Commentary: Actioning Community Attachment Parenting Program Review Recommendations

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Attachment and mental health have long intersected within research and policy [1]. Expressly, attachment relationships developed in the formative years are one of the most influential contributions to longitudinal holistic well-being [2]. Community parenting programs that are explicitly attachment postured bolster security in child/parent dyad attachment relationships [2], interrupt intergenerational trauma [3], and thus require intentional focus in research and practice. Consequently, in 2019 our research team conducted a qualitative instrumental case study [4] with the quest to investigate content and delivery efficacy of an attachment parenting program. Although the study was fully executed and published in the Journal of Community Psychology [4], COVID health and safety measures that include organizational closures and social distancing [5], have disrupted subsequent face-to-face delivery of the program within the community. Hence opportunities to action study findings, inclusive of delivery and content recommendations offered by mothers, have not yet arisen. Given practicing of infant/mother dyad separation and reunion and reflecting on these attachment tenets in a group context with other mothers, were identified as salient elements of the program in the study, the organization has halted further delivery of the program as this necessitates in person contact and therefore cannot be mimicked using a virtual delivery method. Despite this the concepts of secure base and safe haven, which mothers readily made sense of as they collaboratively reflected on separation and reunion in the Community attachment program, has continued to be at the fore of the parenting organization main to the study. Findings of our research have informed complementary parenting programs offered by the organization that include virtual delivery of the International Circle of Security Program (COSP) [2], individual infant/mother dyad separation and reunion focused [6], and face-to-face delivery of a self and co-regulation program that has been offered clients who live on-site (as they are rigorously monitored to adhere to pandemic restrictions). The trauma informed approach [7], that also emerged as a theme in the research, has similarly influenced the overall vision of program creation and execution within the organization.

Circle of Security Program (COSP)

Attachment theory has long recognized secure base and safe haven principles as key indicators of child/parent relational health [2]. Furthermore, our research highlights that specialized intervention can enhance parental skills in this regard. Much the same as the community attachment parenting program that was investigated in our study, COSP [2] is a program that is fundamentally directed at enhancing secure attachment in the child/parent dyad. COSP is being offered during COVID-19, in lieu of the community attachment parenting program foundational to our research [4], as the International Circle of Security Program responded to pandemic organizational closures by developing and disseminating virtual delivery guidelines for trained facilitators. Also, unlike the community attachment program that was studied in our research, separation and reunion are not central to COSP program content and delivery and therefore do not require in person participation.

COSP focusses on helping parents learn to read and respond sensitively to their child’s cues and prompts parental reflection about their child(ren)’s natural inclination to explore the world around them in the context of their roles as secure base and safe haven. It can be challenging for parents, particularly those who have complex trauma(s) that has resulted in an insecure attachment working model, to know how to sensitively respond to their child(ren)’s behaviours and cues. Hence, in tandem with our research findings current delivery of the...
virtual COSP has been coupled with the offer for mothers
to attend the organization with their infant, post virtual
COSP completion, to work alongside the Certified Trauma
Integration Clinician (Attachment & Trauma Treatment
Centre for Healing) to put program learnings into practice.
Granted that opportunities to intentionally practice and
reflect on separation and reunion processes resonated as
a central theme in our research, these experiences have
now become primary to post-COSP dyadic interventions.
Video Interaction Guidance (VIG) [8] is a notable post
program addition, as mothers can self-refer to extend their
parenting attachment learning by attending dyad sessions
where separation and reunion are typically videoed. This
addition of VIG has been particularly helpful in amplifying
mothers’ understanding of COSP content, most notably
secure base and safe haven principles. The VIG method
is an educational and psychotherapy tool that can be an
effective means to prompt mothers to tangibly see their
child’s, and their own, relational encounters. Infant-
mother interactions are videotaped, following review and
signature of a letter of informed consent, and are used in
individual sessions to help mothers safely explore and
reflect on their behaviours, feelings, and interactions with
their child(ren). Likewise, as videos are analyzed, mothers
are invited to reflect on COSP program content, such as
their child’s needs on top and bottom of the circle, ‘being
with’ their child in their wide range of emotions, triggers,
and relational rupture and repair. Anecdotal findings from
the addition of VIG, specifically in relation to separation
and reunion processes, has been positive and further
illustrates its utility in supporting mothers to reflect on
their style of attachment parenting. Correspondingly, VIG
holds potential to capture the voices of mothers, specifically
pertaining to their perceptions and feelings of separation,
reunion, secure base, and safe haven behaviors. Post
pandemic, the Canadian organization that developed and
facilitated the attachment parenting program fundamental
to our study [4], aims to expand separation and reunion
content and practice, as well as video feedback, into future
deliveries of the community-based program.

Self and Co-Regulation Program

Findings of our research [4] have also informed the
development and implementation of a self and co-
regulation program. The need for education in self and
co-regulation for families living at the attachment and
trauma-informed organization became evident during the
initial lockdown from the SARS-CoV-2 pandemic that
began in our community in early 2020 [9]. The lockdown
prevented mothers and their child(ren) from leaving the
organization to engage in external programming, and from
seeing family, friends, and professionals in the
community. Frustrations of living with others in a small
space began to greatly impact the ability of mothers to
regulate their behaviours, emotions, and attention, hence
adversely influencing co-regulation within child/parent
dyads. Granted findings had been garnered from our
community attachment parenting program study, they
were considered as the regulation/co-regulation program
was developed given the same demographics (infants and
mothers) were of focus. This program was designed as a
six-week parenting program, where participants had the
opportunity to explore the brain science behind self and
co-regulation. Self and co-regulation, across the lifespan,
and their linkage to relationships and parenting were
explored. The impact of stress on self and co-regulation,
as well as strategies to increase regulatory capacity were
foundational to this program. In line with the attachment
parenting program, outcomes were explicitly outlined for
participants and were described for self and co-regulation
participants as:

1. Describe the brain science of self and co-regulation,

2. Identify how self and co-regulation is related to
prenatal, postnatal, child and adult development,

3. Examine how self and co-regulation inform
relationships and parenting,

4. Analyze how stress impacts self and co-regulation,

5. Develop preventative strategies to minimize
dysregulation and maximize self and co-regulation, and

6. Discover sensory-based regulatory strategies for
oneself and one’s infant.

Like the community attachment parenting program that
the self and co-regulation program was modeled after and
examined in our 2019 study [4], each session incorporated
intentional separation and reunion experiences for the
infant/mother dyads. Four mothers engaged in learning
about their own regulatory capacities and dyadic co-
regulation, and made meaning of the content via peer
engagement with others who had similar lived experiences
which was inclusive of intergenerational trauma. In
parallel to the attachment parenting program, participants
reflected on program content in written journaling. In
response to our attachment program parenting study
findings, additional time was allotted at the end of each
session of the regulation program for journal reflections.
A total of 15-20 minutes for reflective journaling in the
regulation program, guided by a provocation question,
proved to be more appropriate than the 10 minutes
dedicated to journaling in the community attachment
program. After receiving positive anecdotal feedback
from the participants who attended the pilot of the self
and co-regulation program, the trauma and attachment
organization has delivered it again twice. It could prove
Advantageous for the organization to conduct a formal research study to discern if content and delivery efficacy findings of the regulation program are congruent or incongruent with our community attachment parenting program research study.

**Trauma-Informed Stance**

In keeping with the findings of our published study, which deem that “therapeutic relationships are essential to consider when working with people who possess traumatic histories” [4], all parenting programs now developed and facilitated by our organization more consciously subscribe to a trauma-informed positioning. All employees who participate in program development and facilitation are now certified by the Attachment and Trauma Treatment Centre (ATTCH) in the Integrative Trauma and Attachment Treatment Model (ITATM). Prime to all programming offered by our organization are therapeutic relationships, where facilitators possess training and practice with establishing the safe and trusting environments that mothers in our study asserted was foundational to their community attachment parenting program experience. Outcomes of our research [4], which call for a unique set of facilitator expertise centred around trauma and safe therapeutic environments, has prompted the organization to solidify its approach to program development and delivery with a concentrated emphasis on trauma-informed practice. A qualitative self-study has been ethics approved and commenced in the fall of 2021. The motivation of this research is for participants, an interprofessional team within the organization that hosted the community attachment parenting program, to reflect on how they are actioning their trauma-informed training (CTIP or CTIC, ATTCH) into their practice. A prime objective of conducting this study is to uncover participants strengths and areas that require strengthening, relating to trauma-informed practice. Findings of this newly designed self-study are intended to inform future delivery of programs within the organization, and are anticipated to give motion to mother’s voices captured in our former study which concretely underscored facilitator relational competencies in program delivery. Inherent in all prospective programming in our organization is the quest to interrupt adverse outcomes typical to developmental trauma and insecurity [10], with the objective to nurture secure attachment relationships within child/parent dyads.

**References**


2. Powell, B., Cooper, G., Hoffman, K., & Marvin, B.


