

Less is sometimes less: the effectiveness of Mellow Parenting is uncertain

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Strong and replicated evidence exists that interventions to improve parenting also improve short- and long-term psychosocial outcomes for children and adolescents.^{1,2} However, not all such interventions meet with equal success. Critical syntheses of effect studies, such as conducted by MacBeth et al.³ on the Mellow Parenting intervention, can therefore be highly helpful. The aims of MacBeth et al. were on the one hand to synthesize an effect size estimate for the effects of Mellow Parenting on maternal and child outcomes; and on the other hand to assess the methodological limitations of the evidence base. They unearthed studies with weak designs and found considerable heterogeneity in effect sizes. Conclusions regarding the effectiveness (or the lack thereof) of Mellow Parenting on the intended outcomes are therefore no more than conjecture at this point. Rather than a distillation of the strongest evidence, their synthesis resulted in a blend of weak findings.

To strengthen the evidence base on Mellow Parenting, MacBeth et al. proposed to leverage routine outcome data collection for effectiveness research, as a stepping stone towards randomized controlled trials (RCTs). Leaving the practical and ethical issues aside, this road map fails to address fundamental problems with Mellow Parenting. These problems regard plausibility and isolation from programmatic work on attachment-informed interventions. To put the work of Mellow Parenting in perspective, a 2003 meta-analysis synthesized 51 RCTs on observed parental sensitivity and 23 RCTs on observed quality of

parent-child attachment.¹ More trials have continued to be published, showing that lack of commercial value, complexity, and population risk status do not inevitably lead to low-quality research, as MacBeth et al. imply. The claim that the special focus in Mellow Parenting on parental mental health enhances intervention effects (relative to effective interventions that do not have this focus) can and should be tested in appropriately designed studies, such as randomized controlled tests of relative efficacy. However, the 2003 meta-analysis also demonstrated that interventions with a narrow focus on parent-child interaction were more efficacious than interventions with a broad focus. This is understandable because attachment theory specifically connects improvement of sensitive responsive interaction to improvement of attachment security. The strategy in Mellow Parenting to add maternal mental health as a focus to the parent-child interaction is therefore ill-founded, especially when the program needs to remain low-cost, is delivered by non-specialists, and is offered to a broad child age range.

As a field, we need to lower the threshold for access to effective interventions for families at risk of adverse psychosocial outcomes. Part of the solution is increasing resource efficiency so that more families can be reached. Isolating components of effective interventions and testing novel ways of facilitating adoption by families should therefore be higher on the research agenda. Current practice, in which with all the best intentions Mellow Parenting is offered to families, may lower the sense of urgency for such research and development efforts. Furthermore, programs with known effectiveness may be delayed or even withheld because these may be more expensive or difficult to implement than Mellow Parenting. After 20 years of work on Mellow Parenting, the weak evidence reviewed by MacBeth et al. suggests that children's development deserves better than to continue gambling.

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