela helburu.

Azkenik, itxiera-fasean, egindako aurrerapenak nabarmentzen dira eta zaintzaileak astean zehar antzeko jarduerekin jarraitzea animatzen dira eta nola egin nahiko luketen zehazten da haiekin batera.

Emaidzak/ Results

AVI programaren emaitzei dagokienez, oro har, atxikimenduan oinarritutako esku-hartzeak oso eraginkorrak izan dira gurasoen sentikortasuna handitzeko ($d = 0.45$) eta haurren eta zaintzaileen arteko atxikimenduaren segurtasun maila areagotzeko ($d = 0.39$) (Bakermans-Kranenburg eta Oosterman, 2021). Gainera, bideo-atzeraelikaduraren metodologia erabiltzen duten esku-hartzeek erakutsi dute erabiltzen ez duten esku-hartzeak baino eraginkorragoak direla gurasoen sentikortasuna hobetzeko (Bakermans-Kranenburg et al., 2003). Emaitza horrekin batera, haurraren atxikimendu-segurtasuna lortzea espero da eta horrekin batera, psikopatologia murriztea, berdinen arteko harremanak indartzea eta osasun fisikoa hobetzea (Dozier eta Bernard, 2021).

Bestalde, AVIk ebidentzia enpirikoa lortu du haurrei emandako tratu txarrak ebidentziatu diren guraso-seme/alaba harremanetan, haien interakzioaren kalitatea hobetuz (van der Asdonk et al., 2020). Gurasoei dagokienez, gurasoen sentsibilitateak gora egin duela ikusi da (Dubois-Comtois et al., 2017; Moss et al., 2011). Era berean, seme-alabei dagokienez, atxikimendu ziurra areagotu da, atxikimendu desantolatua murriztu da, garapen kognitibo eta motore hobea lortu da eta eskolaurreko adinean sintoma barneratzaileak eta kanporatzaileak murriztu egin dira (Dubois-Comtois et al., 2017; Moss et al., 2011).

***Summary of the 2nd Chapter:**

“EARLY EVIDENCE-BASED INTERVENTIONS AROUND THE ATTACHMENT THEORY: ATTACHMENT VIDEO-FEEDBACK INTERVENTION (AVI)”

In this second chapter, we move from the original form of Attachment Theory and research to a more comprehensive behavioral system that considers both individual differences and the impact of relationship partners and other aspects of social situations. Thus, this chapter is divided into four parts. In the first part, the conceptualization of attachment is presented as a system that remains open to new connections throughout life. Moreover, internal working models of the attachment figures are described, and individual differences in the attachment system are explained. Secondly, early evidence-based interventions around Attachment Theory are summarized, including “Sensitivity” as the key to effective parenting. Finally, the Attachment Video-Feedback Intervention (AVI) (Moss et al., 2018) is demonstrated to be applicable for the prevention of child abuse and neglect.

1) The Attachment System

Conceptualization of Attachment

Bowlby (1958) defined attachment as a “lasting psychological connectedness between human beings”. He proposed that attachment can be understood within an evolutionary context. The caregiver provides security for the infant. Attachment is adaptive; it enhances the infant's chances of survival. The major concepts of Attachment Theory are: 1) Proximity Maintenance – The desire to be near the people we are attached to. 2) Safe Haven – Returning to the attachment figure for comfort and safety in the face of a fear or threat. 3) Secure Base – The attachment figure acts as a base of security from which the child can explore the surrounding environment.

Attachment Behavioral System

Bowlby (1982) suggested that people’s behavior is guided by a set of innate behavioral systems. These systems, neural programs or mechanisms, guide the choice, activation,

and termination of behavioral sequences in a way that serves a specific function, such as the forming of an attachment bond, seeking out affiliations, or providing care to a person in need.

Internal Working Models (IWM)

According to Attachment Theory (e.g., Bowlby, 1969/1982, 1973, 1980), infants develop cognitive models (termed Internal Working Models, or IWMs) in relation to the attachment figure during the first year of life. In other words, IWM of attachment is a psychological approach that attempts to describe the development of mental representations, specifically, the worthiness of the self and expectations of others' reactions to the self.

Individual variations in attachment

Individual variations in attachment denote inter-individual differences in the organization or quality of attachment IWM, particularly observable when the attachment system is activated following external or internal cues of threat. These variations are typically described using two dimensions (secure/insecure, organized/disorganized) subsuming four distinct categories: 1) Secure, 2) Insecure-avoidant, 3) Insecure-ambivalent/resistant, and 4) Insecure-disorganized/disoriented).

Regarding the type of care received during childhood, the following factors can influence the quality of the child's attachment: 1) Generational transmission of the attachment IWM (Main et al., 1985), 2) Parenting characteristics such as personality traits or mental health (Belsky, 2005), 3) Family context and social context of the parent-child dyad, 4) The child's original personality traits such as irritability or stress proneness.

2) Early Attachment-based interventions

In some meta-analyses (Bakermans et al., 2003, 2008), researchers have identified the characteristics of interventions designed to promote secure attachment:

- The most effective interventions are those based on the sensitivity of attachment figures.
- Interventions to increase the sensitivity of primary caregivers are also effective in improving children's attachment security.

- The most effective interventions are those with less than 16 sessions.
- Interventions that start after the child is six months old are more effective than those done before birth or with children under six months old.
- Interventions are also effective with families of high-, medium-, or low-risk children, as well as with clinical and nonclinical families.
- Relatively narrow interventions that focus on a particular aspect, such as parental sensitivity or parent/child interaction, are more effective than broad interventions.
- Interventions that use video feedback as support are more effective than those that do not.

Although the effectiveness of early implementation of programs based on attachment in promoting healthy care relationships and preventing risk has been established, in Spain, the results of the implementation of such interventions are not yet known.

Sensitivity: The key to parenting

According to attachment theory, and confirmed by meta-analytical evidence (Bakermans-Kranenburg et al., 2003; De Wolff & van IJzendoorn, 1997), parental sensitivity is the key to secure child-parent attachment relationships. Ainsworth (1978) defined parental sensitivity as the ability to perceive and interpret the child's signals accurately and respond them in an adequate and prompt way. Thus, three meta-analyses confirmed the relevance of attachment security for children's later social competence (Groh et al., 2014), for their externalizing behavior problems (Fearon et al., 2010) and for their internalizing problems (Groh et al., 2012).

Specifically, VIPP-SD (Video-feedback Intervention for Promoting Positive Parenting) can be characterized as an interaction-focused intervention using video feedback to promote sensitive parenting, as well as adequate and sensitive discipline strategies (Juffer et al., 2008, 2017).

3) Attachment-based Video-Feedback Intervention (AVI)

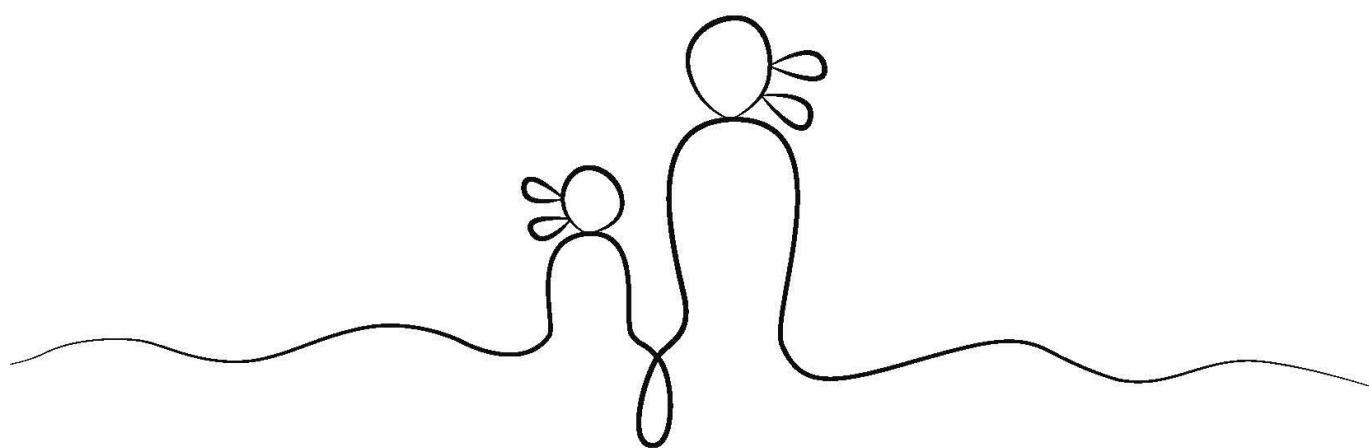
A team of experts from the University of Quebec in Montreal (Canada) designed a structured procedure for the Attachment-based Video-Feedback Intervention (AVI) to improve attachment security in early-age children. The 8-week AVI program is of interest to researchers and clinicians because it is a practical, validated, short-term, attachment-

based intervention program that has demonstrated efficacy in enhancing parental sensitivity, improving child attachment security, and reducing disorganized attachment for children and parents who have been reported for child abuse and/or neglect. Throughout this chapter, theoretical components and empirical bases of the intervention program are described, as well as evidence for its efficacy in different populations.

3

DOKTORETZA-TESIAREN JUSTIFIKAZIOA

JUSTIFICATION OF THE
DOCTORAL THESIS



3. KAPITULUA. DOKTORETZA-TESIAREN JUSTIFIKAZIOA/

JUSTIFICATION OF THE DOCTORAL THESIS

Esan bezala, adingabeen babesgabetasunarekiko arrisku-egoera gizarte-mailan ardua haundia eragiten duen gaia da. Hartara, haur eta nerabeen babes bermatzeko eta tratua onatatzeko, prebentzioaren ikuspegitik zaintzaile-haur harremana lantzeko esku-hartze goiztiarrak beharrezkoak dira udal mailako Haur eta Nerabeen Babes-Sistemaren eskaintzan.

Hainbat meta-analisik agerian utzi dute atxikimendu ziurrak garapen egokia iragartzen duela lehen haurtzaroan (Fearon et al., 2010; Groh et al., 2012; Groh eta Lagtz, 2014). Atxikimendu-harreman goiztiarrak intimitate emozionalaren lehen esperientziak dira eta bizitzan zehar gertatzen diren harreman estuen prototipoak irudikatzen dituzte; bereziki, maitasun-harremanak eta haurren hazkuntzan zehar emango diren harremanak (Sroufe eta Lagtz, 2005).

Zehazki, aurkitu da atxikimendu ziurrak, atxikimendu ez-ziurrekin alderatuz, berdinekiko harremanetan gaitasun sozial hobea iragartzen duela (Groh eta Lagtz, 2014) eta kanpo-sintomatologia (Fearon eta Lagtz, 2010; Groh eta Lagtz, 2012) zein barne-sintomatologia gutxiago iragartzen duela (Groh eta Lagtz, 2012). Atxikimendu ziurreko haurrak besteez fidatzeko joera izango du, elkarrekintza sozialean autoestimu altua erakutsiz, lagunak egiteko erraztasuna aurkeztuz eta babes soziala jasoz. Zaintzaile nagusiarekiko atxikimendu-harreman hau oinarri ziurrekoa da, urtebeteko haurrari testuinguru libreaki esploratzera baimenduz eta emozionalki konpentsatua aurkeztuz, baita ezustekoetan ere. Atxikimendu ziurra duen haurra hazten denean, autonomia-behar berriak sortzen eta asetzen dira eta independentzia handiagoko behar horiek nolabaiteko familia-harmonian garatzen dira. Nahiz eta elkarrekintza guztiak ez diren perfektuak eta harmonikoak, atxikimendu ziurreko haurrak afektu positibo handiagoa adierazten du eta atxikimendu ez-ziurra duen haurra baino kooperatzaileago aurkezten da (Sroufe et al., 2005).

Kontrara, haurrek lehen haurtzaroko harreman esanguratsuetan ziurgabetasuna jasateak eta beren beharrak asetzeko orduan zaintza-gabeziak izateak, lehen haurtzaroko haurraren garapen sozio-emozionalean eta atxikimenduan kaltea eragiten du, eta horrek, babesgabetasunarekiko arrisku-egoerak ekar ditzake (Green et al., 2018). Izan ere, haurrei emandako tratu txarrak guraso-haur harremanaren muturreko emaitza dira (Harden, 2004) eta horren ondorio izan daiteke Haur eta Nerabeen Babes-Sisteman atxikimendu ez-ziur eta desantolatuak gailentzea (Jiménez et al., 2005; Thompson, 2021).

Haurrei emandako tratu txarrak arazo sozial nagusia (World Health Organization, 2020) eta konplexua direla agerikoa da (World Health Organization, 2014). Familia zaugarriengan eragin negatiboak ditu, bereziki lehen haurtzaroan (Reina Delgado, 2022). Dena den, aspaldidanik atxikimenduaren teoriak haurren babes sistemari zer esana eta zer emana duela ikertu den arren (Cassidy et al., 2016; Rutter, 1989), oraindik asko dago egiteko gizarte-politika publikoek Haur eta Nerabeen Babes-Sisteman atxikimenduaren teoriarik oinarritutako esku-hartzeak sustatzeari dagokionez (St-Laurent et al., 2022).

Hartara, zaintzaile-haur harremanaren kalitatea eta gurasotasun sentikorra sustatzeko esku-hartze programa goiztiarrak ezinbesteko ataza dira babesgabetasunarekiko arrisku-egoerei aurrea hartu, belaunaldi arteko haurrei emandako tratu txarraren transmisioa ekidin eta haurtzaroaren eta ondorengo gizartearen ongizateri dagokionez (Schelbe eta Geiger, 2017).

Are gehiago, Haur eta Nerabeen Babes-Sistemaren esku-hartze helburu goiztiarrak honakoak dira (Cassidy et al., 2016; Dozier eta Rutter, 2008): haurren garapen sozio-emozional egokirako beharrezkoak diren segurtasuna sustatzea, eta haien zaintzaileak ataza horietan trebatzea. Izan ere, guraso-haur harremana sendotzeko eta atxikimendu ziurak sustatzeko esku-hartzeen beharra dago (Lawler et al., 2011). Hartara, atxikimenduan oinarritutako eta ebidentzia erakutsi duten esku-hartze goiztiarrek proposatzen duten arreta-eredu integral horren ikusmira dira mundu mailan (Landers et al., 2018).

Esandako honengatik guztiagatik, atxikimenduaren teoria eta ikerketak eta ebidentzian oinarritutako esku-hartzeak Haur eta Nerabeen Babes-Sistemaren praktikaren ardatz garrantzitsuetako bat izan beharko lukete, bereziki, babesgabetasunarekiko arrisku-

egoerei aurrea hartu ahal izateko (van der Put et al., 2018) eta osasun arazo publiko bat diren babesgabetasunarekiko arrisku-egoeran dauden kasuei aurrea hartzeko (De Paúl, 2009).

Dena dela, Espainia mailan, babesgabetasun-egoeran dauden hurrei eta beren familiei eskaintzen zaien arretan, oraindik ez dago atxikimenduaren teoriar oinarritutako esku-hartze goiztiar egituratu eta sistematizaturik, eta are gutxiago, efikazia probatu duenik.

3.1 DOKTORETZA-TESIAREN EKARPENAK/

Contributions of this Doctoral Thesis

Gauzak honela, doktoretza-tesi honen lehen ekarpen garrantzitsua honakoa da: **Espainia mailan, lehen aldiz, atxikimenduan oinarritutako eta eraginkortasuna erakutsi duen AVI programa doitzea eta bertsio espainiarraren bideragarritasuna eta egokitasuna aurkeztea**. Ildo honetan, Haur eta Nerabeen Babes-Sisteman eskaintzen diren programa goiztiarren artean, babesgabetasunarekiko arrisku-egoerak murriztea du helburu, babes-faktoreak sustatuz.

Lehen aipatu bezala, alde batetik, garrantzitsua da babesgabetasunarekiko arrisku-egoeran dauden hurrei eta beren familiei eskaintzen zaizkien programak ebidentzian oinarritutakoak izatea. Izan ere, ebidentzian oinarritutako programak modu sistematikoan antolatutako eta ondo bereizitako praktika-sorta bat dira. Programek zenbait ezaugarri jakin betetzen dituzte eta Haur eta Nerabeen Babes-Sisteman aplikatzerako orduan, balio erantsi bat dute, ohizko esku-hartzeekin alderatuta, sistemaren eskuragarritasuna kontuan hartuta. Horien artean, esku-hartzearen espezifikotasuna, ebaluazioaren kalitatea, esku-hartzean inpaktu maila, ebidentzia maila jakin bat betetzen duten jakiteko eta onespena jasotzeko errebisio-lanak pasatu izana (Axford et al., 2012).

Beste alde batetik, programak atxikimenduan oinarritutakoak izateak balio erantsia ematen die Haur eta Nerabeen Babes-Sisteman eskaintutako programa goiztiarrei, ez bakarrik atxikimendu ziurrak sustatzeak haurren garapen osasuntsuaren aurrekari garrantzitsu bat delako (Cassidy eta Shaver, 2016), baizik eta babesgabetasunarekiko arrisku-egoerak murrizteko edo hauei aurrea hartzeko erakutsi duten ahalmenagatik, eta horrek, haurren garapen sozio-emozionalen daukan inpaktu positiboagatik (Thompson, 2021; Thompson et al., 2022).

Azkenik, aipagarria da ikerketa hau SARS-CoV-2 birusak sortutako COVID-19 mundu-mailako osasun krisia edo “pandemia” gisa ezagutu den denboraldian zehar burutu dela eta egoera honek, bestelako ezusteko gertakizunek ez bezala, eragin zuzena izan duela babesgabetasunarekiko arrisku-egoeran dauden hurrengan eta beren familiengan; gurasotasunean eta haurren garapen sozio-emozionalean (Feinberg et al., 2022). Hartara, krisi egoeretan ere, Haur eta Nerabeen Babes-Sisteman, babesgabetasunarekiko arrisku-egoeran dauden familiekin goiz esku-hartu ahal izateko, ebidentzian oinarritutako programak txertatzearen beharra aztertu da (Purnama eta Jansen, 2022; Weeland et al., 2021), baina, egun, estatu mailan ez da halako esku-hartzeen inplementaziorik burutu.

Ondorioz, ikerketa-lan honen bigarren ekarpen esanguratsua zera da: **mundu-mailako krisi egoeran (COVID-19) inplementatu den babesgabetasunarekiko arrisku-egoeran dauden 0-5 urte bitarteko haurrak dituzten familiekin esku-hartzeko AVI programaren efektua aurkeztea.**

***Summary of the 3rd Chapter:**

“JUSTIFICATION OF THE DOCTORAL THESIS”

To conclude the first Theoretical Part, this 3rd Chapter aims to emphasize the effectiveness of evidence- and attachment-based interventions for promoting social and emotional development in children being abused or neglected. In addition, the need to develop a Spanish version of the AVI program (Moss et al., 2018) and to assess its effectiveness in the Basque Autonomous Community (northern Spain) is justified. The need is especially great during the COVID-19 pandemic, when the risk of child abuse and neglect has increased the most.

Early attachment-based interventions for the prevention of child abuse and neglect

Several studies have shown that evidence-based interventions aimed at improving parent-child attachment have positive effects on the promotion of socio-emotional development in early childhood (Moos et al., 2011; Steele et al., 2019) and on the reduction of internal and external symptoms (Groh & Lagtz, 2012, 2014). These studies found positive outcomes, both at the level of the parent-child relationship and at the level of child development. The effectiveness of attachment-based interventions, such as AVI, has been strongly supported empirically (Cyr et al., 2012). A recent Canadian study found that implementing a Parenting Capacity Assessment protocol based on an evidence- and attachment-based video-feedback intervention enabled social and health professionals to better predict child abuse or neglect (Cyr et al., 2015).

Although these results are promising, more studies are necessary to evaluate whether such evidence- and attachment-based interventions could also be effective in other countries with different child protection systems. In Spain, in particular, there is still no structured and systematized early intervention based on Attachment Theory as part of the care and protection offered to children at risk of abuse/neglect and their families.

Contributions of this Doctoral Thesis

I. The Spanish version of AVI: feasibility and acceptability

The first contribution of this Doctoral Thesis is to adapt the evidence- and attachment-based AVI intervention, for the first time, to the Spanish population. It aims to present the feasibility, acceptability, and initial outcome of the AVI for families at risk of child abuse and neglect in Spain.

As previously mentioned, it is important that the programs offered to children at risk of maltreatment and to their families are evidence-based. In fact, evidence-based interventions are a systematically organized and well-differentiated package of practices, which fulfill certain characteristics and have a benefit, compared to usual interventions applied to the child protection system. We underline those characteristics: the specificity of the intervention, the quality of the evaluation, the intervention's impact level, and the evidence-based nature of the intervention (Axford et al., 2012).

On the other hand, the fact that the programs are based on attachment gives added value to the programs offered by Child Protective Social Services, not only because the promotion of secure attachments is an important predictor for the healthy development of children (Cassidy and Shaver, 2016), but also because of their ability to reduce or prevent situations of child abuse and neglect or child maltreatment, thus promoting the socio-emotional development of children (Thompson, 2021; Thompson et al., 2022).

II. The effectiveness of the Spanish version of AVI in COVID-19 pandemics

It is noteworthy that this study was carried out during the period known as the global health crisis, or pandemic of the SARS-CoV-2 virus. Unlike other unforeseen events, this period had a direct impact on the children at risk of maltreatment and on their families (Feinberg et al., 2022).

Thus, even in crisis situations, the need to incorporate evidence-based programs into services for children and adolescents in order to be able to intervene early with families at risk of child abuse and neglect (Purnama & Jansen, 2022; Weeland et al., 2021) has been analyzed; in Spain, however, the implementation of programs that meet those criteria has not been yet carried out.

As a result, the second significant empirical contribution of this Doctoral Thesis is to present the effectiveness of the Spanish version of the AVI program with families (children aged 0-5 years) at risk of child abuse and neglect during the global crisis (COVID-19).

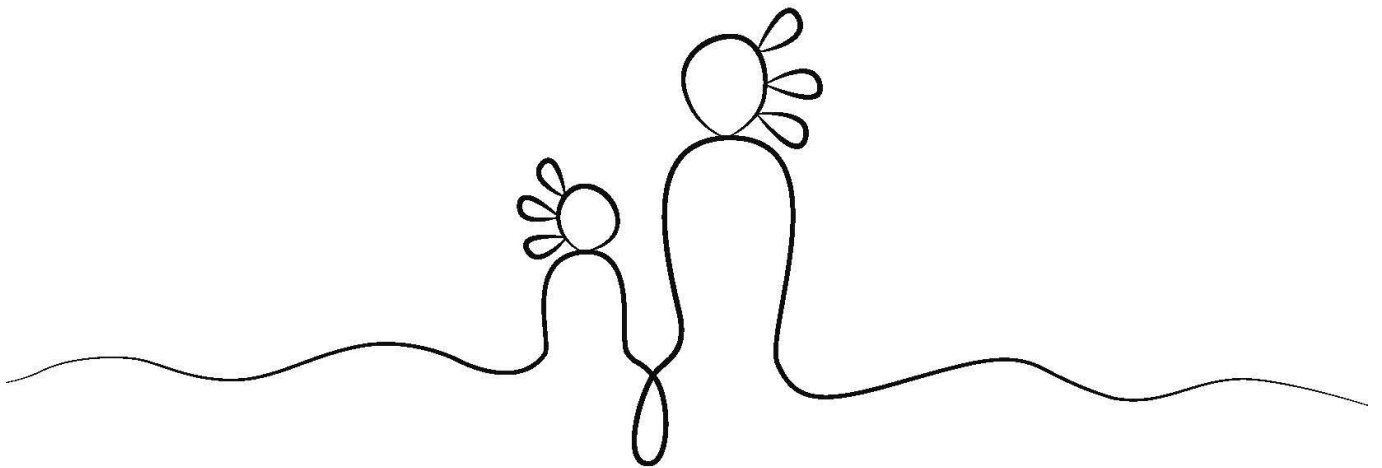
BIGARREN ZATIA (ZATI ENPIRIKOA)/

Second section (Applied section)

4

IKERKETA-HELBURUAK

RESEARCH OBJECTIVES



4. KAPITULUA. IKERKETA-HELBURUAK/

RESEARCH OBJECTIVES

Doktoretza-tesi honen helburuak honakoak dira:

(1) AVI programaren **bertsio espainiarra** egokitu, Euskal Autonomia Erkidegoko Haur eta Nerabeen Babes-Sistemaren erakusgarri den Udal Gizarte Zerbitzuetan inplementatu eta haren **bideragarritasun eta onargarritasunari buruzko ikerlan bat** burutu.

(2) AVI esku-hartze programa goiztiarra COVID-19 krisi garaian babes-faktoreak sustatzeko eraginkorra ote den aztertu. Hau da, gurasoen estres maila eta etxeko kaos maila murrizteaz gain, gurasoen eskuragarritasun emozionala zein funtzio erreflexiboa sustatzen ote dituen ebaluatu.

***Summary of the 4th Chapter:**

“RESEARCH OBJECTIVES”

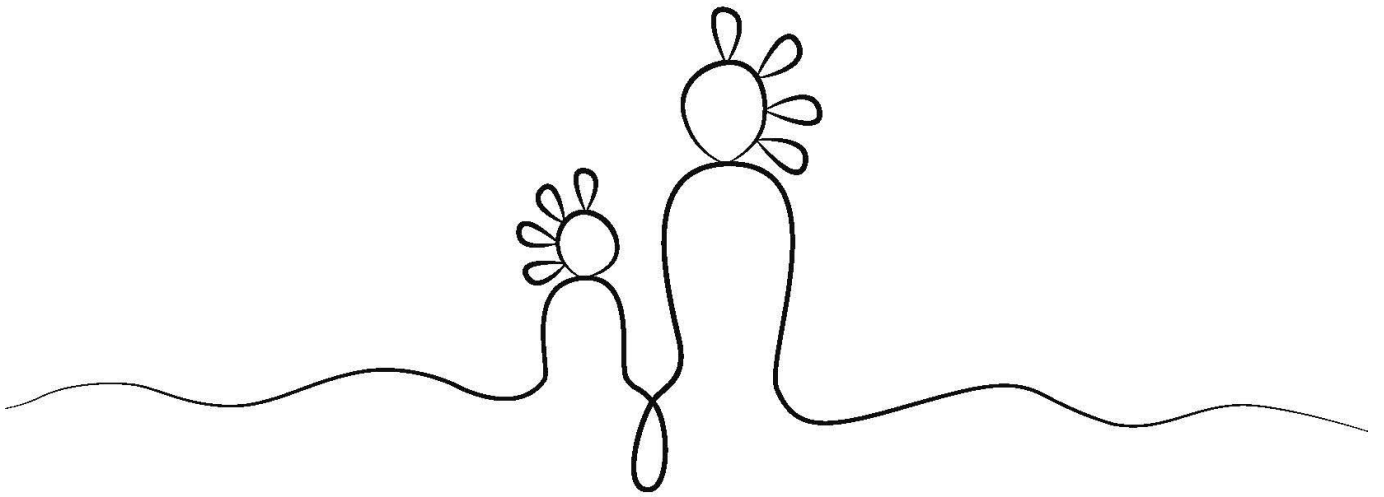
The main objectives of this Doctoral Thesis are the following:

- 1) To adapt the Spanish version of the AVI program and to carry out a study assessing the feasibility and acceptability of the AVI in the Municipal Social Services as a reference of the Child and Adolescent Protection System of the Basque Autonomous Community.
- 2) To examine whether the AVI early intervention program is effective in promoting protective factors during the COVID-19 crisis. In other words, to evaluate if the AVI program reduces parental stress and household chaos, and fosters emotional availability and parental reflective functioning.

5

AVI PROGRAMAREN BERTSIO ESPAINIARRA: INPLEMENTAZIO-TESTUINGURUA

THE SPANISH VERSION OF
THE AVI PROGRAM:
IMPLEMENTATION CONTEXT



5. KAPITULUA. AVI PROGRAMAREN BERTSIO ESPAINIARRA: INPLEMENTAZIO-TESTUINGURUA/

THE SPANISH VERSION OF THE AVI PROGRAM: IMPLEMENTATION CONTEXT

5.1 AVI PROGRAMAREN INPLEMENTAZIO-TESTUINGURUA/

The implementation context of the AVI program

5.1.1 INPLIKATUTAKO ERAGILEAK ETA BAKOITZAREN FUNTZIOAK SARE-LANEAN/

The professionals involved and networking

Donostiako Udaletxearen eta Euskal Herriko Unibertsitatearen (UPV/EHU) arteko hitzarmena 2019. urtean sortu zen, udal mailako Haur eta Nerabeen Babes-Sisteman 0-5 urte bitarteko haurrak dituzten eta zaugarritasun edo arrisku egoeran dauden familiei AVI programa eskaintzeko asmoz, eta honek guraso-seme/alaben arteko harremanean duen eragina aztertzeko xedez.

Ordutik, COVID-19 krisi egoeran, HZ erakundearen eskutik jorratu dira esku-hartzeak familiekin, behin Gizarte-Zerbitzuetako kasu-arduradunek AVI programarako egokitasuna dutela uste duten familiei programa aurkeztu eta eskaini ondoren.

Hartara, kasu-arduraduna da familiekin batera AVI programaren esku-hartzea zuzendu eta koordinatzen duena; bai esku-hartzea hasi aurretiko prozesuan, esku-hartzea martxan dagoen bitartean, eta baita programa bukatu ondoren ere.

Dena den, AVI programa Udal mailako Gizarte-zerbitzuetan inplementatzeak baditu zenbait erronka. Horien artean, profesional askoren arteko koordinazio eraginkorra eta funtzioen definizioa eta bateragarritasuna bermatzea.

Erronka hori ahalik eta egokien atontze aldera, EAEn AVI programaren inplementazioan inplikatuta dagoen profesional-sarearen antolakuntza beharrezkoa da. Egun, AVI programa martxan jartze prozesuan, honako profesionalak hartzen dute parte:

1. Gizarte Ekintzako Saileko profesionalak (Donostiako Udalaren Prebentzio, Haurtzaro eta Familia Zerbitzua (PHFZ), esku-hartze goiztiarreko kasu arduradunak edo Udal Mailako Psikologo Komunitarioak (PK)); kasuen deribazio, akonpainamendu eta jarraipen prozeduretan dabiltzanak eta kasu-erreferenteak.
2. Donostiako Udaletxeko Programaren kudeatzailea.
3. HZ erakundeko Sustatuz programako koordinatzailea.
4. Esku-hartzearen trebakuntza prozesuan dabiltzan HZko hoge profesionalak/bideratzaileak.
5. Euskal Herriko Unibertsitatean (UPV/EHU) ebaluazio-prozeduraz eta gainbegiraketez arduratzen diren teknikariak.
6. UQAM (*Université du Québec à Montréal*) Unibertsitatean programaren jarraipena egiten duten profesionalak.

Zehazki, horietako bakoitzari jarraian aipatzen diren funtzioak egozten zaizkio sare-lana bideratze aldera:

1. Gizarte Ekintzako Saileko profesionalak:

- AVI programaren inklusio irizpideak betetzen dituzten familien identifikazioa egitea (Inklusio irizpideak aurrerago azaltzen dira).
- Ama/aitarekin elkarrizketa. Laguntza-zerbitzuen barne eskuragarri dagoen AVI programan parte-hartzeko onespina jasotzea.
- “*Screening* orrian” agertzen diren datuen jasotzea eta programaren kudeatzaileari informazioa helaraztea.
- Programaren kudeatzailearekin koordinatzea programaren gaineko zalantzak argitzeko.
- Behin programaren kudeatzailearen bitartez familia zehatz batekin esku-hartzea aurrera eramango duen bideratzailea esleitutakoan:
 - Familiarekin eta bideratzailearekin AVI programaren aurkezpena egitea eta parte-hartzeko baiezkotzea, baimen informatuko sinadura jasoz.
 - Esku-hartzea aplikatzen duen profesionalaren eskutik familiaren eboluzioaren gaineko informazioa jasotzea

2. Donostiako Udaletxeko programaren kudeatzailea

- Programaren kudeaketa orokorra:
 - Screening orriak jasotzea, antolatzea, sailkatzea, artxibatzea eta programarako kasuen zerrendak egitea.
 - Enpresarekin koordinatzea dedikazio-ehunekoak berrikusteko, ondoren programaren bideratzaileei kasuak esleitzeko.
 1. Kasuak kasu erreferenteari bideratzen laguntzea
 2. Screening orria jasotzea eta berrikustea.
 3. Screening-a aztertzea eta, beharrezkoa dela balioetsiz gero, informazioa kasu erreferentearekin kontrastatzea.
 4. Programa garatzen eta kasuak kudeatzen laguntzea, jarraibideak ematea eta erabakiak hartzea, kasu erreferenteari eta bideratzaileei sor dakizkieken gaietan.
 5. AVI programaren erakunde hornitzailearekin koordinatzea, behar izanez gero.
 6. Programaren jarraipen- eta/edo koordinazio-bileretan parte hartzea.
 7. Prozedura berrikustea eta eguneratzea.
 - Programako profesionalekin koordinatzea: hezitzaileak, kasu-arduradunak eta enpresako koordinatzailea:
 - ◇ Erakundeetako kudeatzaileen taldearekin:
 - Koordinazio-bileretara joatea, programari esleitutako kasuen bilakaerari eta kasuen sarrera-fluxuari buruzko informazioa emateko; baita programa ezartzean sortzen diren zailtasunei eta zalantzei aurre egiteko ere.
 - Egindako esleipenen eta programako baja-kasuen berri emango du.
 - Antzemandako zailtasunak konpontzeko ekintzak proposatuko ditu.
 - ◇ Kasuaren arduradunekin:
 - Screening orriari buruzko informazio gehigarria bilduko du.
 - Programako kasuen altak eta bajak gertatzen direnean.
 - Programari buruzko zalantzak argituko ditu.
 - ◇ Enpresetako koordinatzaileekin:
 - Programari buruzko zalantzak argitzeko
 - Profesionalen dedikazio-ehunekoak egunean izatea.
 - Programaren jarraipena eta koordinazioa egiteko bilerak egitea.

- ◇ Bideratzaileekin edo erratzaileekin:
 - Kasu bat esleitzeko unean.
 - Programari buruzko zalantzak argitzerakoan.
 - Familia batekin programa amaitzen den unean.
- Jarraipen-batzordean parte hartzen duten kudeatzaileen taldearen eta programan parte hartzen duten profesionalen arteko lotura izatea, eta batzorde horretan AVI programari buruz hartzen diren erabakiak helarazteko ardura izatea.
- Barne datu-base batean programaren kasuak erregistratzea eta kontrolatzea.
- Bideratzaileei programa behar bezala garatzeko behar duten dokumentazioa edo materiala ematea.
- Unibertsitatearekin koordinatzea eta bideratzeak jakinaraztea, kasu bakoitzari dagokion ebaluazioa egin ahal izateko AVI esku-hartzearen aurretik, bitartean eta ondoren, eta kasu bakoitzaren bilakaera orokorrari jarraipena egitea.

3. “Sustatuz” programako koordinatzailea

- Bideratzaileen dedikazio-ehunekoak kudeatzea.
- Kasuari esleitutako bideratzailea kudeatzaileari jakinaraztea.
- Programaren jarraipen/ koordinazio-bileretan parte hartzea.

4. Esku-hartzean dabilzan bideratzaileak

- Programaren kudeatzaileak egotzitako kasua jasotzea eta aztertzea.
- Kasuaren arduradunarekin koordinatzea, datozen lerrotan zerrendatzen diren elementuak egiteko:
 - Familiari buruzko informazio garrantzitsua trukitzea.
 - Programa aurkezteko eta parte hartzeko eta adostasun-akordioa edo baimen informatua sinatzeko familiarekin egiten den bileran parte-hartzea.
 - Programa amaitzeko familiarekin egiten den bileran parte-hartzea.
 - Kasuak hala eskatzen duenean, familiarekin bilera batean parte-hartzea, programaren garapenean sortzen ari diren gorabeherari aurre egiteko.
- Familiarekin AVI programako 8 saioak bideratzea.
- Programaren kudeatzailearekin koordinatzea:
 - Programaren bilakaeran konpondu beharreko edozein gorabeherari aurre egiteko.
 - Familia batek programan jarraitzearen komenigarritasunari edo egokitasunari buruz sortutako zalantzen inguruko iritzi teknikoa eskatzea.
- Kasuaren gaineko idatzoharrak egitea.
- Saio bakoitzaren ondoren txostenak egitea (0-8 txostenak) eta astero, gainbegiraketa hitzorduak baino lehen, Unibertsitateko gainbegiratzaileei bidaltzea, bideo/grabaketekin batera. Txostenak eta bideograbaketak *EHU Box* plataformara igoko dira datuen babesa bermatzeko.

- AVI programaren ebaluazio orokorra.
- Eskuragarritasun emozionalaren ebaluazioa; kasuz kasu.
- Saio bakoitzaren ondoren, banakako eta asteko gainbegiraketak egitea.
- AVIaren aplikazioa finkatzea eta homogeneousatzea (gaikako eztabaidak, materialak, jarduerak, kasuen ikuskapena).
- Talde-ikuskapenak.
- Edukiontzia eta datu-fluxua maneiatzea, kudeatzea eta erabiltzea EHU Box plataformaren bidez.
- UQAM Unibertsitatearekin harremanean, programaren kalitatea bermatzea.

6. UQAM Unibertsitatea

- Bideratzaileei formakuntza.
- Euskal Herriko Unibertsitatearekin programaren gainbegiraketa orokorra.
- Euskal Herriko Unibertsitatearekin ikerketa-proiektuetan aritzea.

5.1.2 LANKIDETZA-ORGANIGRAMA/

Coworking model

Jarraian txertatzen den grafikoan ikus daitekeen legez, eta aurreko atalean sakondu den informazioa kontuan hartuta, AVI programa sare-lanean osatutako lanaren erakusgarri da. Gauzak honela, programaren implementazioa hainbat eragile eta pertsonen sortutako eta zaindutako lanaren emaitza da, eta horiek guztiek zirkulu formako kudeaketa eta lanaren bidez aberastu dute AVI programa.



Irudia 1.

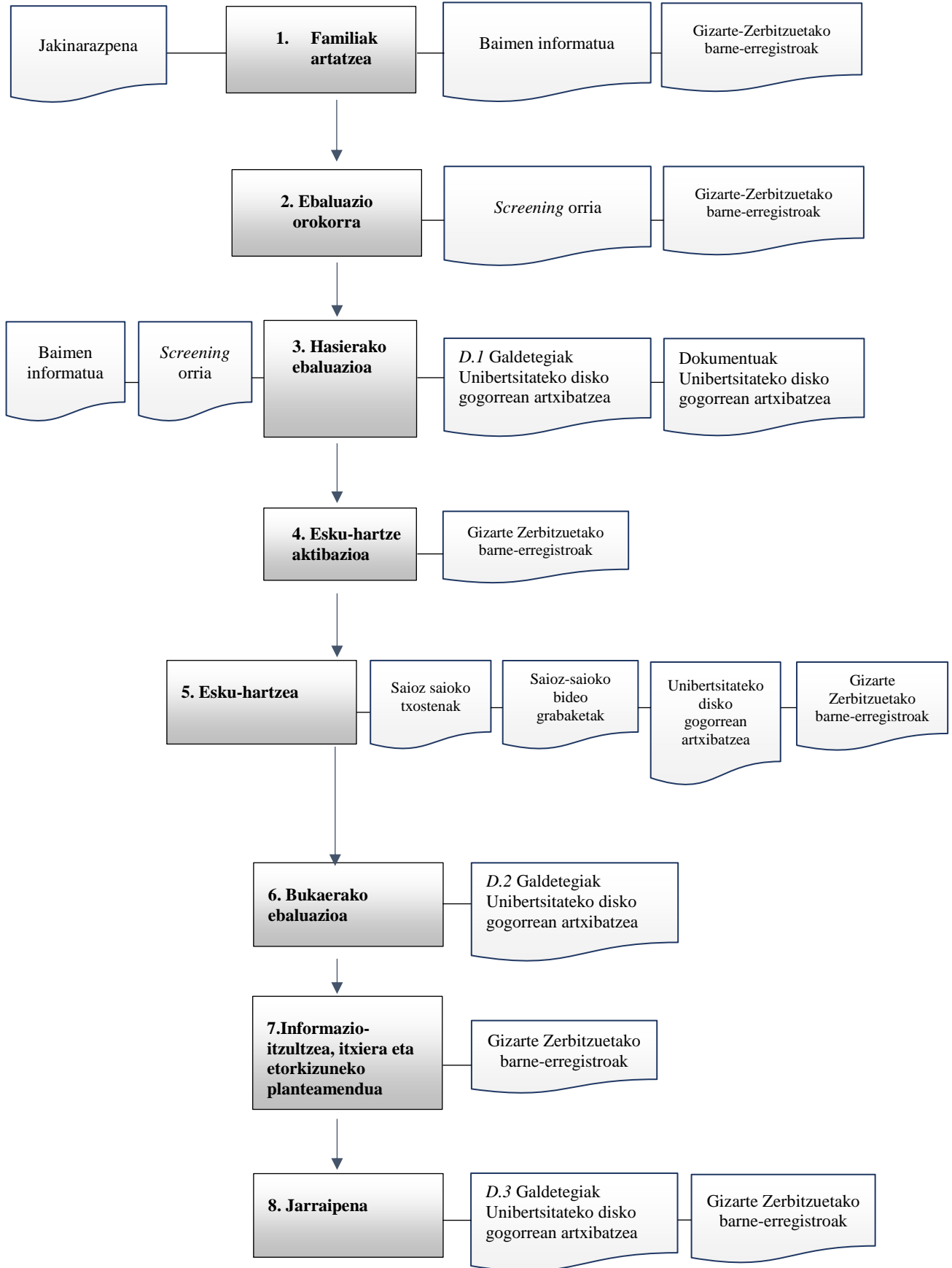
Sare-lana eta zirkulu formako kudeaketaren erakusgarri den irudia

5.1.3 LANKIDETZA-FLUJOGRAMA ETA INFORMAZIO HARTUEMANA/

Coworking flow diagram and transmission of the information

Instituzio, erakunde eta profesional bakoitzaren funtzio eta lan egiteko moduez edo ikuspegiak gain, programaren gaineko informazio fluxu arautuak ezinbestekoak izan dira, implementazio-prozedura eraginkorra bermatzeko. Hartara, honako fluxu-diagraman ikus daiteke informazio konplexu guztiaren erabilera nola kudeatu den:

AVI PROGRAMAREN FLUXU DIAGRAMA



Irudia 2.

AVI programaren fluxu diagrama

Jarraian, esku-hartze prozesuko ekintza horietako bakoitzean eragile desberdinen ateko informazio hartu-emanaren azaltzen da:

Taula 4.

Ekintzen eta informazio hartu-emanaren azalpena

EKINTZEN ETA INFORMAZIO HARTU-EMANAREN AZALPENA			
Prozedura		Kudeatzailea	Deskribapena
Zk.	Ekintzak		
1	Familiak artatzea eta programa azaltzea	Gizarte-Zerbitzuetako kasu arduraduna	<ul style="list-style-type: none">• Kasu-arduradunak <i>jakinarazpena</i> batu eta programa-kudeatzaileari bidaltzen dio posta elektronikoko bidez.• Kanpo-jakinarazpena jasoz gero, kasu arduraduna familiarekin jartzen da harremanetan. Haur eta Nerabeen Babes-Sisteman kasua ezaguna izanez gero ere, kasu-arduraduna familiarekin batzen da.• Familiaren beharrak kontuan hartuta edo familiaren nahia kontuan hartuta, familiari AVI programaren gaineko informazioa helarazten dio (helburuak, iraupena, ebaluazio-prozesua eta esku-hartzearen oinarriak).• Familiak bere osotasunean (ebaluazioa eta esku-hartzea) parte-hartzeko baiezkoa emanez gero, honek, <i>baimen informatua</i> sinatzen du.• Ebaluazioari dagokionez, Unibertsitateko teknikariak aurkezten dira eta ebaluazio prozesua egiteko nork deituko dien argitzen zaio familiari.• Ekintza hauek Gizarte-Zerbitzuetako barne-erregistrarako datu baseetan erregistratuko da.

2	Kasuaren ebaluazio orokorra	Gizarte-Zerbitzuetako kasu-erreferentea eta programa-kudeatzailea	<ul style="list-style-type: none"> • Kasu erreferenteak “<i>Screening orria</i>” betetzen du, familiaren datu orokorrekin. • <i>Screening orria</i> eta <i>baimen informatua</i> Programaren kudeatzaileari bidaltzen dizkio, posta elektronikoko bidez. • Programaren kudeatzaileak dokumentu biak Unibertsitatera bidaltzen ditu, posta elektronikoko bidez.
3	Hasierako ebaluazioa	Euskal Herriko Unibertsitatea (UPV/EHU)	<ul style="list-style-type: none"> • Unibertsitatean, <i>Screening orria</i> eta <i>baimen informatua</i> jaso dituela ziurtatzeko, posta elektronikoko bat bidaltzen dio Programa-kudeatzaileari. Posta elektronikoko horretan, kasu berri horren egoera esperimentalak helarazten dio Programa-kudeatzaileari (esperimentala edo kontrola). Posta elektronikoko horren izenburua honakoa izango da: AVI-Zk. Kontrol taldea/ talde esperimentala-“Hasierako ebaluazioa”. • Unibertsitatea, aste beteko epean, behin programako kudeatzailearen onespina jasota, familiarekin harremanetan jarri, dagokion ebaluazio-prozedura azaldu eta posta elektronikoko bidez hasierako ebaluazioa osatzen duten galdetegiak helaraziko dizkio, “<i>Encuesta fácil</i>” plataformatik bidalitako esteka baten bitartez. Galdetegi horren iraupena 40 minutu ingurukoa dela estimatzen da. • Kasuaren egoera esperimentala kontuan hartuta, honako ebaluazio-prozedura ibilbideak aktibatuko lirateke: <ul style="list-style-type: none"> • Talde esperimentala: familiak programa hasi orduko (D.1), programa bukatu ondoren (D.2), eta bukatu eta hiru hilabetera (D.3) galdetegiak beteko dituzte. Behin guraso parte-hartzaileak ebaluazioa bete duenean, Unibertsitateak programa-kudeatzaileari posta elektronikoko bitartez

			<p>adieraziko dio familia esku-hartzean ahal bezain azkar hasteko prest dagoela, honako izenburuarekin: AVI-Zk. Esperimentala-“Hasierako ebaluazioa bukatuta”</p> <ul style="list-style-type: none"> • Kontrol taldea: familiak lehenengo ebaluazioa (D.1) bete ondoren, zortzi aste itxarongo ditu. Ondoren, bederatzigarren astean, bigarren ebaluazioa beteko du (D.2). Talde honek ez du hirugarren ebaluazio txandarik beteko. Behin familiak lehenengo ebaluazioa beteta duenean, Unibertsitateak programa-kudeatzaileari mezu bat helaraziko dio posta elektronikoa bitartez, honako izenburuarekin: AVI-Zk.Kontrola-“Hasierako ebaluazioa bukatuta” eta kasuak 8 asteko itxaronaldia egingo duela adieraziz. Behin denbora hori iraganda, eta familiak bigarren ebaluazioa (D.2) bukatuta duenean, Unibertsitateak bigarren mezu bat bidaliko du esku-hartzean parte-hartzeko prest dagoela adieraziz. Honakoa litzateke posta elektronikoa mezua: AVI-Zk.Kontrola-“Itxaronaldia bukatuta”.
4	Esku-hartzearen aktibazioa	Programa-kudeatzailea eta “Sustatz”eko koordinatzailea	<ul style="list-style-type: none"> • “Sustatz”eko koordinatzaileak bideratzaile bat esleitzen dio kasuari, eta programa-kudeatzaileari helarazten dio posta elektronikoa bidez. • Programa-kudeatzaileak bideratzaileari esku-hartzea hasteko prest dagoela helarazten dio. • Bideratzailea Unibertsitatearekin jartzen da harremanetan esku-hartzea hasiko duela jakinarazteko, eta bakarkako gainbegiraketak antolatzeke. Unibertsitatean, gainbegiraketak egiten dituzten bi teknikariek kasuen banaketa ausazkoa egin ondoren, kasua nork gainbegiratu duen helarazten zaio bideratzaileari.

			<ul style="list-style-type: none"> • Bideratzailea, kasu-erreferentea eta familia Gizarte-Zerbitzuetan biltzen dira esku-hartzearen aurkezpena egiteko • Ekintza hauek Gizarte-Zerbitzuetako barne-erregistrarako datu baseetan erregistratuko da.
5	Esku-hartzea	Bideratzailea eta Unibertsitatea	<ul style="list-style-type: none"> • Bideratzaileak familiarekin astez-aste egingo du esku-hartzea (0-8 saioak). • Gainbegiraketak 0 saioa egin ondoren hasiko ditu Unibertsitateko teknikari batekin, astez-asteko saioen ondoren. • Gainbegiraketa bakoitza egin baino lehen, EHU Box plataformara igoko ditu bere izenarekin prest duen karpeta birtualean, <i>saioari dagokion txostena</i> eta <i>bideo-grabaketa</i>, gainbegiratzaileak aztertu eta disko gogor batean gorde ditzan. Behin hori eginda, dokumentuak ezabatu egingo ditu, bai bideoa grabatzeko erabili duen “<i>Tablet</i>”etik eta baita, ordenagailutik ere. • Kasuak beharko balu, zortzigarren saioa bukatu ondoren “<i>booster</i>” edo errefortzu saioa egitea adostu ahalko luke bideratzaileak gainbegiratzailearekin batera. Horrela balitz, saioari dagokion <i>errefortzu saioko txostena</i> eta <i>bideo-grabaketa</i> gainontzeko saioak bezala kudeatuko lituzke bideratzaileak. • Bestalde, hilean behin, Unibertsitatean antolatzen diren talde-gainbegiraketetan parte hartzen dute bideratzaileak. • Esku-hartzea bukatu ondoren, bideratzaileak <i>itxiera-txostena</i> egingo du eta programakudeatzaileari, kasu erreferenteari eta Unibertsitateari bidaliko dizkio.
6	Esku-hartze bukaerako ebaluazioa	Unibertsitatea	<ul style="list-style-type: none"> • Esperimentalak diren kasuei bigarren ebaluazioa pasatzen zaio (<i>D.2</i>), eta behin familiak beteta duenean, Unibertsitateak kasu-kudeatzaileari posta elektronikoko bat idazten dio familiak bigarren

			<p>ebaluazioa bete duela adierazteko eta ondorioz, Gizarte-Zerbitzuetan programaren gaineko informazio-itzultzea eta itxiera egiteko prest legokela esanez.</p>
7	AVI- Informazio- itzultzea, itxiera eta etorkizuneko planteamendu a	Kasu- erreferentea eta bideratzailea	<ul style="list-style-type: none"> • Kasu-erreferentea, bideratzailea eta familia batzen dira programaren gaineko informazio-itzultzea eta itxiera egiteko eta familiaren beharrak kontuan hartuta, etorkizuneko planteamendua zein litzatekeen adosteko. • Ekintza hauek Gizarte-Zerbitzuetako barne-erregistrarako datu baseetan erregistratuko da.
8	Jarraipena	Unibertsitatea	<ul style="list-style-type: none"> • Kasu esperimentalen kasuan, esku-hartzea bukatu eta hiru hilabeteko epean, Unibertsitateak familiari jarraipen ebaluazioa bidaliko dio (D.3). Honek ebaluazioa beteta duenean, Unibertsitateak programa-kudeatzaileari helarazten dio posta elektronikoz bidez, eta honek, aldi berean, kasu-erreferenteari informazioa bidaltzen dio. Azken posta elektronikoz honen izenburua honakoa litzateke: AVI-Zk. "AVI bukaera".

Azkenik, prozesuan elkar-trukatutako dokumentuen zerrendaketa bat egiten da eta dokumentuen edo erregistroen informazio biltegitratzea non, nork eta nola egiten den zehazten da:

Taula 5.

Dokumentuak eta informazio-biltegitratzea

DOKUMENTUAK ETA INFORMAZIO-BILTEGITRATZEA					
Deskribapena	D/E*	Fitxategiaren arduraduna	Artxibatze-tokia	Nork antolatua?	Biltegitratze-denbora
Jakinarazpena	E	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako programa-kudeatzailea	Kasu-arduraduna	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
Baimen informatua	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Kasu-arduraduna eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
Screening orria	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Kasu-arduraduna eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
D.1 galdetegiak	E	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
D.2 galdetegiak	E	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
D.3 galdetegiak	E	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
Saioz-saioko bideo-grabaketak (10-15´)	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Bi urte
0 saioko txostena	D	Gizarte-Zerbitzuetako	Gizarte-Zerbitzuetako	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta,

		programa-kudeatzailea eta kasu-erreferentea	barne-biltegitratzea eta Unibertsitateko disko gogorra		ikerketa helburuetarako, mugarik gabe.
1. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
2. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
3. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
4. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
5. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
6. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
7. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
8. saioko txostena	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
Errefortzu saioko txostena (balego)	D	Gizarte-Zerbitzuetako programa-kudeatzailea eta kasu-erreferentea	Gizarte-Zerbitzuetako barne-biltegitratzea eta Unibertsitateko disko gogorra	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta, ikerketa helburuetarako, mugarik gabe.
Itxiera-txostena	D	Gizarte-Zerbitzuetako	Gizarte-Zerbitzuetako	Bideratzailea eta Unibertsitatea	Identifikazio datuak ezabatuta,

		programa- kudeatzailea eta kasu-erreferentea	barne-biltegitzea eta Unibertsitateko disko gogorra		ikerketa helburuetarako, mugarik gabe.
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D/E*: Dokumentua / Erregistroa

5.2 AVI ESKU-HARTZE PROGRAMAREN BERTSIO ESPAINIARRAREN EBALUAZIO-SISTEMA/

The evaluation system of the Spanish AVI program

5.2.1 PARTE-HARTZAILEAK/

Participants

Disertazioan agertzen diren ikerketa bietan Donostiako Udaletxeko Gizarte-Zerbitzuetan AVI esku-hartze goiztiarreko programa eskaini zaie eta 2020-2022 urteetan esku hartu dute familiek. Zehazki, jarraian zerrendatzen diren inklusio eta baztertze irizpideak jarraituz osatu da ikerketa-lagina:

➤ Inklusio irizpideak:

- 0-5 urte bitarteko haurrak dituzten familiei aplikatu ahal zaie eta honako profil hauek dituzten familiei:

- Babesgabetasun-egoerako arrisku-maila arin eta ertaineko familiei.
- Zaintza sentikorrerako eta atxikimenduaren inguruko behar sozio-afektiboak asetzeko gaitasun gutxi erakutsi duten zaintzaile nagusiei.
- Babesgabetasun-egoerako arriskurik aurkezten ez badute ere, jokabide desafiatazailerako edota oldarkorra erakusten duten seme-alabei, non guraso-gaitasunak hobetu beharko diren.
- Komunitate-mailan (eskola, gizarte-harremanak) arazo sozio-emozionalak aurkezten dituzten familiei.
- Guraso bakarreko familiei. Zehazki, lehen aldiz ama bakar izan direnei. Ama-haur diada berria indartzera bideratuko litzateke esku-hartzea.
- Jaio aurreko, perinataleko eta jaioberriko arazo eta konplikazioak sufritu eta neurogarapenaren nahasteak pairatzeko arriskua aurkezten duten seme-alabak dituzten familiei.

➤ Bazterte-irizpideak:

AVI programan parte-hartzetik kanpo uzten da sexu jazarpena pairatu dutela susmatzen den edo sexu jazarpena detektatu den edozein kasu. Gainera, tratu txar fisiko eta/edo emozional larria identifikatu denetan ere ez da AVIn parte-hartzeko gonbidapenik egiten. Bestalde, garapen edo jarrera arazo larriak dituzten haurrak ere esku-hartzetik kanpo uzten dira.

5.2.2 EBALUAZIO-PROZEDURA OROKORRA/

General evaluation system

Jarraian, esku-hartze programaren ebaluazioari buruz hitz egingo da. Programaren eraginkortasuna ebaluatzeko erabiliko den diseinua eta ebaluazio-tresnak aurkeztuko dira. Baita etikarekin loturiko aspektu batzuk ere.

Ebaluazioaren diseinua/ Design of the evaluation

Ebaluazioa, AVI esku-hartze programak finkatutako helburuen lorpen maila zehaztea ahalbidetzen duen balorazio tresna da. Esku-hartze programa hau ebaluatzea oso garrantzitsua da haren etengabeko hobekuntza sustatzen duelako eta suertatutako indargune zein ahulguneak identifikatzen ere lagun dezakelako.

Doktoretza-tesi honetan diseinu esperimentalak erabili da, kontrol taldea eta pretest-posttest neurriak erabiliz. Programaren helburuak kontutan hartuta, inpaktu-ebaluazioa eta prozesu-ebaluazioa burutu dira. Horrela, programak barne biltzen dituen helburuei loturiko aldagaiak neurtu dituzten galdera-sortak pasa dira:

- Inpaktu-ebaluazioan: eskuragarritasun emozionala, gurasoen estresa, etxebizitzako kaos maila eta gurasoen gaitasun erreflexiboaren ebaluazioa.
- Prozesu-ebaluazioan: aliantza neurtzen duen galdetegiak eta asebetetze galdetegiak.

Zehazki, ikerketa honetan, gurasoen estresa, etxebizitzako kaos maila eta gurasoen gaitasun erreflexiboaren ebaluazioan, norberak bete beharreko galdetegi informatizatuak erabili dira. Parte-hartzaileak esteka baten bidez sartzen dira aurretiaz plataformatik

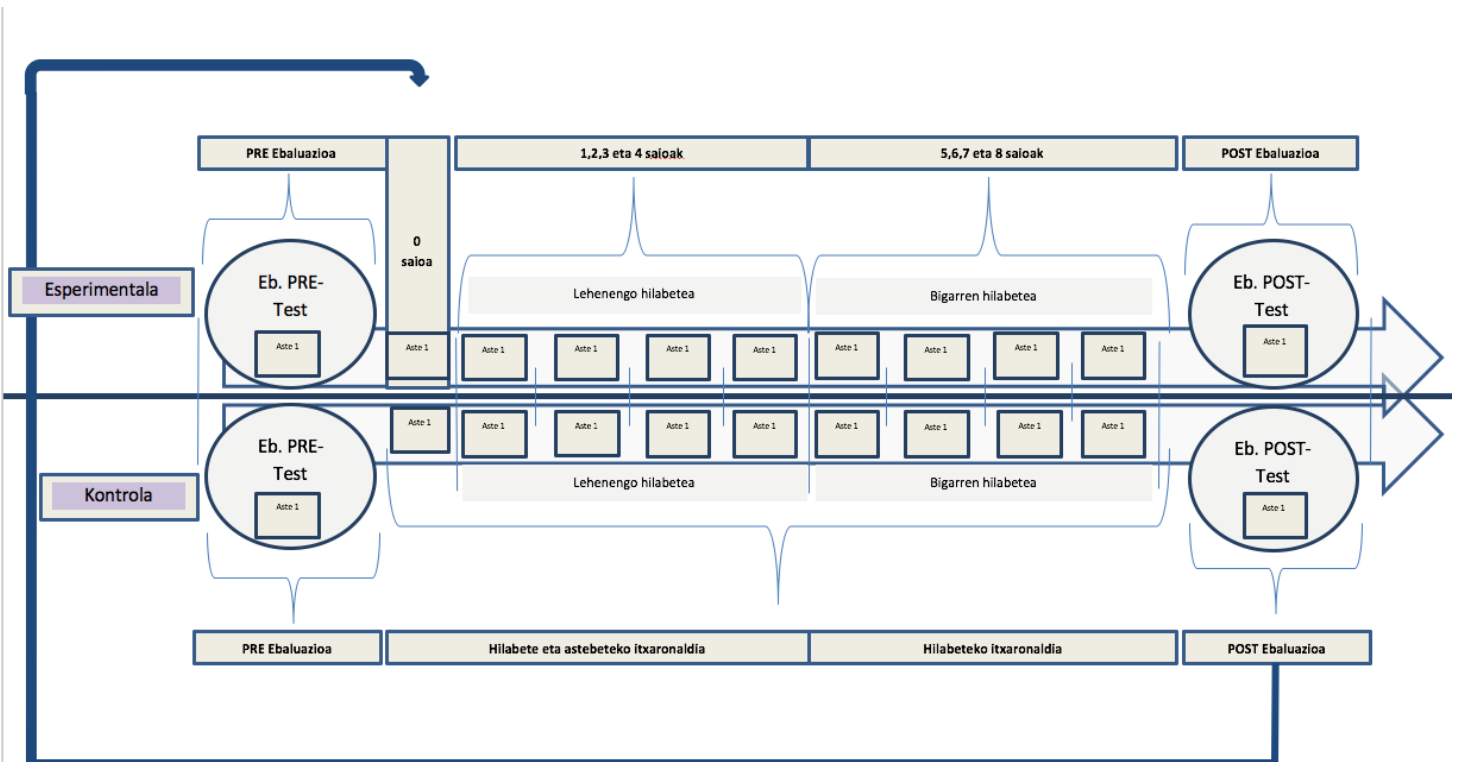
bertatik beraiek emandako posta elektronikora bidali zaien mezu baten bitartez. Behin galdetegiak osatuta daudenean eta guraso parte-hartzaileek galdetegi bukatutzat ematen duenean, erantzunak zuzenean enkriptatuta eta babestuta gordetzen dira. Ondoren, erantzunak Excel formatuan deskargatzeko aukera ematen du plataformak.

Bestalde, eskuragarritasun emozionalaren ebaluazioa behaketa tresna baten bitartez egin da, eta aliantza zein asebetetze galdetegi dagokien ebaluazioa, saioz-saioko txostenetan txertatutako galdetegien bidez jaso da.

Talde experimentalaren eta kontrol taldearen ebaluazio uneak/ Evaluation timing for the experimental and control groups

Nahiz eta ebaluazio-galdetegiak parte-hartzaile guztientzako berdinak izan, galdetegiak bidaltzeko uneak (pretesta eta postesta) desberdinak dira, ausaz, familia parte-hartzaileak kontrol taldean edo talde experimentalean daudenean.

Ikus hurrengo irudia, non ikerketa talde bien (kontrola eta experimental) ebaluazio uneak islatzen diren:



Irudia 3.

Talde esperimentalaren eta kontrol taldearen ebaluazio-prozedura

Irudian islatzen den bezala, ausaz, talde esperimentalean dauden parte-hartzaileek pretesta bete eta hurrengo astean hasten dira esku-hartzea jasotzen. Ondoren, esku-hartzea bukatu eta ondorengo astean, bigarren ebaluazioa (postesta) pasatzen zaie.

Aldiz, kontrol taldean dauden parte-hartzaileek, pretesta bukatzen dutenean, 9 asteko itxaronaldia egiten dute postesta jaso baino lehen. Denbora hori pasa ondoren, bigarren ebaluazioa jasotzen dute, eta beteta dutenean, programan parte hartzen dute, arrazoi etikoak direla eta; 0 saiotik hasi eta 8. saiora arte. Dena den, garrantzitsua da aipatzea, kontrol taldeko parte-hartzaileak ez direla ikerketara begira esperimental bihurtzen, eta ondorioz, ez dutela esku-hartze ondorengo ebaluaziorik betetzen. Gauzak honela, ikerketa-lan honetan, taldeen arteko konparaketak egiten direnean, itxaron-zerrenda duten ausazko bi talderen diseinu esperimentalak aplikatu da.

5.3 OINARRI ETIKOAK/

Ethical Considerations

Etikari dagokionez, aipatzekoa da ikerketa-lan honek ez duela balizko interes-gatazkarik, eta ez dela merkataritza-helburu edota finantzaketa-helburuekin sortua izan.

Parte-hartzaileei dagokienez, ikerketan parte hartu orduko baimen informatu bat sinatu dute, non ikerketaren helburuak, parte-hartze prozedura, esku-hartze metodologia eta datuen babesa azaltzen zaien. Ikus *Eranskina 2*.

Gainera, ikerketan parte-hartu aurretik berriro azaldu zaie ikerketa-prozedura, prozesuan zehar edozein momentutan eta parte-hartzea uneoro borondatezkoa dela adieraziz, eta prozesua bertan behera uzteko aukera dutela azaldu zaie eta, halakorik erabakiz gero, beren datu pertsonalen konfidentzialtasuna bermatuko litzatekela azaldu zaie, Espainiako legediak zehazten duen arautegia zuzen betez.

Parte-hartzeari dagokionez, parte-hartzaileek ez dute inolako konpentsaziorik jaso ikerketa-proiektuan parte hartu izanagatik, eta jasotako informazio oro modu konfidentzian tratatua izan da.

Hartara, ikerketa-lan honetan zehar ez da programan parte-hartu duten familien argazki edota identifikatu ditzakeen edozein datu erabili.

Ikerketa-galdetegiei dagokienez, hizkuntza ulertteraza erabili da, ez-ofentsiboa eta pertsonak diskriminatzen ez dituen. Gainera, dokumentu osoan zehar hizkuntza ez sexista erabiltzeko ahalegina egin da. Honen harira, esan beharra dago, atal enpirikoko bi ikerketa lanetan irakurketa errazteko helburuarekin, *parents* bezalako hitzak erabili direla sexu desberdineko helduei (*mother* edo *father*) erreferentzia egiteko.

Bestalde, testu osoan agertzen diren autoreen lanak aipatzeko eta erreferentziak egiteko, APA sistema erabili da. Horretaz gain, lan osoan zehar egindako analisi eta eztabaidak ahalik eta objektibitate maila altuena izateko gogoarekin egin dira.

Orain arte azaldutako adierazpen guztiak disertazioko kapituluetakoko bakoitzean aplikatu dira.

Azkenik, esan beharra dago ikerketa hau Gizakiekin eta Hauen Lagin eta Datuekin egindako Ikerketei Buruzko Etika Batzordearen (GIEB-UPV/EHU) onespena lortu zuela. (Onespen kodea: 116/2019 akta). Ikus aldeko txostena; *Eranskina 2*.

***Summary of the 5th Chapter:**

**“THE SPANISH VERSION OF THE AVI PROGRAM:
IMPLEMENTATION CONTEXT”**

This fifth chapter presents the implementation context of the Spanish version of AVI. Specifically, it explains how the agreement created in 2019 between Donostia-San Sebastián City Council and the University of the Basque Country (UPV/EHU) offered the Spanish AVI program during 2020-2022 to families with children (0-5 years) at risk of child abuse/neglect. The implementation context presented here is the same for the two research studies presented in this Doctoral Thesis (see Chapters 6 and 8).

1) The professionals involved and networking

The implementation of the AVI program in Municipal Social Services in Basque Country (northern Spain), has some challenges. Among them is effective coordination between many professionals and ensuring definition and compatibility of functions. In order to face the above-mentioned challenges, the following network of professionals is involved:

- Professionals from the Department of Social Action (Donostia-San Sebastián City Council’s Prevention, Childhood and Family Service, professionals of early intervention cases, or Municipal Community Psychologists); those involved in case derivation, accompaniment and follow-up procedures and case references.
- The head of the Donostia-San Sebastián City Council’s Program.
- Coordinator of the “Sustatuz” program of the HZ organization.
- The 20 HZ professionals/facilitators who are in the intervention training process.
- Technicians responsible for evaluation procedures and supervision at the University of the Basque Country (UPV/EHU).
- Professionals who monitor the program at UQAM (Université du Québec à Montréal).

2) The evaluation system of the Spanish AVI program

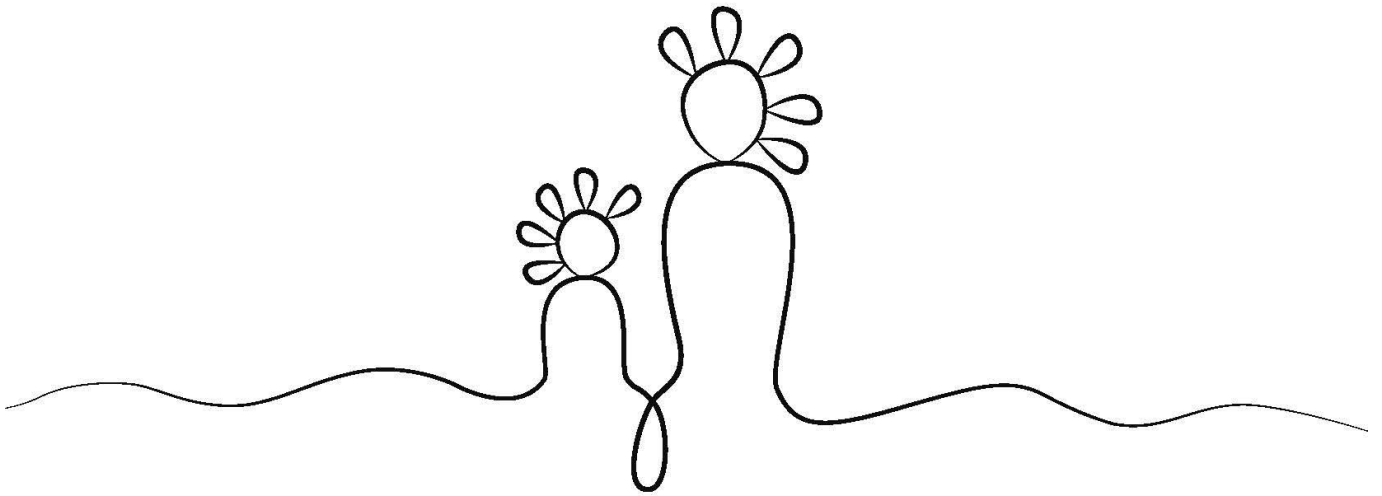
In this Doctoral Thesis, an experimental design was used, using a control group and pretest-posttest measures. Taking into account the objectives of the program, the goal-

based and process-based evaluation methods have been carried out. In the goal-based evaluation, these variables were evaluated: a) Emotional Availability, b) Parental Stress, c) The level of Household Chaos, and d) The parents' Reflexive Capacity. In the process-based evaluation, a questionnaire that measures adherence was used, as well as satisfaction-questionnaires.

This study was approved by the Ethics Committee for Research with Humans (GIEB-UPV/EHU).

6

“FEASIBILITY, ACCEPTABILITY, AND INITIAL OUTCOME OF THE ATTACHMENT VIDEO-FEEDBACK INTERVENTION FOR FAMILIES AT RISK OF MALTREATMENT IN SPAIN”



*CHAPTER 6. “FEASIBILITY, ACCEPTABILITY, AND INITIAL OUTCOME OF THE ATTACHMENT VIDEO-FEEDBACK INTERVENTION FOR FAMILIES AT RISK OF MALTREATMENT IN SPAIN”

This chapter is in process as:

Eguren, A., Cyr, C., Dubois-Komtois, K., & Muela, A. (In process). Feasibility, acceptability and initial outcome of the Attachmet Video-feedback Intervention for families at risk of maltreatment in Spain. *Developmental Child Welfare*.

Abstract

The current study’s aim was to implement an adapted-Spanish version of the Attachment Videofeedback Intervention program (AVI). Using a pre/post-tests design, this study examines the feasibility, acceptability, and initial outcome of the AVI as delivered by professionals of the child protective services of the Basque Country (northern Spain), to children and their parents at risk of maltreatment. Participants were 26 parents ($M_{\text{age}} = 35.50$, $SD = 6.90$; 76.9% mothers), their children ($M_{\text{age}} = 32.81$ months, $SD = 14.83$), and 14 health professionals ($M_{\text{age}} = 38.43$, $SD = 7.42$) who delivered the AVI. Specifically, this study assessed: 1) Families' treatment attendance, retention rate, therapeutic alliance, and satisfaction with the treatment; 2) Health professionals' acceptance and satisfaction with the AVI, and their perceptions of its' applicability; and 3) AVI's effects on the caregiver-child emotional relationship from pre-test to post-test. The Spanish version of the AVI proved adequate feasibility and acceptability. Therefore, results showed increases in the caregiver-child quality of emotional relationship. In the absence of evidence-based attachment interventions for Spanish families at risk of maltreatment, the adapted-Spanish version of the AVI may prove highly beneficial in improving parental caregiving.

Keywords: child maltreatment, attachment, attachment-based interventions, emotional availability, feasibility, acceptability.

6.1 INTRODUCTION

Official statistics indicate that child maltreatment is a major social problem in Spain. In 2018, more than 38,000 children and adolescents suffered documented maltreatment, among which 47.6% were sexual offences (Save the Children, Spain, 2018). In addition, data from the last official statistical bulletin by the Spanish government show that in 2019 more than 50,000 children and adolescents were in some kind of out-of-home care arrangement (i.e., living in residential or foster care). In June 2021, the Protection of Children and Adolescents Act was passed in Spain. This new law represents a major step forward in child protection legislation, and places the country at the forefront of the international efforts to protect children at risk of abuse or neglect. In addition to the provision of care, the Act prioritizes prevention, early detection, and assistance, and it foresees both measures for redressing the harm done to victims and for raising awareness of the risk of abusive and neglecting behavior. In such situations of risk, public action is warranted to counter threats to the personal and social adjustment of children and adolescents, and to promote measures for their protection and the preservation of the family. Therefore, interventions aiming to minimize risk factors related to the lack of or inadequate protection and increasing child protection factors are necessary.

In collaboration with the child protective services of the city of Donostia-San Sebastian, we implemented an adapted-Spanish version of the Attachment Video-feedback Intervention (AVI), a parent-child intervention aiming to increase parents' emotional availability as a means to enhance child protection. The current study reports on the first phase of our work, in which we examined the feasibility and acceptability of this version, and AVI effects on the parents' emotional availability from pre-test to post-test.

6.1.1 Child maltreatment and The Attachment Video-feedback Intervention Program (AVI)

The establishment of a secure attachment relationship between the child and the caregiver represents a key developmental step during infancy, and influences the reorganization of adaptive or maladaptive functioning around later stage-salient tasks (Doyle & Cicchetti, 2017). Thus, over the course of development, attachment relationships may influence the

psychological well-being of individuals: as a risk factor for psychopathology (in cases of insecure or disorganized attachment) or as a protective factor (in cases of secure attachment) that would compensate, at least in part, for the detrimental effects of adverse experiences. Hence, early alterations in attachment relationships, though not necessarily detrimental, may increase the risk of difficulties in socio-emotional development, especially in situations of maltreatment in which the child's relationship with the caregiver may be frightening or alarming (Doyle & Cicchetti, 2017). Numerous studies have confirmed the high prevalence of insecure attachments, especially of the disorganized kind, in maltreated infants and preschoolers (Cyr et al., 2010 for a meta-analysis), and many studies have also found associations between child maltreatment, insecure attachment and child socio-emotional difficulties (Cicchetti & Toth, 2015; Doyle & Cicchetti, 2017). Early interventions for children at risk of maltreatment are critical for reducing child attachment insecurity and disorganization, as a means to prevent or break the intergenerational transmission of risk and the development of child socio-emotional difficulties (Facompré et al., 2018; Manly et al., 2021).

An important body of evidence suggests that attachment-based interventions are effective in improving child to parent attachment security and in reducing the proportion of children with insecure attachment, notably the disorganized type (Bakermans-Kranenburg et al., 2003; Facompré et al., 2018). Attachment-based interventions in early childhood focus on patterns of interaction between caregivers and children, placing particular emphasis on caregiver sensitivity (Bakermans-Kranenburg & Oosterman, 2021; Cyr & Alink, 2017; Facompré et al., 2018). Today, it is agreed that parental sensitivity is an important predictor of attachment security (De Wolff & van IJzendoorn, 1997; Zeegers et al., 2017). It has been observed that interventions that are able to increase parental sensitivity are more likely to promote child attachment security with the caregiver (Bakermans-Kranenburg et al., 2003).

The AVI program (Tarabulsy et al., 2018) is a strength-based, short-term attachment intervention that has been used with vulnerable caregivers and their children aged 0-5 years reported for maltreatment or at risk of maltreatment. It is carried out in the families' homes and all sessions follow a similar pattern: 1) Discussion with the parent, 2) A filmed parent-child play situation, 3) Positive video-feedback with the parent about the filmed play situation, and 4) A recap of the session's core issue to help the parent engage in

similar activities with their child during the week (Moss et al., 2018). Its main objective is to improve caregiver sensitivity via the video-feedback technique, which is used to highlight in a positive manner the parents' sensitive behavior in the course of their interactions with the child in caregiving or play situations. During video-feedback, the professional also enquires about the parent's feelings and thoughts, and invites them to share observations related to the self and their child – and, as the sessions progress, to their own inappropriate behaviors toward their child. During the latter moments, the professional always remains in a positive stance, encouraging parents to rely on their growing personal strengths and sensitive behavioral repertoire to repair the relationship with their child. The themes that are discussed with the parents are issues related to child development, parenting behaviors, or the parent-child relationship (e.g., the regulation of emotions, sensitive discipline, child attachment).

Unlike other attachment-based interventions, the AVI does not specify the discussion topics or the activities to be carried out in each session; rather, both the topics and play activities are chosen based on the relationship needs of the dyad as they emerge (Moss et al., 2018). Comparable to other interventions, the AVI does not focus on modifying environmental factors that have a negative effect on sensitivity (for instance, economic or social problems that the family may be experiencing); nor does it specifically address the caregiver's history (e.g., the experience of trauma). As such, the AVI bears many similarities to other short-term attachment Video-feedback programs (e.g., the Attachment and Biobehavioral Catch-up; Dozier & Bernard, 2019). Recent data (van IJzendoorn et al., 2022) also suggest that the various treatment effect sizes of the AVI program on parental sensitivity (r between .25 and .28) are comparable to the combined effect sizes of a similar, more didactic video-feedback intervention, applied with various vulnerable populations ($r = .18$), that is, the Video-feedback Intervention to promote Positive Parenting (VIPP-SD; Juffer et al., 2017). Nevertheless, we know little about the characteristics of the AVI intervention and the implementation process that could explain its success.

6.1.2 Feasibility, Acceptability, Initial Outcome of the AVI on Parent-Child Relationship Quality

One way to understand how the AVI program meets the needs and expectations of practitioners and families is to conduct an evaluation of its feasibility and acceptability.

Feasibility and acceptability studies are important to know which characteristics of an intervention may have an impact on its success in the long term (Eldridge et al., 2016). Feasibility refers to being able to implement the intervention as planned (Feeley et al., 2009). For this purpose, it is common to assess several issues such as willingness of the organization to recruit participants, time required to accomplish participant recruitment, retention rates of participants, number of eligible participants needed to recruit the required sample size, barriers to the implementation of the intervention, adequacy of the procedures (time, required resources), practitioners training needs and competence, etc.

Acceptability, on the other hand, refers to the perceived suitability of the intervention for both families who take part in the intervention and the professionals who apply it (Feeley et al., 2009). It is therefore useful to study whether users and professionals consider the intervention to be appropriate, acceptable and effective. For this purpose, satisfaction with and recommendation of the intervention by the professionals and the receivers of the intervention are usually assessed.

Furthermore, empirical evidence from randomized control trials (RCTs) has shown that the AVI improves the quality of parent-enfant interactions (e.g., more reciprocity, shared positive affect) and parental sensitivity in families reported for child maltreatment or neglect, and in families at high risk of maltreatment (Cyr et al., 2020; Dubois-Comtois et al., 2017; Moss et al., 2011; van der Asdonk et al., 2020). For children in particular, improvements in secure attachment, and cognitive and motor development, and reductions in internalizing and externalizing problems (for older children) were also observed (Dubois-Comtois et al., 2017; Moss et al., 2011). Although this previous work has shown positive AVI effects for parents and their children receiving child protective services, and that those results concur with other attachment-based intervention RCTs (Dozier & Bernard, 2019; Juffer et al., 2017), research on the AVI thus far has overlooked some aspects of the parent-child behaviors.

For instance, previous AVI studies have documented effects from a dyadic (parent-child interaction), a parental (parental sensitivity), and a child (attachment) behavioral perspective (Cyr et al., 2020; Moss et al., 2011). However, while the dyadic and parental perspectives were assessed during a non-stressful situation (a free or semi-structured play, a caregiving situation), the child perspective was only assessed during a stressful situation (the Strange Situation Procedure). Already in toddlerhood, children's cognitive development allows for a more active role in the parent-child relationship. They have increasing awareness of parental disagreement and are more skilled at expressing and understanding emotions (Calkins & Perry, 2016). As they enter the preschool period, children also have growing understanding of their parents' perspective and can more efficiently work with them toward achieving common goals (Bowlby, 1969/1982). Also, children's greater engagement is likely to modulate the quality of the parent-child relationship. According to Biringen et al. (2014), child receptiveness and involvement are two indicators of the child's experience with the caregiver. It has been suggested that children who show high responsiveness to requests for interaction from the caregiver and a good balance between autonomous play and involving the adult into the interaction show an increase in emotional well-being. Overall, for Biringen et al. (2014) both the caregiver's and the child's interpretation of each other's reactions and responses to emotional signals contribute to the quality of the parent-child interaction. Yet, researchers have not examined whether the AVI can improve children's receptiveness and involvement. Using Biringen et al. (2014) emotional availability scales, which examined dimensions of caregiving, dimensions related to the child, and dyadic emotional relationship patterns, other attachment-based studies have found that emotional availability is associated with an increase in attachment security (Altenhofen et al., 2013), a greater emotional regulation (Martins et al., 2012) and exerts a moderating effect for buffering children from the effects of stress on their development (Senehi et al., 2021; Wurster et al., 2020).

6.1.3 The current study

The AVI has been developed and tested in Canada and is currently being implemented in several other countries, such as Brazil, Colombia, and France. However, so far, research on AVI has only documented its effects on North American populations (Dubois-Comtois

et al., 2022). In Spain, to our knowledge, no attachment-based interventions using video-feedback have been tested with children and their parents at risk of maltreatment. It is an ethical responsibility (and also a matter of public health interest) to offer psychological treatments that have strong scientific support. The current study reports on the first phase of a broader study which overarching aim was to implement an adapted-Spanish version of the evidence-based AVI program. Using a pre/post-tests design, this study examined the feasibility, acceptability, and initial outcome of the AVI as delivered by professionals of the child protective services of the Basque Country (northern Spain), to children and their parents at risk of maltreatment.

First, to assess the feasibility and acceptability of the AVI, we examined families' acceptance and attendance at intervention sessions, the rate of treatment retention, the quality of the therapeutic alliance as well as the participants' satisfaction with the treatment. Among health professionals, the study assessed their acceptance of and satisfaction with the intervention and their perceptions of its applicability in the Spanish context. Second, we conducted a preliminary assessment of the effectiveness of the AVI. Specifically, to obtain initial outcomes on the quality of the caregiver-child relationship, we examined pre- to post-tests changes in the way both members of the dyads interpret each other's reactions and respond to emotional signals.

6.2 METHOD

6.2.1 Participants

The final sample consisted of 26 children ($M_{\text{age}} = 32.81$ months, $SD = 14.83$; 80.8% boys) and their parents ($M_{\text{age}} = 35.50$, $SD = 6.90$; 76.9% mothers). For inclusion in the study, families had to: 1) Be considered at risk of maltreatment, as identified by the child protection services of the City Council of Donostia-San Sebastián; 2) Have a child between 0 and 5 years old; and 3) Be composed of a child living with their biological parents. Families were excluded if they had: 1) Previously participated in an intervention promoting parenting skills; 2) A child with serious medical or developmental problems, such as autism spectrum disorder. The city of Donostia-San Sebastian has an approximate population of 188,000 inhabitants. The city's child protection services carry out

preventive work and intervenes with families presenting risk of maltreatment. Recruitment was conducted between September 2019 and July 2020.

Thirty-four eligible families were contacted, of which eight (23.52%) declined to participate. Of the 26 families who started the study, two dyads dropped out of the treatment (one after the first session, and the second during the second session). Table 6 shows the sociodemographic characteristics of the participants of the final sample of 26 families who started the project. A little more than a third of the families were from socio-economic at-risk background, with 61.4% of the parents having no college or high-school diploma, and 38.5% being unemployed and receiving financial benefits. The sample is culturally diverse with 46.16% of the families being Latin American, 42.31% Spanish and 11.68% African (7.84% from sub-Saharan countries and 3.84% from the Maghreb). Also participating in the study were 14 health professionals ($M_{\text{age}} = 38.43$, $SD = 7.42$; 64.3% women) who received training in the administration of the AVI and applied the intervention program. Half of the professionals were social educators, 28.6% psychologists, and 21.4% educational psychologists. The average length of experience in the field of child protection was 11.65 years ($SD = 5.32$).

6.2.2 Procedure

Spanish adaptation and implementation of the AVI

-Translation and training. In a first phase, the process of translating and adapting the AVI was planned in conjunction with the researchers, also co-authors of the AVI (Cyr & Dubois-Comtois). The AVI manual, training material and brochures were translated into Spanish from the original French. To do this, following the guidelines for adapting evidence-based interventions in Spanish (Mariñez-Lora et al., 2016), a bilingual psychologist produced a literal translation from French to Spanish. This translation was reviewed by two psychologists of the Basque Country who are experts in attachment theory and who checked the expression and content together with the translator. Subsequently, in order to ensure sensitivity to the Spanish cultural setting, the AVI materials were sent to six psychologists of the Basque Country with experience in the clinical application of attachment theory, who were asked to make suggestions regarding

possible improvements. When the final version in Spanish was considered to be both semantically and conceptually equivalent to the original, it was sent to the authors of the AVI.

In a second phase, the research team contacted the child protection services of the City Council of Donostia-San Sebastián in order to organize the pilot application of the program with families at risk of maltreatment. First, two members of the research team, also trained as psychologists (the first and fourth authors of this paper), and 14 practitioners in the field of psychosocial intervention received the AVI training from a co-author of the AVI (Cyr). Then the two research/psychologist team-members applied the AVI program with eligible families and, through video-conferencing, they were supervised by Dr. Cyr. Video-conferencing allowed the observation of the dyad's filmed interaction throughout the AVI sessions. Once both team-members had completed the AVI with their families and demonstrated treatment fidelity (as personally judged by the co-authors of the AVI), the other 14 practitioners applied the AVI with other families. Practitioners' treatment fidelity was maintained through adherence to a detailed treatment protocol and weekly supervision given by the first and fourth authors of this paper. Whenever questions aroused regarding the application of the AVI, both first and fourth authors of this paper (the research/psychologists Spanish team members) could reach out to the co-authors of the program.

-Feasibility and Acceptability of the AVI by professionals. A few months after the AVI training, a semi-structured individual interview was carried out with 10 AVI trained practitioners who had implemented the program with at least one family. The interviews were conducted online, lasted 30 minutes, and included five open questions related to the implementation of the AVI (e.g., "In general, what elements/keys to the process would you highlight as essential for conducting the AVI program with quality?"). Interviews were transcribed by two professionals and identifying data were anonymized. Then, once the research team had analyzed the transcripts, as documented in the following Results section, modifications were made to the Spanish version of the original AVI manual. Finally, this last version was administered by the 14 practitioners and their satisfaction with the program was evaluated with the Satisfaction Survey at the end of the last intervention session and for each family case.

-Acceptability of the AVI by professionals and parents. Acceptability of the AVI by the parents was assessed based on the parents' 1) Attendance rates to the intervention sessions (attending to a minimum of six sessions out of eight was considered acceptable), 2) Retention rates (based on previous studies, such as Cyr et al., 2020; Moss et al., 2011, a dropout rate of 25-30% was expected), 3) Quality of the therapeutic alliance according to the practitioners (using a questionnaire completed at the fourth session), and 4) Satisfaction with the treatment (using a questionnaire after the eighth session).

Initial outcome of the AVI program with parents and children

-Procedure for Parents and Children. Child Protection Services introduced the project to the parents, and those who showed interest in the study were contacted by the research coordinator who explained the research project in more detail. Parents who agreed to participate in the intervention signed a consent form for their own and their child participation. Then they were invited to complete a pre-test evaluation, which included a 45-minute online questionnaire and a 20-minute semi-structured filmed play at home (dyads were prompted to play together as they would usually do). Following pre-test, families participated in 2 introductory sessions with the practitioner and another professional from the City Council of Donostia San-Sebastián (including the zero session to prepare them for the AVI) and 8 AVI sessions. A week later, one post-test evaluation was conducted with the families. Finally, the following week, a feedback session was provided by the practitioner to ask families how the intervention went.

-The Attachment Video-feedback Intervention (AVI). The AVI comprises eight home-sessions lasting approximately 90 minutes each. All sessions follow a similar pattern. The session begins with a 20-30-minute discussion of a theme pertaining to child attachment, development or to the parent-child relationship; this is followed by a videotaped parent-child interaction (10 minutes) and a 20–30-minute video-feedback discussion on the observed parent-child interaction. Finally, a wrap-up discussion (10-15 minutes) completes the session. The videotaped interaction includes free or semi-structured play or caregiving situations (e.g., bottle feeding). During the recording, the practitioner usually does not intervene with the parent-child dyad, but may encourage the adult to engage with the child if the parent seeks help or is involved in non-constructive interaction with the child.

In the video-feedback phase, the practitioner intentionally stops the video during moments of positive parent-child interaction and highlights to the parent their positive and sensitive behaviors, and the child's positive responses or reactions. Such positive comments from the practitioner help parents to see themselves as capable of displaying sensitive parenting behavior, feeling competent, and satisfying their child's attachment and exploration needs. During video-feedback, parents are also encouraged to share their observations and thoughts about their behaviors and those of their child. Gradually, practitioners may also ask parent to describe and share their thoughts about less sensitive sequences and relate these sequences to the parents' growing sensitive behavioral repertoire as a means to encourage sensitive reparation of the parent-child relationship. With such feedback techniques, important positive messages are emphasized and conveyed to the parents, and negative moments of interaction are counterbalanced in a positive manner. Thus, in addition to enhancing sensitive parenting behavior, the AVI also aims to reduce behaviors that are inappropriate or even frightening for the child. Finally, in the wrap-up phase, progress is highlighted and caregivers are encouraged to engage in similar activities with their child during the week.

6.2.3 Instruments

Working Alliance Inventory-Short, Patient form (WAI-S, Tracey & Kokotovic, 1989)

The WAI-S is a questionnaire that measures the therapeutic alliance as perceived by the parent. It comprises 12 items to be answered on a 7-point Likert scale (1 = never; 7 = always). The WAI-S provides scores on three subscales: (a) Consensus on the goals of treatment, (b) Agreement on the tasks to be performed, and (c) Emotional bond. Each subscale comprises four items. A total score is also obtained (ranging from 12 to 84), with higher scores reflecting a stronger therapeutic alliance. In the present study, practitioners completed the questionnaire at the end of the fourth session. The Spanish version (Andrade-González & Fernández-Liria, 2016) has shown good psychometric properties. In the current study, the internal consistency coefficients were: Goals, $\alpha = .75$; Task, $\alpha = 0.87$; Bond, $\alpha = .87$; and total score scale was $\alpha = .95$.

Satisfaction surveys

Two satisfaction surveys were created for this study, one version for practitioners and a different version for parents. (1) Practitioners rated their overall level of satisfaction with the AVI intervention on a scale of 1-10 for each family they worked with. A score in the range 1-3 is considered very low satisfaction, 4-6 moderate, 7-8 high, and more than 8 very high satisfaction. (2) As for parents, they rated eight items on a 4-point Likert scale, with 4 being the highest satisfaction score (maximum score = 32). The first three items referred to the quality of the intervention received and the extent with which the objectives proposed at the beginning of the intervention were fulfilled (e.g., “The program has covered my needs”). The following four items focused on the level of satisfaction with the parenting skills acquired (e.g., “The program has helped me to be more effective in my parenting”). The last item asked parents whether they would recommend the program to someone in a similar situation to theirs. The internal consistency of the parent scale, was $\alpha = .87$.

The Emotional Availability Scales (EA scales, Biringen, 2008)

The EA scales assess the quality of the caregiver-child relationship using four dimensions of caregiving (sensitivity, structure, non-intrusiveness, and non-hostility) and two dimensions related to the child (receptiveness and involvement). Although caregivers' and children's dimensions differ, each dimension is evaluated through a dynamic two-way exchange, examining how both members of the dyad interpret each other's reactions and respond to emotional signals. Scores on each scale range from 1 to 7. Higher scores indicate better performance.

Caregivers and children are then classified into one of four Emotional Availability Zones (EA-Zone): Emotionally available, Complicated, Detached or Problematic/disturbed. Caregivers who are classified in the “emotionally available” EA-Zone perceive and adequately interpret child signals, and respond contingently. They also provide genuine, authentic, and consistent affection, and derive pleasure from their interaction with the child. Caregivers who are warm and kind towards the child, but who do not perceive some of the child's signals or are not consistently “tuned in”, are classified in the “complicated” EA-Zone. Caregivers whose behavior is distant, mechanical, and insensitive and who are

unable to perceive, adequately interpret or respond to the child's signals are categorized in the "detached" EA-Zone. Finally, caregivers who present traumatic, frightening or bizarre behavior are placed in the "problematic" EA-Zone (Biringen et al., 2014). As for children, those who are receptive to caregiver requests for interaction and show good emotional regulation are categorized in the "emotionally available" EA-zone. Children who are emotionally close to their caregivers, but who also often show distress and dependence on their caregivers, are classified in the "complicated" EA-Zone. Children who exhibit distant, mechanical behavior, and who rarely interact (or often avoid interacting) with caregivers are classified in the "detached" EA-Zone. Finally, children who show fearful or bizarre behaviors, and emotional dysregulation most of the time, are classified in the "problematic/disturbed" EA-Zone (Biringen et al., 2014).

EA scales have shown good psychometric properties (Biringen et al., 2014; McConnell et al., 2020). In our study, emotional availability was assessed at pre-test and post-test on the basis of a 20-minute filmed, semi-structured parent-child play interaction at home. Two members of the research team received training in the EA scales from the expert-authors of the EA system. During this training, they achieved the minimum required of 80% agreement with the expert-authors. Because this sample is small, all cases were coded independently by both coders and interrater reliability was computed using all the study participants. Scores included in the analyses at pre-test and post-test were not from the same coder. The mean intraclass correlation coefficients for the EA dimensions were .83 for the pre-test (between .73 and .96) and .81 for the posttest (between .70 and .97). Difficult to assess cases were resolved by consensus. For the "emotionally available" zone classifications, Cohen's kappa index revealed interrater reliability values of .70 for the pre-test and .79 for the posttest.

6.2.4 Ethical considerations

The study was approved by the Ethics Committee for Research on Human Beings of the University of the Basque Country (approval code: act 116/2019). Informed consent documentation was signed by the families and professionals who implemented the intervention.

6.2.5 Design and data analysis

For analyses on the feasibility and acceptability of the adapted Spanish version of the AVI program, we followed the recommendations of the Process evaluation of complex interventions: Medical Research Council guidance (MRC Guide; Moore et al., 2015). The content of the interviews with practitioners was analyzed using the Inductive Thematic Analysis approach (Braun & Clarke, 2006), a systematic qualitative method that identifies patterns emerging from the data corpus. Through a 6-step analytical process proposed by these authors, patterns were obtained within the data corpus using standard procedures that involved the identification of codes and categories of meaning at the semantic level. Moreover, a constant comparison approach was applied, allowing the process of data generation and their analysis to be conducted in parallel. This was achieved by consulting the field notes taken by the two professionals that conducted the online interviews to identify topics from the verbatims that required further exploration or questions generated by participants not listed in the main program of the interview. Confirmation tests were finally carried out until saturation of the thematic categories was reached.

The effectiveness of the AVI program with parents and children was estimated using non-parametric test considering that the normality assumption was not met. The non-parametric Wilcoxon test was applied to examine the possible influence of the AVI intervention on the dimensions of emotional availability, and the non-parametric McNemar test was used to identify any changes in the Emotional Attachment Zones after the AVI. All data analyses were carried out using SPSS software (V.26.0.).

6.3 RESULTS

6.3.1 Feasibility and acceptability of the Spanish version of the AVI

Content analyses of the interviews with the practitioners

Three themes emerged from the interviews: (1) standardization of the discussion topics with parents; (2) therapeutic relationship; and (3) professional training.

Topic 1: Standardization of the discussion topics

Specification and sequencing of thematic discussions

All participants noted the need for specific topics of discussions. They also favored a predetermined sequencing for the program.

“It is important that it should be sufficiently planned and defined ... a broad, but specific guide that makes you feel more confident about working on the discussion topics.”

(Educationalist: 04)

Sixty percent of the professionals suggested that such sequencing should also be flexible and adjusted to the particular needs of the family or to the aims of the intervention.

“It might be a good idea to modify the order of the discussion. Topics to help the program adapt to the characteristics of each family and thus attend to each need at the appropriate time.” (Health professional: 05).

Simplicity and multicultural linguistic adaptation

Virtually all participants noted the need to simplify the content of the discussion topics in the presentation to parents. They also underlined the importance of personalizing the language used in the discussion topics to the cultural and linguistic characteristics of the families, especially because of the multicultural nature of the families.

“[...] In my view, the content of the discussion topics should be made easier for parents to understand... the subject matter of each topic should be expressed in accessible and simple terms, and adapted to the culture of the parents.” (Health professional: 03)

Audio-visual support material

All the professionals stressed the need to have audio-visual support material to exemplify the topics addressed in each discussion – photos, videos, and images that reflect the content presented to the parents.

“It would be good if there was an audiovisual support for each discussion topic. For example, photos, videos, images that reflect the content of the topics being addressed.”

(Health professional: 04)

Topic 2: Therapeutic relationship

Preliminary session

The professionals pointed out the importance of including a preliminary session before the eight intervention sessions in order to establish the therapeutic relationship at an early stage.

“[...] In other evidence-based programs that we apply, a zero session is essential to create a good therapeutic alliance. It is difficult for me to work without that zero session.” (Health professional: 02).

Evaluation of the therapeutic relationship

Furthermore, forty percent of the professionals noted the importance of systematically evaluating the therapeutic relationship.

“[...] In the program it is not explicitly stated that the therapeutic alliance should be measured [...] I think that measuring the therapeutic alliance is essential in the AVI program, since establishing a secure relationship is necessary for the program to be effective. However, this is not done...” (Health professional: 09).

The breakdown of the therapeutic relationship

Also, forty percent of the professionals reported their need for guidance with regard to repairing the ruptures observed in the therapeutic relationship.

“[...] Very often I don't know how to act when I perceive that the parents and I do not understand each other, or that they do not trust me or are not very cooperative. I don't know how to turn that around ... very often I continue with what is programmed, but it doesn't work. What can I do in these situations?” (Health professional: 10).

Topic 3: Professional training

Individual supervision of the intervention

Every professional highlighted the need for an individual supervision space to acquire adequate training in the intervention program; they valued having this space very positively.

“[...] individual accompaniment and supervision are important in order to gain confidence in the program and guidelines to apply it more effectively ... thanks to the

supervision I receive, I feel much more confident and more competent.” (Health professional: 02).

Group supervision of the intervention

Eighty percent of the professionals interviewed also underlined the value of the group supervision as a means for discussing their difficulties with the application of the intervention and for helping to resolve difficult cases.

“I really appreciate the contribution of group supervisions. It is a very productive space because I learn a lot from how others solve difficult situations.” (Health professional: 10)

Data Protection

Seventy percent of the professionals indicated their concern regarding the treatment audiovisual data in relation to the video recordings and requested further training in this area.

“I know a fair amount about the processing of personal data since I have a lot of experience with other programs. However, a particular feature of the AVI is that audiovisual data recorded are taken in each session and we have not received specific training on how we should treat the data we obtain in this way. I know I have to remove them from the recording device, but how do I do this?” (Health professional: 07)

Preparation of reports for each session

Half of the professionals called for a more thorough recording of the intervention process. They stressed the importance of having standardized report templates to record the events of the session and to aid in the task of preparing the next session and to monitor the intervention overall.

“I think the AVI should include a form for recording what happened in each session and for working through the entire intervention ... I know that this may involve a great deal of extra work, but I think it would help me to reflect on what has happened in the session and to prepare the next one. I would feel more confident about applying the AVI.” (Health professional: 01).

In light of these results, three modifications were made to the original AVI. First, a zero session was systematically included before the first AVI session. In this home visit, the

professional focused on establishing a good working relationship, described in more details the AVI program, answered any questions the parents may have had about the intervention, and motivate them to engage in the AVI. In this zero session, a family genogram was also systematically completed by all practitioners. As well, information on the child developmental history since birth was systematically asked by practitioners. Genograms and interviews with the parent on the child developmental history are recommended by AVI trainers, but these tasks are not mandatory.

Second, an adjustment was made to the protocol for conducting the discussion topics with the parents. In the original AVI, the discussion topics do not have a preset format; rather, their choice depends on the assessment of the parent-child attachment/ relationship style and child developmental needs. Some practitioners expressed concerns about this point, as they had expected a manualized format for the discussion phase of the AVI – as in other attachment video-feedback programs, such as the VIPP-SD (Juffer et al., 2017). Hence, the research group decided to standardize the format for the discussion phase by specifying a topic, based on child socio-emotional development (0-5 years), the central concepts of attachment theory, and the framework use to assess the emotional availability in caregivers and children (Biringen et al., 2014). The discussion topics and their respective objectives for each AVI session are described in Table 7. Although these topics are presented in an ordered sequence (from sessions 1 to 8), practitioners remain free to introduce them in the order that better suits the family. In addition, the content of each topic can be adjusted to the needs of the parent-child dyad. In sum, this modification does not alter the flexible nature of the AVI nor the importance of carrying out personalized interventions in response to the needs of the parent-child dyad.

Third, summary reports were systematized and used every time for each session that helped to prepare the next session and assess the program's progress. This practice is recommended by trainers of the AVI, but they leave it to the practitioners and their organization to choose the way they wish to record information.

Acceptability by the Practitioners

After carrying out these modifications, 14 professionals implemented this latest version of the AVI and their satisfaction with the program was evaluated via a survey. The results

of the survey revealed a mean 7.82 ($SD = 1.10$), indicating high satisfaction ($M = 7.82$, $SD = 1.10$).

Acceptability by the parents

First, 23.52% of the families who were eligible and contacted by our team refused participation, which indicates a high level of acceptance of the intervention program. Second, attendance to AVI was high, as only two dropouts were recorded, corresponding to 7.7% of the sample (a percentage somewhat below the expected 25-30% dropout rate). Among families who completed all the intervention sessions, 84.6% followed the weekly schedule strictly. Third, as a group, the families reported a high global therapeutic alliance score ($M = 79.50$, $SD = 6.63$). High scores were also obtained on each of the subscales: Consensus on the objectives ($M = 26.44$, $SD = 2.16$), Consensus on the tasks to be performed ($M = 26.74$, $SD = 2.49$) and Emotional bond ($M = 26.37$, $SD = 2.31$). Fourth, responses to the satisfaction survey ($M = 30.48$, $SD = 2.46$, for a possible maximum of 32 points) indicated that the parents who participated expressed high satisfaction with the quality of care received and with the learning of parenting skills they had achieved. Therefore, most felt that they would recommend the program to other parents in a similar situation to their own.

Initial Outcome of the AVI on Emotional Availability

Table 8 shows the mean scores and standard deviations of the sample in the pre-test and post-test assessments for each of the Emotional availability scales. The Wilcoxon statistic (Z), examining the score differences between the pre-test and post-test, the bilateral critical level, and the r effect sizes of each comparison are also displayed in Table 8. The results show that the parent-child dyads exposed to the AVI achieved significant improvements on all dimensions of emotional availability (Z between -2.913 and -3.671). In agreement with these results, effect sizes were large (r between .59 and .75).

Table 9 displays the result obtained by classifying children according to their emotional availability zone before and after the AVI. Five dyads (20.83%) moved from a low emotional attachment zone (“complicated”, “detached” or “problematic/disturbed”) to a

higher one after being exposed to the AVI. Results of a McNemar test showed no significant group difference ($\chi^2_{\text{McNemar}} = 3.20; p > .05$).

6.4 DISCUSSION

The objective of this study was to examine the feasibility, acceptability, and initial outcome of the AVI (Moss et al., 2018) program for parents and children aged 0-5 years, as delivered by practitioners providing services to vulnerable families of the child protective system in Spain. As a result of a process evaluation assessing for the feasibility of the intervention, we adapted the AVI. We then assessed the acceptability of this adapted-Spanish version of the AVI, through questionnaires completed by practitioners and parents, and tested using a pre/post-test design initial effectiveness on the parent-child relationship.

The evidence-based practice movement in social services has led to substantial improvements in the implementation of psychological treatments in the area of health and child protection. Institutions in Spain face many difficulties in their attempts to promote programs of this kind, because implementation requires significant structural changes within the framework of the child protection system (De Paúl et al., 2015). Hence, we highlight the commitment of the practitioners carrying out the intervention in the current study, who adapted well to the characteristics of the AVI (e.g., intervention with videofeedback, the focus on attachment, limited time frame, etc.). Nevertheless, for an intervention to be adequately implemented in a new setting, it must also be adapted to the specificity of that environment, including clients and practitioners. Successful adaptation of an intervention should be preceded by an assessment of its feasibility and acceptability, and the adaptation must be aligned with the needs of the clinical setting without altering the fundamentals of the intervention. In close collaboration with the practitioners, three modifications were made to the AVI program following our process evaluation: 1) the inclusion of a zero session, 2) a more didactic and standardized approach for the topic discussion phase of the AVI; and 3) a systematic summary report at the end of each session. All modifications to the AVI were approved by the co-authors of the AVI intervention.

-Inclusion of a zero session. The professionals pointed out the importance of including a first contact session with the parent and child before the 8 AVI intervention sessions in order to facilitate the early establishment of the therapeutic relationship, promote greater motivation for treatment, and resolve any concerns or doubts that the parents may have regarding the intervention. Thus, a genogram and an interview on the child's developmental history were systematically conducted in a zero session. AVI trainers had suggested that these tasks be carried out, but they are not mandatory given that their implementation may not be needed in all clinical organizations (e.g., in situations for which the AVI is delivered by a professional already involved in an intervention process with the family). Although there is no extensive research related to this point, benefits of having a zero session have been observed with participants receiving health services for chronic diseases, such as the increased retention rate of participants in a program (Jiang et al., 2014). It seems that beyond the professional's or the organization's preference, doing a zero session in a systematic fashion could have positive effects on the effectiveness of the AVI program, which is supported by the high retention rate that was found in the study, an essential component for the success of any intervention.

-The thematic discussion phase of the AVI. The interviews with the health professionals highlighted their need of a greater systematization of the topics discussed with the parents, while retaining the flexibility of the AVI in its application. The qualitative analyses of the interviews revealed that the lack of a standardized protocol for the thematic discussion was perceived by practitioners more as a weakness than as a strength, in spite of the importance of a flexible approach. Hence, the AVI protocol was adjusted to include a series of discussion topics with the parents (see Table 7). Such an outline of discussion topics, even if not presented to the parents in a systematized order, allows for the structuring of the intervention around essential themes that are critical for the improvement of the caregiver-child relationship.

-Summary reports. From the interviews that were made with the professionals, the need to systematically write a structured report at the end of each session to record what happened with the parent and child as a means to prepare the following session and follow-up of the intervention was appreciated. Again, this task was suggested by AVI trainers, but its application was not mandatory given that reports were already conducted by professionals of our organization. Results of this study suggest that the systematic use

of an outline guiding the type of information to be logged is necessary for professionals, as it may orient their observations of the parent-child relationship and their sense of professional competence.

Results on the acceptability of the program by the practitioners show a high level of acceptance. Following the modifications made to the original AVI, the level of satisfaction with the application of the AVI program among the practitioners was high. In the area of child health, many studies have found an association between greater acceptability of the treatment among professionals and a greater use and satisfaction with the intervention (e.g., Ingersoll & Wainer, 2013; Tennant et al., 2020). Therefore, achieving good acceptability among professionals is key to obtaining an adequate implementation of the program. Likewise, we would also like to emphasize the importance of adapting and implementing an original program through a process of co-construction of knowledge with the professionals who will carry it out. In other words, a social and active creative process of mutual learning that promotes innovation in the intervention is essential to its success in the child protection system.

We found that acceptability of the AVI program by the parents was also high. Specifically, there were very few families who refused to participate to the AVI (23.52%) and, among those who did start the project, their rates of participation throughout the AVI were very high (only 7.7% dropped out). This dropout rate was lower than expected in comparison to previous AVI studies where 25-30% of the participants were lost to attrition (Cyr et al., 2020; Moss et al., 2011). This difference may be due to the fact that the participants in our sample were at risk of maltreatment and not legally reported for child maltreatment, as were most of the families in prior studies using the AVI. In addition, families also adjusted well to the weekly schedule and the parents showed a strong therapeutic relationship with their practitioner. Families also valued the quality of the care and advices they received for improving their parenting skills. These results are consistent with other studies that have emphasized the importance of establishing a close therapeutic relationship in order to achieve positive outcomes in interventions with families in the framework of child maltreatment (Escudero et al., 2021).

One of the main novelties of this study was its assessment of the quality of the caregiver-child relationship, examining how both members of the dyad interpret each other's

reactions and respond to emotional signals. This has not been a focus in previous evaluations of the AVI. The current study conducted a preliminary assessment of the effectiveness of the AVI using the Emotional Availability scales (Biringen et al., 2014) After being exposed to the AVI, parents showed more sensitive behavior, were more effective in providing guidance, support, and appropriate structure for children's learning, and showed less hostility and intrusiveness when interacting with their children. For their part, the children presented increases in receptiveness and involvement with their parent: that is, they showed greater emotional regulation, a greater desire to commit or bond with their parent when the latter-initiated interaction, and more frequently involved their parents in their play. The resulting increase in emotional availability is likely to promote the child's attachment security and positive development (Biringen et al., 2014). These results are consistent with those of other AVI studies, conducted with Canadian families reported for child maltreatment, and which found increases in parental sensitivity and quality of parent-child interaction following the AVI (Baudry, 2012; Cyr et al., 2020; Dubois-Comtois et al., 2017; Moss et al., 2011).

As for dyads' emotional availability zone, only five out of 18 dyads (27.77%) moved from a low (complicated, detached and problematic/disturbed) to a high emotional availability zone after participation in the AVI. Hence, changes in the dyads' emotional availability zone from pre- to post-tests were not statistically significant. This result suggests that, in spite of the notable improvements in emotional availability (continuous scales), dyads' increases were not high enough to classified them into the "emotionally available" zone. This result may indicate that attachment-based interventions such as AVI can improve the emotional availability of families at risk of maltreatment and make them more proficient when it comes to caring for their children; even if they may show difficulties in achieving high levels of emotional availability. However, future studies would have to be carried out to confirm this result.

6.4.1 Limitations and future prospects

The present pilot study has several limitations. As this is the first phase of a larger study, we focused on the feasibility and acceptability of the AVI with a group of practitioners and families at-risk of maltreatment and conducted a preliminary examination of the effectiveness of the AVI on the parent-child relationship quality. Hence, a first limitation

is the small sample size. The conclusions have to be interpreted with caution; the study should be replicated until a sufficiently representative sample is obtained to allow population inferences to be made. Also, the second phase of study should assess the AVI program using a randomized control trial design. Other outcome variables, closely related to parental competences (e.g. parental reflective functioning, parental sense of competence), should be included given that more information is needed on the effects of the AVI regarding parental changes. Third, with the exception of emotional availability, no other variables of the child's social-emotional well-being were measured in the current study (e.g. child attachment, behavior problems). Lastly, future studies should include mediating and moderating variables to better target the processes through which the AVI is efficient and the conditions rendering some parents more likely to benefit from the AVI (e.g. lower stress level, more secure attachment style, or more severe parental history of abuse).

6.4.2 Conclusion

Child maltreatment is a social and public health priority, and evidence-based interventions must be implemented to significantly reduce its negative and long-term consequences. The AVI program has demonstrated its value as a resource for improving parental sensitivity, parent-child interactive behaviors, and child attachment and development. In Spain, there were no attachment-based programs able to achieve these goals, and so there was a clear need for the implementation of an effective program like the AVI to decrease the risk of intergenerational cycles of abuse and reduce the proportion of children with insecure attachments. In close collaboration with the co-authors of the AVI, we assessed the feasibility and acceptability of this program, which led to an adapted Spanish version of the AVI. The current study shows that the implementation of this adapted version with the child protective services is highly feasible. Also, the initial results indicate the AVI's effectiveness in increasing more harmonious caregiver-child emotional relationship. Thus, our analysis provides evidence of the feasibility and acceptability of the Spanish adaptation of the AVI, and should now be followed by larger-scale studies.

Table 6.*Participants' sociodemographic characteristics for the final sample (N = 26)*

	<i>N</i>	<i>%</i>
<hr/>		
Origin of the families		
Latin American	12	46.16
Spanish	11	42.31
Africa	3	11.68
Sex of child		
Boy	21	80.8
Girl	5	19.2
Number of children in the family		
1	12	46.2
≥ 2	14	53.8
Child's sibling birth order		
1	16	61.5
≥ 2	10	38.5
Type of household		
Two-parent	17	65.4
Single parent	9	34.6
Parents' education		
No high school diploma	4	15.4
College education	12	46.2
University education	10	38.4
Occupational status		
<hr/>		

Employed	16	61.5
Unemployed	10	38.5

Table 7.

Summary of the Discussion Themes that were included in the Spanish adaptation of the AVI

Nº of session	Content
Zero Session	<p>Title: On the move.</p> <p>Objective: To establish the therapeutic alliance and motivation for treatment.</p>
Session 1	<p>Title: I know your needs and attend to them.</p> <p>Objective: To contextualize the child's stage of development and focus on the fulfillment of their developmental needs, in particular their socio-emotional needs.</p>
Session 2	<p>Title: If you need to explore, I will be available for you and if you need to be reassured, I will support you.</p> <p>Objective: To describe the basic elements of a healthy interaction and construction of a secure attachment; to attend to the needs of the child by offering a safe base for exploration and by offering a safe haven in times of stress.</p>
Session 3	<p>Title: I look at you, I understand you, I offer you what you need and I love you.</p> <p>Objective: To work on the concept of sensitivity, understood as the ability to perceive the child's signals, interpret them properly and provide a contingent response. In addition, to develop the</p>

	<p>ability of the caregiver to display a warm posture and to maintain an emotional connection with the child.</p>
Session 4	<p>Title: I am a guide; I provide a structure.</p> <p>Objective: To teach how to provide an adequate framework for interaction and learning, and for guiding and appropriately structuring the child's play. This includes discussions of ways of attuning one's behavior to that of the child, and establishing limits in order to encourage appropriate child behavior.</p>
Session 5	<p>Title: I am here when you need me, you can count on me.</p> <p>Objective: To learn to be available to the child during the interaction, without being intrusive.</p>
Session 6	<p>Title: I enjoy being with you and I let you know this.</p> <p>Objective: To learn how to express positive affection and show empathy towards the child's need to be heard and listened to.</p>
Session 7	<p>Title: I try to get you involved and be receptive.</p> <p>Objective: To learn to observe, to pay attention to, and to accept the child's signals of involvement and responsiveness to the adult.</p>
Session 8	<p>Title: I am a good enough mother/father.</p> <p>Objective: To present the concept of the "good-enough" father/mother: To emphasize that the "good-enough" caregiver shows sensitive parenting behaviors that can adapt to the child needs, provides them with a growing environment that is as appropriate (e.g., predictable, warm) as possible, uses sensitive disciplinary practices in cases of child misbehavior.</p>

Table 8.*Differences in the dimensions of emotional availability before and after the intervention*

Variable	Assessment	Mean	SD	n	Z	p	r
Sensitivity	Pre-test	4.35	0.68	26	-3.223	.001	.66
	Post-test	4.92	0.82	24			
Structuring	Pre-test	4.08	0.99	26	-3.671	.0001	.75
	Post-test	4.85	0.83	24			
Non-intrusiveness	Pre-test	3.85	0.66	26	-3.341	.001	.68
	Post-test	4.42	0.58	24			
Non-hostility	Pre-test	4.98	0.97	26	-2.913	.004	.59
	Post-test	5.42	0.79	24			
Receptiveness	Pre-test	4.21	0.60	26	-3.580	.0001	.73
	Post-test	4.69	0.66	24			
Involvement	Pre-test	4.19	0.71	26	-3.376	.001	.69
	Post-test	4.81	0.88	24			

Table 9.*Emotional availability zone before and after applying the AVI in the treatment group*

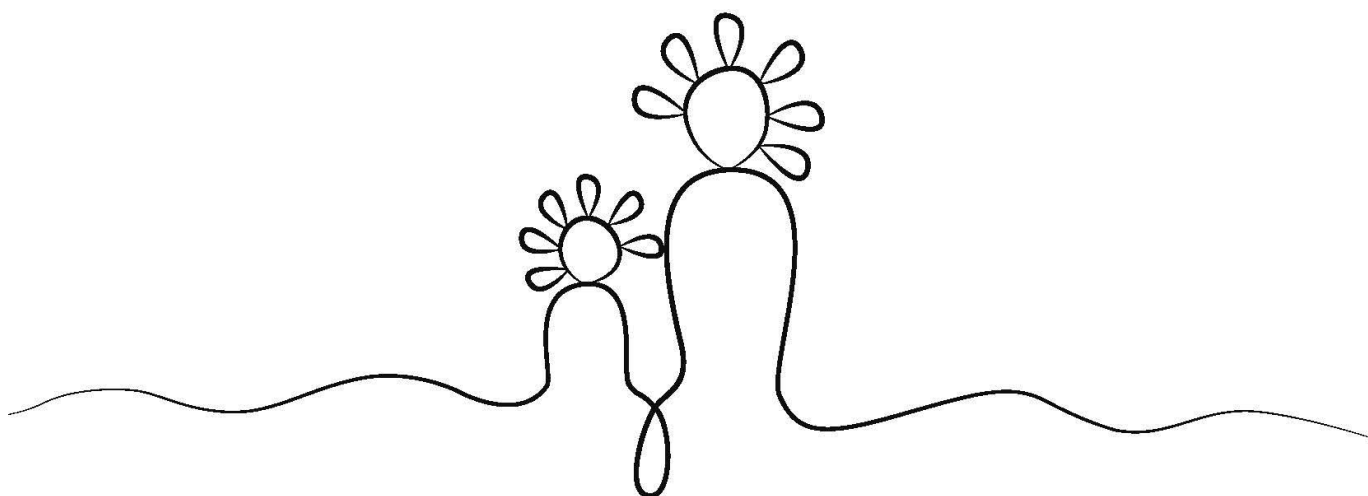
Emotional availability zone pre-test	Emotional availability zone post-test		Total
	HIGH	LOW	
HIGH	1	0	1
LOW	5	18	23
Total	6	18	24

Note. $\chi^2_{McNemar} = 3.20; p = .06.$

7

AVI BERTSIO ESPAINIARRAREN ESKU-HARTZE PROZEDURA

THE INTERVENTION
PROCEDURE OF THE
SPANISH VERSION OF AVI



7. KAPITULUA. AVI BERTSIO ESPAINIARRAREN ESKU- HARTZE PROZEDURA/

THE INTERVENTION PROCEDURE OF THE SPANISH VERSION OF AVI

AVI programaren eskubideak bermatzeko ahaleginean eta erabilera prozedura zuzena egin dadila ziurtatzearen, jarraian izendatzen diren atalen edukia ezin zaio publiko orokorrari aurkeztu.

- AVI programaren eskubideen inguruko oharra:

Eskubide guztiak erreserbatuak. AVI esku-hartze programa honen edukia Legeak babesten du, literatura lan bat, artelan bat edo ikerlan bat osorik edo partzialki erreproduzitu, plagiatu, banatu edo publikoki komunikatzen dutenentzat, edo haren eraldaketa, interpretazioa edo exekuzio artistikoa edozein euskarri motatan finkatu edo beste edozein baliabideren bidez komunikatzen dutenentzat, behar den baimenik gabe. Zehazki, AVIren aplikazio eskubideak Montrealgo Québec Unibertsitateko ikerlarie dagozkie, beraz, edozein azalpenerako beraiekin harremanetan jartzea ezinbestekoa da.

- AVI programaren erabileraren inguruko oharra:

AVI aplikatu ahal izateko, aurrez, Montrealgo Québec Unibertsitateak bideratzen eta ziurtatzen duen trebakuntza jaso behar da eta AVI prozeduran gaikuntza jaso. Horretarako, AVI programa aplikatzearekin batera, banakako gainbegiraketak eta talde-gainbegiraketa jasotzen dira Euskal Herriko Unibertsitatean horretarako baimena duten teknikarien bitartez.

7.1 AVI ESKU-HARTZE PROZEDURA/

The intervention procedure of AVI

7.1.1 AVI PROZEDURAREN OINARRIAK/

The basis of the procedure of the AVI

**7.1.2 ESKU-HARTZEA HASI AURRETIKO OINARRIZKO GAKO
BATZUK/**

Some basic keys before starting the intervention

**7.1.3 AVI BERTSIO ESPAINIARRAREN SAIOZ-SAIOKO ESKU-HARTZE
PROZEDURA OROKORRA/**

General intervention procedure of the Spanish version of AVI: Session by session

7.1.3.1 AVI esku-hartze programaren saioz saioko ezaugarri bereizgarriak/ Key features of the Spanish version of AVI

7.1.3.2 Saioz-saioko prozedura/ The procedure: session by session

7.1.3.4 Eztabaida tematikoen deskribapena/ Description of the thematic discussions

7.1.3.5 Bideo grabaketak egiteko jolasak/ Games for the video-feedback

7.1.3.6 Bideo-atzeraelikadura/ Video-feedback

7.1.3.7 Saioz-saioko txostenak/ Reports for each session

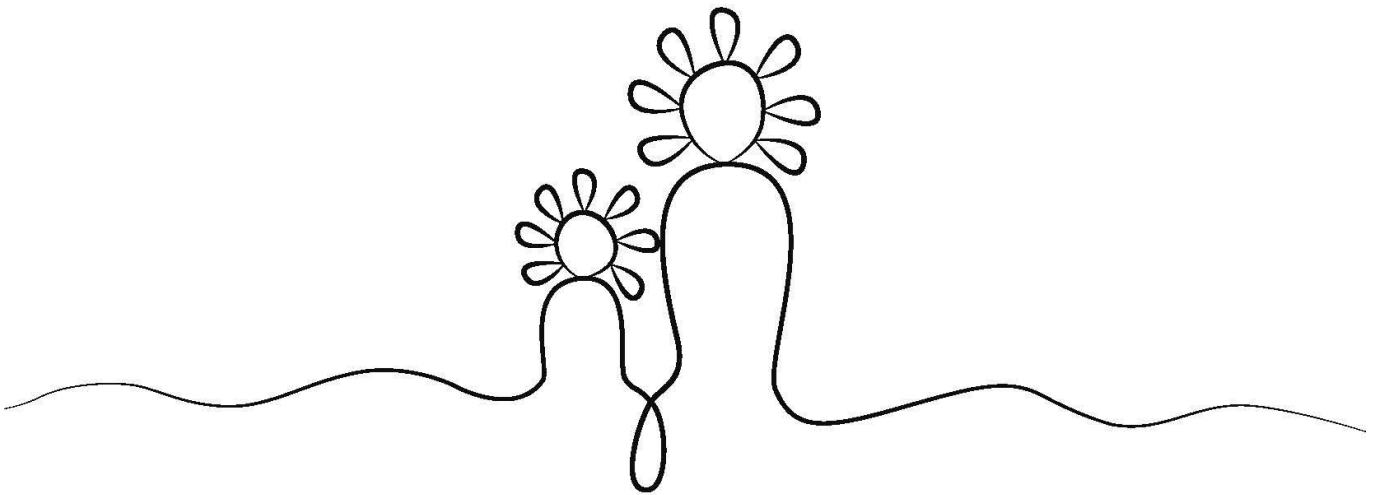
7.1.3.8 Bakarkako eta talde-gainbegiraketak/ Group and individual supervision

***Summary of the 7th Chapter:**

**“THE INTERVENTION PROCEDURE OF THE SPANISH
VERSION OF AVI”**

8

EFFECTS OF THE ATTACHMENT
VIDEO-FEEDBACK INTERVENTION
(AVI) ON PARENTS AND CHILDREN
AT RISK OF MALTREATMENT
DURING THE COVID-19 PANDEMIC



*CHAPTER 8. EFFECTS OF THE ATTACHMENT VIDEO-FEEDBACK INTERVENTION (AVI) ON PARENTS AND CHILDREN AT RISK OF MALTREATMENT DURING THE COVID-19 PANDEMIC

This chapter is in process as:

Eguren, A., Cyr, C., Dubois-Komtois, K., & Muela, A. (In process). Effects of the Attachment Video-Feedback Intervention (AVI) on parents and children at risk of maltreatment during the covid-19 pandemic. *Child Abuse and Neglect*.

Abstract

The global health crisis caused by the COVID-19 pandemic has led to an increase in situations of risk of child abuse and neglect. The objective of this study was to examine whether the Attachment Video-feedback Intervention (AVI) program can improve protective factors that may diminish child maltreatment (decrease parental stress and household chaos, increase emotional availability and parental reflective functioning) in a group of families at risk for child abuse and neglect during the COVID-19 pandemic. The study design incorporated two randomized groups (Intervention group: AVI, Control group: treatment as usual) with pre- and post-test evaluations. The sample consisted of 41 children aged between 0 and 5 years ($M_{\text{age}} = 35.36$ months, $SD = 14.65$; 85.4% boys) and their parents ($M_{\text{age}} = 35.44$, $SD = 6.04$; 75.6% mothers). In comparison to the control group, parents exposed to the AVI showed increases in emotional availability and certainty regarding their child's mental states, and reported lower levels of household chaos. Children in the AVI group also presented increases in emotional availability in comparison to those of the control group. In conclusion, the AVI program is a valuable intervention for increasing protective factors in families at risk of child abuse and neglect in times of crisis.

Keywords: COVID-19, child maltreatment, attachment intervention, emotional availability, parental reflective functioning, household chaos.

8.1 INTRODUCTION

As stated in a recent report published by the Council of Europe (2022), and confirmed in various studies (Herrenkohl et al., 2021; Vermeulen et al., 2022), the COVID-19 pandemic has led to increases in physical, psychological and sexual violence against children. The Council of Europe's report also highlighted how the pandemic has made child protection systems vulnerable in this time of crisis (Council of Europe, 2022). In fact, the child protection services of many countries presented significant limitations in terms of detecting and responding swiftly to cases of child abuse and neglect (Bhatia et al., 2021; Katz et al., 2022). During the pandemic, therefore, the use of effective interventions to support families receiving child welfare services was more than critical. The main objective of this study was to examine whether the Attachment Video-feedback Intervention (AVI; Moss et al., 2018) helped increase protective factors in families at risk of child abuse and neglect during the COVID-19 pandemic.

8.1.1 Parental Stress, Household Chaos, and COVID-19 Pandemic: Effects on Parenting

The increase in parental stress has been one of the most notable effects of the unprecedented global crisis associated with COVID-19 (Feinberg et al., 2022; Giannotti et al., 2022). The measures adopted to contain the pandemic have led society to drastically modify family dynamics and support systems, both formal (i.e., school, childcare and leisure activities) and informal (i.e., extended family and social support). The emotional toll associated with the challenge of dealing with an unknown, worrisome, and highly transmissible disease was a major source of stress. Uncertainty of the future of the pandemic, the pressures of confinement, and the many imposed restrictions (need for social distancing, wearing masks, etc.) were additional challenges for families. Furthermore, working from home, school closures, loss of employments and income, which led many families to financial insecurity and demands for childcare in the family environment, also contributed to increased levels of parental stress (Bhatia et al., 2021; Brown et al., 2020).

Psychophysiological symptoms of high parental stress include exhaustion among parents, emotional distancing in their relationships with their children, and a feeling of being

unable to perform their parental role in the family (Mikolajczak et al., 2021). According to parental stress models and theories, such parental stress symptoms undoubtedly and negatively affect the quality of parenting (Lucassen et al., 2021). Preliminary results of a community-based study with data collected during the pandemic have shown that greater parental exhaustion is related to parental reports of more severe and repeated instances of violent behaviors toward children (Perron-Tremblay et al., 2022). In this regard, it is highly reasonable to consider that families at risk of child abuse and neglect could experience greater parental stress in the exercise of parenting (Griffith, 2020), which is likely to promote a household chaos, observations that have been made in low-income families (Johnson et al., 2021). Prior to COVID-19, higher levels of household chaos have been associated with greater problems in parenting (i.e., less emotional warmth and sensitivity, use of dysfunctional discipline; Andeweg et al., 2021; Coldwell et al., 2006; Dumas et al., 2005), as well as with behavior problems and delayed language development in children (Martin et al., 2012; Mills-Koonce et al., 2016). Prior and/or during the pandemic, associations have also been found between parental stress and parental sensitivity (Pereira et al., 2012), as well as between household chaos and parental sensitivity or quality of parent-child interaction (Andeweg et al., 2021; Dubois-Comtois et al., 2021; Mills-Koonce et al., 2016). Thus, initiatives aimed to improve sensitive parenting practices could potentially decrease both parental stress and household chaos, and be relevant especially in times of crisis such as the COVID-19 pandemic.

8.1.2 Effects of the Pandemic on Emotional Availability and Parental Reflective Functioning

The construct of emotional availability stems from attachment theory and refers to the ability of the child-caregiver dyad to share a healthy emotional relationship. It is a key factor for parenting and in promoting child socio-emotional development (Biringen et al., 2014; Clark et al., 2021). High emotional availability in caregivers is characterized by sensitive, non-hostile, and non-intrusive behavior, as well as the ability to carry out positive parental structuring (i.e., the ability to properly organize the child's activities), which is closely related to scaffolding and teaching (Clark et al., 2021). Emotional availability at the dyadic level also includes child's responsiveness and involvement towards the caregiver, that is, the child responsiveness to parents' proposals and willingness to engage the parent in shared activities. Indeed, children's emotional

availability is likely to influence their parents' perceptions of themselves as effective parents with skills to provide adequate care (Biringen et al., 2014). Children with high emotional availability have shown higher attachment security and quality of interactions with their caregivers (Biringen et al., 2014).

Studies have found that parents at risk for child abuse and neglect or who have a history of adverse childhood experiences, show lower levels of emotional availability, and their children are less responsive (Fuchs et al., 2015; Kluczniok et al., 2016). Prior to the pandemic, lower levels of emotional availability have been associated with more child psychopathology and less social competence (Cohen & Shulman, 2019; Easterbrooks et al., 2012; Zimmer-Gembeck et al., 2013; Ziv et al., 2018). Moreover, various factors of the family environment, such as a more chaotic home environment (Dumas et al., 2005) and higher parental stress (Cohen & Shulman, 2019; Stack et al., 2012; Zimmer-Gembeck et al., 2013) have been associated with lower parental and dyadic emotional availability.

Considering the stressful impact of the pandemic, difficulties in parents and children emotional availability are expected in families. Yet, to our knowledge, there are no published studies of emotional availability, with the method devised by Biringen (the EA scales: Biringen, 2008), that have used data collected during the pandemic. Although there are indications that during the pandemic period, parents subjected to high parental stress showed greater emotional distance from their children and lower satisfaction with their parental role as assessed using self-report measures (Aguiar et al., 2021; Chung et al., 2020; Russell et al., 2020). In turn, these features have been associated with higher levels of clinical symptoms in children during the pandemic (Lionetti et al., 2022).

Another key factor that has been associated with adaptive parenting is parental reflective functioning (Luyten et al., 2020). Parental reflective functioning refers to the caregiver's ability to reflect on their own emotions, motivations, and actions, while being able to recognize their child's mental states and understand their responses to those mental states (Slade et al., 2005). Parents who are curious about their child's mental states are better equipped to understand child behaviors in stressful situations and to establish an environment characterized by acceptance, empathy, and emotional availability, all of which have been associated with a secure attachment relationship (Nijssens et al., 2018).

In families at risk of child abuse and neglect, caregivers have difficulties in showing genuine interest in their child's mental state, lack adequate ability to interpret their child's inner world, and have the tendency to make malicious and maladaptive attributions about their child's behavior (Condon et al., 2021; Luyten et al., 2017; Moser et al., 2019). These impaired reflective skills have been associated with lower parental sensitivity in mothers with an interpersonal violence-related posttraumatic stress disorder (Suardi et al., 2020).

In addition, the low capacity of reflexive function has been associated with more insecure attachment relationships in mothers who had experienced maltreatment in their childhood (Condon et al., 2021). Ineffective parental reflective functioning has been also associated with child emotion dysregulation and with a negative effect on the child's interpersonal functioning including less mentalizing skills and interpersonal resources (Stacks et al., 2014; Suardi et al., 2020). Similarly, in contexts with low parental reflective functioning, children are more likely to present more internalizing and externalizing clinical symptoms (Camoirano, 2017; Ensink et al., 2016). Recently, it has been suggested that the stress associated with the social challenges resulting from the COVID-19 pandemic may have affected parental reflective functioning, making it more difficult for parents to mentalize about their children; being overly focused on their own concerns or overwhelmed by increasing demands of parental care (Yatziv et al., 2022).

8.1.3 The AVI: An Attachment-Based Intervention for preventing risk for child maltreatment

According to the World Health Organization's INSPIRE technical package (World Health Organisation, 2018), a strategic evidence-based action to tackle the risks of child abuse and neglect would be to promote intervention programs that are implemented within the family home and designed to support caregivers. Several studies have carried out comprehensive evaluations of home visiting programs and have shown their effectiveness in preventing child abuse and neglect and reducing the costs generated by the consequences of child maltreatment (e.g., Caldera et al., 2007; Peacock et al., 2013 for a systematic review). For example, these programs have been found to decrease the number of confirmed cases of child maltreatment and referrals to child protection services. They have also helped to reduce abusive parenting and improve disciplinary practices. Finally, they have promoted positive parent-child interactions and improved

parental supervision and safety of children and youth (Caldera et al., 2007; Peacock et al., 2013).

One of the home visiting interventions initially designed to improve parent-child interactions of families reported for child maltreatment is the Attachment Video-feedback Intervention (AVI; Moss et al., 2018). The AVI is an attachment-based intervention program oriented on the parent-child relationship with the aim of promoting parental sensitivity and child attachment security. Prior to the COVID-19 pandemic, the AVI has shown to improve the quality of parent-child interactions and parental sensitivity in families reported for child abuse and neglect (Cyr et al., 2020; Dubois-Comtois et al., 2017; Moss et al., 2011; van der Asdonk et al., 2020). After being exposed to the AVI, children in these samples presented increased attachment security, improved cognitive and motor development, fewer internalizing and externalizing symptoms (for older children of the sample), and less attachment disorganization than those of the control group (Dubois-Comtois et al., 2017; Moss et al., 2011). However, there were no reductions in parental stress in comparison to the control group after being exposed to the AVI (Dubois-Comtois et al., 2017).

During the COVID-19 pandemic, many intervention services targeting at-risk families suffered disruptions (Council of Europe, 2022; Schein et al., 2022). Yet, a few research groups studying attachment-based intervention programs similar to the AVI were able to test their impact during the pandemic. The Attachment and Biobehavioral Catch-up (ABC) program, a well-known evidence attachment-based intervention with at-risk and maltreating parents and their children (e.g., Dozier & Bernard, 2017), was implemented using telehealth and hybrid (in-person and in telehealth) formats during the pandemic by Schein et al. (2022). Researchers found that parents of both intervention formats showed improved parental sensitivity, although the effect sizes were low to moderate for the telehealth procedure (following the lead, $g = 0.50$; intrusiveness, $g = 0.37$; positive regard, $g = 0.32$) and moderate to large for the hybrid procedure (following the lead, $g = 1.26$; intrusiveness, $g = 0.71$; positive regard, $g = 0.38$). Effect sizes for the hybrid procedure were similar to those found in studies conducted before the pandemic (Schein et al., 2022).

8.1.4 The present study

The current study is among the first to report on the efficacy of an attachment-based program, namely the AVI, administered during the global COVID-19 pandemic. Moreover, a key novelty of this study is that it assesses AVI effects on the emotional availability of both members of the parent-child dyad in order to examine more fully how they each interpret the others reactions and responds to their emotional cues. This has not been a focus in previous evaluations of the AVI. Furthermore, prior AVI studies have only begun examining changes in secondary protective outcomes in parents, such as whether it can increase parental stress and parental reflective functioning, and decrease family chaos.

Thus, the objective of this study is to examine if the AVI program, administered during the COVID-19 pandemic, increases protective factors, such as lower parental stress, lower levels of household chaos, higher dyadic emotional availability and higher parental reflective functioning, in families at risk for child abuse and neglect. Using a randomized control trial, we hypothesized that parents and children exposed to the AVI would show more protective factors at the end of the intervention than those in the control group, who received standard child protective services.

8.2 METHOD

8.2.1 Participants

The sample comprised 41 children aged between 0 and 5 years ($M_{age} = 35.36$ months, $SD = 14.65$; 85.4% boys) and their parents as primary caregivers ($M_{age} = 35.44$ years, $SD = 6.04$; 75.6% mothers). Nearly half (48.78%) of the families were of Latin American origin, 46.34% were Spanish, and the remaining 4.88% were African. All the families were at risk for child abuse and neglect as detected by the child protection services of the City Council of Donostia-San Sebastián, Spain. The study inclusion criteria were living with at least one of the biological parents, as the primary caregiver, and child age between 0 and 5 years old. The exclusion criteria were previous participation in a parent-child intervention program aiming the promotion of parenting skills, and serious medical or developmental problems. Families were recruited from June 2020 to January 2022. Table

18 shows the sociodemographic characteristics of the participants. There were no significant differences between families assigned randomly to the intervention group and those in the control group with regard to sociodemographic variables, with the exception of family type. More single parents were found in the control group (Cramer's $V = 0.38$, $p = .01$).

8.2.2 Instruments

-Socio-Demographic Questionnaire at pre-test. This questionnaire with items on demographic information (e.g., parental education, child age) was completed by parents.

-Parenting Stress Index-Short Form at pre-test and post-test (PSI-SF, Díaz-Herrero, 2010; Spanish translation of the original version by Abidin, 1995). Parents completed the PSI-SF. It evaluates the stress experienced in the exercise of parenting, as related to three dimensions: 1) parents' characteristics, 2) children's behavioral traits, and 3) difficulties in the parent-child relationship. It consists of 36 items (e.g., "Child makes demands on me") that parents answer on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). It generates scores on three subscales (one for each dimension) and a global score of Total Stress. This last score was used in the present study. Higher scores indicate higher levels of parental stress. Scores are considered to have clinical significance when they are equal to or greater than 80. In the study sample, the internal consistency of the Total Stress scale is $\alpha = .84$.

-Confusion, Hubbub, and Order Scale at pre-test and post-test (CHAOS, Sánchez-Mondragón & Herrera, 2019; Spanish translation of the original version by Matheny et al., 1995). Parents completed the CHAOS questionnaire, which measures environmental chaos in the home, that is, the lack of family routines and weekly structure, and the high levels of noise, home disorganization and overcrowding (Matheny et al., 1995). It consists of 15 items (e.g., "The atmosphere in our home is calm") which parents answer on a Likert-type scale ranging from 1 (very similar to my home) to 4 (nothing like my home). From the sum of the scores, a total chaos score (range 15-60) is obtained, with higher scores representing more chaotic and less organized features of the home. In the present study, the internal consistency of the scale was $\alpha = .75$.

-Parental Reflective Functioning Questionnaire at pre-test and post-test (PRFQ, Gordo et al., 2020; Spanish translation of the original version by Luyten et al., 2017). The PRFQ assesses parents' ability to recognize their children's mental states and to explain and make sense of their behavior in terms of thoughts, wishes, and expectations. The PRFQ consists of 18 items through which three key dimensions of the parental reflective function are evaluated: Prementalizing (PM), which refers to the inclination of parents to use non-mentalizing states in their relationship with their children (e.g., "My child cries around strangers to embarrass me"); Certainty in Mental States (CMS), which includes items related to the parents' identification of their children's mental states (e.g., "I always know what my child wants"); Interest and Curiosity (IC), which assesses parents' genuine interest and/or curiosity about their children's mental states (e.g., "I try to see situations through the eyes of my child"). Items are rated on a Likert scale ranging from 1 = "Strongly disagree" to 7 = "Strongly agree". In the present study, the internal consistency of the PM scale was low $\alpha = .36$, so its use was ruled out and not used in further analyses. Internal consistency values for both the CME ($\alpha = .69$) and the IC scales ($\alpha = .75$) were adequate and further used in the analyses.

-The Emotional Availability Scales at pre-test and post-test (EA scales, Biringen, 2008). The EA scales is an observational measure that assesses the child-caregiver relationship quality on the basis of four caregiver dimensions, that is, sensitivity, structure, non-intrusiveness, and non-hostility, and two child dimensions, that is, involvement and responsiveness. Behaviors for each dimension were coded on a 7-point scale (1 = low, 7 = high) from a filmed parent-child free-play situation. To do this, the dyads were provided with play material adapted to the child's age and were instructed to interact as they would normally for 15-20 min.

Two members of the research team received training in the coding of the EA scales from the developer of the EA system. In this training, they achieved at least 80% agreement with the expert on the cases that were submitted for evaluation. First, each coder independently coded half of the cases at pre-test and post-test. This procedure ensured that that the scores included in the analyses at pre-test and post-test were not from the same coder. Then, because the sample is small, each coder coded independently all other cases in order to establish interrater reliability using all the study participants. The mean intraclass correlation coefficient was .85 for the pretest (range between .75 and .96) and

.83 for the posttest (range .74 and .97). Difficult to assess cases were resolved by consensus. The EA system has been widely used with families at risk of maltreatment (Fuchs et al., 2015; Stack et al., 2012).

8.2.3 Procedure

Initially, the research team contacted the Child Protection Services (CPS) of the Donostia-San Sebastián City Council to organize the administration of the AVI with families who presented a risk of child abuse and neglect. Eligible families who met the research criteria were identified by CPS ($n = 53$), who asked whether parents wished to be contacted by our research team. Consent to participate was then obtained by our research team from the families. First, one week before starting treatment, parents completed questionnaires and participated in a free play situation with their child (the pre-test measurements). Then, using block randomization (block size of 4), the families were either assigned to the AVI treatment group or to the waiting list control group. Block randomization is better to balance the allocation of participants to the treatment groups, especially in small samples (Efird, 2011). The AVI treatment was provided to families during a 3-month window ($M = 9.17$ weeks, $SD = 0.59$). Families in the control group remained on the waiting list for three months after their pre-test, during which time they received usual services provided by social workers of the child protective services. One week after the 3-month period, parents were re-administered the study questionnaires and the observational free play task with their child (the post-test measurements). After this post-test, families in the control group received the AVI. All the interventions were carried out during the pandemic (between June 2020 and April 2022) when the state of emergency decreed by the Spanish government in March had been lifted.

Out of 53 families who met research criteria, the research team excluded two because they were planning to move to another town before the end of the intervention, and 10 refused to participate. Subsequently 41 families started pre-test and were assigned to one of the two randomized groups (AVI group: $n = 24$, Standard CPS group: $n = 17$). None of families abandoned the project. With the exception of some missing values on measures of the project, all of the 41 families who started the pre-test, also completed the pre-test and post-test evaluations. Figure 6 is a flow diagram of the families' participation throughout the project.

-The Attachment Video-feedback Intervention (AVI). The AVI is carried out in the families' homes. It is a short program, comprising eight sessions lasting approximately 90 minutes each. All sessions follow a similar structure. The first part of the session begins with a 20-30-minute thematic discussion; the second part is a video recording of the parent and child interaction (10 minutes); the third part is a positive video feedback to the parent on the observed parent-child interaction (20-30 minutes); and the fourth part is a wrap-up discussion lasting 10-15 minutes. The thematic discussion revolves around aspects related to child development and parenting. The videotaped interaction includes filming free or semi-structured play or caregiving situations (e.g., bottle-feeding). During the recording, the practitioner usually does not intervene with the parent-child dyad, but may encourage the adult to engage with the child if the parent seeks help or is involved in non-constructive interaction with the child. In the video-feedback phase, the practitioner intentionally stops the video during moments of positive parent-child interaction and highlights to the parent their positive and sensitive behaviors, and the child's positive responses or reactions. During video-feedback, parents are also encouraged to share their observations and thoughts about their behaviors and those of their child. Gradually, practitioners may also ask parents to describe and share their thoughts about less positive sequences only to relate these sequences to the parents' growing sensitive behavioral repertoire as a means to increase sensitive reparation of the relationship with the child. Overall, in addition to enhancing sensitive parenting behavior, the AVI also aims to reduce behaviors that are inappropriate or even frightening for the child. Finally, in the wrap-up phase, the progress made is highlighted and caregivers are encouraged to continue similar activities throughout the week.

Ethical considerations

The study was approved by the Ethics Committee for Research on Human Beings of the University of the Basque Country (approval code: act 116/2019). Informed consent documentation was signed by the parents and the professionals who implemented the intervention.

8.2.4 Design and Data Analysis

The experimental design incorporated two randomized groups with pre-test and post-test evaluations. First, preliminary correlation analyses were conducted to know whether

sociodemographic variables at pre-test, as potential covariates, were associated with dependent variables at post-test. Second, *t*-tests on the levels of parental stress, household chaos, dyadic emotional availability and reflective functioning at pre-test were conducted to examine whether the AVI and control group were similar at pre-test. Third, main analyses were conducted to test for AVI effects. To determine whether there were differences in levels of parental stress, household chaos, dyadic emotional availability, and reflective functioning between the families of the AVI and those of the control group at post-test, an analysis of covariance was carried out on each of these dependent variables with their pre-test scores as a covariate.

Due to missing data in the variables of Parental Stress, Household Chaos, Certainty in Mental States, and Interest and Curiosity in Mental States (2.51% of the total data), we performed multiple imputation (MI) analyses to replace missing values. Data were imputed using the fully conditional specification method of SPSS 27, which relies on an iterative Markov Chain Monte Carlo (MCMC) method. We specified 100 iterations with 25 imputed data sets as recommended in the literature (Enders, 2022). Relevant covariates were included as predictors to maximize the precision of imputed data. The grouping variable was not used as a predictor. Analyses were run on each imputed data set and results were pooled. Due to unavailable pooling methods in SPSS 27 for estimates of ANCOVAs, we averaged *F*s estimates across imputed results. For significance of *F* tests, we used available pooled means and standard errors to compute a *d* effect size and a 95% CI (Lipsey & Wilson, 2001).

To test for the robustness of significant findings, we repeated the analyses using the full information maximum likelihood (FIML) estimation method (MPlus, version 8.4; Muthén & Muthén, 1998–2019). In addition, we performed complete case (CC) analyses, which exclude participants with any missing data. Results of each scenario are then examined to see if effect sizes converge. Results of the FIML and CC analyses are presented in a supplementary file. To facilitate the comparison of effect sizes, the *d* statistic was computed from available estimates of each three methods. Overlapping CIs indicates no significant differences in effect sizes across methods.

8.3 RESULTS

8.3.1 Preliminary Analysis

Potential sociodemographic covariates were examined in relation to the dependent variables of the study at post-test. A positive correlation was found between child's sibling birth order and Household Chaos ($r = .36; p = .04$). Type of household was significantly correlated with Sensitivity ($r = -.39; p = .01$), Structure ($r = -.44; p = .003$), Non-intrusiveness ($r = -.33; p = .03$), child emotional Involvement ($r = -.37; p = .02$), and Responsiveness ($r = -.49; p = .001$). A positive correlation was also found between child age and Non-intrusiveness ($r = .36; p = .02$). Occupational status was significantly correlated with Sensitivity ($r = -.35; p = .03$), Structure ($r = -.33; p = .003$), and Non-intrusiveness ($r = -.39; p = .01$). A positive correlation was also found between number of children and Structure ($r = .33; p = .03$). Finally, parent age was significantly correlated with Structure ($r = .37; p = .02$), and Responsiveness ($r = .35; p = .03$).

Furthermore, at pre-test, there were no statistically significant differences between the AVI and control groups : Parental Stress ($t [39] = -0.922; p = .36; d = 0.29$); Household Chaos ($t [39] = -1.163; p = .24; d = 0.37$), Certainty in Mental States ($t [39] = -1.163; p = .35; d = 0.29$); Interest and Curiosity in Mental States ($t [39] = -0.855; p = .39; d = 0.27$); Sensitivity ($t [39] = 0.328; p = .74; d = 0.10$); Structure ($t [39] = 0.702; p = .49; d = 0.22$); Non-intrusiveness ($t [39] = -1.863; p = .07; d = 0.59$); Non-hostility ($t [39] = 0.932; p = .24; d = 0.36$), Involvement ($t [39] = 0.338; p = .74; d = 0.11$); Responsiveness ($t [39] = 0.218; p = .83; d = 0.37$).

Other analyses examined intercorrelations between dependent variables. Parental stress was significantly correlated at pre-test with household chaos ($r = .54; p = .002$). A positive correlation was also found between Certainty in Mental States and Interest and Curiosity in Mental States at pre-test ($r = .40; p = .017$). Positive, significant correlations were also found between the dimensions of emotional availability (r s between .64 and .85).

8.3.2 Main Analyses

-AVI Effects on Parental Stress, Household Chaos, Parental Reflective Functioning, and Emotional Availability. Table 19 shows the means and standard errors in Parental Stress, Household Chaos, Emotional Availability, and Parental Reflective Functioning in the two groups, as well as the results of the ANCOVAs and the d effect sizes for comparisons.

The results of the analysis of covariance showed no differences in parental stress between the two groups of parents at post-test ($F[1, 38] = 0.51, d = 0.23, CI -0.4 \sim 0.85$). Parents in the AVI group reported significantly less household chaos than those in the control group at post-test ($F[1,37] = 6.05; d = 0.78, CI 0.14, 1.42$). FIML and CC analyses on household chaos showed similar effect sizes with overlapping CIs (FIML: $d = .84, CI 0.19 \sim 1.49$; CC: $d = 0.86, CI 0.16 \sim 1.56$). Results on the parental reflective functioning scales showed that the parents who received the AVI scored significantly higher at post-test on the certainty in mental states scale than the parents in the control group ($F[1,38] = 6.81, d = 0.83, CI 0.18 \sim 1.47$). FIML and CC analyses showed similar effect sizes with overlapping CIs (FIML: $d = .95, CI 0.29 \sim 1.60$; CC: $d = 1.01, CI 0.30 \sim 1.72$). No differences were observed between the AVI and the control groups on the post-test scores of the interest and curiosity scale ($F[1,38] = 0.41, d = 0.20, CI -0.42 \sim 0.83$).

In comparison to parents in the control group at post-test, those in the AVI group were significantly more sensitive ($F[1,36] = 7.74, d = 0.88, CI 0.23 \sim 1.53$), structuring ($F[1,34] = 8.72, d = 0.94, CI 0.28 \sim 1.59$), and non-intrusive ($F[1,36] = 5.72, d = 0.76, CI 0.12 \sim 1.40$). In addition, in comparison to children in the control group at post-test, those in the AVI group were significantly more likely to involve their parent in the interaction ($F[1,37] = 7.66, d = 0.88, CI 0.23 \sim 1.53$), and were more responsive toward their parents ($F[1,34] = 9.59, d = 0.98, CI 0.33 \sim 1.64$). No differences were observed for the non-hostility parental dimension ($F[1,38] = 1.37; d = 0.37, CI -0.26 \sim 0.99$). FIML and CC analyses were not conducted given that there were no missing data on these variables.

8.4 DISCUSSION

The aim of the present study was to examine AVI effects on parental stress, household chaos, dyadic emotional availability, and parental reflective functioning in a group of families at risk of child abuse and neglect during the COVID-19 pandemic. In comparison to the control group, parents exposed to the AVI showed increases in emotional availability and certainty regarding their child's mental states, as well as lower levels of household chaos. However, no differences in parental stress were observed. Children in the AVI group also presented greater emotional availability in comparison to those of the control group.

First, the current study did not find any differences in parental stress between the AVI group and the control group at post-test. The increase in parental stress has been one of the most notable effects of the unprecedented global crisis caused by COVID-19 (Feinberg et al., 2022; Giannotti et al., 2022). Furthermore, this health crisis has been associated with the feeling of being in a situation of prolonged stress (Slavich, 2022). A possible explanation for this result is that the evolution of the pandemic has been highly disconcerting and unpredictable both for health authorities and for the population in general, and has produced a constant state of psychosocial threat that is unlikely to be neutralized with a parent-child intervention such as the AVI. However, it is worth mentioning that another AVI study carried out prior to the pandemic with a sample of families at high risk of maltreatment and reported for maltreatment did not find any parental stress reduction (Dubois-Comtois et al., 2017).

Moreover, interventions based on video-feedback have also been ineffective in reducing parental stress (e.g., O'hara et al., 2019 for a systematic review). Authors suggests that this lack of effect may be due to the fact that the primary focus of videofeedback interventions, which are quite similar to each other, is to enhance parental sensitivity and do not target parental stress. Furthermore, parents may also have difficulty seeing that parenting is challenging, involving constant attention to their child's well-being. It is also possible that parents, detected by the child protective services as being at risk of maltreatment, may not want to disclose their stress to practitioners.

Parents who were exposed to the AVI reported less household chaos than those in the control group at post-test. Thus, the AVI was able to help parents reduce levels of household turmoil and confusion. In the light of the link that other studies have found between less household chaos and more positive parenting practices (Andeweg et al., 2021), this result indicates that in spite of the context of the pandemic, the AVI helped parents to organize the family environment: they were able to gain more structured routines in the family and showed less confusion and more predictability in daily activities. Thus, just as the AVI has been found to help parents increase the organization of children's attachment system through more sensitive behaviors (i.e., warm, predictable, responsive; Moss et al., 2011), it was, for the current sample, effective in improving home organization. Given that high levels of household chaos were found to be associated with greater problems in parenting (Andeweg et al., 2021; Coldwell et al., 2006) and, considering its role in child behavior problems and delays in language development (Martin et al., 2012; Mills-Koonce et al., 2016), this result is particularly encouraging.

Similarly, in comparison to parents and children of the control group, those exposed to the AVI showed an increase in dyadic emotional availability from the pre- to post-test. Parents in the AVI group showed more sensitive behaviors, were more effective in providing guidance and appropriate structuring, and were less intrusive when interacting with their children. Children in the AVI group also presented greater emotional availability, being more involved and responsive to their parents. These results have important implications for families considering that the increased capacity of the child-caregiver dyad to share a healthy emotional relationship is a protective factor against child abuse and neglect (Fuchs et al., 2015; Kluczniok et al., 2016) and is associated with child attachment security and developmental positive outcomes (Biringen et al., 2014).

As for parental reflective functioning, parents in the AVI group, in comparison to those of the control group, reported higher scores on the Certainty in Mental States scale at post-test, thus showing a greater ability to recognize the opacity of their children's mental states. The AVI not only focuses on the parents' behaviors during video-feedback, but also encourages them to see and think differently about their own and their child's behaviors and thoughts. It is important to note that despite the increase in parents' mentalization ability, the average score obtained by parents of the intervention group (4.90) was not at the positive extreme of the scale, which could indicate a negative pattern

of hypermentalization or a tendency to overinterpret mental states; something that has been associated with increased intrusive behavior (for instance, the caregiver assumes they “know” everything about their child’s mental states) and greater child attachment insecurity (Luyten et al., 2017).

Contrary to expectations, no differences were found on the scale of Interest and curiosity about the children’s mental states. This may be due to the characteristics of the sample. For example, the study participants already showed an acceptable Interest and curiosity mean score at pre-test (5.42). This initial genuine interest in the inner world of their children at pre-test may have limited improvements in parents. It may be that the AVI is more likely to increase interest and curiosity in parents with a greater risk of child maltreatment or who have more limited mentalizing skills. Still, another parent-child intervention study carried out to improve parenting in at-risk families during the COVID-19 pandemic has not found any intervention effects on the interest and curiosity variable (Condon, 2021). Therefore, further studies are needed to better understand the results obtained in the present study. Overall, results of the current study suggest that the AVI could benefit from including components specifically aiming parents’ interest and curiosity about their children’s mental states. This is consistent with the suggestion to include specific components of parental reflective function in videofeedback-based interventions (Lo & Wong, 2022).

8.4.1 Limitations and prospects for future research

The present study has a number of limitations. First, the small sample size reduces the statistical power and the ability to generalize the results. Therefore, the conclusions should be considered with caution. Nevertheless, this study is among the first to report the effects of an attachment-based intervention administered during the pandemic to a group of families at risk of maltreatment. Moreover, to have relied on a randomized control trial design and an observational measure of parent-child interactive quality are important strengths of this study. Second, with respect to the parental reflective functioning variable, the pre-mentalization variable could not be used for data analysis due to poor internal consistency. This is a shortcoming given that it has been suggested that pre-mentalization may play a fundamental role in the intergenerational transmission of child maltreatment (Condon et al., 2021). Future studies should consider not using a

self-report measure to assess parental reflective functioning, and instead rely on an observational measure, such as the Parent Development Interview (PDI; Slade et al., 2004).

8.4.2 Conclusion

The current study has shown that the Attachment Video-feedback Intervention program (AVI) can increase protective factors, such as parent and child emotional availability, household functioning, and parental reflective functioning in families detected for risk of child abuse and neglect during the COVID-19 pandemic. Therefore, the administration of the AVI should be considered by child protection systems. This approach is in line with the Strategy for the Rights of the Child 2022-2027 put forth by the Council of Europe (2022), whose priority objective is to empower child protection systems to provide optimal care for children and to promote child protection system that is resourced to successfully address the challenges of the future.

Table 18.

Participants' sociodemographic characteristics

	Total sample (<i>N</i> = 41)		AVI group (<i>n</i> = 24)		Control group (<i>n</i> = 17)		<i>t</i> -test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Parent age (years)	35.4	6.0	36.4	5.2	34.2	7.0	0.82
Child age (months)	35.4	14.6	37.0	13.9	33.1	15.8	1.15
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	Chi-square
Child sex							
Boy	35	85.4	22	91.7	13	76.5	1.84
Girl	6	14.6	2	8.3	4	23.5	
Number of children							
1	17	41.5	9	37.5	8	47.1	0.38
≥ 2	24	58.5	15	62.5	9	52.9	
Child's sibling birth order							
1	28	68.3	16	66.7	12	70.6	0.07
≥ 2	13	31.7	8	33.3	5	29.4	
Type of household							
Two-parent	28	68.3	20	83.3	8	47.1	6.05*
Single parent	13	31.7	4	16.7	9	52.9	

Parents' education							
No high school diploma	6	14.6	4	16.7	2	11.8	
High-school diploma	24	58.6	14	58.3	10	58.8	1.06
Higher education	11	26.8	6	25.0	5	29.4	
Occupational status							
Employed	24	58.5	15	62.5	9	52.9	
Unemployed	17	41.5	9	37.5	8	47.1	0.8
Receiving social benefits							
Yes	19	46.3	11	45.8	8	47.1	
No	22	53.7	13	54.2	9	52.9	0.01

Note. * $p = .01$

Table 19.

Pooled Statistics for Parental Stress, Household Chaos, Emotional Availability, and Parental Reflective Functioning at Pre- and Post-Tests as a Function of Intervention/Control Groups

Variables	Control group		AVI group		Effect size for comparison
	$n = 17$		$n = 24$		
	M^b	$(SE)^b$	M^b	$(SE)^b$	d^c (CI)
Parental Stress					
Pre-test	76.52	4.20	81.64	3.48	
Post-test ^a	72.69	4.94	71.36	4.25	0.23 (-0.40 ~ 0.85)
Household chaos					
Pre-test	29.77	1.43	32.17	1.43	
Post-test ^a	30.59	1.32	26.83	1.20	0.78* (0.14 ~ 1.42)
Emotional Availability: Parent Dimensions					
Sensitivity					
Pre-test	4.35	0.23	4.27	0.13	
Post-test ^a	4.43	0.11	4.84	0.09	0.88* (0.23 ~ 1.53)
Structuring					
Pre-test	4.26	0.30	4.02	0.20	
Post-test ^a	4.34	0.09	4.71	0.08	0.94* (0.28 ~ 1.59)

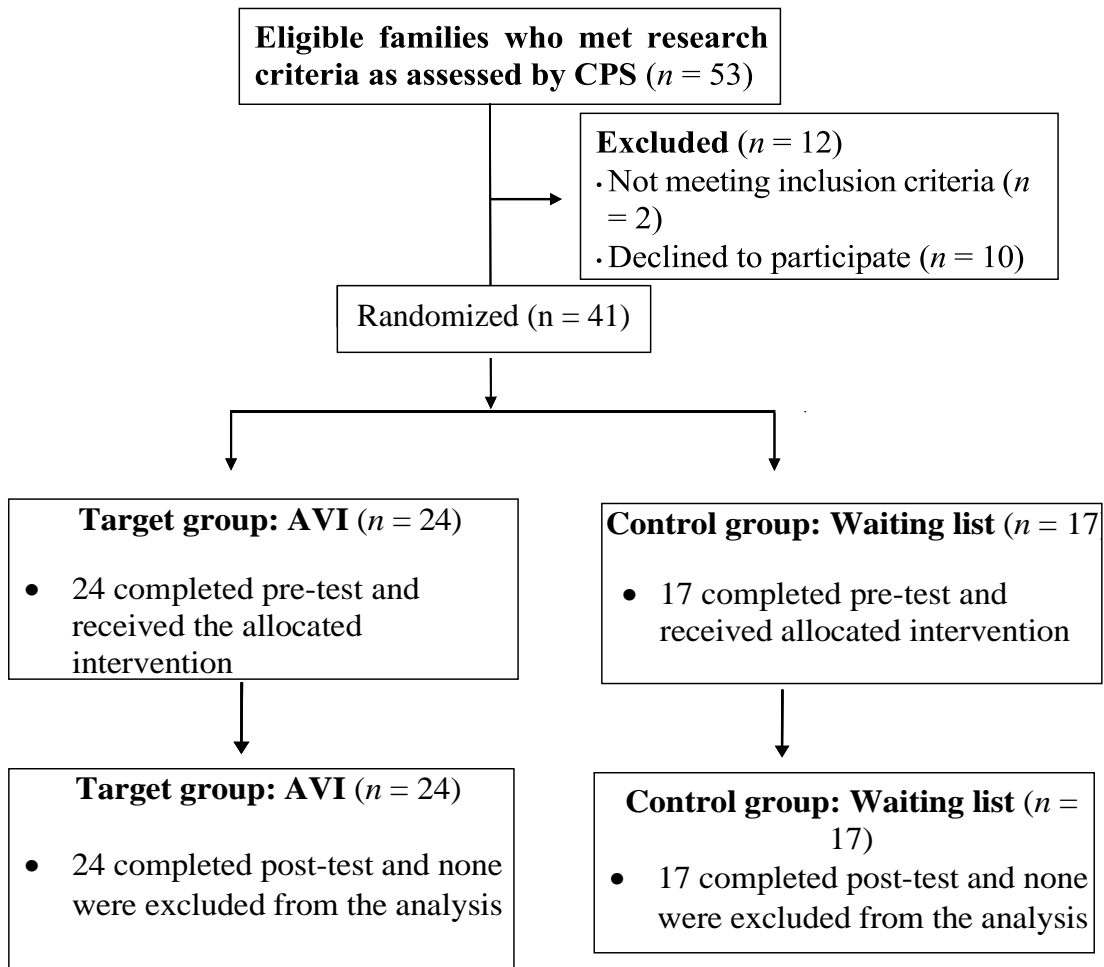
Non-intrusiveness					
Pre-test	4.26	0.26	3.79	0.11	
Post-test ^a	4.08	0.14	4.55	0.11	0.76* (0.12 ~ 1.40)
Non-hostility					
Pre-test	5.12	0.27	4.83	0.17	
Post-test ^a	5.27	0.79	5.19	.73	0.37 (-0.26 ~ 0.99)
Emotional Availability: Child Dimensions					
Involvement					
Pre-test	4.29	0.23	4.21	0.14	
Post-test ^a	4.33	0.11	4.72	0.09	0.88* (0.23 ~ 1.53)
Responsiveness					
Pre-test	4.26	0.23	4.21	0.15	
Post-test ^a	4.30	0.10	4.73	0.09	0.98* (0.33 ~ 1.64)
Parental Reflective functioning					
Certainty in mental states					
Pre-test	3.88	0.24	4.20	0.24	
Post-test ^a	4.13	0.23	4.90	0.22	0.83* (0.18 ~ 1.47)
Interest and curiosity					
Pre-test	5.20	0.30	5.53	0.25	
Post-test ^a	5.69	0.26	5.50	0.25	0.20 (-0.42 ~ 0.83)

Note. $N = 41$. ^aMeans at post-test are adjusted for pre-test values of the dependent variable and for their respective covariates. ^bMeans, and SE are pooled estimates. ^cEffect sizes d were computed from available pooled means and SE.

* $p < .05$.

Figure 6.

Flow diagram illustrating randomization into two treatment conditions



HIRUGARREN ZATIA: EZTABAIDA ETA

ONDORIOAK/

Third section (Discussion and Conclusions)

Doktoretza-tesiaren azken zati honetan zehar, aurkeztutako ikerketetatik eratorritako hausnarketa eta ondorio teoriko-praktikoak aurkeztuko dira. Hau gauzatzeko, bigarren zati empirikoaren 4. Kapituluaren zehaztu diren ikerketa-helburuetatik abiatu, eta lortutako emaitzen zergatiaren gaineko gogoeta sakona azalduko dugu. Ondoren, ikerketa-lan honen mugak eta etorkizunean sakondu daitezkeen ikerketa-eremu eta ikerketa-lerro interesgarriak aurkeztuko ditugu. Azkenik, doktoretza-tesi honen ondorio nagusiak islatuko ditugu.

Hasteko, doktoretza-tesi honen ikerketa-helburuak gogora ekarriko ditugu: (1) AVI programaren **bertsio espainiarra** egokitu, Euskal Autonomia Erkidegoko Haur eta Nerabeen Babes-Sistemaren erakusgarri den Udal Gizarte Zerbitzuetan inplementatu eta haren **bideragarritasun eta onargarritasunari buruzko ikerlan bat** burutu; (2) AVI **esku-hartze programa goiztiarra COVID-19 krisi garaian babes-faktoreak sustatzeko eraginkorra ote den aztertu**. Hau da, gurasoen estres maila eta etxeko kaos maila murrizteaz gain, Eskuragarritasun Emozionala zein gurasoen funtzio erreflexiboa sustatzen ote dituen ebaluatu.

- **AVI BERTSIO ESPAINIARRAREN BIDERAGARRITASUNA ETA ONARGARRITASUNA/**

The Spanish version of AVI: feasibility and acceptability

Ikerketa-lan honen lehenengo helburua, Haur eta Nerabeen Babes-Sisteman erabili ahal izateko ebidentzian eta atxikimenduan oinarritutako esku-hartze programaren bertsio espainiarraren bideragarritasuna eta onargarritasuna aztertzea izan da.

Haur eta nerabeen babesgabetasun-egoera osasun-arazoa eta gizarte mailako arazoa dela kontuan hartuta (Osasunaren Mundu Erakundea, 2020), hauen babesa sustatzen duten ebidentzian oinarritutako programen inplementazioa lehentasun publiko bat da egun. Ez bakarrik prebentzio unibertsalaren ikuspegitik gizarte osasuntsuak sustatzeko, baita lehen eta bigarren mailako prebentzioaren ikuspegitik ere, babesgabetasunarekiko arrisku-egoeretan dauden familiei esku-hartze programa eraginkorrak eskaintzeko.

Ondorioz, Haur eta Nerabeen Babes-Sisteman, “harreman ondasuna” lantzeko eskumena eta ardura duen sisteman, babesgabetasunarekiko arrisku-egoeran dauden familiei zuzendutako ebidentzian oinarritutako esku-hartze programa goiztiar estrukturatu eta eraginkorrak aplikatzea ezinbestekoa da, babesa sustatzeaz gain, babesgabetasun-egoeraren prebentzioa lortu dadin. Horren adibide da, AVI esku-hartze programa goiztiarra (Moss et al., 2018), zeina atxikimendu ziurra eta babes-faktoreak sustatzeko baliabide eraginkorra den. Izan ere, enpirikoki frogatu izan da bere eraginkortasuna gurasoen sentikortasuna sustatzean, guraso-haur harremana sendotzean eta haurren atxikimendu eta garapen osasuntsuan.

Espainia mailan ez zegoen ordea helburu horiek lortzera bideratutako programarik atxikimenduan eta ebidentzian oinarrituta zegoenik. Hutsune hori betetzeko asmoz, aurkezten da AVI programa goiztiarra (Moss et al., 2018); izan ere, eraginkorra dela frogatu izan da babesgabetasunarekiko arrisku-egoerekin goiz esku-hartzeko, babesgabetasun egoera larriagoei aurrea hartzeko, eta guraso-haur atxikimendu harreman seguruak sustatuta, haurren garapen sozio-emozional osasuntsuak bultzatzeko.

Hartara, ikerketa honetan burutu den bideragarritasun eta onargarritasun azterlanak, AVI programaren (Moss et al., 2018) bertsio espainiarra Haur eta Nerabeen Babes-Sisteman aplikatzeko bideragarria eta onargarria dela ondorioztatzera garamatza, eta ikusi da AVI programa eraginkorra dela zaintzaile-haur (0-5) arteko harreman osasuntsuak sustatzeko.

Emaitza horiek lortzeko, lehenik eta behin, esku-hartzearen bideragarritasuna ebaluatzeko prozesuaren azterlan bat burutu da eta azterlan horren ondorio gisa, AVIa (Moss et al., 2018) egokitu da. Ondoren, AVIren (Moss et al., 2018) bertsio espainiar egokituaren onargarritasuna ebaluatu da pre-post ikerketa diseinua jarraituz eta bideratzaile zeingurasoek betetako galdetegiaren emaitzak aztertuz. Gainera, AVI programak bereziki gurasoen eta seme-alaben arteko harremanean (Eskuragarritasun Emozionalean) duen eraginkortasuna ebaluatu da, lehen aldiz.

Bideratzaileen lankidetzaren estuarekin eta AVIren esku-hartzearen egilekideek onartuta, hiru aldaketa egin ziren AVI programan (Moss et al., 2018), prozesuaren ebaluazioa burutu ondoren: 1) Modu sistematikoan zero saioa sartzea, 2) Ikuspegi didaktiko eta normalizatuagoa erabiltzea AVIren eztabaida tematikoak lantzerako orduan; eta 3) Laburpen-txosten sistematiko bat prestatzea esku-hartze saio bakoitzaren amaieran.

Behin elementu horiek guztiak txertatuta, AVI programaren bertsio espainiarraren bideragarritasuna eta onargarritasuna lortu dira.

Emaitza horiek azaltzerako orduan, gure aburuz, badira zenbait faktore esku-hartzearen bideragarritasuna eta onargarritasuna azaldu dezaketenak. Hala nola, jarraian zerrendatzen diren zortziak:

1. AVI esku-hartze originalaren (Moss et al., 2018) oinarriak bere horretan mantentzearen bermea, bertsio espainiarrean.

Hau da, nahiz eta berezko AVI programaren egileen oniritziarekin aipatutako hiru aldaketak txertatu diren AVI programaren bertsio espainiarrean, programaren oinarriak bere horretan dirau, programarekiko fideltasuna mantenduz. Izan ere, ebidentzian oinarritutako praktikak esku-hartzeen doikuntza bermatzea ezinbestekotzat hartzen du (Asmundson eta Afifi, 2020; McKibbon, 1998; Wodarski eta Hopson, 2019).

Gure kasuan, bideratzaileek saioz-saioko txostenen bitartez egiten duten autokodifikazioak (adib. asebetetzearen edo feedbacken zerrendaketaren bidez) eta autobehaketa prozesuak (adib. gainbegiraketetan) AVI programa originalaren (Moss et al., 2018) fideltasuna mantentzen lagundu du. Hala gertatzen dela aurkitu dute aurretik aipatutako ABC programako autoreek (Caron eta Dozier, 2022; Dozier et al., 2014).

2. Erabili den ikerketa-metodologia kuantitatiboa eta kualitatiboaren konbinazioa.

Ikerketa kualitatiboa induktiboa da eta honen helburu dira ekintza sozialen esanahi intersubjektiboak deskubritzea, ulertzea eta interpretatzea. Holistikoa da, aztergai dituen fenomenoak osotasunean aztertzen baititu, eta interaktiboa eta erreflexiboa da. Gainera, ez da aurretiazko uste eta sinesmenetatik abiatzen, zabala da, edozer informazio jasotzen dela ere, informazio baliagarria eta aberasgarria baita; humanista da, aktore sozialen ikuspuntua balioan eta erdigunean jartzen dituelako; eta zorrotza eta zehatza da, analisi sakona eskatzen baitu, baita adostasun intersubjektiboa ere (Sandoval, 1997).

Gainera, nahiz eta sarri emaitza kualitatiboak kuantifikatzeko joera dagoen (Strauss eta Corbin, 2002), batez ere, *Big Data*ren eran (Mills, 2019), emaitza kualitatiboak ez kuantifikatzeko hautua egin da, metodologia kualitatiboaren ekarpenen berezko aberastasuna mahai gaineratuz (Andrade et al., 1987; Camic, 2021).

Bestalde, AVI programaren bertsio espainiarrarekin lortutako emaitzek gainerako bertsioekin lortutakoen joera berbera jarraitzen dutela aztertzeko (adib. zaintzaile-haur harremanaren kalitatea hobetzean) metodologia kuantitatiboa erabili da. Bata bestearen osagarri izan daiteke ikerketa lan berean (Bager-Charleson eta McBeath, 2020); kasu honetan, bertsio espainiarraren bideragarritasunean eta onargarritasunean eta programa aplikatu ondorengo emaitzetan.

3. Programaren inplementazio burutu duten bideratzaileen AVI esku-hartze programaren bertsio espainiarraren onargarritasuna eta konpromisoa, Haur eta Nerabeen Babes-Sisteman esku-hartze sistematizatu bat zorroztasunez eta modu homogeneoan aplikatzeko. Adibidez, bideo-feedbackarekin esku hartzea, atxikimenduan arreta jartzea, epe mugatua, etab.

Badira zenbait autore (Ingersoll eta Wainer, 2013; Tennant et al., 2020) zera aurkitu dutenak: esku hartzaileen onargarritasunak garrantzia handia duela esku-hartzearen eraginkortasunean. Are gehiago, bereziki haurrekin eta beren familiekin egiten diren esku-hartzeetan, bideratzaileen pertzepzioak eta jarrerak eta aldaketak egiterako orduan hauek kontuan hartzeak, ebidentzia erakutsi duten programen bideragarritasuna bermatzeko eta zientziaren aurrerapen berrien diseminazioa edo barreiatzea eman dadin, ezinbesteko elementuak dira (Hershschell et al., 2004; Steele eta Roberts, 2020).

4. Saioz-saioko txostenak, saioz-saioko gainbegiraketak eta talde-gainbegiraketak egiteak; familiekin saioz-saioko esku-hartzeak aurretiaz hausnartuak, kontrastatuak, eta idatziak izateak, batetik, familiaren irudikapena gogoan modu jarraituan eta kontzientean izatea ahalbidetzen du eta, bestetik, baita familien beharrei hobeto erantzutea ere (Barratt et al., 2018).

Gainera, atxikimenduan oinarritutako programetan, non emaitzak enpirikoki neurtuak izan diren, honakoa aurkitu da: bideratzaileen sistematizazio jarraituak, saioz-saio feedbackak idatziak izateak, eta bideratzaileek egiten duten esku-hartzearen eta beren buruaren jarraipena izateko aukerak (adib. gainbegiraketen bitartez) esku-hartzearen inplementazioaren efikazian eragin positiboa izan dezakeela (Caron eta Dozier, 2019).

5. Zero saioa halaberrez egiteak, familiaren ezaugarriak hobeto ezagutu eta ulertu, eta ondorioz, esku-hartzearen indibidualizazioan sentikorragoak izateko aukera luzatu digula uste dugu.

Gainera, esku-hartzearen efikazia, aurretiaz egindako familiaren ezaugarri eta egoeraren gaineko ebaluazioaren kalitateari lotuta dago, bai eta esku-hartzea hasi aurretik sortzen eta eraikitzen den familia-bideratzailearen arteko aliantzari egotzen zaizkion konfiantza, irekiera eta kolaborazio-harremanarekin (Flückiger, 2022).

6. Familia-bideratzaile harremanari edo aliantzari garrantzia ematea. Hau, zero saioa modu sistematikoan txertatuta, laugarren saioan, aliantza galdetegian lortutako erantzunak esplizituki landuta, eta feedbackaren metodologia aplikatzerako orduan, atal teorikoan azaldutako premisetan oinarrituta aritzearen ondorio (zintzotasunez jokatzuz, jokabide positiboak gorai patuz...) izan daiteke, neurri batean, eta esku-hartzea bertan behera utzi duen ehuneko txikiari (%7,7) egotz dakioke, familien asebetetze maila altuaren eta onargarritasunaren erakusgarri dena.

Hau da, familiekin esku-hartzearen monitorizazioa egin da eta haren araberrako esku-hartze moldaera indibidualizatua aplikatu da. Adib. Alianza terapeutikoari dagokionez, edo asebetetzeari dagokionez; eta esku-hartzaileen edo bideratzaileen pentsaera, ideia eta asebetetzea kontuan hartzearen apustua egin da. Izan ere, jakina da bideratzaile eta familien arteko aliantza ona eta sendoa izateak, esku-hartzearen eraginkortasuna azaltzen duela neurri handi batean (American Psychological Association, 2018; Escudero et al., 2021). Esandako guzti honek, “Elkarrekin pentsatzea” eta ko-eraikitze prozesu sortzailea sustatu du, eta esku-

hartzearen efikazian eta familien esku-hartzearekiko asebetetze mailan eragin positiboa izan ahal izan du.

7. Gurasotasunaren baitan, sentikortasunaren konstruktua bereziki lantzea (Bakermans-Kranenburg eta Oosterman, 2021) eta haurren inplikazioa eta gurasoarekiko harrera kontuan hartzea (Biringen et al., 2014), eskuragarritasun emozionala ebaluatzerako orduan. Horrek, neurri batean, eskuragarritasun emozionalean eman den aldaketa positiboa azaldu dezake. Izan ere, esku-hartzeak foku argi eta zehatz bat izateak, programa aplikatzearen sendotasunak hobeto aztertu ahal izatea dakar (Bakermans-Kranenburg, 2008; van der Put et al., 2018).
8. Esku-hartzea, testuinguru naturaletan aplikatu izana.

Jakina da esku-hartzeak kontestu naturaletan egitearen onurak kontestu artifizialetan egitearekin alderatuta, nabarmenak direla; hala nola, esku-hartzetik eratorritako ikaskuntzen orokortzean (Dunst et al., 1995; García-Grau et al., 2020; Perpiñán, 2009).

Hainbat autorek ikertu dute Haur eta Nerabeen Babes-Sisteman familien etxeetan esku hartzearen garrantzia, “home visiting” deritzotena (Chaiyachati et al., 2018) gurasotasuna egunerokotasuneko errutinak gertatzen diren ingurugiroan, hau da, etxean landutakoan, familiek ikasitako gurasotasun sentikorra hainbat egoera desberdin eta momentu desberdinetan praktikan jartzeko duten aukera dela eta, lortzen duten beren gurasotasunarekiko ahalduntzearen garrantzia gorai patuz (Dunst eta Trivette, 2010; Dunst et al., 2014; Escorcía-Mora et al., 2018; Escorcía eta Rodríguez, 2019).

Bestalde, lortutako eskuragarritasun emozionalaren gaineko emaitzen harira, kontuan hartu beharrekoa da babesgabetasunarekiko arrisku-egoeran dauden familien kasuan, gurasotasunak badituela zenbait berezitasun babesgabetasunarekiko arrisku-egoeran ez dauden familiekin alderatuta.

Lehen aldiz, AVI esku-hartze programa goiztiarra (Moss et al., 2018) aplikatu ondoren, zaintzailearen eta hauraren arteko harremanaren kalitatea ebaluatzeko, Eskuragarritasun Emozionalaren tresna erabili da (Biringen et al., 2014); Eskuragarritasun Emozionala handitzeak hauraren atxikimenduaren segurtasuna eta garapen sozio-emozional

osasuntsuagoa sustatzen dituela kontuan izanik (Biringen et al., 2014). Tresna honen bidez, diadako bi kideek bestearen erreakzioak nola interpretatzen dituzten eta seinale emozionalei nola erantzuten dieten aztertu da eta lortutako emaitzak bat etorri dira AVIren (Moss et al., 2018) beste ikerketa batzuekin. Ikerketa horiek Kanadako familiekin egin izan dira, haurrei emandako tratu txarrak egiaztatutako familiekin, eta gurasoen sentikortasuna eta guraso-haurren arteko elkarrekintzaren kalitatea handitu egin dira AVI esku-hartzearen ondoren (Baudry, 2012; Cyr et al., 2020; Dubois-Comtois et al., 2017; Moss et al., 2018).

Lehenengo ikerketa enpirikoan azaldu bezala, AVIa (Moss et al., 2018) jaso duten familien gurasoek jokabide sentikorragoak izan dituzte postestean, eraginkorragoak izan dira haurren beharrianak interpretatzerako orduan, laguntza eta egitura egokiagoa eman diete haurrei, eta etsaitasun eta intrusibotasun gutxiago erakutsi dute seme-alabekin harremanean. Bestalde, haurrei dagokionez, gurasoarekiko inplikazio handiagoa erakutsi dute, emozioen erregulazio hobea izan dute eta gurasoarekin elkarreragin edo elkarrekintza gehiago izan dute; hau da, sarriago gonbidatzen izan dituzte gurasoak jolasera.

Dena den, zaintzailearen eta haurraren arteko harremanaren kalitatea ebaluatzerako orduan Eskuragarritasun Emozionalari dagozkion zenbait faktore hobetzen dela aurkitu den arren, Eskuragarritasun Emozional baxua zuten 18 diadetatik, 5 diadek bakarrik lortu dute Eskuragarritasun Emozional altua AVIa (Moss et al., 2018) jaso ondoren. Seigarren kapituluan azaldu den gisan, baliteke familia hauek Eskuragarritasun Emozionalaren ebaluazio orokorrean eskuragarritasun emozional alturik lortu ez izana, gurasotasunean duten zaugarritasuna dela eta. Emaitza honek, babesgabetasunarekiko arrisku-egoeran dauden familien gurasotasuna nola eta nondik ebaluatzen dugun hausnartzera garamatza. Izan ere, izan daiteke familia horiek ebaluatzerako orduan zenbait aldagai kontrolatu eta ebaluatu ez izana, hala nola, familiaren maila sozioekonomikoa, gurasoen (helduen) atxikimendu estiloa, haien trauma historia, haurren eta gurasoen haurra izandako historia perinatale, haurrei emandako tratu txarren “belaunaldiarteko oinordetza” edota haurraren zaintzan duten laguntza soziala edo babes-maila.

Literaturan, “maternar en precariedad” terminoa erabili da; amatasun prekario edo ezegonkor gisa itzul daitekeena, babesgabetasunarekiko arrisku-egoeran dauden gurasoen zaugarritasunak, hauen gurasotasuna baldintzatzen dituen elementu

bereizgarriak dituela azaltzeko; ez bakarrik baldintza ekonomiko, fisiko, instrumental eta materialei (ondasun ekonomikoei eta fisikoei) dagokionez, baizik eta zaintza-gaitasuna baldintzatzen duten baldintza psikologikoekin (ondasun emozionalekin) lotura dutenak eta belaunaldiz belaunaldi helarazi daitezkeenak (Bifulco et al., 2002). Beste hitz batzuekin esanda, babesgabetasunarekiko arrisku-egoeran ez dagoen familia batekin alderatuz, zailagoa izango da bere haurrarekin zaintza sentikorra izatea eta haren garapen sozio-emozional egokia bermatzen duen gurasotasuna izatea kasu hauetan: zaintza sentikorraren eredurik izan ez badu, historia traumatikoa izan duenak, haurra zenean babesgabetasunarekiko arrisku-egoeran egon bada, atxikimendu estilo ez-ziurra badu, lan jardunagatik ama/aita jarduna asegabe egin behar duenak, haurra norekin utzi ez duelako, etab.. Ildo berean, zailagoa izango zaio ondasun ekonomiko eta fisiko ezegonkorrak edo prekarioak dituen gurasoari zaintza sentikorrean eta ondasun emozionalean arreta jartzea, oinarrizko beharrianak asebetetzea bere lehentasuna baldin bada (Maslow, 1991; Maslow, 2016).

Esandako guzti hau kontuan hartuta, Gizarte-Zerbitzuetan, eta konkretuki, Haur eta Nerabeen Babes-Sisteman, ebidentzian oinarritutako praktika-mugimenduak hobekuntza nabarmenak ekarri ditu osasunaren eta haurren babesaren arloko tratamendu psikologikoen aplikazioan nahiz eta Espainiako erakundeek zailtasun ugari dituzte horrelako programak sustatzeko ahaleginetan, aplikazioak aldaketa estruktural nabarmenak eskatzen dituelako Haurrak eta Nerabeak Babesteko Sisteman (De Paúl et al., 2015).

Hala eta guztiz ere, kasu honetan, AVI programaren bertsio espainiarraren bideragarritasuna eta onargarritasuna lortu dira, Haur eta Nerabeak Babesteko Sistema den esparru berri batean, ingurune horren espezifikotasunera egokitzen dena, familiak eta esku-hartzen duten profesionalak edo bideratzaileak, barne. Kasu honetan, AVI esku-hartzea (Moss et al., 2018) behar bezala egokitu aurretik, haren bideragarritasuna eta onargarritasuna ebaluatu dira, eta egokitzapenak bat etorri dira esparru psikosozialaren edo esparru aplikatuaren beharrekin, esku-hartzearen oinarriak bere horretan mantenduz.

Horregatik guztiagatik, esan daiteke, doktoretza-tesi honetan aurkeztu den AVI programa goiztiarraren bertsio espainiarra bideragarria eta onargarria dela Haur eta Nerabeak Babesteko Sistema publikoan erabili ahal izateko; belaunaldiz-belaunaldi gertatzen diren

babesgabetasunarekiko arrisku-egoeren transmisio kateak hausteko; atxikimendu ziurrean oinarritutako kalitatezko zaintzaile-haur (0-5 urte) harremanak garatzeko; eta hurrei emandako tratu txarrei edo babesgabetasun egoera larriagoei aurrea hartzeko. Azkenik, ekarpen gehigarri gisa, aipagarria da, programaren bertsio honen aplikazio edo implementazio-gida eta gaitegia euskaratuak izan direla Euskal Autonomia Erkidegoko edozein lurraldetan euskaraz aplikatu ahal izateko.

- **AVI PROGRAMAREN ERAGINKORTASUNA COVID-19 KRISI GARAIAN/**

The effectiveness of the Spanish version of AVI in COVID-19 pandemics

Zortzigarren kapituluan aurkeztutako ikerketa honen helburua AVI programak (Moss et al., 2018) gurasoen estresean, etxeko kaos mailan, diaden Eskuragarritasun Emozional eta gurasoen gaitasun erreflexiboan duen eragina aztertzea izan da, COVID-19 pandemia edo krisi garaian, babesgabetasunarekiko arrisku-egoeran zegoen familia talde batean. Kontrol taldearekin alderatuta, AVIa jasotako gurasoek emozioen eskuragarritasun emozional eta atxikimendu-ziurtasun handiagoa erakutsi zuten haurraren egoera mentalei dagokionez, baita etxeko kaos maila txikiagoa ere. Hala ere, gurasoen estres mailari dagokionez, ez zen talde bien arteko alderik hauteman. Bestalde, AVI taldeko haurrek Eskuragarritasun Emozional handiagoa zuten postest egoeran kontrol taldekoek baino.

Hau da, Haur eta Nerabeen Babes-Sisteman emaitza positiboak erakutsi dituen AVI programaren doikuntza egin eta haren bideragarritasun eta onargarritasuna lortuta, COVID-19 krisialdian ere, programak, espero ziren emaitzak izan ditu eta baliagarria izan da babes-faktoreak sustatzeko.

Jarraian, aurkitutako emaitzak aldagaiz aldagai aztertuko dira: gurasoen estres maila, etxeko kaos maila, gurasoek haurren egoera mentalen gaineko gaitasun erreflexiboa eta diadaren eskuragarritasun emozionala. Lehenik eta behin, gurasoen estres maila AVI programa aplikatu ondoren, jaitsi ez izana, ez da harritzekoa izan. Bada, beste ikerketa batzuetan AVIan gisan video feedbacka aplikatutako esku-hartze goiztiarrek ere ez dute estres maila gutxiagotzean eragin (Ohara et al., 2019). Hare gehiago, AVI programa aplikatuta ere, ikerketan ez zuten gurasoen estres mailan murrizketarik aurkitu (Dubois-Comtois et al., 2017).

Kapitulu horri dagokion eztabaidan aipatu bezala, baliteke, gurasoek zailtasunak izatea seme-alaben ongizateari etengabeko arreta eskaintzerakoan edo guraso-rola estresagarria dela ulertzean. Pentsatzekoa da, halaber, familiek ez dietela bideratzaileei estres hori mahai gaineratu modu zuzenagoan landu ahal izateko, gurasotasunaren beraren presio soziala dela eta, edota gurasotasunak dakarren estresa, modu naturalean onartu eta kudeatu beharko luketenaren ustean, egunerokotasunean gurasotasunak eragin diezaieken estresa aitortzeak, “guraso txar” bezala agertzera daramatzatelako.

Bestalde, begirada zabalago batetik, esango genuke, programak gurasotasun sentikorrari asoziatutako aldagai fokaletan jartzen duela indarra, eta ez beste familia-egoera, gurasotasunarekin zerikusi gutxi duten helduen egoera pertsonal edo kontestuko aldagaietan. Ondorioz, neurri batean, gurasoen estres maila aldagai arrotz bat izan daiteke, zeina oso aldakorra eta batzuetan ezustekoa den eta, hartara, AVI esku hartzeak ezin duen modu zuzenean edo osotasunean murriztu.

Bigarren aztergai dugun aldagaiari dagokionez, ordea, etxeko kaos mailari hain zuzen, kontrakoa gertatzen da. Hau da, esku hartzea aplikatu ondoren, kaos maila murriztu egiten da. Eraitza horrek, zera adierazten du: COVID-19 pandemiaren testuingurua gorabehera, AVIk lagundu ziela gurasoei familia-ingurunea edo etxeko kaosa antolatzen: familian errutina egituratuagoak lortu ahal izan zituzten, nahasmen gutxiago zuten eta, eguneroko jardueretan aurre ikusgarritasun handiagoa.

Hori, neurri batean, etxeko kaosaren murrizketa eta guraso-praktika positiboagoak garatu izanaren arteko erlazioak (Andeweg et al., 2021); eta, alderantziz, etxeko kaos-maila altua gurasotasun-arazo handiagoekin lotuta egoteak azaldu dezake (Andeweg et al., 2021; Coldwell et al., 2006). Izan ere, AVI programak (Moss et al., 2018) gurasoei haurren atxikimendu-sistemaren antolaketaren laguntzan eraginkortasuna erakutsi du, gurasoen jokabide sentikorraren bitartez (hau da, goxotasuna, aurreikusgarria izatea eta jarrera harkorra) (Moss et al., 2011). Aipatutakoaz gain, baliteke, gurasoek zenbat eta gehiago ulertu haurren beharrak (mentalizazio gaitasuna) eta haiei modu aiproposean erantzuten (modu sentikor, goxo, aurreikusgarri eta harkorrean), zenbat eta gurasoak ahaldunduago sentitu beren gurasotasunean eta ongizatea sentitu guraso-haur atxikimendu harremaren kalitatea hobetu dela, familia-armonia hori nolabait etxean proiektatzea. Dena den, hipotesi hau konfirmatu edo ezeztatzeko, ikerketan gehiago sakondu beharko litzateke, eta aldagaien arteko harremanak tentuz aztertu.

Azkenik, aipatzekoa da, etxeko kaos mailak haurren portaera-arazoetan eta hizkuntzaren garapenean izandako atzerapenetan duen papera kontuan hartuta (Martin et al., 2012; Mills-Koonce et al., 2016), aldagai honetan lortutako emaitza bereziki pozgarria dela.

Hirugarren aldagaiari helduta, gurasoen gaitasun erreflexiboari dagokionez, emaitzak bereziki interesgarriak izan dira. Izan ere, AVI taldeko gurasoek, haurren egoera mentalak ulertu eta interpretatzerako orduan, “ziurtasun” faktoreari dagokionez, hobekuntza lortu zuten esku-hartzean parte hartu ondoren. Beste era batera esanda, beren aburuz, haurren beharrak hobeto ulertu eta interpretatzen zekiten esku-hartzearen ondoren, hipermentalizazioa edo gehiegizko ustezko gaitasun erreflexiboa izan gabe. Hori, gure ustez, AVI programak (Moss et al., 2018) esku-hartzean zehar, bideo-feedbackean gurasoen portaeretan arreta jartzeaz gain, haien propioen eta seme-alaben portaera eta pentsamenduak beste era batera ikustera, pentsatzera eta hausnartzera bideratzen dituelako izan daiteke. Bestalde, zenbaitetan, familiek proposatuta, bideratzaileek AVI programaren esku-hartze oinarriak jarraituz, guraso-haurraren arteko krisi egoeretan mentalizazio gaitasuna galtzearen zergati, ondorio eta interpretazio eta jokabideen inguruan “elkarrekin pentsatze” ariketak egiteak, baliteke, gurasoei “gaitasuna” eta “guraso behar bezain ona” izatearen eta sentitzearen pertzepzioa handiagotzea.

Gainera, interesgarria da aipatzea, ikerlan honetan, babesgabetasunarekiko arrisku-egoeran dauden familiak artatu direnez eta ez haurrei emandako tratu txar larriagoak dituzten familiak, hauen hasieratik beren haurren egoera mentalen gaineko “interesa eta jakin-mina” altuak izan direla pretest neurrian eta, ondorioz, faktore horretan talde bien (kontrola eta AVI taldea edo esperimental) tarteko aldaketarik aurkitu ez izana, esku-hartze goiztiarra izateari eta familien profilari egozten zaizkiola.

Azkenik, Eskuragarritasun Emozionalaren (Biringen et al., 2014) bitartez neurtu den aldagaiari dagokionez, kontrol taldeko guraso eta seme-alabekin alderatuta, AVIa jaso zuten gurasoek posttest neurketan pretestan baino jokabide sentikorragoak garatu zituzten, eraginkorragoak ziren gida eta sostengu izaten, seme-alaben ikaskuntza prozesuan akonpainamendu egituratuagoa eskainiz, eta ez zuten horrenbesteko etsaitasun eta intsumisiorik aurkeztu seme-alabekin harremanak izaterako orduan. Era berean, AVI taldeko hurrek ere Eskuragarritasun Emozional handiagoa izan zuten postestean, gurasoekiko inplikazioari eta harrerari edo erantzuteko gaitasunari dagokienez puntuazio altuagoak zituzten, emozioak erregulatzeko estrategia orokor hobekak adierazten zituzten,

gurasoekin elkarreraginean aritzen ziren bitartean, eta gurasoekiko harremanarekiko konpromiso handiagoa zuten. Hau da, bai guraso zein haurrengan; diadaren elkarrekikotasunean, aldaketa positiboa eragin zen esku-hartzearen inplementazioaren ondoren.

Azaldutako emaitza horiek ondorio garrantzitsuak dituzte babesgabetasunarekiko arrisku-egoeran dauden familientzat. Esan daiteke, AVIan parte hartetik eratorritako emaitzek inpaktu positiboa izan dutela zaintzaile-haur arteko harreman emozional osasungarrian, haurren atxikimendu ziurra areagotzean eta garapen sozio-emozionala indartzerakoan (Biringen et al., 2014). Baita haurren tratu txarren eta arduragabekeria edo zabarkeriaren aurkako babes-faktore gisa ere (Fuchs et al., 2015; Kluczniok et al., 2016).

IKERKETA-MUGAK/

Research limitations

Doktoretza-tesi honetan aurkeztutako lanak baditu zenbait muga, zati praktikoan aurkeztutako emaitzen ebaluazioari dagokionez. Lehenik eta behin, erabilitako laginaren tamaina txikia da egindako bi lan enpirikoetan, eta horrek potentzia estatistikoa eta lortutako emaitzak orokortzeko, inferentziak egiteko eta erreplikatzeko adierazgarritasuna murriztu egiten ditu. Beraz, ondorioak tentuz orokortu behar direla uste dugu.

Bigarrenik, gurasoen funtzio erreflexiboaren aldagaiaren inguruan, esan beharra dago datuak aztertzerako orduan prementalizazio-aldagaia erabili ezin izanak aldagai horren inguruko informazioa ezin izan dela osoa izan, eta kontuan izanik prementalizazioak funtsezko zeregina izan dezakeela haurren tratu txarren belaunaldien arteko transmisioan (Condon et al., 2021). Etorkizuneko azterlanetan komenigarria litzateke AVI esku-hartze programa goiztiarrak gurasoen mentalizazio gaitasunean duen eragina bere osotasunean aztertzea; baita horrek parte-hartzen duten haurrengan duen eragina ere.

Gainera, aipatzekoa da, azterlan honen hirugarren muga bat gurasoen funtzio erreflexiboa neurtzeko neurri auto-informatu bat erabili izana dela, eta horrek, aldagaia neurtzerako orduan, joera okerra islatu dezakeela. Ondorioz, hurrengo ikerketetan behaketa-neurriak erabiltzea komeniko litzateke, hala nola, *Parent Development Interview* (PDI; Slade et al., 2004).

Antzera gertatzen da Eskuragarritasun Emozionala (Biringen et al., 2014) behaketa neurri bakar batez soilik neurtzearekin. Izan ere, nahiz eta tresna honen bitartez lortutako informazioa oso baliagarria eta zehatza den, beste tresna auto-informatu batzuekin korrelazio erlazioen esangura maila jokoan jar daiteke, eta ondorioz, interesgarria litzateke, aldagai hori bera behaketa profesional kontrastatuaz gain, tresna auto-informatu baten bitartez neurtzea.

Horretaz gain, bostgarren muga bat litzateke sexuen parte-hartzearen desoreka. Hau da, guraso parte-hartzaileen gehiengoa amak dira, eta seme-alaben kasuan ordea, gehiengoa mutilak. Desoreka hori argi islatu nahi izan da zati praktikoko bigarren ikerketa enpirikoan, ezin izan baita ezagutu AVIak sexuaren araberrako zer eragin duen. Honek, doktoretza-tesi honetatik haratago datozen ikerketei begira, genero ikuspegian oinarritutako hausnarketa baten beharra dakar. Izan ere, Haur eta Nerabeen Babes-Sisteman ere, nabarmena da zaintza lanak ez daudela modu orekatu batean banatuta genero-rolak direla eta. Horrela, babesgabetasun arriskuan aurkitzen diren familietan ere, seme-alaben zaintzaz arduratzen den gehiengoa emakumezkoa da (ama). Honenbestez, aurrera begira interesgarria litzate Haur eta Nerabeen Babes-Sisteman, zaintzaren inguruko atazei dagokionean, gehienbat, emakumezkoak artatzeko joera posibleaz eta horren zergatiaz hausnartzea. Ildo berean, haurren ongizateari dagokionean, mutilen portaera, jarrera eta ongizate emozional falta identifikatzeko joera handiagoa izatea neskekin alderatuta eta, ondorioz, hauekin detekzio goiztiar eta prebentzio-lana egiteko zailtasun posibleaz pentsatzea; baita hau guzti hau orekatzeko erronka aztertzea ere.

Bestalde, doktoretza-tesi honetan ez dira Eskuragarritasun Emozionalaren aldagaiak gain, haurren ongizate sozio-emozionalarekin lotutako beste aldagai batzuk neurtu eta aurkeztu. Beraz, interesgarria litzateke haurren atxikimendua edo arazo sozio-emozionalen adierazleak neurtu eta aldagaien arteko harremanak aztertzea. Ildo berean, komenigarria litzateke gurasoen gurasotasunean eragina izan dezaketen beste aldagai bitartekari eta moderatzaile batzuk aztertzea, hala nola, gurasoen atxikimendu estiloa, gurasoen tratu txarren historia, edo gurasoen trauma-historia aldagaiak.

Azkenik, epe luzeko diseinu longitudinala erabilitako ikerketak egiteak aukera emango luke doktoretza-tesi honetan lortutako emaitzen kongruentzia-sendotasuna probatzeko eta emaitzetan sakontzeko.

ETORKIZUNeko IKERKETA-LERROAK/

Prospects for future research

Azken hamar urteetan Haur eta Nerabeen babes-sistemak aldaketa nabariak bizi izan ditu: gabezietan oinarritutako gizarte-politikak sustatzetik, garapenaren eredu baterantz; estrategia selektibo eta bakanetatik, ikusmira unibertsalago baterantz; eta, haurrak babestu behararen ideiatik, haurren ongizate eredu baterantz (Kammerman et al., 2009). Hartara, gurasotasun sentikorra sustatzen duen eta haurren (0-5 urte) ongizate sozio-emozionala garatzen laguntzen duen AVI esku-hartze programa goiztiarrari lotutako zenbait proposamen luzatuko hurrengo lerroetan.

Aurretik esan beharra dago, nahiz eta ez den doktoretza-tesi honetan aurkeztu, aurrerago proposatuko diren ikerketa-lerro batzuk burutu ahal izateko jada jasotzen hasi direla beste zenbait aldagai, etorkizun batean datu garrantzitsuak eman ditzaketenak, eta lagina handituta, analisi estatistiko desberdinak egitea baimenduko luketenak. Esate baterako, aldi perinatalera zuzendutako zenbait aldagai gako, zaintzaile-haur (0-5 urte) harremana baldintzatu dezaketenak (biolentzia obstetrikoa, atxikimendu goiztiarra, erditu ondorengo depresioa edo babes soziala), helduen atxikimendua, helduen trauma historia, etab. eta prozesuko ebaluazioari dagozkion beste batzuk. Adibidez, familien esku-hartzearen bidezko aldaketarekiko motibazioa.

Etorkizuneko ikerketa-lerroei dagokionez, doktoretza-tesi honetan egin diren ekarpenez haratago, honako proposamenak interesgarriak lirateke. Ikerketa lerro berritzaile horiek, aplikazio-eremuaren, esku-hartze metodologiaren, esku-hartzearen beraren eta nori zuzenduta dagoen edo profilaren arabera multzokatu dira. Bukatzeko, zeharkako eragina duten proposamenak aurkezten dira.

Proposamen horietako batzuk, Espainiatik kanpo probatu izan dira eta interesgarria litzateke gure Haur eta Nerabeen Babes-Sisteman aplikatu ahal izatea.

Aplikazio eremuaren arabera proposamena

- **Haur eta Nerabeen Babes-Sisteman, harrera familien ebaluazio prozesuetan**

Hurrek harrera-ingurunera ekartzen dituzten atxikimendu-arazoak eta harrerako gurasoen atxikimenduaren irudikapenek harrerako haurren garapenean duten zeregina kontuan hartuta (Dozier, et al., 2001) atxikimenduan oinarritutako esku-hartzeen erabilera, atxikimenduaren ebaluazioa argitzeko erabiltzea, profesionalei, familien atxikimenduaren irudikapenak hobeto ulertzen laguntzeko (Dubois-Comtois et al., 2022).

- **Haur eta Nerabeen Babes-Sisteman, adin txikikoak babesteko neurriak hartzerako orduan**

Babesgabetasun-egoera larri eta oso larrien kasuan, adin-txikikoan babesteko neurriak hartzerako orduan, atxikimenduan oinarritutako esku-hartzeak txertatzeak, gurasotasuna hobetzeko potentziala ebaluatzeko aukera erraztuko luke (Cyr et al., 2022). Hau da, Euskal Herria mailan, BALORA tresnan (Enpleguko eta Gizarte Politiketako Saila, 2017) egiten den babesgabetasun-egoeraren iragarpenaz edo pronostikoaz gain, atxikimenduan oinarritutako zortzi saioko esku-hartze labur honek, guraso-haur harremanaren gaineko eta gurasoen gurasotasuna jorrazteko gaitasunaren gaineko pronostikoa zehazten lagunduko luke.

- **Haur eta Nerabeen Babes-Sistemaz haratago, beste zaintza-sistema batzuetan, programaren eskaintza**

Hala nola, osasun arloan, Osakidetza Sarean; pediatria sarean, emaginen bitartez, erizaintza pediatrikoan, ama izan diren osasun mental larrien unitateetan, neonatologian, edo Zaintza Intentsiboko Unitatean dauden haur goiztiarretan, besteak beste. Edota, Hezkuntza Sisteman; haur hezkuntzan edo hezkuntza berezian; Arreta Goiztiarreko Programan; behar bereziekin edo profil jakinekin lan egiten duten Erakundeetan edo Familia-erakundeetan.

Bestalde, badira zenbait proposamen, egun oraindik AVI esku-hartzean probatu ez direnak. Hala nola, jarraian zehazten direnak:

Esku-hartze metodologiaren arabeko proposamena

- *Telehealth*

AVI esku-hartze programa online bideratu ahal izatearen proposamenak, familian erdigunean jartzea eta krisi egoera edo aurrez-aurre jardutea jokoan jartzen duten egoerak (familien bizitokiaren distantzia, profesionalen mugikortasun arazoak, gaixotasunak, etab.), ekarriko luke. Hartara, interesgarria litzateke esku-hartze programa metodologia berritzaileak erabiliz aplikatzea programaren fideltasuna mantenduz, eta horren eragina aztertzea, atxikimenduan eta probetan oinarritutako beste esku-hartze programek probatu duten gisan (Roben et al., 2022).

AVI esku-hartzearen beraren gaineko proposamena

- Esku-hartzeko saioetan mentalizazioaren osagai konkrituak txertatzea modu formal eta sistematizatuan. Hau da, gurasoen gaitasun erreflexiboa, modu esplizituagoan eta modu homogeneoan familia guztiekin lantzea interesgarria litzakete.
- Aldagaien arteko harreman konplexuagoa aztertzea. Esaterako, gurasoen atxikimendu estiloaren edo haurtzaroko traumak izatearen efektu moderatzailea AVIak duen inpaktuan.
- Esku-hartzea familien etxeetan edo kontestu naturaletan egiteaz gain, jolas-proposamenak familia-errutinekin lotura izatea, horrek, epe ertain-laburrean, errutinekin zerikusirik ez duten jarduerak proposatzearekin alderatuta, suposatu dezakeen aldaketa aztertu ahal izateko (Dunst eta Trivette, 1995). Izan ere, arreta goiztiarreko esku-hartzeetan ikusi da gurasotasuna hobetzeko, familiak egunerokotasuneko errutinetan daukala aukera behin eta berriro ikasitakoa praktikan jarri eta haurrarekin duen hartu-emana hobetzeko (Division for Early Childhood, 2014; McWilliam, 2010).

Honekin lotuta, AVI programaren saio bakoitzaren ostean familiarekin astean zehar egitekoren bat aplikatzeko konpromezua hartzen du; horrek, saioan errefortzatutako portaera eta jarrerak errepikatu eta beste kontestu edo egoera batzuetan probatzeko aukera eskaintzen baitu, eta ondorioz, ikaskuntza errotzeko aukera ematen baitu. Dena den, egun AVI programaren bertsio espainiarrean ez da horren jarraipen sistematiko esturik egin, eta interesgarria litzateke esku-hartzearen elementu hori

indartzea familiarekin elkarlan estuan, “familian zentratutako praktiken” bitartez (Dunst eta Espe-Scherwindt, 2016; Escorcía eta Rodríguez, 2019; Espe-Scherwindt, 2008; García-Sánchez et al., 2018).

Zuzenduta dagoen profilararen araberrako proposamena

- **Etapa perinatalean AVI eskaintzea**

Interesgarria litzateke AVIn parte hartzea 0-5 urte bitarteko haurrak dituzten familiei eskaintzeaz gain, haurdun dauden emakumei ere proposatzea eta hurrek 0-2 urte eduki arte mantentzea. Izan ere, prebentzioaren ikuspegitik, babesgabetasunarekiko arrisku-egoeran dauden familiak zenbat eta lehenago artatu, orduan eta familiak babes-faktoreekin laguntzeko aukera gehiago eskaini ditzake Haur eta Nerabeen Babes-Sistemak. Gainera, haur eta nerabeen babesgabetasun egoerei aurrea hartzeko estrategia eraginkorrak garatu ahalko lituzke prebentzio unibertsalean ere esku-hartzean indarra jarritz, babesgabetasunarekiko arrisku-egoeretan edo larritasun maila altuagoetan eragiteaz gain.

- **Diadatik haratago, familia-harremanak lantzea atxikimenduan oinarrituta**

Fiese eta kideek (2019) APA eskuliburuan azaltzen duten proposamen gaurkotuan oinarrituta, familiekin egiten diren esku-hartzeetan, familiekin egiten diren esku-hartzeek familiaren sistemaren oinarria diren kide esanguratsu guztiak kontuan hartzea gomendatzen da. “Diada” analisei garrantzia kendu gabe, baina informazio horren osagarri gisa. Izan ere, baliteke atxikimenduari dagokionez, familiako kideren batek hurrekin sortutako harremanak esku-hartze diana baldintzatzea, hirugarren batek diadaren harreman estiloa moldatzean eragitea beren egunerokotasuneko errutinan, edota, beharbada, lehen haurtzaroan, familia-interakzioek hurren atxikimendu-irudikapenak iragarri ahal izatea, bost eta sei urteko hurrekin Dubois-Comtois eta Moss (2008) autoreek egindako ikerketan oinarrituta.

- **“Aitek” 0-5 urte bitartean sortutako atxikimendu harremanetan duten lekua eta papera**

Egun, atxikimenduan oinarritutako esku-hartzeen gaineko azterketa gehienak amen eta hurren atxikimenduaren gaineko azterlanak dira (Ahnert eta Schoppe-Sullivan, 2020).

Dena den, zenbati ikerketa lanen emaitzen arabera, eta, ordea, ikusi da aitek ere badutela haurren bizitzako lehen urteetan atxikimendu-harremanetan leku eta paper garrantzitsu bat (Walter et al., 2019), amarenagandik bereizia, baina garrantzitsua dena haurren garapen sozio-emozionalean (Cabrera et al., 2018). Eta oraindik, asko dago aztertzeko aiten atxikimendu harremanek haurren garapen orokorrean zer eragin izan dezaketen, Deneault eta kideek (2021) burututako meta analisi baten arabera.

Zeharkako eragina duten proposamenak

Azkenik, egindako etorkizunera begirako aipu eta proposamen guztiei zeharka eragiten zieten beste bi aspektu ere balioan jarri nahi ditugu, programaren inplementazioa bideragarria eta kalitatezko esku-hartzea izateko bermean.

Batetik, garrantzitsua litzateke Haur eta Nerabeen Babes-Sisteman, profesional bideratzaileez gain, gainontzeko arreta zuzen eta zeharkako erdi-karguetako teknikariei zuzendutako formakuntza orokortuan inbertsio bat egitea, babesgabetasunarekiko arrisku-egoeren prebentzioaren gainean, atxikimenduaren teorian, ebidentzian oinarritutako esku-hartze goiztiarretan, eta AVI esku-hartze programa goiztiarrean. Horrela, haurtzaroko lehen urteetako babes, beharrak eta harreman-fenomenoan sakontzeaz haratago, detekzio lana, koordinazio lana eta babesgabetasunarekiko arrisku-egoerak prebentzioaren ikuspegitik ahal bezain pronto modurik eraginkorrean bideratu eta lantzea erraztuko luke.

Bestetik, lorpen haundia litzateke etorkizun laburrean, Haur eta Nerabeen Babes-Sisteman, 0-5 urte bitarteko familiei eskaintzen zaizkien esku-hartze programak estatuko probintzia eta lurralde historikoetan homogeneizatu ahal izateko irizpideak zehaztea babesgabetasun-egoeraren markoan eta haurren garapen sozio-emozionalean eta gurasoen gurasotasunean eragina dutela erakutsi duten esku-hartze programetan oinarrituta.

***Summary of the discussion:**

**“DISCUSSION, RESEARCH LIMITATIONS AND PROSPECTS FOR
FUTURE RESEARCH”**

On the basis of the research objectives set out in Chapter 4 of the second applied section, in this chapter, we discuss the main results obtained through the Doctoral Thesis.

Additionally, we present the research limitations and the areas of research and lines of research of interest that can be deepened in the future. Finally, we reflect the main *conclusions of this Doctoral Thesis.

To begin with, we recall the research objectives of this Doctoral Thesis: (1) adapt the Spanish version of the AVI program, implemented it in the Municipal Social Services as an example of the System of Protection of Children and Adolescents in the Autonomous Community of the Basque Country and carry out a study on its feasibility and acceptability; (2) analyse the effectiveness of the early AVI intervention program in promoting protective factors in times of COVID-19 crisis. That is, to assess whether it not only reduces the level of stress of parents and the level of domestic chaos, but also promotes emotional availability and the reflective role of parents.

1)The Spanish version of AVI: feasibility and acceptability

The first objective of this research has been to analyse the feasibility and feasibility of the Spanish version of the intervention program to be used in the Child Protection System.

Given that child maltreatment is a health and social problem (World Health Organization, 2020), the implementation of evidence-based programmes that promote protective factors is now a public priority. Not only to promote healthy societies from the point of view of universal prevention, but also from the point of view of primary and secondary prevention, in order to provide families at risk child abuse and neglect with effective intervention program.

Accordingly, from the Child Protection Services, it is essential to implement early, structured and effective intervention programmes based on evidence for families at risk of child abuse and neglect, so that, in addition to promoting protection, the prevention of the situation of lack of protection is achieved. An example of this is the early AVI

intervention program (Moss et al., 2018), which could be an effective resource for promoting protective factors. In fact, its effectiveness has been shown when it comes to promoting parental sensitivity, strengthening the parent-child positive relationships and the child's healthy attachment and development.

Thus, the feasibility and acceptability study carried out in this Doctoral Thesis leads us to conclude that the Spanish version of the AVI program (Moss et al., 2018) for which several adjustments have been made ((1) the systematic introduction of zero session, (2) the use of a more didactic and standardized approach in the preparation of the AVI thematic debates, and (3) the preparation of a systematic summary report at the end of each intervention session) is feasible and acceptable for its application in the Child Protection Services, and has been found to be effective in promoting healthy caregiver/child relationships (0-5).

In explaining these results, we believe there are a number of factors which may explain the feasibility and acceptability of the Spanish version of AVI:

1. Guarantee of maintaining the foundations of the original AVI intervention (Moss et al., 2018) in the Spanish version.

2. Combination of the quantitative and qualitative research methodology used.

3. The acceptance and commitment of the Spanish version of the AVI program of the practitioners who have carried out the implementation of the program for the systematic and homogeneous implementation of the program. For example, including video-feedback in the intervention, attention to attachment, limited time, etc.

4. The performance of session reports, session reviews, and group reviews; the fact that sessions with families are previously considered, verified, and written, facilitates, on the one hand, to keep the representation of the family in mind in a continuous and conscious manner, and, on the other hand, to better respond to the needs of families (Barratt et al., 2018).

5. *We believe that the systematic inclusion of a Zero Session has given us the opportunity of better knowledge and understanding of the characteristics of the family, and consequently of being more sensitive in the individualization of intervention.*

6. *Giving importance to the family-practitioner relationship or therapeutic alliance. This, systematically incorporated into the zero session, explicitly elaborated in the fourth session on the responses obtained in the alliance questionnaire, could partially explain the fact that it is based on the premises set out in the theoretical section (acting honestly, praising positive behaviors) and attributable to the small percentage (7.7%) that has abandoned the intervention, which shows the high level of satisfaction and acceptability of families.*

All this has led to a creative process of joint “thinking together with the families” and co-construction, which has had a positive impact on the effectiveness of intervention and on the degree of satisfaction with family intervention.

7. *Work especially on the construction of sensitivity within parenting (Bakermans-Kranenburg and Oosterman, 2021) and consider the involvement of children and responsiveness (Biringen et al., 2014) when assessing Emotional Availability.*

8. *The fact that the implementation is made in natural context.*

2)The effectiveness of the Spanish Version of AVI in COVID-19 pandemics

The results

- ✓ The COVID-19 pandemic resulted in an increase in the risk for child abuse and Neglect.
- ✓ Attachment Video-feedback Intervention program (AVI) can increase protective Factors.
- ✓ AVI can improve emotional availability and certainty in mental states in parents
- ✓ AVI reduced household chaos during the COVID-19 pandemic.
- ✓ The administration of the AVI should be considered by Child Protection Systems.

In the text, the mentioned highlights are analysed in depth followed by a reflection on the results obtained in these variables: the level of stress of parents, the level of domestic

chaos, the reflective capacity of parents on their children's mental states, and the Emotional Availability of the dyad.

RESEARCH LIMITATIONS

As for the work presented in this Doctoral Thesis is concerned, it has some limitations on the evaluation of the results explained in the applied section:

- ✓ The sample size used is small in the two empirical works.
- ✓ The prementalization variable could not be used in the analysis of the data, and considering that prementalization can play a key role in the intergenerational transmission of child abuse (Condon et al., 2021) it could be a limitation.
- ✓ The use of a self-informed measure to measure the reflective function of parents, which may reflect a misguided tendency to measure the variable.
- ✓ Similar is the case with the measurement of Emotional Accessibility (Biringen et al., 2014) only by a single observational measure.
- ✓ Imbalance in gender participation.
- ✓ Not measuring and presenting other variables related to the child's socio-emotional well-being beyond the Emotional Availability variable.
- ✓ The use of a long-term design would make it possible to test the consistency of the results obtained in this Doctoral Thesis and to deepen the results.

PROSPECTS FOR FUTURE RESEARCH

Over the past ten years, the Child Protection System has undergone significant changes: from promoting social policies based on deprivation to a model of development; from selective and isolated strategies to a more universal vision; and from the idea of protecting children to a model of child welfare (Kamerman et al., 2009).

Thus, in the following lines, some detailed proposals relating to the early AVI intervention program, which promotes sensitive parenting and contributes to the development of the socio-emotional well-being of children (0-5 years).

With regard to the prospects for future research, beyond the contributions made to this Doctoral Thesis, the following proposals would be interesting. These innovative lines of research have been grouped by field of application, intervention methodology,

intervention itself and to whom it is addressed or profile. Finally, proposals with trasversal impact are listed:

-Field of application

- In the Child Protection System, foster care in family evaluation processes.
- The Child Protection System for the adoption of measures or decision taking for the protection of minors.
- Program offer in other care systems beyond the Child Protection System.

-Intervention methodology

- Telehealth

-Intervention itself

- Formally and systematically incorporate specific elements of mentalization into the intervention sessions.
- Explore a more complex relationship between variables.
- In addition to intervention in families' homes or in natural contexts, the play proposal to be linked to family routines (Dunst and Trivette, 1995).
- After each session of the AVI programme, it undertakes to apply to the family some kind of activity during the week, which allows the repetition of behaviors and attitudes reinforced during the session and the testing of other contexts or situations, and consequently the establishment of learning. In the Spanish version of the AVI there has been no close systematic monitoring of this, and it would be interesting to strengthen this element of intervention in close collaboration with the family through family focused practices (Dunst and Espe-Scherwindt, 2016; Escorcía and Rodríguez, 2019; Espe-Scherwindt, 2008; García-Sánchez et al., 2018).

-To whom it is addressed or profile

- Offer of AVI in the perinatal stage.
- Beyond the dyads, work with family relationships based on attachment.
- Place and role of fathers in attachment relationships between the ages of 0 and 5.

-Proposals with indirect impact

- Training for technicians in direct and indirect care, in addition to facilitator professionals. Thus, beyond deepening the protection, needs and relational phenomenon of the early years of childhood, it would facilitate the management and treatment of detection, coordination and risk situations of lack of protection as quickly as possible from the point of view of prevention.
- To establish the criteria for homogenizing early attachment-based intervention programs in the Child Protection System, for families aged 0-5 years through the provinces and historical territories of Spain.

***CONCLUSIONS**

The principal aims of this Doctoral Thesis have been the following:

- (1) To implement the Spanish version of the AVI program in the Municipal Social Services of the city of Donostia-San Sebastián, which is representative of the System for the Child Protection System in the Autonomous Community of the Basque Country, and to carry out a feasibility and acceptability study of it.
- (2) To analyze the effectiveness of the early AVI intervention program in promoting protective factors in times of COVID-19 crisis. That is, to assess whether it reduces levels of parental stress and household chaos and promotes Emotional Availability and the parental reflective functioning capacity of parents.

With regard to the first objective, it should be noted that several findings made us promote the implementation, feasibility and acceptability study and initial outcomes to better understand the impact of the Spanish version of the early AVI intervention program in the Child Protection Services in Spain.

- Child maltreatment is a social and public health priority in Spain.
- Evidence-Based Interventions that have shown to be effective in the Child Protection System setting should be implemented to reduce child maltreatment's negative and long-term consequences. In Spain, there is a need to introduce systematic and evidence-based programs in the Child Protection Services, with a specific focus on the prevention of the risk of child abuse and neglect.
- In Spain, there is no evidence that early attachment-based interventions are able to achieve the previously stated goal. Hence, there is a need for the implementation of an early (0-5 years) effective program like the AVI to decrease the risk of intergenerational cycles of abuse and neglect and reduce the proportion of children with insecure attachments.

The AVI program has demonstrated its value as a resource for improving parental sensitivity, parent-child interactive behaviors, and child attachment and development. To ensure the proper implementation of the program in Spain, we assessed the feasibility and

acceptability of this program in close collaboration with the authors of the AVI, which led to an adapted Spanish version of the AVI.

The results showed that the implementation of this adapted version by the child protective services is highly feasible and acceptable. Also, the initial results indicated the AVI's effectiveness in increasing positive caregiver-child emotional relationships, providing evidence of the feasibility and acceptability of the Spanish adaptation of the AVI.

As far as the second objective is concerned, we analyzed the effect of the Attachment Video-feedback Intervention on some protective factors during the COVID-19 pandemic.

As previously mentioned, the COVID-19 pandemic has had an impact on the following variables: parental stress, household chaos, emotional availability and parental reflective functioning. In fact, the following highlights explain the impact of the pandemic on the named variables:

- The increase in parental stress has been one of the most notable effects of the unprecedented global crisis associated with COVID-19. Families at risk of child abuse and neglect could experience greater stress related to the responsibilities of parenting.
- Greater parental stress is likely to promote household chaos. Moreover, associations have been found between household chaos and parental sensitivity or quality of parent-child interaction.
- During the pandemic period, parents subjected to high parental stress showed greater emotional distance from their children and lower satisfaction with their parental role, as assessed using self-report measures. In turn, these features have been associated with higher levels of clinical symptoms in children during the pandemic.
- It has been suggested that the stress associated with the social challenges resulting from the COVID-19 pandemic may have affected parental reflective functioning, making it more difficult for parents to consider their children, being overly focused on their own concerns or overwhelmed by increasing demands of parenting.

The results of the current study have shown that the Attachment Video-feedback Intervention program (AVI) can increase protective factors, such as parent and child Emotional Availability, household functioning and parental reflective functioning to some degree in families identified as at-risk for child abuse and neglect during a period of crisis such as the COVID-19 pandemic. Thus, it could be an effective early (0-5 years) attachment-based program to use for the prevention of child abuse and neglect in the setting of Child Protection Services.

This approach is in line with the Strategy for the Rights of the Child 2022-2027 put forth by the Council of Europe (2022) and with the Basque Strategy to Combat Violence against Children and Adolescents (2022-2025), from the perspective of prevention and early intervention proposals.

With regard to the process and outcome of the implementation of the AVI program shown in this Doctoral Thesis, we would like to outline the importance and success of putting together so many agents, institutions and knowledge areas working together as a team. That is to say, the networking shown in the fifth (“The Spanish version of the AVI: implementation context”) and seventh chapter (“The intervention procedure of the Spanish version of AVI”) has led to a working dynamic scarcely seen in any working context of Child Welfare in Spain, and it has resulted in an enriching outcome. We affirm that the Spanish version of the AVI has been made possible through collaboration and following a multidirectional linked work between the Child Protection Services, the University of the Basque Country, the practitioners from the HZ organization and the continuous supervision from the original authors of the AVI program in Canada.

This has resulted in an outcome that could be sustainable long-term, due to the fact that the obtained “knowledge” has been created through the implementation process and it is thought to add value beyond research. In fact, research and practice, universities and society, have received nourishment from each other through the process. Actually, we believe that this research might contribute to bringing social innovation to the field, enhancing early interventions (0-5 years) offered by the Child Protection Services.

To sum up, by this Doctoral Thesis, we have been able to obtain a Spanish version of the AVI program to be implemented in the Child Protection Services, an effective intervention that will prevent the risk of child abuse and neglect.

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Eranskina 1. AVIn parte-hartzeko baimen informatua/

Appendix 1. Informed consent to participate in AVI

HOJA INFORMATIVA PARA EL/LA REPRESENTANTE LEGAL SOBRE EL ESTUDIO

“Programa Attachment Videofeedback Intervention (AVI): Una intervención basada en el apego”

Desde la Facultad de Psicología de la Universidad del País Vasco/Euskal Herriko Unibertsitatea (UPV/EHU), el grupo de investigación QUALIKER, bajo la dirección de la Profesora Catedrática Nekane Balluerka Lasa, y el AYUNTAMIENTO DE DONOSTIA-SAN SEBASTIÁN están llevando a cabo un estudio cuyo título se indica más arriba y que tiene como objetivos aplicar y evaluar el **programa AVI a fin de apoyar a los padres en sus competencias parentales y mejorar el bienestar emocional de sus hijos e hijas**. Este estudio se encuadra dentro de un proyecto más amplio titulado *QUALIKER: Diseño, implantación y evaluación de programas de intervención en los ámbitos de la salud y de las competencias socio-emocionales*.

La participación en el programa se realizará en tiempos diferentes desde la recepción de la solicitud en función de criterios relacionados exclusivamente con el procedimiento de evaluación.

GRUPO EXPERIMENTAL. La participación incluirá tanto la aplicación como la evaluación del programa. El programa se aplicará en el domicilio y tendrá una duración de 8 semanas, durante las cuales participará junto a su representado en el programa de intervención AVI. Antes de empezar el programa, después de haberlo finalizado y tres meses después, un profesional de la UPV/EHU le aplicará a Ud. varios cuestionarios durante aproximadamente una hora para evaluar el efecto del programa.

GRUPO CONTROL. La participación consistirá en responder a una serie de cuestionarios en dos ocasiones de 40 minutos de duración cada una con un intervalo de unas 8 semanas antes de empezar con la intervención en el domicilio. Además, se realizará una videograbación domiciliaria de 10 minutos aprox. a la diada materno/paterno filial participante del programa mientras interactúan a propósito de un juego. Al fin del tiempo de espera, que durará 8 semanas, se aplicará de nuevo la administración de cuestionarios antes de comenzar la intervención AVI cuya duración será de 8 semanas.

La tarea de cumplimentación de los cuestionarios se realizará a través de la plataforma Encuestafácil; a través de un correo electrónico que proporcionará la persona usuaria. En caso de que Ud. acepte la participación de su representado/a en el estudio mencionado, se le informará de que si no quiere participar en alguna de las actividades está en su derecho y ello no supondrá ningún perjuicio para él/ella. El estudio respetará su anonimato, y por ello, no se le pedirán datos personales que permitan su identificación, sino que se le proporcionará un código que anotará en el cuestionario. Al finalizar el estudio, analizaremos el impacto del programa. Podrá Ud. acceder a la información relativa a los resultados obtenidos en el mismo, a nivel colectivo.

Los datos personales que nos ha facilitado para este proyecto de investigación serán tratados con absoluta confidencialidad de acuerdo con la Ley de Protección de Datos y el Reglamento Europeo de Protección de Datos (UE2016/679). Se incluirán en el fichero de la UPV/EHU de referencia “INA-TAA” y sólo se utilizarán para los fines del proyecto. Es posible ceder datos del proyecto a grupos colaboradores, pero en ningún caso figurarían datos que lo pudieran identificar.

Puede consultar en cualquier momento los datos que nos facilitado o solicitarnos que rectifiquemos o cancelemos sus datos o simplemente que no los utilicemos para algún fin concreto de esta investigación poniéndose en contacto con el Responsable de Seguridad LODP de la UPV/EHU, Rectorado, Barrio Sarriena, s/n, 48940-Leioa-Bizkaia. E-mail: dpd@ehu.eus.

Por tanto, le agradeceríamos que, en caso de estar de acuerdo, firmara el consentimiento informado que se adjunta a esta hoja.

Le agradecemos enormemente su colaboración y quedamos a su disposición, en caso de que quiera obtener más información, en el teléfono que aparece en la firma.

Alexander Muela Aparicio

Facultad de Psicología de la UPV/EHU 943 018310

Avda Tolosa, 70 20018 Donostia (Gipuzkoa)

DECLARACIÓN DE CONSENTIMIENTO INFORMADO PARA EL/LA REPRESENTANTE LEGAL

Yo, D./D.^a, mayor de edad y con DNI....., en calidad de representante legal de manifiesto que he sido informado/a sobre el estudio titulado “Programa Attachment Videofeedback Intervention AVI: una intervención basada en el apego” y que acepto que mi representado/a participe en el mismo.

Asimismo, he sido informado/a de que la participación de mi representado/a es voluntaria, de que podrá renunciar a ella en cualquier momento, de que si hay alguna actividad en la que no desee participar, puede no hacerlo y de que podremos conocer los resultados a nivel colectivo, si así lo solicitamos. Asimismo, se me ha informado de que los datos recabados serán utilizados únicamente para los fines del presente estudio y de forma confidencial.

Concretamente, consiento en que:

- Respondo a los cuestionarios y participo en el programa.
- Mi representado/a participe en las actividades semanales del programa.

Lugar y fecha: En Donostia a de..... de 202.....

Firma del/ de la representante legal del/de la participante en el estudio:

Eranskina 2. Gizakien eta hauen lagin eta datuekin egindako ikerketei buruzko etika batzordearen txostena/

Appendix 2. Positive report of the Ethics Committee on research conducted with humans and their data



GIZAKIEKIN ETA HAUEN LAGIN ETA DATUEKIN EGINDAKO IKERKETEI BURUZKO ETIKA BATZORDEAREN (GIEB-UPV/EHU) TXOSTENA

M^a Jesús Marcos Muñoz andreak, Universidad del País Vasco/Euskal Herriko Unibertsitateko (UPV/EHU) GIEBeko idazkari gisa,

ZIURTATZEN DU

Ezen gizakiekin egindako ikerkuntzaren etika batzorde honek, GIEB-UPV/EHU, (2014/2/17ko 32. EHAA) **Balioetsi duela** ondoko ikertzailearen proposamen hau:

Alexander Muela Aparicio andreak, M10_2019_209, honako ikerketa proiektu hau egiteko: "Programa Attachment Videofeedback Intervention (AVI): Una intervención basada en el apego"

Eta aintzat hartuta ezen

1. Ikerketa justifikatuta dago, bere helburuei esker jakintza areagotu eta gizarteari onura ekarriko baitio, ikerlanak lekartzaileen eragozpen eta arriskuak arazoizko izanik.
2. Ikertzaile taldearen gaitasuna eta erabilgarri dituzten baliabideak aproposak dira proiektua gauzatzeko.
3. Ikerketaren planteamendua bat dator era honetako ikerkuntza egin ahal izateko baldintza metodologiko eta etikoekin, ikerkuntza zientifikoaren praktika egokien irizpideei jarraiki.
4. Indarreko arauak betetzen ditu, ikerketa egin ahal izateko baimenak, akordioak edo hitzarmenak barne.

Aldeko Txostena eman du 2019ko irailaren 26an egin duen bileran (116/2019akta) aipatutako ikerketa proiektua ondoko ikertzaileek osatutako taldeak egin dezan:

Alexander Muela Aparicio
Nekane Balluerka Lasa
Goreti Soroa Martínez
Ane Eguren Ikazuriaga

MARIA
JESUS
MARCOS
MUÑOZ

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MARIA JESUS
MARCOS MUÑOZ
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GIEB-UPV/EHUko idazkari teknikoa
Secretaria Técnica del CEISH-UPV/EHU

Eta halaxe sinatu du Leioan, 2019ko azaroaren 13an

Lo que firmo en Leioa, a 13 de noviembre de 2019

susi.marcos@ehu.es
www.ehu.es/CEID

BIZKAIKO CAMPUSA
CAMPUS DE BIZKAIA
Sarriena Auzoa, z/g
48940 LEIOA

INFORME DEL COMITÉ DE ÉTICA PARA LAS INVESTIGACIONES CON SERES HUMANOS, SUS MUESTRAS Y SUS DATOS (CEISH-UPV/EHU)

M^a Jesús Marcos Muñoz como Secretaria del CEISH de la Universidad del País Vasco/Euskal Herriko Unibertsitatea (UPV/EHU)

CERTIFICA

Que este Comité de Ética para la Investigación con Seres Humanos, CEISH-UPV/EHU, BOPV 32, 17/2/2014, **Ha evaluado** la propuesta del investigador:

D. Alexander Muela Aparicio, M10_2019_209, para la realización del proyecto de investigación: "Programa Attachment Videofeedback Intervention (AVI): Una intervención basada en el apego"

Y considerando que,

1. La investigación está justificada porque sus objetivos permitirán generar un aumento del conocimiento y un beneficio para la sociedad que hace asumibles las molestias y riesgos previsibles.
2. La capacidad del equipo investigador y los recursos disponibles son los adecuados para realizarla.
3. Se plantea según los requisitos metodológicos y éticos necesarios para su ejecución, según los criterios de buenas prácticas de la investigación científica.
4. Se cumple la normativa vigente, incluidas las autorizaciones, acuerdos o convenios necesarios para llevarla a cabo.

Ha emitido en la reunión celebrada el 26 de septiembre de 2019 (acta 116/2019), **INFORME FAVORABLE** a que dicho proyecto de investigación sea realizado, por el equipo investigador:

Alexander Muela Aparicio
Nekane Balluerka Lasa
Goreti Soroa Martínez
Ane Eguren Ikazuriaga

Eranskina 3. 8. Kapituluari dagokion fitxategi osagarria (analisiak eta emaitzak)

**Appendix 3. Supplementary file of Chapter 8 (analyses and results)*

Statistical Analyses

In addition to conducting analyses using a multiple imputation (MI) approach with the MCMC algorithm (see manuscript file for results), a full information maximum likelihood (FIML) estimation and complete case (CC) analyses were performed to test for the robustness of the findings. With the MI procedure we found that:

#1. There were no differences in parental stress between the two groups of parents at post-test;

#2. The parents in the AVI group reported significantly less household chaos than those in the control group at post-test;

#3. The AVI group were significantly more sensitive, structuring, and non-intrusive. In addition, in comparison to children in the control group at post-test, those in the AVI group were significantly more likely to involve their parent in the interaction, and were more responsive toward their parents. No differences were observed for the non-hostility parental dimension;

#4. The parents who received the AVI scored significantly higher at post-test on the certainty in mental states scale than the parents in the control group;

#5. There were no differences between the AVI and the control groups on the post-test scores of the interest and curiosity scale.

Because there was no missing data in emotional availability at post-test, the analyses were not repeated here;

FIML Analyses

To replicate analyses of results #1, a linear regression model was performed to test the association between group condition and parental stress at post-test. Likewise, to replicate analyses of results #2, a linear regression model was performed to test the association between condition and household chaos at post-test. As covariate, we also included the child's sibling birth order at pre-test. Finally, to replicate analyses of results #4 and #5, linear regression models examined the association between group condition and reflective functioning. Fit of unsaturated models was assessed by a nonsignificant χ^2 statistic, a root mean square error approximation (RMSEA) < .08, and a comparative fit index (CFI) > .90.

CC Analyses

For analyses on the parental stress, household chaos, and reflective functioning variables, complete case analyses were conducted on 36 families. For analyses on the emotional availability, data on 41 families were available. An ANCOVA on the parental stress at post-test, with parental stress at pre-test as covariate was performed to replicate analyses of results #1. To replicate analyses of results #2, we performed an ANCOVA on household chaos at post-test, with pre-test values of household chaos and child's sibling birth order as covariates. Finally, an ANCOVA on Certainty in Mental States at post-test, with Certainty in Mental States at pre-test as covariate, and an ANCOVA on Interest and Curiosity in Mental States at post-test, with Interest and Curiosity in Mental States at pre-test as covariate were conducted to replicate analyses of results #4 and #5.

Results

Parental stress:

FIML analyses. Adequate fit was found for this model ($\chi^2 = 4.386$, $p = .11$; RMSEA = 0.001; CFI = 1.00). While controlling for baseline values of parental stress, no differences

were found between the two groups of parents ($\beta = -0.182$, S.E. = 0.151, $p = 0.23$; $d = 0.39$, CI -0.24 – 1.02).

CC analyses. The results of the analysis of covariance showed no differences in parental stress between the two groups of parents at post-test ($F(1, 29) = 0.730$, $p = 0.40$, $d = 0.31$, CI -0.40 – 1.02).

Household Chaos:

FIML analyses. Adequate fit was found for this model ($\chi^2 = 15.119$, $p = .002$; RMSEA = 0.001; CFI = 1.00). While controlling for baseline values of household chaos and the child's sibling birth order at pre-test, results revealed a significant effect of the group variable, with the AVI group showing a less household chaos than those in the control group at post-test ($\beta = 0.377$, S.E. = 0.115, $p = 0.001$; $d = 0.89$, CI 0.24– 1.54).

CC analyses. ANCOVA results revealed a significant group effect, with the AVI group showing a lower household chaos at post-test than the control group ($F(1, 31) = 6.311$, $p = 0.02$, $d = 0.86$, CI 0.16 – 1.56).

Reflective functioning:

Certainty in Mental States

FIML analyses. Adequate fit was found for this model ($\chi^2 = 7.705$, $p = .02$; RMSEA = 0.001; CFI = 1.00). While controlling for baseline values of Certainty in Mental States at pre-test, results revealed a significant effect of the group variable, with the AVI group showing a higher Certainty in Mental States than those in the control group at post-test ($\beta = 0.856$, S.E. = 0.287, $p = 0.003$; $d = 1.01$, CI 0.35 – 1.66).

CC analyses. ANCOVA results revealed a significant group effect, with the AVI group showing a higher Certainty in Mental States at post-test than the control group ($F(1, 33) = 8.743, p = 0.006, d = 0.99, CI 0.29 - 1.68$).

Interest and Curiosity in Mental States

FIML analyses. Adequate fit was found for this model ($\chi^2 = 7.063, p = .03; RMSEA = 0.001; CFI = 1.00$). While controlling for baseline values of Interest and Curiosity in Mental States, no differences were found between the two groups of parents ($\beta = -0.093, S.E. = 0.149, p = 0.54; d = 0.20, CI -0.43 - 0.82$).

CC analyses. ANCOVA results revealed non-significant group effect ($F(1, 33) = 0.464, p = 0.50, d = 0.23, CI -0.43 - 0.88$).

Table 20.

Statistics for Complete Case Analyses

Variable	Control group			AVI group			Effect size for comparison
	Mean	SD	n	Mean	SD	n	
Parental stress							
Pre-test	77.33	16.27	15	80.41	13.49	22	---
Post-test	74.85	13.70	13	70.63	17.43	19	0.31, CI -0.40 – 1.02
CHAOS							
Pre-test	29.77	5.91	17	32.26	6.69	23	---
Post-test	29.27	4.54	15	26.85	4.28	20	0.86*, CI 0.16 – 1.56
Sensitivity							
Pre-test	4.35	0.95	17	4.27	0.66	24	---
Post-test	4.47	1.05	17	4.81	0.81	24	0.88* (0.23 – 1.53)
Structuring							

Pre-test	4.27	1.24	17	4.02	0.98	24	---
Post-test	4.35	1.22	17	4.69	0.88	24	0.94* (0.28 – 1.59)
Non-intrusiveness							
Pre-test	4.34	1.04	17	3.79	0.55	24	---
Post-test	4.34	1.04	17	4.42	0.78	24	0.76* (0.12 – 1.40)
Non-hostility							
Pre-test	5.12	1.10	17	4.83	0.86	24	---
Post-test	5.27	0.79	17	5.19	.73	24	0.37 (-0.26 – 0.99)
Involvement							
Pre-test	4.29	0.95	17	4.21	0.67	24	---
Post-test	4.32	1.01	17	4.73	0.66	24	0.88* (0.23 – 1.53)
Receptiveness							
Pre-test	4.26	0.95	17	4.21	0.71	24	---
Post-test	4.27	0.94	17	4.75	0.81	24	0.98* (0.33 – 1.64)
Certainty in mental states							
Pre-test	3.88	0.99	17	4.33	0.99	22	---
Post-test	4.11	0.67	17	5.06	1.02	19	0.99*, CI 0.29 – 1.68
Interest and curiosity							
Pre-test	5.20	1.26	17	5.64	1.07	22	---
Post-test	5.63	1.09	17	5.55	1.11	19	0.23, CI -0.43 – 0.88

* $p < .05$.

LABURPENA

Haur eta Nerabeen Babes-Sistemaren ardura da **babesgabetasunarekiko arrisku-egoerei modu goiztiarrean (0-5 urte) aurrea hartzea**. Literaturari jarraiki, arlo honetako esku-hartze programa goiztiarrak ebidentzian oinarritutakoak izan beharko lukete eta, aldi berean, adingabeen atxikimendu ziurra landu beharko lukete, euren garapen sozio-emozional osasuntsua sustatzeko eta arrisku-egoerak murriztu eta aurrea hartzeko. Aldiz, estatu mailan, **babesgabetasunarekiko arrisku-egoeran dauden haurrei eta euren familiei eskaintzen zaien arretan, oraindik ez dago atxikimenduan oinarritutako esku-hartze goiztiar egituratu eta sistematizaturik, are gutxiago, eraginkortasuna frogatua duenik**.

Guzti hau kontuan hartuta, doktoretza-tesi honek helburu bikoitza dauka: 1) **AVI (Attachment Video-feedback Intervention) programa goiztiarraren bertsio espainiarra egokitu**, EAEko Haur eta Nerabeen Babes-Sistemaren erakusgarri den Udal Gizarte Zerbitzuetan inplementatu eta haren bideragarritasun eta onargarritasunari buruzko ikerlan bat burutu; 2) **AVIren bertsio espainiarra COVID-19 krisi garaian babes-faktoreak sustatzeko eraginkorra** ote den aztertu.

Doktoretza-tesi hau bi zati nagusitan banatu da. I) Zati teorikoan, adin txikikoei eskaintzen zaien arretaren eta babesaren gaineko definizio eta legedian kokatuta, haurrei emandako tratatu txarrek haien atxikimenduan eta ondorengo garapen sozio-emozionalean izan dezakeen eragina aurkezten da. Gainera, ebidentzian oinarritutako esku-hartze programen berrikusketa egiten da eta AVI programaren erabileraren nondik norakoak aurkezten dira. II) Zati empirikoan, bi ikerketa-helburuak betetzera bideratutako ikerlanak aurkezten dira. Alegia, AVIren bertsio espainiarraren esku-hartze prozedura azaltzeaz gain, bere bideragarritasunari eta egokitasunari dagozkion emaitzak izango dira erakusgai. Baita COVID-19 krisialdian zehar izandako inpaktuari buruzkoak ere.

Lan honi amaiera emateko, doktoretza-tesia eztabaida eta ondorioetan sakontzen da. Laburbilduz, **doktoretza-tesi honen bitartez frogatua geratu da “AVI esku-hartze goiztiarraren (0-5 urte) bertsio espainiarrak” babesgabetasunarekiko arrisku-egoerei aurrea hartzeko eraginkortasun maila**. Honenbestez, **Haur eta Nerabeen Babes-Sistemarentzat berrikuntza soziala eta ikerkuntza arloarentzat ekarpen esanguratsua izatea aurreikusten da**.

SUMMARY

The Child Protection System is responsible for the **early prevention of situations of risk of child abuse and neglect (0-5 years)**. According to literature, early intervention programs in this field should be evidence-based and, also work on the secure attachment of children to promote their healthy socio-emotional development and to reduce and prevent situations of risk of maltreatment. However, **at a State level, on the other hand, there is still no structured and systematized early intervention based on attachment, let alone proven effectiveness for families at risk of child abuse and neglect**.

In view of all this, this Ph.D. thesis has a dual objective: (1) **to adapt the Spanish version of the early AVI (Attachment Video-feedback Intervention) program**, to implement it in the Municipal Social Services as an example of the Basque System of Child Protection and to carry out a study on its feasibility and acceptability; (2) **to analyze whether the Spanish version of AVI is effective in promoting protective factors in times of COVID-19 crisis**.

This doctoral dissertation has been divided into two main parts. (I) The theoretical part, framed in the definition and legislation on the care and protection of children, presents the impact that child abuse may have on their attachment and subsequent socio-emotional development. In addition, evidence-based intervention programs are reviewed and the terms of use of the AVI program are presented. (II) The empirical part presents research aimed at meeting both research objectives. In other words, in addition to explaining the procedure for the intervention of the Spanish version of the AVI, the results relating to its feasibility and acceptability will be shown. Moreover, the impact of the AVI program during the COVID-19 crisis is explained.

This work concludes by deepening the discussion and conclusions of the doctoral dissertation. To sum up, **this Ph.D. shows the effectiveness of the Spanish version of the early AVI program (0-5 years) for the prevention of the risk of child abuse and neglect**. Thus, it is expected not only to be a significant social innovation for the Child Protection System context but also a contribution to research.