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STEPPING STONES TO A NEW LIFE

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Developing a Framework for Strengthening Families: Phase I - Final Report

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March 2016

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Research and Education for Solutions to Violence and Abuse
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Table of Contents

Acknowledgements 3
Introduction 4
  Purpose of the Study 4
  Research Process 4
A Review of Attachment and Parenting 7
  Attachment 7
  Attachment and Family Violence 9
  The Need for Therapeutic Intervention 11
  The Need to Address Attachment in Second Stage Residential Facilities 12
The Bravestone Centre's Attachment Programming Model 13
Evidence Supporting the Family Attachment Program 17
  COS Intervention 17
  Conceptualizations of Attachment 19
  Therapeutic Principles and Goals 20
  Application of the COS and COS-P 21
  Empirical Development 22
  Research and Evaluation 24
  Limitations 27
  Benefits 28
Feedback on the Family Attachment Program 30
  Reported Changes 30
  Preferred Program Aspects 32
  Recommendations of Study Participants 34
Conclusion 37
Recommendations 39
References 42
Appendix A: Interview Questions 49
Appendix B: Email Request Sent to Agencies 53
Appendix C: Consent Forms 54
Appendix D: Suggested Measures or Areas of Measurement for Evaluation 61

Acknowledgements

It is with recognition of their bravery and gratitude for their generosity of spirit in helping with this project that we acknowledge the women who call the Bravestone Centre home. Their openness and honesty provided a wealth of information for this project. Agencies and individuals working on issues of attachment within Canada and the U.S. provided insight into and resources on attachment programing and working with issues of attachment. Their contribution was invaluable and their expertise was greatly appreciated. The staff of the Bravestone Centre is also gratefully acknowledged for providing time and space for interviews, for their experience and guidance and for their humor which most effectively combines work with pleasure.

Introduction

Purpose of the Study

In recognition that attachment between mothers and their children was impaired by experiences of family violence, the Bravestone Centre implemented the Family Attachment Program as a pilot project. Prior to seeking permanent funding for the program, the Centre wanted to determine if the program was being well received by participants and whether the framework for this program is effective in meeting participants' needs. The purpose of this study was to gather information needed to develop a framework for the Bravestone Centre programs, particularly for the newly developed Family Attachment Program. The timing of this program is important because if introduced too soon after arriving at the Centre, the focus on establishing stability and adjusting to the trauma of experiencing abuse and leaving an abusive situation may detract from the capacity to work on attachment. On the other hand, waiting to address issues of attachment may further impair the relationship between mothers and children and potentially impede recovery. For example, Heckman (2008) reports that because knowledge and skills build on each other for higher levels of achievement and more effective functioning, the earlier the intervention the more effective it is both in leading to more adaptive behaviour and lower systemic costs.

Because the Bravestone Centre services are available for a year there is a time component to consider as well. The program is offered two to three times a year, which means that women may take the program at different points after entering the agency and in relation to other programs at the facility. Thus, the issue becomes what is the most ideal time frame within which to take the Family Attachment Program after entering the agency as well as in relation to other programs at the Bravestone Centre.

The Bravestone Centre is dedicated to providing quality programming to its clients and thus has sought to utilize evidence based programs as part of its services. Thus, part of the study was also devoted to an initial assessment of the Family Attachment Program to determine if the evidence supports this type of program as appropriate for women who are leaving situations of intimate partner violence. Because a significant component of the Family Attachment Program is the Circle of Security- Parenting Program (COS-P), there was a focus on evaluating this program as appropriate for this population.

Research Process

Information was gathered from a number of sources to assist in developing a program framework. These included:

1) Program Participant Interviews

Women who had taken the Family Attachment Program were asked to participate in an interview about their experiences with the program, their feedback about the program and its effects, and their recommendations regarding the timing of the program in relation to their arrival at the

facility. Women were given $25 for their participation and all interviews took part at the Bravestone Centre. Consent forms were completed prior to participation. A copy of the interview questions are included in Appendix A and a copy of the consent form can be found in Appendix C.

A total of seven women agreed to participate. Some of the women had done the program soon after arriving at the Centre while others had done it close to the end of their stay. Although most had done program once, a few had taken it twice during their stay. Women were of varying ethnic backgrounds and had children ranging from infants to adolescents.

2) Staff Interviews

Interviews were conducted with the counsellor who delivers the Family Attachment Program and the counsellor that provides the individual counselling to women. The Family Attachment Program counsellor was able to provide information about the program, its impact and its applicability, while the women's counsellor was able to speak to the impact of the Family Attachment Program in various aspects of clients' lives. Interviews took place at the Bravestone Centre and like the participants, consent forms were signed prior to participation. Interview questions for staff are also included in Appendix A. A copy of the consent form can be found in Appendix C.

3) Agencies Providing Attachment Programs

Because no second stage residential agencies who provided an attachment program among their services could be found, other service providers who did offer attachment programs were contacted. Some of these service providers were offering the Circle of Security (COS) or the COS-P, some were training others in the use of the COS-P, and others were offering other attachment programs. These agencies were asked about the advantages and impacts of the programs they were offering and for feedback about administering an attachment program in a second stage residential facility for women and children leaving abusive family situations, including the timing of this type of program.

Interviews were conducted with eight service providers in Winnipeg, other areas in Canada, and the U.S. Agencies were first contacted via email to see if they were interested in participating (a copy of the information sent in the email can be found in Appendix B). For those agreeing to participate a convenient time for an interview was established. In most cases the attachment programs were delivered to parents, foster parents, or adoptive parents in a nonresidential setting. Most individuals had been trained in delivering their attachment program and some had trained other service providers. Interviews took place in person or over the phone. All service providers completed a consent form. Questions asked of these service providers can be found in Appendix A. A copy of the consent form can be found in Appendix C.

4) Literature Review

In order to establish a basis for delivering a program focused on attachment at a second stage residential facility, a literature review was done on the developmental benefits of a secure

attachment and the impact of domestic violence on parent/child attachment. Because the COS-P is used at the Bravestone Centre, a literature review of this program was conducted as well. This literature review included the development, application and evaluation of the COS and COS-P. The results of the literature review complimented the feedback given by the Bravestone Centre counselling staff, program participants, and service providers who provided attachment programs in their agencies. The interviews and the literature review formed the basis for five recommendations for the Family Attachment Program and the Bravestone Centre's programming framework. These recommendations can be found on page 38 of this document.

A Review of Attachment and Parenting

Attachment

Attachment represents a social-emotional relationship between a child and their caregiver. It is predicated on trust that the caregiver will recognize the cues the child provides to communicate their need and then effectively and appropriately respond to these needs (Tomlinson, Cooper, & Murray, 2005). The child learns that when they provide the right cues they get their needs met which is reinforcing and results in continued use of these cues. The response received from caregivers leads the child to formulate an internal working model of expectations for all other relationships and these models are fairly stable over life (Bowlby, 1969; Scharfe & Cole, 2006).

Picking up on the cues given by the child requires proximity and attentiveness on the part of the caregiver. When caregivers are attentive to the child's cues and meet their needs for care, safety, and comfort a secure attachment develops (Huth-Bocks, Levendosky, Bogat, & von Eye, 2004; Thompson, 2000). Lack of care and attentiveness to the child's needs can lead to three different types of insecure attachment. Avoidant attachment stems from neglect and is characterized by a lack of emotional connection between caregiver and child; the child has learned that their needs will not be recognized or met by this person, rather they must look after themselves. Resistant attachment results from inconsistent caregiving and is characterized by anger and resistance based on experiences of seeking care and comfort but realizing that these are not always available when needed. Disorganized attachment develops from experiences of abuse and fear and is characterized by confusion and disoriented behaviour such as emotional responses that do not match the situation (Ainsworth, 1993; Thompson, 2006a).

Bowlby (1969) believed that attachment developed as an adaptive behaviour to keep children protected thereby increasing their likelihood of survival. Research has indicated that although attachment helps to keep children safe while they explore their environment it is also essential to their physical, emotional, cognitive and social development. Physiologically, attachment impacts growth and functioning. Physical contact between caregivers and children have been associated with physical growth of children (Crockenburg, Rutter, Bakersmans-Kranenburg, van IJzendoorn, Juffer, et al., 2008). Interactions between parents and infants that include touches, cuddles, talking, and responsive looks are associated with the growth of neural connections in infant's brains, including right hemisphere and prefrontal cortex development (Glaser, 2000; Meyer, Wood, & Stanley, 2013; Schore, 2001; Siegal, 2004). The right hemisphere processes social and emotional content. It is the area where the reading of emotions in others, awareness of one's own emotions, processing feelings of attachment, and regulation of emotions and behaviour occurs (Schore, 2001). Thus, secure attachments better equip children to inhibit impulses and manage their emotions and behaviours and therefore to cope with frustration and stress in childhood, adolescence and adulthood (Benetti, McCrory, Arulanantham, De Sanctis, McGuire, & Mechelli, 2010; Eliot, 2001; Thompson, 2006b). For example, when dealing with fearful situations children with a secure attachment to their mothers showed no elevation in their cortisol levels, a hormone that is associated with physiological stress response; children with insecure attachments however, did manifest higher levels of cortisol (Gunnar, 1998; Hertsgaard, Gunnar, Erickson, & Nachmais, 1995; Nachmias, Gunnar, Mangelsdorf, Parritz, & Buss, 1996).

Thus, attachment protects children from negative effects of stress and increases their resistance to stress when they get older. In line with these findings is research indicating that secure attachments are associated with lowered risk for mental health issues such as depression (Kamkar, Dayle, & Markiewiecz, 2012), anxiety (Brumariu & Kerns, 2008; Dallaire & Weinraub, 2007), compulsive coping behaviours such as substance abuse (Bogenschneider, Wu, Raffaelli, &Tsay, 1998; Fallu, Janosz, Briere, Descheneaux, Vitaro, & Tremblay, 2010), and behaviour problems linked to impulsivity (Pasalich, Dadds, Hawes, & Brennan, 2012). They are also linked to resiliency in children that assists in their ability to withstand adversity and overcome trauma in their lives (Dallaire & Weinraub, 2007; Mikulincer, Shaver, & Horesh, 2006).

Because attachment is associated with brain development, it is also associated with cognitive development, particularly with capacities related to frontal lobe functioning where working memory and central executive functioning are processed. These capacities include: effective problem solving, reasoning, attention, monitoring of information, recognizing accurate and inaccurate information, making decisions, goal setting, planning and organizing, sequential thinking and linking current information to previously learned information (Baddeley, 2007; Broadway & Engle, 2011; Engle, 2002). A child with good central executive function is able to assess and respond to the environment in an effective way by being flexible in terms of thoughts and actions. These skills enhance academic performance, as children are better able to selectively attend to material for longer periods of time, follow rules, take turns, remember instructions and information, and manage their classroom behaviour (National Scientific Council on the Developing Child, 2011). Correspondingly, children with secure attachments tend to have high achievement motivation and be more academically successful (National Scientific Council on the Developing Child, 2004).

Central executive functioning skills develop through interactions with adults, where strategies such as setting routines, dividing large plans into smaller tasks, and managing emotions and impulses are taught, modelled, and reinforced. These lessons take time and frequent and positive interactions between adults and children, and thus are facilitated by secure attachments. Further, the safe, stable, and predictable environments that often accompany secure attachments, afford children the time and energy to focus on these lessons and develop these skills (National Scientific Council on the Developing Child, 2011).

Since attachment is socially motivated and socially derived it has a significant impact on relationships. Self-confidence, emotion and behaviour regulation, conflict resolution skills, cooperative and prosocial behaviour, and moral development are improved through healthy attachments with parents (Thompson, 2006b). The working models that attachment builds are transferred onto other relationships in adolescence and adulthood. Research has found that secure attachments are associated with high quality friendships characterized by positive interactions and fewer conflicts (McElwain, Booth-La Force, Lansford, Wu, & Justin Dyer, 2008) and healthy and positive romantic relationships (Collins, Welsh, & Furman, 2009; Joel, MacDonald, & Shimotomai, 2011; Mayseless & Scharf, 2007; Nosko, Tieu, Lawford, & Pratt, 2011). These children also grow up to be attentive caregivers (Belsky, Jaffee, Sligo, Woodward, & Silva, 2005; Pederson, Gleason, Moran, & Bento, 1998; Tarabulsy, Bernier, Provost, Maranda, Larose, Moss, et al., 2005; van IJzendoorn, 1995). Good peer relationships are linked

to positive self-concepts, enhanced social and cognitive skills and better school performance (National Scientific Council on the Developing Child, 2004). Therefore, the benefits of secure attachments have a mutually and reciprocally enhancing effect upon all areas of development.

Attachment and Family Violence

There are many aspects of family violence that can disrupt the parent/child attachment, even with the non-abusive parent. For example, children in situations of domestic violence are at greater risk for neglect (Cox, Kotch, & Everson, 2003; Hamby, Finkelhor, Turner, & Ormrod, 2010; Margolin & Gordis, 2000; Nicklas & Mackenzie, 2013; Osofsky, 2003; Zolotor, Theodore, Coyne-Beasley, & Runyan, 2007), particularly emotional neglect, which interferes with secure attachment. Women experiencing intimate partner violence (IPV) often have little time or energy to attend to anything other than their own and their children's safety and physical needs and attention to even these basic needs may be compromised. Mental health issues such as depression and anxiety and substance use problems are common in women who are experiencing intimate partner violence and these can lead to a lack of emotional availability and inconsistent parenting (Jouriles, Spiller, Stephens, McDonald & Swank, 2000; Onyskiw & Hayduk, 2001; Wolak & Finkelhor, 1998) which adversely impacts their attachment to their children (Bancroft & Silverman, 2002; Glaser, 2000; Quinlivan & Evans, 2005; Schechter, Moser, Wang, March, Hao, et al., 2012; Schechter & Willheim, 2009). The mental health issues in mothers that interfere with their responding to their children's needs can lead to children's disengagement or excessive neediness, which in turn further stresses the mother and exacerbates presenting mental health problems (Ramsaur, Lotzin, Muhlhan, Romer, Nolte, Fonagy, & Powell, 2014). This will further impair attachment between mother and child.

Exposure to IPV affects all aspects of children's development including neurological development. Children of depressed mothers have been found to have a less active left prefrontal cortex, the area of the brain associated with positive emotions and behaviours related to approaching others (i.e. smiling and talking with others), and a more active right prefrontal cortex which is associated with negative emotions and withdrawing behaviours (i.e. avoiding others) (Dawson, Frey, Panagiotides, Osterling, & Hessl, 1997). They may also develop an enlarged amygdala (area of the brain responsible for detection and response to emotional stimuli, particularly fearful stimuli) (Lupien, Parent, Evans, Tremlay, Zelazo, et al., 2011), which will lead to an elevation in stress hormones such as cortisol. In addition to an overactive amygdala, neglected children also have an underactive prefrontal cortex, the area of the brain that modifies amygdala responses and leads to more rational and organized behaviour (National Scientific Council on the Developing Child, 2010; 2012). Therefore, these children may experience stress, anxiety, depression and have a difficult time regulating their emotions (Glaser, 2000; Murray, 1997; National Scientific Council on the Developing Child, 2009; Sinclair & Murray, 1998). Neglected children also have fewer neural connections that integrate cognitive, emotional and social skills, thus they have greater difficulty recognizing and responding to others emotions and behaviours (National Scientific Council on the Developing Child, 2012).

Corroborating these physiological effects, Glaser (2000) found that children who were interacting with mothers who were depressed were less active, less talkative, avoided eye contact with her, and had physiological indicators of stress more so than children interacting with

nondepressed mothers. It has been suggested that without intervention, even if the mother's depression ends, the attachment remains damaged and this can affect the child's interactions with others (National Scientific Council on the Developing Child, 2009). Similar conclusions can be extrapolated for mothers who are anxious, stressed and suffering the effects of being in an abusive relationship.

Because living in a family characterized by violence and abuse will adversely impact attachment, self-regulation, empathy and impulse control will also be impaired for these children (Balbernie, 2001; Schore, 2001). Severe neglect and child abuse has been associated with insecure or disorganized attachments (Glaser, 2000; National Scientific Council on the Development Child, 2012). Children who have experienced neglect tend to have negative emotions, problems with impulsivity, low self-confidence and low enthusiasm (National Scientific Council on the Developing Child, 2012). Experiences of child abuse have also been linked to a series of behavioural and emotional difficulties including conduct disorder, delinquency, substance abuse, anxiety, depression and self-harming behaviours (Marks, Glaser, Glass, & Horne, 2001; McCloskey & Lichter, 2003; Osgood & Chambers, 2000; Sox, 2004; Widom, 2000; Wolfe, Scott, Wekerle & Pittman, 2001).

Children who come from situations of family violence often perceive the world and the people in it to be dangerous (Augustyn, Parker, Groves & Zucherman, 1995; McAlister Groves, 1999; Wolak & Finkelhor, 1998). These perceptions result in a fear of interacting with others and defensive forms of aggressive behaviour (Dodge & Pettit, 2003), both of which lead to problems relating to and attaching to others (National Scientific Council on the Developing Child, 2010). In fact, neglected children do tend to have fewer interactions with peers (National Scientific Council on the Developing Child, 2012) and children with a disorganized patterns of attachment often have problems with aggressive behaviour (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010; Moss, Smolla, Guerra, Mazzarello, Chayer, & Berthiaume, 2006).

The fear and stress resulting from these negative relationship attributions lead to increased levels of stress hormones such as cortisol that can lead to an exaggerated fear response to even mild or benign stimuli (Balbernie, 2001; Perry, Pollard, Blakely, Baker & Vigilante, 1995). High cortisol levels have also been associated with increasing the salience of trauma related memories and hindering the formation of new learning and memories. Thus, memories of trauma remain vivid and raw and dominate thoughts and behaviours (National Scientific Council on the Development Child, 2010). On the other hand, stress related hormones such as beta-opiods can lead to emotional numbing, dissociation and a blunted response to stressful situations (Schore, 2001). Emotional numbing has been associated with reduced emotional responses such as crying. It has also been linked to self-harming behaviours that may develop out of an attempt to increase sensations that have been blunted. Both of these behaviours are witnessed in abused and neglected children (Glaser, 2000; Schore, 2001). These types of behaviours and the corresponding neurological patterns are characteristic of mental health issues such as anxiety, depression and PTSD (Dowd & Proulx, 2011).

Corroborating these findings is research demonstrating that experiences of family violence and insecure or disorganized attachments are associated with mental health issues such as anxiety,

PTSD, and depression that can last well into adulthood (Fearon et al., 2010). Depression, anxiety, fear, and poor social skills work to limit the child's ability to learn and develop cognitive skills (National Scientific Council on the Developing Child, 2010) because they hinder the development of the central executive function in the frontal lobe that is essential to reasoning, logic, attention span, problem solving, organization, and emotional and behavioural regulation. Problems in these cognitive skills lead to school related problems and learning difficulties that increase the risk of dropping out of school and lower IQ scores in adolescence. The mental health issues, poor emotional and behavioural control, and poor economic opportunities make these youth and later adults vulnerable to involvement with the justice system (National Scientific Council on the Developing Child, 2012).

In addition to psychological, cognitive and social impacts, the stress of living in situations of family violence impact children's physical health (Nicklas & Mackenzie, 2013). Children suffering from depression and anxiety have less regular sleep patterns and often get less sleep than required (Glod, Teicher, Hartman, & Harakal, 1997). This lack of sleep and the stress in their environment can impair their immune system, leaving them vulnerable to more infections and diseases (National Scientific Council on the Developing Child, 2012). Further, during sleep there is a surge in the release of growth hormone from the pituitary gland (Smock, 1999, as cited in Kail and Barnfield, 2015). This growth hormone triggers the release of somatomedin, a hormone that leads to muscle and bone growth, from the liver (Tanner, 1990, as cited in Kail and Barnfield, 2015). Thus, sleep is the time when mechanisms associated with physical growth in children are active and insufficient sleep can disrupt these processes. In addition, lack of sleep is linked to deficits in attention and concentration that interfere with school performance (Buckhalt, El-Sheikh, Keller, & Kelly, 2009), lower self-esteem and depression (El-Sheikh, Kelly, Buckhalt, & Hinnant, 2010; Fredriksen, Rhodes, Reddy, & Way, 2004).

The Need for Therapeutic Intervention

It is apparent that the mother/child relationships are impaired by experiences of family violence. Until recently, the preferred method of addressing parenting issues such as these has been through parent training programs such as the Triple-P. These programs focus on teaching parents skills and strategies for changing their children's behaviour and are based on principles of behaviourism and social learning. Attachment-based programs offer another approach to addressing parenting issues. Rather than focusing on the children's behaviour, they focus on the relationship between the parent and the child and thus consider the cognitive, emotional and neurobiological effects of positive and negative relationships (Coyne, 2013).

Impairments in mother/child attachment that result from trauma such as family violence and childhood abuse can have long term impacts physically and psychologically. For example, traumatic experiences can mark genes in a way that will result in negative effects such as a predisposition to mental and physical health issues such as depression and heart disease. On the other hand, positive experiences can mark genes in a different way that will result in more beneficial outcomes such as resilience and reduced risk for heart disease. These genetic markers, whether positive or negative can be passed on to future generations (National Scientific Council on the Developing Child, 2010). Therefore, changing the environment for children will impact their own genetic profile and those of their children. Further, insecure attachments are related to

negative behavioural, emotional and social patterns that can last into adolescence and adulthood and affect subsequent generations. For example, individuals often turn to substance use to cope with the impact of poor attachment and their substance use further disrupts the attachment with their children. The mental health problems that often result from insecure attachments would also be detrimental to developing a secure attachment to their children. Thus, mothers' experiences of abuse in childhood can adversely affect their children through both behaviour and genetic predispositions.

The earlier the intervention towards developing more positive environments and relationships, the less of negative impact there will be and the greater will be the opportunity to redress those that have occurred (Lupien, McEwan, Gunnar, & Heim, 2009; National Scientific Council on the Developing Child, 2005; 2010; Perry, et al., 1995). Holmes (2013) reports that children exposed to intimate partner violence at an early age have an increased risk of developing aggressive behaviours in later childhood (by age eight), and therefore she recommends early intervention as a way to circumvent this potential negative effect. Removing children from the abusive or traumatic environment is not sufficient, interventions that create a more positive environment and interactions for the child are required. Interventions that work on improving attachments and reducing behavioural problems have been related to enhancements in self-regulation and normal levels of stress hormones such as cortisol. They have also been associated with reducing substance use problems in children of parents with a drug dependency (Suchman, DeCoste, Leigh, & Borelli, 2010). Parenting skills have been linked to better neural development in children. Thus, improving attachment and parenting skills have long-term implications for children's cognitive development and their ability to manage stress (National Scientific Council on the Developing Child, 2008/2012; 2010; 2012). Earlier interventions have also been linked to increased IQ scores. Since knowledge and skills build on each other, the earlier that more adaptive information and behaviour patterns are established the more likely they are to form a basis for healthy cognitive growth that will result in higher IQ (Heckman, 2008; Heckman, Moon, Pinto, Savelyev, & Yavitz, 2010).

The Need to Address Attachment in Second Stage Residential Facilities

Second stage residential facilities offer women who have left an abusive relationship a safe place to live with their children as they work to establish a greater level of wellbeing and stability in their lives. Whereas most shelters provide short-term housing, second stage facilities typically offer residential facilities for up to a year, with the possibility of brief extensions to that time period. In addition to a safe living space, women and their children are often provided with a variety of programs that range from addressing basic skills such as money management to more in-depth therapy and parenting programs. These programs are intended to help women and children rebuild the parts of their lives that were adversely affected by the domestic violence they experienced.

Since it has been well established that experiences of domestic violence can negatively impact the mother/child attachment, a program that addresses attachment is well placed in second stage residential facilities. Given that mothers are situated at the facility for an extended period of time and are committed to working on skills that will improve theirs and their children's lives, it is an

ideal location for an attachment program. However, based on a review of second stage facilities in Canada, none directly addresses attachment issues. Several incorporate parenting programs that focus on positive discipline, improved communication and parenting skills training. If attachment is considered it is as part of a larger focus on general parenting rather than the focus of the program itself. Without addressing attachment in a significant way, however, many of the negative interaction patterns between mothers and their children will continue to occur and continue to interfere with progress in other aspects of parenting and in social and psychological realms. For example, positive discipline and communication will be significantly easier if a secure attachment between mother and child is firmly established and the positive impact of secure attachments will lead to better mental health, better stress management and healthier relationships for mothers and for children, which is the goal of recovery from domestic violence. From a cost effectiveness perspective, implementing these programs will not only benefit society through healthier and more productive individuals but will also mean less of a long term cost in services such as health care, legal and justice systems, and productivity (Heckman, et al., 2010).

The Bravestone Centre's Attachment Programming Model

The Bravestone Centre, recognized the importance of addressing attachment between mothers and children in order to help them more fully heal from experiences of domestic violence. This led them to develop a program specific to these attachment issues and pilot it with the women at their facility. The intent was to make this pilot program a permanent part of the programming model for this second stage residential facility, and once this was accomplished to evaluate the program to ensure its quality and applicability.

The Family Attachment Program has fit in well with the other programs at the Bravestone Cetre. Women coming into the Bravestone Centre first go through an intake process that includes support and transition planning. Throughout their one year stay they access individual counselling and a number of different group based services for women including Healing from Violence, Healthy Coping, Discovering Me (self-identity group) and Art Therapy groups. In addition, there are family related services including Enriched Child Care (a preschool program and infant care), Children's Counselling (group and individual), and the Family Attachment Program. The Family Attachment Program is based on evidence that caregivers can be trained to more effectively and appropriately respond to their children's presenting needs, thereby increasing secure attachments between child and caregiver (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003) and establishing intergenerational transmission of secure attachments and positive working models for relationships (Mercy & Saul, 2009).

Before entering the Family Attachment Program, the women are assessed for program readiness based on an ability to focus on their current parenting and attachment issues with their children rather than on their own childhood experiences with attachment. The women deal with issues related to their childhood abuse and intimate partner violence in individual counselling and group programs such as the Healing from Violence group, which they often begin soon after arriving at the Bravestone Centre. Thus, taking these programs better prepares them to take part in the Family Attachment Program. Part of the assessment for the Family Attachment Program

involves completing the Adult Attachment Interview (George, Kaplan, & Main, 1985), which places women within one of four attachment styles that can help determine specific issues that may need to be addressed in the program (Kail & Barnfield, 2015):

- Secure. These women have an objective view of their childhood experiences and find value in their experiences with their parents.
- Dismissive. These women sometimes cannot remember childhood experience, often devalue the importance of those experiences, and idealize their parents.
- Preoccupied. These women are very emotional about their childhood and are often confused or angry about their relationship with their parents.
- Unresolved. These women have disorganized thoughts and discourse related to issue loss and trauma in their lives.

The Family Attachment Program includes the following components:

1) Attachment Group

Developed by the Family Parenting Program counsellor, this is a weekly two hour session program that runs for four weeks. It covers the definition of attachment, the importance of attachment, the long term impacts of attachment, the effects of abuse on attachment, and how to repair relationships where attachment has been impaired. Two videos from the "A Simple Gift Series" (Infant Mental Health Promotion, n.d.) are used within the program: "Ending the Cycle of Hurt" (2005) and "Helping Young Children Cope with Emotions" (2001). In cases where a number of women in the group have infants, another video from this series: "Comforting Your Baby" (1998) is used. The videos portray maladaptive parenting behaviours and provide suggestions for change. These videos are accompanied by handouts that explain more adaptive types of attachment behaviours. The first session contains introductions and general information on attachment. Discussion of information presented in the videos and handouts as well as specific issues of concern to women comprise the last three sessions. New skills and information becomes available through interactions with fellow clients.

This attachment group is typically done either before or after the COS-P program (see below). However, if the COS-P is not being offered within the first three months of a woman entering the agency, this attachment group is given to her on an individual bases. The woman will then do this program a second time as part of a group once the COS-P is being offered. In this way the women can begin to address attachment issues with their children very soon after they have settled into the agency.

2) Circle of Security Parenting (COS-P)

The COS-P is delivered two to three times a year. This program runs for eight weeks, although it can be extended for an extra one or two sessions to ensure that women fully cover all the material in the program. Sessions are typically two hours long. Some of the sessions are more detailed and intense and require more time to fully explore, depending on the group of clients. This program was developed by Cooper, Hoffman, and Powel (Circle of Security International, n.d.) and is based on the original Circle of Security clinical model (Hoffman, Marvin, Cooper, & Powell, 2006). A DVD of video clips of parent/child interactions and an accompanying manual

are the guides to the sessions. The sessions and videos are intended to help parents discuss their difficulties and strengths related to parenting. In the group mothers work to improve their observations of their children and reflect upon their responses to their children. Throughout the eight weeks the discussion progresses from secure attachments and children's needs to parents identifying attachment issues from their own childhood and the resulting behaviours that impact on their attachment with their child (Circle of Security International, n.d.). The counsellor who administers the program has undergone the five day training in delivering the COS-P from Kent Hoffman, one of the originators of the program. She is registered in delivery and training of the COS-P.

Since the program is run two to three times a year, and women enter the facility at different times, some begin the program soon after they arrive while others do not begin until several months after their arrival. For example, in interviews with program participants some had done the COS-P two months after entering the Bravestone Centre and some had done it seven months after their arrival at the facility. Given that women remain at the Bravestone Centre for a year and in that year the COS-P is delivered two to three times, some women go through the program more than once. This allows them to learn new skills, applications and information at each exposure. Most of the women who took the program twice felt that they benefited from the information just as much the second time as the first time, if not more.

3) Positive Discipline

This ten week program follows the COS-P and Attachment Group, as the attachment information assists mothers in understanding, developing, and administering effective and positive disciplinary methods with their child. The program was developed by the Family Attachment Program counsellor to specifically meet the needs of the Bravestone Centre clients. It combines information and activities from a number of positive discipline programs. The program covers issues about the importance of structure and routine in a child's life, the stages of development, and the child's skills and capabilities at different ages. This allows mothers to understand what age appropriate expectations and disciplinary methods are for different stages of development. Information about children's needs for warmth and nurturing, the importance of playing with their children, and the benefits of eating a meal with their children are reviewed. Role playing, group work and discussions allow mothers to practice disciplinary skills by introducing scenarios where their child would misbehave.

When needed, a smaller group of women (2-3) may take part in a three week group on a particularly challenging issue. This allows them to resolve their difficulties and struggles without disrupting the process for the larger group. These mini groups are often shorter (1 to 1 ½ hours) than the typical two hour group sessions. Areas where women are struggling can also be dealt with in the individual counselling that parallels the group work done in the Family Attachment Program.

4) Individual Counselling

As the women go through the Family Attachment Program they also take part in individual counselling with the same counsellor that provides this program. This counselling is specific to

issues related to parenting issues and allows women to pursue more specific areas of concern for themselves, their children and their relationship with their children. It is separate from the general individual counselling program that is longer term and usually lasts from the time the women arrive until the time they leave the Bravestone Centre. This individual counselling is done by another counsellor and is related to experiences of family violence and personal issues and problems. The individual counselling that accompanies the Attachment, the COS-P, and the Positive Discipline groups begins and ends with women's participation in these groups. The Family Attachment Program components are mandatory for the women at Bravestone Centre and only available to women who are mothers. Only their assessed readiness and their point of entry into the facility determine when they participate.

Evidence Supporting the Family Attachment Program

The Bravestone Centre supports evidence based programming and therefore the components of the Family Attachment Program have been developed from existing quality resources. The Attachment Group centers around the "A Simple Gift Series", particularly the "Ending the Cycle of Hurt" and "Helping Young Children Cope with Emotions" videos. Both of these videos have won awards and have been used widely. The information in the videos is based on research and they provide both visual and verbal modalities of learning. However, neither the videos or the Attachment Group itself have been evaluated in any formal way.

The Positive Discipline component has also been developed by the Family Attachment Program counsellor from a number of resources. She developed this program to work within the Family Attachment Program and specifically for the types of intimate partner violence and parenting issues faced by the women at the Bravestone Centre. A number of books, research articles and online resources are available on positive discipline and these were accessed to structure a program that connected attachment with discipline. Despite evidence for the effectiveness of positive discipline approaches (i.e. Durrant, Plateau, Ateah, Stewart-Tufescu, Jones, et al., 2014), this particular program has not been evaluated.

Individual counselling has been shown to benefit clients through offering personal attention to particular issues. It blends well with group counselling and programming and many agencies apply a combination of these program formats. The Bravestone Centre has potentially added to the benefit of this combined programming by not only having an ongoing individual counselling related to personal and violence related issues, but also having an individual counselling specific to parenting and attachment as part of the Family Attachment Program. Although each of these counselling programs have the potential to be mutually enhancing, their impact on each other and on the clients has not been documented.

The one component of the Family Attachment Program that has received research support is the COS-P.

COS Intervention

Developed in 1998, the COS program is grounded in attachment, family systems, and object relations theories. The initial program, created by Glen Cooper, Kent Hoffman, and Bert Powell in Spokane Washington, is a 20 week therapeutic group program for parents. About five to six parents attend the program and sessions are 75 minutes long. An extensive assessment precedes the group sessions. Included in the assessment is a video recording of interactions between parents and children using the Strange Situation Procedure developed by Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978). Parents also complete an interview intended to help coders determine existing attachment issues and defensiveness regarding parenting behaviours. Interviews consist of video recordings of parents completing the Circle of Security Interview (COSI) (Marvin, Cooper, Hoffman, & Powell, 2002), which includes questions about theirs and their child's behaviours and emotions during the Strange Situation Procedure, and selected questions from the Parent Development Interview (Aber, Slade, Berger, Bresgi, & Kaplan,

1985), and the Adult Attachment Interview (George et al., 1984). Individuals trained in delivering the program are also trained in administering assessments and coding the Strange Situation Procedure. Parent/child attachments are classified as secure, insecure, and disorganized.

Excerpts from the Strange Situation video recording are taken and used during groups to exemplify attachment related issues. The group sessions consist of reviewing some of the videotaped footage and discussing the issues indicated in the clips. Discussions are psychoeducational and therapeutic in nature. Parents learn about attachment and how it is related to their child's behaviour. They also learn about their own attachment experiences and how that has affected their parenting. A variety of skills to enhance attachment are introduced and practiced by parents (Circle of Security International n.d.; Hoffman, et al., 2006; Marvin, et al., 2002). A detailed example of the application of the program and the assessment process is presented in Page and Cain's (2009) case study of a young mother who participated in the COS group program. These authors also utilized the Insightfulness Assessment (Oppenheim, Goldsmith, & Koren-Kari, 2004) to assess caregiver's ability to understand their children's cognitions and emotions in the different video clips from the Strange Situation Procedure. The full COS program is demanding in terms of time and resources, therefore less time and labour intensive versions were created.

COS-HV4

An abbreviated variation of the COS Intervention was developed for mothers living in poverty who had infants that were manifesting difficult behaviour. This program consisted of three home visitation sessions and one follow-up session (Circle of Security International, n.d.; Cassidy, Ziv, Stupica, Sherman, Butler, Karfgin et al., 2010; Cassidy, Woodhouse, Sherman, Stupica, & Lejuez, 2011).

COS-P

The COS-Parenting (COS-P) is an eight session program intended to help parents reflect on their parenting behaviours as they relate to attachment. More specifically it is expected that this program will increase parents' observation of their child's behaviour, increase their understanding of and sensitivity to their child's needs, increase their own emotional regulation and decrease negative attributions of their child's behaviour (Cooper, 2009, as cited in Horton & Murray, 2015). The eight sessions consist of: 1) Welcome to COS Parenting; 2) Exploring our Children's Needs all the Way Around the Circle; 3) Being "With" on the Circle; 4) Being "With" Infants on the Circle; 5) The Path to Security; 6) Exploring our Struggles; 7) Rupture and Repair in Relationships; and 8) Summary and Celebration (Smith, 2015).

The COS-P utilized a less extensive assessment than the COS. There is no video recording and coding of the Strange Situation Procedure and attachment patterns are evaluated solely on interviews with parents. Rather than using clips of videos obtained from recorded observations of individual parents and children (as is done in the COS), a DVD with scenarios related to attachment issues and related behaviours was produced and this same DVD is used for all parents in this program. Within the eight sessions parents go through clips of the DVD with the

counsellor and discuss the issues presented in terms of their applicability to their own situation. The intent is to improve parents' ability to observe their child's behaviour and to reflect on their own parenting behaviour. Children's needs, attachment pattern and the parents own attachment experiences in childhood and the impact of these elements in parent/child interactions are covered. The COS-P has been translated into five languages and the DVD was piloted in six countries and 30 different sites (Circle of Security International, n.d.). Although the program is intended to be delivered in eight sessions, extending some sessions over two weeks has been done, resulting in nine to 12 individual sessions. Typically there are five to six parents per group and two therapists.

Conceptualizations of Attachment

The COS and COS-P conceptualize the parents holding the child and their world within their hands. These hands provide support and love as they welcome the child in (hands at the bottom of the circle) for affection and connection and a safe base from which a child is launched as they go out to explore their world (top of the circle). Children who have tired of exploring or become fearful will go back to the parent for comfort, reassurance, and help in reorganizing their feelings and experiences about what they have learned in their explorations. The secure child is sent off to explore with the parent serving as a constant home base that is there watching, supporting and enjoying their exploration and always there to catch them when they need to be embraced and cherished.

Parents with secure attachments in their own childhood have an easier time being this safe base for their children, whereas parents that struggle with their own insecure attachments have difficulty being available for their children. For these parents their child's behaviour can generate conscious or unconscious memories and responses based on their own childhood attachments. The discomfort this creates can lead them to miscue their child, allowing them to avoid this component of connection. Children begin to modify their needs and responses and miscue their parents in return. Some parents struggle more with the top of the circle and sending their children to explore while others struggle more with welcoming their children back to receive affection. The term "shark music" is used to refer to instances where parents discomfort is triggered, leading to anxiety and fear and the subsequent miscuing of their children. Part of the program then helps parents recognize when these areas of discomfort occur, the origin of this discomfort, the miscues that result from it, and their child's corresponding response. Parents learn to identify and shift their defensive behaviours towards more empathic behaviours and incorporate reflectiveness in their interactions with their children to better meet their child's emotional needs (Marvin et al., 2002).

The program is based on Ainsworth's (1993) categories of attachment: secure, ambivalent/preoccupied, avoidant/dismissing, and insecure/disorganized. The secure attachment represents parents responding to their child's need to explore and to be comforted. The ambivalent/preoccupied attachment is characteristic of parents who have difficulties with their child's need to go out and explore their environment and the avoidant/dismissing attachment is characteristic of parents who have difficulty comforting and showing affection to their child. The insecure/disorganized pattern is characteristic of parents who have difficulty with both letting their children explore their world and welcoming them back with love and affection.

Parents with this last form of attachment have often experienced trauma that remains unresolved (Marvin, et al., 2002).

The COS and COS-P are intended to shift insecure forms of attachment to more secure ones by helping parents identify their parenting struggles and work to overcome them and more accurately respond to their child's needs. It is strength based, as individuals' desire to be effective parents and protect their children by being "bigger, stronger, wiser and kind" are promoted and their use of clear cues is emphasized (Hoffman et al., 2006). This is contrasted with parents who are overly harsh, weak, or absent and who miscue their children, creating a situation where children's needs are not met.

Each parent/child dyad is assessed for the type of attachment issues that characterize their relationship and the COS works to address issues specific to that dyad. The video recordings help parents identify the way they respond to their children and then discuss ways to improve that response to better meet the child's need for either comfort or exploration. Learning goals are identified and specific questions are asked to encourage parents to reflect on their difficulties and how those difficulties may be related to their own childhood experiences. The program also focuses on parents' strengths and successes, emphasizing their importance in their children's lives (Hoffman, et al., 2006; Marvin, et al., 2002).

Therapeutic Principles and Goals

The COS and COS-P programs are guided by the following principles:

a) The nature of the parent/child attachment will affect the child's development over their lifespan.
b) Permanent changes occur when parents change their patterns of interaction with their child rather than when they learn strategies to manage their child's behaviour.
c) Secure attachments will lead to improved parent/child interactions.
d) Interventions will be more effective if they speak directly to the relationship issues specific to a parent and her child and the capacities needed to build these relationship skills include: observation of children's behaviours and needs, reflective functioning, helping children regulate their emotions, and empathy.

The goals of the COS and COS-P are to:

a) Help parents become more attuned to their child's signals for their need to explore and for comfort and to develop appropriate responses to these signals.
b) Improve parent's ability to understand their child's and their own behaviour and their cognitions and emotions about these behaviours.
c) Help parents identify attachment issues in their own childhood and the impact this has had on their current parenting patterns.

(Circle of Security International, n.d.; Marvin et al., 2002)

Application of the COS and COS-P

Based on the literature and interviews done with agencies using the COS and COS-P it is apparent that the program has a considerable degree of flexibility in application. Some have applied the original 20 week therapeutic form of the program either in group or individually. A number of agencies interviewed stated that because this original form requires extensive time and resources, particularly for the assessment and videotaping components, the COS-P has been selected as the preferred form of the program. However, even this program has been modified to fit the nature of the population and agencies characteristics and mandates.

The COS-P has been applied in both group and individual formats. Group formats provide parents with the support of and information from other parents in the group. On the other hand, doing the program on an individual basis allows therapists to address issues specific to each parent and to work through parents' own issues of attachment with their family of origin. Some agencies, like the Bravestone Centre, do the group program and combine it with simultaneous and/or subsequent individual counselling related to the parenting issues that surface in group. In some agencies sessions of the COS-P are administered more therapeutically by integrating them into individual therapy with parents. Thus they serve as supplements to more clinical work.

In addition to differences in formatting, the number of sessions have varied. Many individuals expand the COS-P by one to four sessions to accommodate difficult issues and to allow all participants to fully explore the topics and issues being discussed. One of the interviewed service providers reported that based on research indicating that showing parents videos of themselves and their children has a greater impact than watching a video of other parents (Steele, Steele, Bate, Knato, Kinsey, Bonuck, Meisner, & Murphy, 2014), individuals have expanded the COS-P to nine sessions and incorporated videos of the participants and their children in the fourth session of the program.

In some cases, time constraints have led individuals to contract the COS-P into six rather than eight sessions, however as one agency interviewed indicated, the amount of time spent in reflective discussion was curtailed. In even more abbreviated versions of the COS-P some agencies are providing a session topic per day or within the context of a play group to allow clients to at least obtain some of the information. In these instances it is hoped that parents' interest will lead them to enroll as participants in the full eight week program. Others have done a day or half day program for teachers or child care workers to help them apply the principles to their students/clients. One agency in Ontario that was interviewed for this project indicated that it has trained individuals from outside of the agency come and deliver the COS-P to women in a residential program for pregnant women. These women can stay in the program for six months after the birth of their baby and can apply for an additional six month extension. The COS-P runs in cycles and therefore some of the women get the full program and some only get part of the program.

Further, agencies differentially apply assessment procedures. The full assessment including the COSI and coding of the Strange Situation Procedure is done by some, while others apply an abbreviated version of this assessment, doing only interviews. Even the interviews conducted are inconsistent with some being used to determine readiness for programming and the type of

attachment pattern being manifested (this is the type of application used at the Bravestone Cenre), and others being used to determine changes in parenting behaviours and attachment patterns pre and post-program. Some programs do not utilize any type of assessment; they admit all parents who enroll in the program and do not evaluate pre and post-program changes.

Although initially intended for caregivers the COS and COS-P have been applied to a variety of other populations including day care workers and teachers. Even when provided to caregivers, the types of caregivers and their characteristics vary considerably. Biological, blended, adoptive and foster families have been provided with the COS or COS-P, as have mothers in prison, mothers who have not yet given birth or recently given birth, and parents of children in hospital-based day programs. As with the application at the Bravestone Centre, the COS-P has been delivered to women who have experienced intimate partner violence. In fact the COS was developed based on its application to parents who experienced intimate partner violence (Hoffman, et al., 2006). Some places of employment are making it available to the parents who work at these locations. Further, both mothers and fathers have attended COS and COS-P programs together and separately.

Another variation of the COS and COS-P is the application of its principles with clients, co-workers, partners and friends. Because the program teaches attachment based approaches rather than parenting strategies, it can be applied in many situations. Circle of Security International suggests that high risk parents have their own attachment needs which can lead them to become defensive about their parenting. Providing them with a secure place to obtain comfort and safety provides them with a base from which to explore new skills and capacities with their children. Thus the therapist/facilitator becomes the secure base from which parents gain the confidence to go out and explore their world of parenting and return to for care, comfort and reassurance (Circle of Security International, n.d.). This models the use of the circle for clients and potentially enhances its effect. Some agencies have applied the process of the COS in their interactions with coworkers, thereby enhancing their working relationships and modeling the process for clients. Therapists have also indicated that they have used the process within their personal relationships and have noticed subsequent improvements in relationships with partners and friends. As indicated by clients at the Bravestone Centre, program participants too have applied it in relationships other than those with their children. This suggests that once this approach is learned it can be used with a variety of relationships.

Agencies interviewed for this project reported that they or other therapists have been using the COS with other programs. For example, its use in couple’s therapy is relevant because the program speaks to issues of attachment. Others have blended the COS with theraplay and FASD programs where attachment enhances the intent or process of programming.

Empirical Development

To their benefit, the COS and the COS-P were developed based on theoretical and empirical principles. Strong theoretical underpinnings come from well established theories such as object relations theory, attachment theory and family systems theory. Object relations theory (Flanagan, 2016) and the struggle between attachment and independence is represented in the need for the child to explore and to come back for connection and comfort. Bowlby’s (1969)

conceptualization of attachment and how it leads to an internal working model from which other interactions are based is represented in the component of linking parental responses to children's behaviour to the parents' own childhood experiences of attachment. Ainsworth's (1993) assessment of attachment using the Strange Situation Procedure is part of the assessment of parent/child dyads for the COS and the attachment categories used for the COS and COS-P are those developed by Ainsworth's research on attachment. Family systems theory (Bowen, 1978) is used to explain how parents' behaviour and experiences with attachment impacts their relationship strengths and struggles with their child and how in turn the child responds to these cues and impacts the subsequent behaviour of the parents. Thus, changing one part of the system, such as the parent's response, will change other parts of the system such as the child's behaviour and this will support further changes in the parents' behaviour.

Further, the program and its variations were empirically developed. The 20 week COS was first piloted with homeless parents and based on their feedback, the program was revised to its final form. The COS-P was developed from the original 20 week COS clinical group program. The COS-P DVD of parent/child situations that is applied with all parents was piloted in 30 different sites across six countries and modified based on the feedback received. Once the final form was established, it was translated into seven different languages (Circle of Security International, n.d.).

Finally, the programs include assessments that open-up the potential for determining change in clients. The 20 week clinical group encompasses extensive assessments from which the content and direction of intervention for each parent/child dyad is developed. This assessment includes the Caregiver Behaviour Classification System, a categorization of attachment as determined by the Strange Situation Procedure. This classification system is a standardized and reliable measure originally intended for use with children who were up to a year old (Ainsworth, et al., 1978; Mercer, 2015; Sroufe, 1990). Because many of the parents who take the COS have children who are between the ages of one and five, a system of coding the Strange Situation Procedure was developed by Cassidy and Marvin (1992, as cited in Mercer, 2015) for this group. As with the original coding system, this new one requires highly trained coders. Although some have reported that this new coding system has good reliability and validity, others have not (Mercer, 2015). In addition to this pre-program classification, parents undergo the Circle of Security Interview (COSI) which presents questions taken from the Parent Development Interview and the Adult Attachment Interview (Marvin et al., 2002). Although unstandardized this interview offers a suggested method of determining areas of struggle and defensiveness for parents and it as well as the Strange Situation Procedure can be done prior to and after the program (Mercer, 2015). The COS-P does not utilize the Strange Situation Procedure and the accompanying Caregiver Behaviour Classification System, however it is amenable to pre and post-program assessments such as the COSI and other areas of anticipated change.

Despite the considerable opportunities for assessment, there is a lack of consistency in measures used in assessments and not all service providers conduct assessments. Further, many of the recommended instruments are not standardized. To determine the effectiveness of the COS and the COS-P a standardized assessment package needs to be developed and consistently applied by service providers and researchers, pre and post-program and at follow-up. Interviews with agencies revealed some suggestions for standardized pre and post-program assessment measures,

including measures of depression, self-efficacy, parental stress, attributions of child's behaviour, attachment, and parental response to children's behaviour. A list of all suggested measures can be found in Appendix D.

Research and Evaluation

1. Evaluating Changes in Attachment

Although not many evaluations have been conducted and published, those that have been done have used diverse methods and measures of change. In the study conducted as part of the development of the COS, Hoffman, Marvin, Cooper, & Powell (2006) recruited parents of children from six weeks to five years who were in the Head Start and Early Head Start programs for low income families. Parents lived in violent neighborhoods; most had been abused by partners and some had abused their children. Some of the children were special needs and some were high risk foster children. Out of the 75 parents/child dyads that were selected 65 completed the program. As part of a pre/post program assessment trained individuals coded the attachment characteristics of the parent/child dyads six to eight weeks before and ten days after the program. Using the modified Caregiver Behaviour Classification System, and the COSI, the authors found that 69% of the 39 children who had a disorganized attachment had an avoidant, resistant or secure attachment after the program and 15% of the 26 children who had a secure, avoidant or resistant attachment developed a disorganized attachment after the program. Further 44% of children with an avoidant or resistant attachment prior to the program moved towards a secure attachment after the program whereas only 8% of securely attached children had an insecure attachment after the program.

A more recent study applied the COS program over 15 months to 40 women who qualified for a jail diversion program and had more than three years of supervision upon release (Cassidy, et al., 2010). Although the women had substance abuse problems, in order to be included in the program they could not have been convicted of a violent crime nor had any serious mental health issues. In addition to the COS these women received a variety of other services to meet their needs including treatment for experiences of trauma. Because the women were pregnant when they began the program a pre-program assessment of attachment could not be done. However, maternal sensitivity and psychosocial functioning was measured pre and post program. From the 22 women who completed the program, maternal sensitivity increased and depression decreased from pre to post program; dissociation however did not change. At the end of the program children showed attachments similar to low risk community samples; 70% were securely attached to their mothers and 20% had an insecure or disorganized attachment. However, as Mercer (2015) points out, because of the other services provided to these women it is difficult to attribute changes to the COS.

The COS-HV4 was subject to a randomized controlled trial that compared 83 mother/child dyads who received the four session home visit version of the COS with 80 mother/child dyads who received four psychoeducational home visits where mothers discussed sleep, play and feeding. All of the babies were six to nine months, suffered from varying levels of irritability, and had no birth complications. All the mothers were financially disadvantaged. Blind coders examined the videotaped interactions of mother/child dyads prior to and following interventions. They found

that there were no significant differences between the COS and the comparison group. However, a subgroup of dismissing mothers with very irritable babies demonstrated more positive attachment changes in the COS group than in the comparison group (Cassidy, et al., 2011).

Researchers in Germany are currently conducting a randomized controlled study of the COS compared to treatment as usual (case management and counselling) in 80 mother/child dyads where the mothers suffer from mental health issues. They plan to assess attachment and a variety of other factors such as maternal sensitivity and maternal mental health prior to programming and again after the program is completed (Ramsaur, et al., 2014). This will represent a significant addition to the assessment of the effectiveness of the COS program.

One of the service providers who works extensively with the COS-P indicated that Cassidy and colleagues are working on a randomized trial study of the COS-P. The Strange Situation Procedure and the Caregiver Behaviour Classification System are being used as part of the assessment in this study and thus shifts from one type of attachment to another will be reported among the findings. Thus, it appears that empirical studies of attachment changes may become more frequent as the COS and COS-P programs become better known and more widely applied.

2. Evaluating Changes in Caregivers

Some studies have assessed changes in caregivers rather than changes in attachment patterns. For example, Gray (2015) delivered the COS-P to 34 licensed family childcare providers and assessed their levels of depression, resources related to job-stress management, self-efficacy in managing children's challenging behaviour, and reflective functioning compared to 17 randomly selected family childcare providers who did not get the program. Caregivers in the COS-P program rated the program very highly and indicated that the program had helped them reduce their stress, learn to attend to children's cues and learn new skills. In terms of comparing changes in the COS-P and nonCOS-P groups, caregivers in the COS-P group reported lower stress, better relationships with the children in their care, improved behaviour in the children and changes in their perceptions of the children's behaviour compared to the comparison group caregivers. There was however no difference in self-reported gains in caregiving abilities. At the post-test the caregivers in the COS-P group had higher self-efficacy scores and rated their ability to facilitate children's socioemotional development as higher than the nonCOS-P group. No differences were found for job stress management resources or reflective functioning and although depression scores declined they did so for both groups and there was no significant difference in the degree to which both groups declined.

Horton and Murray (2015) administered the program to women with substance abuse issues who were in a residential substance abuse treatment program and had children 12 and under; some of the women were pregnant. The nine participants that completed the program were compared with two participants who did not attend the program and four who attended two to five sessions only. Pre and post-program measures of emotion regulation, parents' attributions of their child's behaviour and parental disciplinary methods demonstrated some improvements for parents completing the COS-P, however some of these parents also developed worse parenting behaviours and some of the comparison groups had comparable improvements. The one significant finding was that the parents who completed the COS-P were more likely to follow

through with their disciplinary behaviours and were less likely to give in to their child's negative behaviour compared with the other two groups. The small sample size for this study limits the interpretability of the results.

Coleman (2014) also delivered the program to parents with substance abuse issues who had children ranging in ages from zero to five years. Eight parents who were in an opiate treatment program began the COS-P and six of these parents completed the program. Pre and post program measures assessed depression, anxiety, symptoms of stress, attachment, substance use, and parents' perspectives of the group. Participants demonstrated reduced substance use and improved mental health. However, no changes in attachment were evident and in fact there were some increases in subscales indicating mothers' helplessness and problems with caregiving. Parents expressed liking for the program, believed it had improved their relationships with their children, improved their understanding of their child's behaviour and their own behaviour, and improved their understanding of their child's needs. On the other hand there were few reports of children's behaviour changing. These results are limited by the small sample size and the lack of follow-up assessment.

Currently a multisite evaluation of the COS-P is being done in Connecticut (Smith, 2015). The program is being delivered in seven sites with populations ranging from parents accessing parenting related services, to homeless and at-risk parents. All of the parents in this study have children up to five years of age. Evaluations include a number of quantitative measures as well as qualitative interviews with individuals administering the program. An unpublished midpoint evaluation on 25 program participants has found significant baseline/post-program decreases in parental depression, increases in sense of parenting competence, and increases in the ability to read subtle cues given by children (one component of reflective functioning; other components showed no significant changes). Parental stress levels, executive functioning and parent/child relationships have not shown any significant changes, however this may be due to the small number of participants completing the programs thus far. A clearer picture will emerge when the study is completed. This study does not directly measure parent/child interactions, something the author recommends for future evaluations.

An unpublished dissertation by Rostad (2015) describes an empirical evaluation of the COS-P for parents of abused children who had lost or were at risk for losing their children to the child welfare system. Parents who participated in the COS-P were compared to parents waiting to take part in the program. The results showed few advantages to taking the COS-P, as post-program measures of reflective functioning, strategies for reducing children's level of distress, recognizing and validating the seriousness of the abusive situation and the child's distress, interpreting their child's mental states, and being able to set limits for their children did not change for the COS-P group. Results for some of these measures suggested a delayed effect, where at a follow-up assessment the COS-P group showed increases in reflective functioning, skill in reducing their children's distress, and interpreting their child's mental states. Further, parents in the COS-P group were more likely to encourage their children to express negative emotions that they experienced. The results also suggested that the program was less effective in having parents acknowledge the seriousness of the abuse and their children's subsequent distress for parents who had children in the care of child welfare and who were in substance abuse programs. Parents who were depressed also had more difficulty with setting limits for their

children. The study is limited by the small number of participants at the final assessment (24 in the COS-P group and 13 in the control group) and by the high level of attrition (from 79 in the baseline measure to 37 in the final assessment) which limited the power to detect differences between groups. The results do, however, indicate the need to assess the effectiveness of the COS-P to determine if it significantly benefits parent/child attachment and parenting responses. They also suggest the need to assess the effects of this program over time, as some effects may not appear immediately after completion of the program.

Beyond more formal attempts at evaluation, some studies have conducted case studies of areas and process of change for parents. One case study assessed changes in a father of a five year old daughter. Although identified changes were limited, some improvements were noted in the father's ability to maintain self-integrity and organize his thoughts and behaviours under conditions of stress, his sense of competency as a parent, his level of parenting stress, and his capacity to cooperate with his daughter's mother in parenting (Pazzagli, Laghezza, Manaresi, Mazzeschi, & Powell, 2014). Other, studies have obtained feedback from parents taking the COS and COS-P and these individuals have voiced a great deal of satisfaction with the program (Coleman, 2014; Page & Cain, 2009).

Limitations

A number of concerns with the COS have been voiced by individuals such as Mercer (2015). One of the concerns is that the empirical research examining changes in attachment patterns has been done by the same researchers that developed the program. This introduces the potential for bias in research. Part of the issue has been that many studies that have been done have not been published which hinders replication by independent researchers. Guarding the training and the process ensures accurate application of the program which will enhance its effectiveness but it interferes with independent evaluation of that effectiveness. In one study, independent researchers completed the COS-P training before administering the program and testing its impact (Horton & Murray, 2015), but these types of studies are rare. Further, few of the studies assess attachment pre and post program and fewer have control groups (Coyne, 2013). One of the agencies interviewed explained that individuals that are interested in applying the program clinically are not always as interested in extensive evaluations of the program, therefore it is applied more than it is researched. Thus, for the most part, those applying the COS-P are not conducting evaluations of the program nor tracking the changes resulting from the program. However, given that most of the research on the COS-P has taken place within the last five years, the future will likely see more evaluations taking place, and indeed as seen in the previous section, more extensive research is currently being conducted by researchers other than those who developed the program.

From the existing research it appears that shorter versions of the COS such as the COS-P are just as effective as more extensive versions, indicating that a shorter version may be more cost effective and applicable. Further, it appears that programs are more effective when children are six months or older rather than when children are younger than six months (Mercer, 2015). This may be because there is more opportunity for parents to read and respond to cues from their children when they are older and there is more behaviour upon which to focus parental sensitivity.

Another potential limitation is that the program focuses on parental sensitivity, however less sensitive parents have secure attachment with their children. The program does not account for elements other than parental sensitivity and care that encourage attachment (Mercer, 2015). Additionally, evaluations have focused on families that are higher risk due to economic difficulties and experiences with violence and trauma, therefore the program's applicability with the general population is not known.

Further, the differential applications of the COS and COS-P have been matched with a wide variety of evaluation protocols, some of which (i.e. the COSI), have not been standardized (Coyne, 2013). Circle of Security International calls for a standardized protocol that determines the specific change for each parent/child dyad. Thought has been given to what types of measures should be included in the evaluation protocols. One of the agencies interviewed that is involved in training for the COS-P has a list of suggested measures and a document of potential measures, complete with scoring, has been developed by Circle of Security International to encourage consistency in future evaluations. Although the list may be too extensive to use with some populations, research that utilizes at least some of the same measures will work to establish a consistent body of knowledge regarding the impact of the program. This will advance evidentiary research at a faster rate than using different measures with each evaluation.

Another limitation that may impact evaluation is that there is not widespread use and promotion of the COS or COS-P as there is with some other parenting programs, such as the Triple-P (Coyne, 2013). Some of the agencies interviewed for this study suggested that the program has not been picked up by more agencies because most people are not thinking in terms of attachment. Rather, they are still promoting the learning of specific behavioural and social learning based strategies for parenting. Further, the program requires that those who go through training become comfortable with their own parenting and childhood issues, as the training challenges the attachment patterns in their own lives. Thus, the program could bring up personal issues regarding attachment that may be threatening for some.

In addition, agencies interviewed who worked extensively with the COS-P stated that the word attachment connotes images of hugging and breastfeeding and leads to misperceptions of the program. In response, some are reframing the terminology and using words other than attachment, such as quality relationships. Using terms like supporting children and dealing with challenging behaviours generates more interest and suggests a more cognitive approach and therefore may increase service providers' comfort with attachment-based approaches.

Benefits

Despite these limitations there are many potential benefits and no identified negative effects of applying the COS and COS-P. The exiting research suggests that the program mostly results in shifts from insecure to secure attachments and that secure attachments remain fairly stable throughout the course of the program (Hoffman et al., 2006). The use of videos has been shown to enhance learning in parents (Tucker, 2006), particularly in helping parents with reflective functioning and sensitivity (Steele et al., 2014) and videos are a significant component of the COS-P. This may also lend support to the use of the "A Simple Gift Series" as part of the

Family Attachment Program at the Bravestone Centre. Because of the strong theoretical basis of the COS-P, the extensive research on the process of attachment and how parental behaviours lead to the development of internal working models in children which subsequently impact their relationships, can lend some support to the approach taken by the COS-P.

Moreover, the extensive training required before individuals can deliver the program ensure its proper application. There has been considerable interest in the program and despite the cost, hundreds of individuals in Canada and U.S. have put in the time and the expense to undergo the training for the COS or COS-P. Individuals who have been trained are enthusiastic about the program, as witnessed in the Bravestone Centre staff and agencies interviewed for this study. The extensiveness of the training, however can also be limiting. For example, certification in coding the Strange Situation Procedure for the COS can take up to a year. After the training for the COS or the COS-P individuals are certified and registered as trained program providers. Along with certification comes all of the resources such as videos (in the case of the COS-P) and manual for the program. This type of extensive training, however, is not unique to the COS or COS-P. It is evident in other therapeutic programs such as SRT and DBT and does not represent a negative program component, merely one that may be prohibitive to rapid and extensive application. This would make one agency's recommendation for a train the trainer program particularly relevant, although this would lead to less consistency in program delivery.

Among the significant benefits of the COS-P is that the clients like it, finding it easy to apply with their children and others in their lives. Positive perspectives of the program will increase the likelihood that they will stay in the program and thus benefit from it. The women at the Bravestone Centre continue to use the COS-P language outside of the program sessions, indicating that they are applying it in their lives and that it resonates with their parenting experiences. The program has been used successfully with women in economic hardships and who have experienced violence in their intimate relationships, further supporting its use in residential second stage facilities such as the Bravestone Centre.

With the recent concern with programs and services being trauma-informed, the COS and COS-P meet the criteria for being trauma-informed. They come from a position of understanding the trauma that may have been part of parents' own experiences in childhood and adulthood and how these may have impacted their parenting behaviours. Consideration of "shark music" is built into the program as triggers that parents may be experiencing based on past issues. Counsellors utilize empathy in dealing with these experiences and the subsequent struggles with parenting that individuals face. The compassion for parents that is promoted encourages a position of examining what happened to parents rather than what is wrong with their parenting and this is an essential component of the trauma-informed approach (Klinic Community Health Centre, 2013).

By prioritizing safety, ensuring clients are ready to take the program, and working to make a connection with clients before broaching more difficult parenting issues, the program prevents retraumatization. Open discussions works to make clients feel less alone and less stigmatized. This non-shaming approach work to make people feel more comfortable talking about their struggles and reduces negative self-perceptions. Even the language used is non-shaming and respectful.

The program takes a strengths based approach by focusing on positive parenting behaviours, helping parents realize the important role they play in their children's lives and providing them with choice and control. These empower parents and renew their confidence, their hope and their resilience, all of which are associated with a trauma-informed approach. The flexibility of the program also allows parents to have their needs and concerns addressed, thus offering them a more individualized approach.

Finally the program is trauma-informed in that it requires service providers become more self-aware during the training process. This works to increase their sense of equality and compassion with clients. The respect this engenders then enhances clients' sense of safety and acceptance.

Feedback on the Family Attachment Program

Except for the COS-P there have been no evaluations of the Family Attachment Program or its components. This study was conducted as an initial exploration of the applicability of the program and clients' receptiveness to the program. Feedback from clients and staff was very positive. The results of these interviews as well as interviews conducted with agencies providing attachment-based parenting programs are detailed below.

1. Reported Changes

Interviews with clients and counsellors at the Bravestone Centre indicated that they had noticed changes in perspectives and behaviours over the course of the program. These changes often mirrored changes noted in evaluations of the COS and COS-P and interviews with agencies who utilized the COS and COS-P, including changes in attachment, reflective parenting, perceptions of parenting, ability to read signals and cues in children's behaviour, more confidence and less shame in parenting choices, and changes in parents' and children's behaviour. Mothers liked the language used in the COS-P and used it in other aspects of their life. Agencies who utilized the COS and COS-P reported similar changes in their clients. The changes reported are described below.

Clients

Clients of the Bravestone Centre reported a number of changes resulting from the Family Attachment Program including changes in attachment patterns with their children, changes in their parenting practices, and increased personal awareness and growth. In terms of changes in attachment, most reported an increase in attachment to their children, stating that that they felt closer to their children and they and their children were more affectionate with each other. The women indicated that they had learned about attachment and its various forms including the importance of letting their child go out and explore on their own and have some control over their actions, as well as welcoming them in for comfort and affection. This represents learning about the top and bottom of the circle of security. Some of the women also stated that the program had helped them with other relationships in their lives.

A number of changes in parenting practices were also reported. Some of the women indicated that they now understood the extent to which their behaviour and emotions could affect their children. A few specifically mentioned miscuing their children, again indicating their learning of the COS-P language and its application. All of the women reported improvements in their parenting skills. Among the changes were being less angry and aggressive with their children, playing more and having more fun with their children, and improving their communication with their children. Parenting behaviours such as setting routines, being more consistent and being more attentive and responsive to their children's needs increased. A few said they were less judgmental and more supportive of their children after the program because they had a greater understanding of their children's behaviours and emotions.

Beyond their parenting achievements, women reported greater self-awareness, particularly in the area of understanding that their parenting behaviours stemmed from their own childhood experiences and how they were parented. Personal growth came from becoming more effective in their lives and the lives of their children, feeling less guilt, having less fear of other's perceptions, relying more on their own perceptions, being more reflective and less reactive, being more balanced and stable, and building greater respect between them and their children.

Clients also reported noticing changes in their children after going through the program. The women indicated that the program helped reduce their children's problematic behaviours by increasing their sense of control and their communications skills. It also improved their children's emotions in that they were calmer, happier, more affectionate and more confident and independent. Finally, some of the women stated that their children sought them out more to meet their needs and to engage in shared activities. Only a couple of the women reported no changes in their children's neediness or risky behaviours and one found the program more helpful with younger children rather than adolescents.

In addition, women were asked if the program helped them and/or their children heal from their abusive relationships with partners. Although this may be somewhat beyond what the Family Attachment Program can accomplish, it is part of a larger system of programs at the Bravestone Centre intended on assisting women recover from abusive relationships. A few of the women stated that what they learned in the Family Attachment Program helped them heal from an abusive relationship by making it easier for them to deal with their ex-partner, by increasing their confidence in their parenting ability which had been negatively affected by their abusive relationship, and by increasing their understanding about their own behaviour and emotions within their relationships. Some also said that the program advanced their children's healing process by increasing their understanding of why they left their home and their father and by helping their children to be less stressed, happier, more secure, and have fewer behaviour problems. Some of the women could not link the family attachment program to their healing process.

Staff

The counsellors from the Family Attachment Program and the Individual Therapy Program reported observed changes in the clients, and in some cases, their children after they had participated in the program. Many of these changes coincided with the changes reported by the clients themselves. These staff members reported that the women showed greater awareness of

themselves and their children. Women better understood their own childhood experiences and how these were related to their struggles with parenting. They were better able to relate their children's needs to their own needs and thus respond to these needs in a more effective way. Contributing to these more adaptive responses was their increased awareness of how their children's behaviour and emotions were related to their own behaviour and responses. Many developed a better perspective of parenting demonstrated by their gaining more enjoyment from their children, and making their children a priority. The staff noticed women felt less shame around issues of parenting which increased their positive views of parenting. With less shame the women became less defensive and more problem solving regarding their parenting challenges. They were able to better read their children's responses and miscues as well as their own and respond more effectively with their children.

Changes in women's behaviour towards their children were observed as well. A greater degree of patience and affection were noted. There were improvements in communication and thus less escalation of anger and negative behaviours. Women began to enjoy their children more and therefore spent more time playing with them and engaging them more in family activities which in turn facilitated communication. Subsequent changes in children's behaviour included fewer negative behaviours, more self-regulation, and improved security. Broader applications of parenting and relationship skills were noted in the women. For example, the women used better coping strategies and used the skills they learned more frequently and in relationships with others as well as with their children. They used the COS-P language to identify issues and solutions in these relationships.

Agencies

Agencies that were interviewed about the COS-P indicated observing changes similar to those reported by the Bravestone Centre clients and counsellors in their own clients. Categories of reported change included improved parenting behaviours such as greater understanding of and attentiveness to their children, being more affectionate with their children and communicating with them more effectively, and generally having fewer parenting problems. Agencies indicated that participating in the COS-P was associated with an increased confidence about parenting ability and less shame regarding parenting struggles. Improved insight and self-understanding were also noted including being more self-reflective and applying learned skills to other relationships. Finally these agencies felt it was important for clients to realize that the process of change is gradual and thus it may take awhile for children to show change. It was equally important to remember that clients would be likely to drift back to old behavious when in situations of stress or crisis.

2. Preferred Program Aspects

From talking to the women, the staff and the agencies who use the COS or COS-P it became apparent that there was a significant amount of appreciation for the program. The staff and clients spoke with enthusiasm about the Family Attachment Program, and the COS-P in particular. The videos, handouts and ease of program applicability were especially appreciated. Agencies and staff talked about the positive perspective of parenting taken by the COS-P and how it was well liked by participants. They also spoke about how the lack of shame and the

positive aspects of the program worked particularly well with women who had experienced intimate partner violence.

Clients

When asked what they liked about the Family Attachment Program, the women at the Bravestone Centre talked about program components, the applicability of the program, and the outcomes of the program. The program components most enjoyed by the women were the videos. They liked that they provided an opportunity for visual learning and held their attention. Although most felt the scenarios in the video were true to life, one woman felt they were overly contrived and led to the false expectations of a quick change in children's behaviour. These types of perceptions may reflect the caution of agencies interviewed that change is gradual and nonlinear. Many of the women liked the time allotted for discussion of the videos and the handouts given throughout the program. Unfortunately it was not clear if the concerns or appreciation were for the COS-P video or the Attachment Group videos from the "A Simple Gift Series". Concepts like "shark music" and "top and bottom of the circle" made a large impact on the women and stayed with them beyond the program. These terms made it easy for them to apply the program outside of and after the program. Thus, the COS-P itself appears to have had a significant impact on the women.

The women also talked about liking the ease of applicability of the program. They felt that it used a common sense, grounded type of approach which meant it could be used in a number of different situations and relationships. It gave them usable skills and that were easy to apply and that were easy for their children to responds to as well.

Among the benefits of the program that clients most enjoyed were having more fun being a parent and spending time with their children. They also liked that the program worked and was helpful in changing their interactions with their children. Some women reported that the program made them feel supported and valued as a parent.

Staff

When asked what they liked about the Family Attachment Program, the Bravestone Centre counsellors stated that they liked its applicability and its positive nature. In terms of its applicability, counsellors felt that it was flexible enough to respond to individual needs and basic enough to be practical in its application. There is flexibility in whether sessions are expanded, how much time is spent on the video clips, and in dealing with specific issues that surface for clients. In terms of ease of application, the language in the COS-P is easy to understand, the videos are based on real situations, and it has its basis in well-established attachment theory, making it relevant to real life. Further, the counsellor does both the group program and individual counselling related to parenting issues for a more thorough approach to the program.

The counsellors also spoke about the positive nature of the program, stating that it leads to successful results, in part because clients have a positive view of the information and are not resistant to it or threatened by it. Since they can readily talk about their struggles they achieve greater results sooner. The program's also takes a positive view of parents and parenting. Because it is not shame based, the program is not offensive to women and therefore they are not

defensive about their parenting behaviours. The programs' focus on reframing children's needs in a positive way helps women connect with their need to nurture their child. Finally, the counsellors found that the program helped women gain self-understanding by linking their childhood experiences in their family of origin to their parenting experiences. This self-understanding leads to less guilt and a more positive perspective of themselves and their desire to change their parenting behaviours.

Agencies

Agencies using the COS-P or training others in the use of the COS-P were asked what the appeal of the program was to participants and counsellors. They too spoke about the program's positive nature and ease of applicability. Much like the Bravestone Centre clients and staff, these agencies felt that the program was highly generalizable and flexible because it taught parents to respond in the moment rather than learning a number of specific strategies. This and the fact that was very practical and made sense to parents made the program easy to learn. It focused on repairing ruptured relationships and worked with children at all stages of development. They also spoke of its flexibility in terms of the number of sessions and the populations it could serve as a significant benefit.

Agencies that reported the COS-P's positive perspective is reflected in its gentle, non-shame based approach that makes people feel safe and this would be particularly important for women coming out of abusive relationships who may have a lot of guilt about leaving their child's father and of not attending to their child's needs. Words such as "bigger, stronger, wiser, and kind" are used rather than words based on "power and authority". For women who often had power and authority used against them, this is a welcoming type of language. The program normalizes the struggles of relationships further reducing the shame. Because clients' feel more positive about the program they are more likely to stay in it and reap the benefits of it. Another positive aspect of the program is that it gives clients a sense of agency in their lives and the lives of their children. It honors their knowledge of their child and their ability to parent. Through the program their child's behaviour begins to make sense, leading to confidence that they can effectively respond in a more adaptive way. Thus, the program is hopeful and positive which transmits these positive emptions to the parents.

3. Recommendations of Study Participants

Program participants, counselling staff and agencies were asked to make recommendations about specific issues as well as general recommendations for improving the program. Among the issues study participants were asked to respond to was the ideal time for women at the Bravestone Centre to take the Family Attachment Program. Overall individuals felt that the Family Attachment Program should be delivered to the women two to three months after they arrive at the Bravestone Centre. This timeline would allow women to settle in to their new environment and adjust to their situation. Agencies interviewed recognized that full participation depended on the client's readiness and therefore it was recommended that an assessment of readiness be completed prior to participating in the program. In fact, this type of assessment is already implemented at the Bravestone Centre.

Because the Family Attachment Program is offered only at certain times of the year, some women have to wait several months before the program starts. Agencies suggested that in these cases, women be given some introductory sessions such as the first three or four sessions of the COS-P to provide them with timely assistance with their parenting issues. The women could then do these sessions again when they take the Family Attachment Program. In fact, the Family Attachment Program counsellor provides women with the Attachment Group component if they have to wait several months for the Family Attachment Program to begin and they redo this component as part of the Family Attachment Program. Having more than one exposure to program material, rather than feeling repetitive was appreciated by the women at the Bravestone Centre. Some had completed the entire Family Attachment Program twice and these women said they benefited from this double exposure by learning new information and skills each time.

Clients of the Bravestone Centre were asked when the Family Attachment Program should be offered in relation to the other programs at the Bravestone Centre. They suggested that women begin with the Individual Counselling Program and that when they have a greater understanding of the impact of their abusive relationships on their parenting and are less defensive about their parenting, then they should start the Family Attachment Program. This is the current system of program progression in place, and therefore it appears that this program plan works well for the women.

Another component of the Family Attachment Program that follows recommended practices is the number of women in the group. At the Bravestone Centre between five and eight women are typically in a group. Agencies who have done attachment programs and especially those that apply the COS-P recommend six to eight parents in a group, stating that the more parents in a group, the longer it takes to establish enough safety to progress with program content.

The program participants that were interviewed made other recommendations related to information provided, resources used and group rules. Most voiced the need for more information. In particular they wanted more examples related to older children and adolescents, feeling that the videos and the examples were specific to younger children. Some wanted more information related to extreme behavioural issues such as public and/or severe temper tantrums. A few wanted more information about the program itself and its history, while others wanted a more interactive component to the program where one session or an additional session could involve an activity with their child for a more hands-on learning approach. Having the program run for up to 10 sessions was suggested as a way to integrate some of this information, and in fact the flexible nature of the program means it can be extended to include more sessions. These requests show interest in the program and a desire to learn more from it. Changes may be considered as required within specific program groups (for example, a group with several women who have older children), but these decisions would best be made by the Family Attachment Program counsellor. Some of the requests were issues better covered in the individual counselling part of the Family Attachment Program, such as addressing how their relationship with their children has been impaired by their abusive relationships and spending more time on parenting and their family of origin.

Clients also had recommendations regarding the handouts and videos used in the program. Some wanted more handouts to assist them with assignments and suggested that handouts be sent via

email so they could be saved and accessed in the future. One person wanted greater clarity in the handouts, with the one on preparing children for change or for activities, specifically mentioned as needing to be clarified. Most of the women liked the videos and felt they should not be changed; only one felt that the scenarios were not realistic because the behaviour was shown as changing more quickly than it does in real life.

Finally, a few clients suggested changes to some of the group rules. This included making sure everyone participated and that discussions stayed on topic. Keeping discussion relevant can sometimes be challenging but is a good part of ensuring the effectiveness of the group, however enforcing participation at every group session would not always be respectful of individual circumstances and preferences. Some wanted to allow people who come late into the group and to allow cell phone in cases of child related emergencies. Changing these rules however becomes difficult in terms of setting limits such as how late is too late and what is considered an emergency. The existing rules try to ensure fairness for everyone. One of the more interesting recommendations made by one woman was that the group be required by every woman at the Bravestone Centre, not just those with children. She saw the potential for the information to be used in other relationships.

Agencies that were interviewed also made suggestions. One of these was related to the addition of either a drop-in or follow-up group for women who had already taken the program but wanted to reconnect with the counsellor to discuss particular issues. This recommendation would fit with women's and staff's reports of the benefits of taking the program twice. Based on agency and client interviews, individuals always see something different when they take the program a second time. The Bravestone Centre offers a six month follow-up period where women can continue to access programming at the Centre; some of the parenting issues are revisited during this time period.

Another suggestion made by agencies was that the Bravestone Centre more broadly apply the COS approach by using it with clients and among staff. Women who come from situations of abuse are often dysregulated and need structure and nurturing. In other words, they require care and comfort and safety, a response related to the bottom of the circle of security. Having the entire agency respond within the circle would model it for clients on a daily basis, not just in the group.

Agencies, particularly those that work with the COS-P felt that all of the staff at the Bravestone Centre should go through the training for the COS-P or go through an abbreviated training with the Family Attachment Program counsellor. This would facilitate their using the approach with clients and modeling it in interactions with co-workers. It would also ensure that they were familiar with the language of the COS-P and would be able to appropriately respond to the women who were using that language. For example, the individual therapy counsellor often did not know what the women were referring to when they used terms from the COS-P.

Based on research showing that watching videos of themselves is more powerful that watching videos of others in effecting change (Steele, et al., 2014), one agency suggested that the Bravestone Centre use videos of the women interacting with their children in the group. Although this would address one of the women's concerns that the video was not realistic

enough, it would require video recording equipment and the editing of key interactions between mothers and children. The technology and time requirements of using this method is currently prohibitive for the Bravestone Centre. Further, not all women may be comfortable with this process and given that most like the existing videos, this may not be a wise use of time and resources.

Further to training the staff, some agencies felt that attention to the staff's mental health was important and recommended opportunities to debrief and an established model of clinical supervision. Clinical supervision is in place at the Bravestone Centre, as the director is certified through the Canadian Counselling Psychotherapy Association. Given that the staff are dealing with women who have left abusive relationships and who often present with depression, anxiety and substance abuse issues, debriefing and clinical supervision is an essential part of effective service. It is also associated with the low staff turnover at the Bravestone Centre.

Several agencies recognized the lack of evaluation of the COS-P with this or other populations. Some stated the need for not only pre and post program evaluations, but for follow-up evaluations as well, as some changes don't appear immediately after the program, as indicated by Rostad (2015). The need to use the same measures to make evaluation results comparable was stated and some measures were specifically suggested, including measures of self-efficacy, the children's negative emotions scale, and a number of others that can be found in Appendix D. Most evaluations are just starting to be done and therefore it is a good time to establish consistent evaluation protocols. Getting parents to write paragraphs of noted behaviours in their children pre and post program were suggested as was the video taping of parent interviews about what their child was like before and after the program. It was believed that these would provide powerful stories and capture breakthroughs in the parents own words that would make a significant impact on funders. In programs like the Family Attachment Program, distinguishing the effects of the COS-P and the other components would be important for the literature on the COS-P and for assessing whether the effect of this particular program model surpasses the impact of anyone of the individual components.

Other suggestions made by agencies were already part of the process in the Family Attachment Program. For example, some recommended that clients have individual therapy between group sessions. At the Bravestone Centre they receive individual counselling related to the Family Attachment Program and more general individual counselling that run simultaneous to the Family Attachment Program. Further, agencies recommended that establishing a safe process for checking in prior to beginning the group and working to eliminate women's sense of shame regarding their parenting be done. Both of these are integral parts of the Family Attachment Program. Finally, agencies suggested that women be assessed for readiness to enter the group prior to participation and this is also part of the process at the Bravestone Centre.

Conclusion

The Family Attachment Program counsellor has demonstrated creativity and innovation in developing an attachment-based parenting program specific to the needs of the women at the

Bravestone Centre and the women have embraced the program and its approach. They have utilized the concepts and applied them in their interactions with the children and with others in their lives. The program also works well with the Individual Counselling Program and the other programs at the agency, adding to, rather than duplicating, the information and strategies introduced in these programs. Thus it is important that this program become a permanent part of the services offered at the Bravestone Centre.

Attachment is essential to healthy physical, cognitive, emotional, and social development and functioning in all aspects of life such as occupation, relationships, self-concept, and health. Thus, the earlier the implementation of an attachment program, the sooner and more complete will be the recovery from the negative effects of family violence for mothers and their children. Interviews conducted for this study determined that this type of attachment program would be best applied two to three months after the women arrive at the facility and are assessed as ready to work on parenting issues. If the logistics of offering the program cannot meet this timeline, then some abbreviated form of the attachment program such as the Attachment Group component should be provided, and in fact this is part of the regular process for the women at the Bravestone Centre.

As a preliminary study, this research has demonstrated that the Family Attachment Program has many positive aspects, including being well liked and attended by clients, being positive and hopeful rather than shame-based, and having a broad range of applicability. Clients and staff believed that parenting perceptions and behaviours improved and secure attachments increased. In fact, similar changes were reported by clients and staff and these reported changes were in-line with agency reports of changes related to the COS-P. Further, based on the client and staff reports, the goals of the COS and COS-P are being met through the Family Attachment Program. These goals consist of helping parents be more attentive and responsive to their children's signals of their need either to explore or to be comforted, helping parents understand their children's and their own behaviour, and helping parents identify attachment issues in their own childhood and link them to attachment issues they are having with their children. These findings are limited however, by the small sample size and the possibility that enthusiasm for the program and the counsellor may have biased perceptions and reports of change. They are also limited by their failure to determine the separate impact of the different components of the Family Attachment Program in relation to their combined impact. The preliminary findings however, suggest that a more extensive evaluation that addresses these limitations is a worthwhile endeavor.

Innovative attachment programs such as the Family Attachment Program are appropriate and beneficial in second stage residential programs. Once established, these programs require evaluations as evidence of their impact. Evidence of the effects of this program would support its continued application with women who have left abusive relationships, or guide modifications to increase its effectiveness. These types of evaluations would also promote the Family Attachment Program as a model for attachment-based parenting programs in second stage residential agencies. With no other Canadian second stage residential agency offering an attachment-based parenting program, building a model that could be used by other agencies would not only add to the literature but to the available resources for second stage residential agencies and the clients they serve.

Recommendations

This preliminary study of the Family Attachment Program at the Bravestone Centre has clarified the direction for future programming, research and model building. Based on the literature reviewed for this study and the interviews conducted the following six recommendations were developed. These recommendations are intended to help establish a strong foundation and support for the Family Attachment Program at the Bravestone Centre and potentially create a model for attachment programming at other second stage residential agencies.

A. Programming Recommendations

The following three recommendations are specific to the Family Attachment Program model currently being applied at the Bravestone Centre.

1) Ensure that the Family Attachment Program Becomes a Permanent Program at the Bravestone Centre

The Family Attachment Program is a pilot program that has been internally funded by the Bravestone Centre for the past two years to determine if the program would work with the population and the other programs at the Centre. The current research was conducted to improve the positioning of the program relative to entry to the agency and to the other programs offered at the agency. Thus, with the information guiding these refinements, the program will be even more beneficial to the women accessing the Bravestone Centre.

The research clearly indicates that having a secure attachment is an important part of physiological, cognitive, social, and emotional development and has long term positive effects intergenerationally. It also demonstrates that secure attachments are adversely affected by experiences of family violence, and therefore children and parents who have experienced domestic violence need to have the opportunity to rebuild secure attachments and thus maximize their chances of having a healthy developmental trajectory. Therefore, a second stage residential facility for women and children leaving abusive relationships is ideally situated to provide an attachment program. As indicated in this study, this program is well liked and appears to having a positive influence on the women who have taken it and on their children as well. For these reasons, it is strongly recommended that permanent funding to support this program long term be found. Without this additional funding, the program will be discontinued and the important issue of attachment will remain unaddressed for clients and their children. With additional funding, the program would be the first specific attachment program in a second stage residential facility for women and children who have left abusive relationships, placing the Bravestone Centre at the forefront of innovative programming. Based on establishing the Family Attachment Program as a permanent part of Bravestone Centre services, the following recommendations are made.

2) Offer Attachment Programming within Three Months of Client's Arrival

It was clear from the interviews that the best time to introduce the Family Attachment Program to the women would be two to three months after their arrival at the Bravestone Centre. Assessments of readiness for the program should continue to be done and results would supersede the recommended timeline. With most of the women attending the Family Attachment Program within the first three months after their arrival, many would then have the opportunity

to go through the program a second time. Second exposures to the program were recommended by clients and agencies interviewed for the study. Both indicated that individuals gain deeper understanding and more complex perspectives with a second exposure.

Prior to the second or third month women are settling in to their new circumstances and are emotionally and cognitively unprepared to focus on in-depth programming. At this time they require more individual counselling to deal with the trauma and life changes they have experienced. In fact, the clients interviewed for this study indicated that it was best to do the Family Attachment Program after having some individual counselling to deal with more personal intimate partner violence trauma-related issues. On the other hand, waiting more than three months to attend the Family Attachment Program will mean that behavioural and relationship issues between mothers and their children may continue and even escalate, further disrupting the attachment that was negatively affected by the abusive home situation they escaped.

Given that the Family Attachment Program is not run continuously, it is recommended that the counsellor continue to offer the Attachment Group component to women as they wait for the complete program to commence. This will provide women with timely information on attachment and how to rebuild secure attachments with their children. Agencies interviewed strongly recommended this process for women who have to wait for the Family Attachment Program to begin.

3) Familiarize All of the Staff with the COS-P

Because the women often use the language used in the COS-P component of the Family Attachment Program, it is important that the staff at the Bravestone Centre are familiar with this terminology. Interviews revealed that the women understand their interactions with the children within the context of this language and that the other staff are not aware of the meaning of these concepts. To facilitate women's continued efforts to build attachment and their discourse of this process in other aspects of their lives, the staff at the Bravestone Centre need to become familiar with the terms and concepts used in the COS-P. This could be accomplished through a one day or half day training session with the Family Attachment Program counsellor who has been trained in delivering the COS-P. This training would also encourage the staff to apply the concepts to benefit their own relationships with children, partners and co-workers. As agencies who utilized the COS and COS-P indicated, the program can be applied to any relationship and its application with co-workers and clients on the part of the staff would model its use and increase the likelihood that mothers would use it with their children. It would also serve to enhance the relationship between counsellors and clients and the supportive co-worker relationships that currently exist at the Bravestone Centre.

B. Evaluation Recommendations

The following recommendations speak to the need for evaluation of the Family Attachment Program model.

4) Evaluate the Family Attachment Program Against Other Potential Attachment Programs

As indicated by Coyne (2013), there are behavioural and social learning based parenting programs and attachment-based parenting programs. The Bravestone Centre has selected the attachment parenting program approach as best for their clients' needs. The program includes a

number of components two of which (the attachment group and the positive parenting group) have specifically been developed for the Bravestone Centre clients, and one, the COS-P, which is an established program focused on attachment. The Family Attachment Program represents one of the only models of attachment programming that incorporates a number of program components rather than just one program (i.e. the COS-P). Research into the benefits of this model of attachment programming compared to other attachment programs needs to be established to provide confidence that the current model is the best choice given the nature of the clients and the facility. An investigation into other existing attachment parenting programs, including their application and empirical support would help to determine if the selected model is the most appropriate or if modifications of the model need to be considered.

5) Conduct a Formal Evaluation of the Family Attachment Program

Once the Family Attachment Program has been determined to be the preferred programming model for Bravestone Centre clients or modified to a more appropriate form, then a formal evaluation of the program and its components could be conducted. Ideally the evaluation would be able to speak to the value of each component as well as the entire program to determine the impact and effectiveness of all aspects of the program. The evaluation would include developing and administering pre- and post-program tests as well as follow-up tests. Some agencies interviewed and the research by Rostad (2015) suggests that some changes may only occur sometime after program participation, necessitating the need for a follow-up evaluation. The initial evaluation would detail each specific component and result in recommendations for each component as well as for the entire program. An evaluation of this sort may set the stage for further evaluations that include control groups, thus offering a more empirical testing of the model. The evaluation process could also be used to develop a pre-, post-, and follow-up program assessment package that could be used by the Bravestone Centre to track changes in clients' parenting behaviours and attachment to their children, thereby continuously gathering evidence for the impact of the Family Attachment Program. This would allow for the rapid availability of evidence of program effectiveness for funders and would provide information to maintain the program's relevance to clients' needs over time.

Currently only the COS-P component has been evaluated, albeit minimally. This evaluation would allow all components to be assessed and to add to the literature and evidence related to the use of the COS-P. A number of measures have been suggested by Circle of Security International as potential instruments to assess the effectiveness of the COS and COS-P. This pre-established list could be used to select the most appropriate measures of effectiveness given the client population at the Bravestone Centre and the anticipated changes related to the Family Attachment Program. Other measures might be included to ensure that other program components and their impact are equally represented in the evaluation. The initial evaluation of program components could serve as a pilot for the measures to be included in an ongoing assessment of program effectiveness, ensuring that the most appropriate measures are selected for long-term use by the agency.

6) Dissemination of Results

Since there are few studies on attachment program models, this formal evaluation would add to the literature considerably. Its dissemination would also add to the literature on the COS-P and evidence of its variety of applications. Further, it would provide other second stage residential agencies for women leaving abusive relationships with a pre-established model to

utilize and potentially test. This would add to the resources available to agencies and possibly to research-based support for this particular model.

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Appendix A: Interview Questions

Questions for Program Participants

1. What do you see as some of the benefits from your parenting attachment sessions?
2. Were there some things that were not dealt with in the parenting attachment sessions that you had wanted to address?
    a. Were there things that were covered and discussed that you felt should not have been covered or were not necessary to cover?
3. Were the videos, handouts, and other material used in the sessions helpful? Explain.
4. Do you feel that you better understand the importance of attachment after having taken the parenting attachment sessions? Explain.
5. Do you feel that your parenting changed after having taken the parenting attachment sessions? Explain.
    a. Do you find that your understanding of your child's behaviour changed after having taken the parenting attachment sessions? Explain.
    b. Do you find that your understanding of your parenting behaviour changed after having taken the parenting attachment sessions? Explain
    c. Do you find that your parenting behaviour changed after having taken the parenting attachment sessions? Explain
    d. Has your view of being a parent changed since taking the parenting attachment sessions? Explain.
6. Do you find that your child's behaviour has changed after having taken the parenting attachment sessions? Explain.
7. How has the attachment between you and your child changed since taking the parenting attachment sessions?
    a. Have the interactions between you and your child changed since taking the parenting attachment sessions?
8. Did you feel the program duplicated information you received in some of the other Bravestone Centre programs?
9. Do you feel that the parenting attachment sessions started at an appropriate time in your programming here at the Bravestone Centre?
    a. Was this soon enough after you arrived?
    b. Was it too soon after you arrived?
10. How does being involved with the parenting attachment sessions fit in with your process of recovery and healing?
    a. How does it help with your children's process of recovery and healing?
11. What recommendations would you have for making changes to the program?

Questions for Bravestone Centre Counsellors

1. When do most of the women begin the parenting attachment sessions after they arrive at the Bravestone Centre?
    a. Does this give them sufficient time to build rapport with you?
    b. Would you suggest that they start the program within a different time frame after arriving at the Bravestone Centre?
2. Do you have enough time to cover all the issues that women need to cover before they have to leave the centre?
3. What changes would you make to the way the program is conceptualized and presented?
4. Have you seen evidence of change in the women and their children after attending the program?
    a. Have you seen changes in their interactions, discipline, behaviours, responses to each other, comfort with each other, enjoyment of each other?
    b. Have you seen changes in mother's level of understanding of their own behaviour and/or the behaviour of their children?
    c. Have you seen changes in the type of attachment between mothers and their children?

(This last question will also be asked of the staff member who delivers the women's counselling program. The first three questions are only relevant to the staff member who delivers the Family Attachment Program).

Questions for Agencies

1. Are your programs specific to women?
2. Are you parenting programs specific to women?
3. How many programs do you offer to women?
4. How is attachment part of your programming?
5. How does your attachment/parenting program fit into the programming framework with the other programs?
    a. When do the clients complete the program in relation to the other programs offered?
6. How long is the attachment/parenting program?
7. What portion of the parenting program is focused on attachment?
8. What type of information is covered and what type of activities are done in the attachment part of the program?
9. How many women/parents typically attend the program?
10. **Is there a problem with women completing all of the programs before they leave the agency? (only relevant for residential agencies)
11. Do you work within a particular programming model or framework? Is this a model/framework that you would be willing to share? If not can you describe it?
12. Does the attachment part of the program follow a particular model of programming?
13. Do you have any recommendations for the implementation of an attachment program in second stage? – where women attend programming for about a year.
14. Is there any particular training or certification that the staff delivering the attachment program have obtained? Please explain.

For agencies working with the COS or COS-P these additional questions were included:

1. How do you deliver the circle of security program?
2. Have you found it effective in changing attachment – how so?
3. Have you evaluated the program?
4. How is the program received by clients?
5. Does the program achieve its aims?
    a. Increase caregiver sensitivity and appropriate responses to the child's signals
    b. Increase ability to reflect and understand theirs and their child's behaviour and how they interact to affect each other
    c. To understand their own childhood attachment experiences and how they impact on their own parenting
    d. Have you seen changes in their interactions, discipline, behaviours, responses to each other, comfort with each other, enjoyment of each other?
6. Do you do assessments to identify the types of attachments exist to tailor the program to individual dyads?
7. Are parents more confident in their parenting of their children?
8. Are your programs specific to women?
9. How does your attachment/parenting program fit into the programming framework with the other programs?
    a. When do the clients complete the program in relation to the other programs offered?

10. How many women/parents typically attend the program?
11. Do you have any recommendations for the implementation of an attachment program in second stage? – where women attend programming for about a year.
12. What changes would you make to the circle of security model if you could.

Appendix B: Email Request Sent to Agencies

Dear (name added)

My name is Dr. Jocelyn Proulx and I am interested in learning more about your programming framework and especially about the attachment program you are delivering. I am working with the Bravestone Centre, a residential second stage agency in Winnipeg Manitoba. The Bravestone Centre has recently added a Family Attachment Program to their services and they want to develop an effective framework for their programs including this new attachment program. Specifically, they are concerned about introducing it within a time frame that is respectful of women and children's needing to settle in to residence and stabilize their lives while not letting attachment issues that may have developed due to being in a violent home situation worsen. As an agency that has delivered an attachment program I would like to discuss the programming framework/model that you have applied and obtain suggestions about how best to incorporate an attachment program in a residential second stage facility. I would like to call you to discuss these issues. If you would be agreeable to talking with me further, please let me know when you would be available.
Thank you for your time in considering helping us out with this project.

Dr. Jocelyn Proulx
University of Manitoba

Appendix C: Consent Forms

UNIVERSITY
OF MANITOBA

Informed Consent for Family Attachment Program Participants

Research Project Title: Developing a Framework for Strengthening Families
Principal Investigator and contact information: Dr. Jocelyn Proulx, P435D Duff Roblin, University of Manitoba, R3T 2N2, (204) 474-8216, Jocelyn.Proulx@umanitoba.ca
Sponsor: The Bravestone Centre
****
This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE OF THE RESEARCH

Dr. Jocelyn Proulx is helping The Bravestone Centre (the executive director of the Bravestone Centre has approved this study), to develop a programming framework. In particular, they are interested in finding out how the Family Attachment Program fits with the other programs at the Bravestone Centre. Dr. Proulx is with the University of Manitoba and works in the Psychology Department.

PARTICIPATION

Participation involves doing a 1 hour interview with Dr. Proulx. Dr. Proulx will be asking questions about your experiences with the program, its content, its effects, and its timing in relation to the other programs offered at the centre. You will also be asked for suggestions for changes to the program. Although no questions about experiences of abuse will be asked, by law she is required to report current and past unreported child abuse or situations dangerous to children.

Your participation is voluntary and therefore you can choose not to answer certain questions or you can withdraw from participation at any point in time. Your choice to participate or to withdraw will not affect any services you are now receiving or will receive in the future. No one at the Bravestone Centre will be told who did or did not participate in the study.

BENEFITS AND RISKS

Although she will not be asking for information about personal experiences of abuse, talking about a program that addressed the impact of domestic violence on attachment between mothers and their children may bring up distressing personal memories and thoughts. If you

become distressed, there are counsellors at the Bravestone Centre that are prepared to provide immediate counselling and support.

By participating you will be involved in developing a programming framework for the services at the Bravestone Centre. In particular you will help to identify any need to modify the Family Attachment Program and how it is placed in related to the other programs offered. This will help make the program more effective for future residents of the centre. We understand that rebuilding family attachment in families who experience difficulties such as violence and abuse often takes time, however going through the process itself gives you a unique understanding of the goals you wish to reach and the progress you have made in terms of reaching those goals within the Family Attachment Program.

The results of this study will be presented in a report that will be given to the executive director of the Bravestone Centre, and through her shared with the staff. We will be creating a summary of the results of the project and making it available to participants. Conference presentations, articles, and possibly research papers or book chapters will also be produced. Promotion of this study and its results will be used to secure funds for the program and to encourage other agencies to develop similar programs.

CONFIDENTIALITY

Your name will not be placed with your interview responses. Audio recordings of the interviews will be transcribed into a password protected computer file and only Dr. Proulx will have access to this computer file. Once the transcription is complete the audio recording will be destroyed. During transcription any names mentioned during the interview will be deleted. Consent forms will be stored in a locked cabinet in Dr. Proulx's office and only she has a key to this cabinet. The information you provide will be combined with feedback from other program participants, feedback from the staff that deliver the Family Attachment Program, and from other residential second stage agencies in Canada and the US who also deliver an attachment program. None of the documents produced will mention specific participants and any statements referred to will not be attributed to any particular person. We would like to be able to use quotes from individual interviews to emphasize or exemplify important points. Although individuals' names will not be attached to these quotes, there is always the possibility that you might be identified from quotes of your statements. If you do not feel comfortable having your statements quoted please indicate this preference at the end of this consent form. Any personal contact information given to the researcher will be destroyed after the interview. The transcribed interview data will be destroyed in 7 years – December 2021.

HONORARIUMS

You will receive a $25 honorarium for your participation. These honorariums will be given out before the interview, thus even if you withdraw from participation you will still receive the honorarium.

FEEDBACK

At the end of the interview Dr. Proulx will briefly go over what will be done with the information you gave and the process of using it to advise the modification of the Family Attachment Program and the development of a programming framework. If you are interested in getting a summary of the information we learned in the study please indicate a way for us to send

you the summary at the end of this consent form. We will be sending out these summaries by April 2016. A copy of the full report will be available to you should you wish to receive it.

SIGNATURE

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes. This research has been approved by the Psychology/Sociology REB. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature ________________________ Date ____________

Researcher and/or Delegate's Signature ___________________ Date _______

If you would like to receive a summary of the results please indicate the method of sending this information you prefer and the corresponding address (address, email, Bravestone Centre)

Name (print)
Address

___ I consent to having my statements quoted in the final report of the study results.
___ I DO NOT consent to having my statements quoted in the final report of the study results.

UNIVERSITY OF MANITOBA

Informed Consent for Family Attachment Program Staff

Research Project Title: Developing a Framework for Strengthening Families
Principal Investigator and contact information: Dr. Jocelyn Proulx, P435D Duff Roblin, University of Manitoba, R3T 2N2, (204) 474-8216, Jocelyn.Proulx@umanitoba.ca
Sponsor: The Bravestone Centre
****
This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE OF THE RESEARCH

Dr. Jocelyn Proulx is helping The Bravestone Centre (the executive director of the Bravestone Centre has approved this study), to develop a programming framework. In particular, they are interested in finding out how the Family Attachment Program fits with the other programs at the Bravestone Centre. Dr. Proulx is with the University of Manitoba and works in the Psychology Department.

PARTICIPATION

Participation involves doing a 1 hour interview with Dr. Proulx. The interview will be audio recorded unless you have requested it not to be recorded, in which case your responses will be written down. Dr. Proulx will be asking questions about the content, delivery, and effects of the Family Attachment Program, and if you have recommendations for changes to the program and the programming framework.

Your participation is voluntary and therefore you can choose not to answer certain questions or you can withdraw from participation at any point in time. The decision to participate or not will not affect our employment in anyway.

BENEFITS AND RISKS

By participating you will be directly involved in modifying the Family Attachment Program, developing an effective programming framework for delivering the program, and informing the program's evolution and placement in relation to other programs. This information will be presented in a report that will be given to the executive director of the Bravestone Centre, you and other staff of the centre, the Board of Directors and funders. Conference presentations, articles, and possibly research papers or book chapters will also be produced. Promotion of this study and its results will be used to secure funds for the program and to encourage other agencies to develop similar programs.

CONFIDENTIALITY

Confidentiality of information will be maintained by not placing anyone's name with their interview responses. Audio recordings of the interviews will be transcribed into password protected computer files and only Dr. Proulx will have access to these files. Once the transcription is complete the audio recording will be destroyed. During transcription any names mentioned during the interview will be deleted. Consent forms will be stored in a locked cabinet in Dr. Proulx's office and only she has the key to this cabinet. The information you provide will be combined with feedback from clients who have taken the Family Attachment Program and from other residential second stage agencies in Canada and the US who also deliver an attachment program. None of the documents produced will mention specific participants and any statements referred to will not be attributed to any particular person. However, because there will only be one or two staff being interviewed and only one who delivers the program, the executive director and other staff will know or be able to guess which responses are yours in the report. Feel free not to answer any questions, to request that your response not be added to the report, to review how your responses are presented in the report, or to decline participation. None of the statements you make will be directly quoted to avoid your specific responses being identified. The transcribed interview data will be destroyed in 7 years – December 2021.

FEEDBACK

At the end of the interview Dr. Proulx will briefly go over what will be done with the information you gave and the process of using it to advise the modification of the Family Attachment Program and the development of a programming framework. A full report of the results will be available through the Bravestone Centre executive director but you may request an electronic copy from Dr. Proulx as well. If you are interested in getting an electronic copy please leave your email address at the end of this consent form. We will be sending out the report by January 2015.

SIGNATURE

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes. This research has been approved by the Psychology/Sociology REB. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant’s Signature _________________________ Date ____________

Researcher and/or Delegate’s Signature ___________________ Date _______

If you would like to receive an electronic copy of the report please leave your email address below.

UNIVERSITY OF MANITOBA

Informed Consent for Agencies

Research Project Title: Developing a Framework for Strengthening Families
Principal Investigator and contact information: Dr. Jocelyn Proulx, P435D Duff Roblin Building, University of Manitoba, R3T 2N2, (204) 474-8216, Jocelyn.Proulx@umanitoba.ca
Sponsor: The Bravestone Centre
****
This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE OF THE RESEARCH

Dr. Jocelyn Proulx from the University of Manitoba, is helping The Bravestone Centre (the executive director of the Bravestone Centre has approved this study), to develop a programming framework. In particular, they are interested in finding out how their recently added Family Attachment Program fits with the other programs at the Bravestone Centre.

PARTICIPATION

Participation involves doing a 45 minutes interview with Dr. Proulx. She will be asking you questions about the programs you offer and how attachment issues are incorporated into these programs, the attachment models that are used, the characteristics of your attachment program/program component, and any recommendations you may have for the Bravestone Centre as they develop their own framework and attachment program.

Your participation is voluntary and therefore you can choose not to answer certain questions or you can withdraw from participation at any point in time. The decision about whether or not to participate will not impact you or your agency. The report of the results of this study will identify agencies in Canada that include an attachment program among their service, but it will not identify those that did or did not participate.

BENEFITS AND RISKS

By participating you will be providing a residential second stage agency with the benefit of your experience and knowledge with attachment based programs. This will help them become part of a system of services who are dedicated to repairing and rebuilding the attachment between mothers and children that has been damaged through domestic violence. Your shared knowledge will also help to create an effective Family Attachment Program and a framework for

services that incorporates this program at the most opportune time. The information you provide will be combined with information from clients and staff of the Bravestone Centre who have been involved with the Family Attachment Program and then presented in a report that will be given to the executive director of the Bravestone Centre, the staff of the centre, the Board of Directors and funders. We will be creating a summary of the results of the project and making it available to you and your agency. Conference presentations, articles, and possibly research papers or book chapters will also be produced.

CONFIDENTIALITY

Confidentiality of information will be maintained by not placing anyone's name with their interview responses. Interview responses will be kept in a password protected computer file and only Dr. Proulx will have access to this file. Consent forms will be stored in a locked cabinet in Dr. Proulx's office. None of the documents produced will mention specific participants and any statements referred to will not be attributed to any particular person. The interview data will be destroyed in 7 years – December 2021.

FEEDBACK

At the end of the interview Dr. Proulx will briefly go over what will be done with the information you gave and the process of using it to advise the modification of the Family Attachment Program and the development of a programming framework. If you are interested in getting a summary of the information we learned in the study please indicate a way for us to send you the summary at the end of this consent form. We will be sending out these summaries by April, 2016.

SIGNATURE

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes. This research has been approved by the Psychology/Sociology REB. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature _________________________ Date ____________

Researcher and/or Delegate's Signature ___________________ Date _______

If you would like to receive a summary of the results please indicate the method of sending this information you prefer and the corresponding address (address, email)
Name (print) and Address

Appendix D: Suggested Measures or Areas of Measurement for Evaluation

1. Barriers to Treatment Participation Scale
2. CAGE-Adapted to Include Drugs
3. Caregiving Helplessness Survey;
4. Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)
5. Child Care Worker Stress Inventory
6. Child-Parent Relationship Scale
7. Coping with Children's Negative Emotions Scale Questionnaire (CCNES)
8. Coping with Toddlers Negative Emotions Scale Questionnaire (CTNES)
9. COS-P Facilitator Questionnaire
10. COS-P Parent Feedback Questionnaire
11. Dysexecutive Questionnaire
12. Experiences in Close Relationships
13. Infant Intentionality;
14. Parent Child Relationship Inventory (PCRI);
15. Patient Health Questionnaire-8 (depressive symptoms)
16. Parental Reflective Functioning Questionnaire (PRFQ);
17. Parenting Sense of Competence Scale (PSOC)
18. Parenting Stress Index Short Form (PSI-SF)
19. Strange Situation procedure
20. Teacher Opinion Survey