

## 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 sessions that are 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)<sup>®</sup>. 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.

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