

CHAPTER 1

Introduction to Attachment and Biobehavioral Catch-Up

Eleven-month-old James banged his head against the bedside table in the motel room. He reached his hand to his head and cried out “Momma!” and crawled quickly to his mother, Sonya. She reached out for him and said, “Oh sweet baby, that hurt, didn’t it?” James sank into his mother for a minute while she rubbed his head. Gabriella, sitting on the other bed, said, “Oh my gosh, that was just beautiful nurturing him. That so lets him know you’re there for him.” Then James smiled up at his mother and pointed to the toy on the floor. Jumping off his mom’s lap, he picked up the toy and held it out to his mother.

When Gabriella first met Sonya and James, they looked very different than they do now. At 8 months, James was withdrawn and passive, interacting very little with his mother or with the world. When he accidentally shut his finger in a drawer, he had a pained expression on his face but just sat on the floor and cried. Sonya commented that he did things like that sometimes but that she did not know how to deal with him. When asked to play “as she usually would” (a standard preintervention procedure to allow observation of parental sensitivity), James was limp and uninvolved. His mother took his hands and put them on toys, but he had little interest.

But now, nearly a year old, James is energetic and engaged. He smiles broadly at his mother, asks her to pick him up when he's hurt, and looks for her to be engaged when he plays. Even though James and Sonya continue to live in a dreary motel room, James's world has changed. So much of his world is defined by his interactions with his mother, and his mother has become a responsive, nurturing partner on whom he can depend.

Sonya has been enrolled in a parenting program, Attachment and Biobehavioral Catch-Up (ABC). The intervention consists of 10 home-visiting sessions that focus on enhancing parents' ability to follow their children's lead, nurturing children when they are distressed, and avoiding frightening behaviors. Parent coaches make frequent "in-the-moment comments" regarding parents' behaviors that are relevant to intervention targets. These comments call attention to and reinforce these behaviors. In the incident with James and his mother, the parent coach commented on Sonya's nurturing her distressed child. Parents become accustomed to such comments but still notice them and are affected by them.

Throughout the 10 weeks of the ABC intervention, Sonya lived in the motel with her son. As would be expected, the motel was in an unsafe section of town, such that she and James could not spend much time outdoors. The motel room did not have a refrigerator or cooking appliances, so they ate fast food, crackers, and cookies. Sonya did not have many people to depend on. Her own mother had died several years earlier, but even before that Sonya hadn't had family support. She had been in foster care nearly all of the time since she was 10 years old. Her last foster mother, with whom she lived between the ages of 14 and 18, had stayed involved with her over the years, providing her the limited support that she did have. This foster mother sometimes helped out with James during the day when Sonya was able to find work.

Sonya came to the ABC parenting program with a host of issues, problems, and concerns. Her parent coach, Gabriella, was respectful of all Sonya had to deal with but was also focused on the ABC targets. The challenges of living in a motel, coping with a failed romantic relationship, and wishing for more support from

her family fluctuated throughout the 10 weeks of the intervention, but these concerns were never the focus of intervention. Rather, the intervention addressed Sonya's nurturing James when he was upset, following his lead, and avoiding harsh and frightening behavior through manualized content, video presentations of other mothers and of Sonya, and in-the-moment comments. In some ways, Sonya and James's circumstances at the end of the 10 sessions were as challenging as they had been at the beginning. Nonetheless, James's world had fundamentally changed. His mother had become nurturing, sensitive, and nonfrightening.

ATTACHMENT AND BIOBEHAVIORAL CATCH-UP

ABC was first developed for foster parents of young children. We later extended the program to parents such as Sonya, who were living under challenging conditions but whose children had not been removed from their care. The program has since been extended for use with parents who adopt internationally. The children all experienced early adversity, such as neglect, placement into foster care, or orphanage care, as well as other challenges. Along with other researchers, we have found that children who have experienced early adversity are in particular need of parents who are nurturing (i.e., who soothe their distressed child), follow their children's lead in play, and consistently avoid behaving in ways that are harsh, frightening, or intrusive. These are the issues targeted in the ABC intervention.

Why Is Parenting So Critical to Infant Development?

The ABC intervention, similar to many programs that target development in infancy, focuses on enhancing parental sensitivity. So why is it that parenting is seen as so critical for infant development? Humans are an altricial species—that is, infants are born fully dependent on their parents. In terms of our evolutionary history, human infants would not have survived without

parents. Consider human infants at birth: They have no locomotor abilities; it is 6 months or more before they can crawl, and they cannot hold onto their parents at birth. Indeed, human infants can do less to hold onto and follow parents than monkey and ape infants, and therefore are even more dependent on parents for locomotion and sustenance than are these other primates. In human evolutionary history, infants would not have survived without the care of others, and thus the infant human brain and behavioral systems are programmed to “expect” input from other people—most often, but not necessarily, parents (Greenough, Black, & Wallace, 1987). Social input is key to the development of many brain regions. Synapses, proliferated over the course of prenatal growth, serve as the building blocks for the brain’s architecture. When fired repeatedly, connections are strengthened, and larger, more complex networks are created over time. When particular synapses are not fired over time, they are pruned. Experience is thus integrally involved in the brain’s architecture—or in the connections made between neurons and eventually between brain regions.

We may think of early experience as the foundation for the building. The foundation cannot be more important than solid supporting beams or a sturdy roof; without these, the house will not last. But at the same time, a house cannot be stronger than its foundation, and the foundation frames or structures what the house can become. . . . (Sroufe, Egeland, Carlson, & Collins, 2005, pp. 10–11)

Developing abilities to regulate attention, emotions, and behavior are dependent on parental responses. Young children who experience neglect or abuse adapt in ways that “make sense”—that is, in ways that help them cope at the time. Nonetheless, these means of coping have downstream consequences that often compromise optimal development at physiological, emotional, and behavioral levels. The quality of parenting is therefore key, especially for children who have experienced adversity.

In the case of James, chances are that, not only was his behavioral repertoire diminished as a result of his mother’s failure to interact with him as a baby, but his early experiences also affected

the synapses created and neural networks formed. Had his mother continued to interact with him so minimally, paying inadequate attention to his distress, he would likely have experienced consequences ranging from stunted intellectual development to an insecure attachment to later problems with peers. But fortunately, his mother's behavior changed dramatically as the result of intervention, and so did his behavior—and quite likely his brain development.

Whereas the brains and behavior of young humans are strikingly plastic and thus vulnerable to adversity, this plasticity also renders them open to change as the result of improved conditions. This is where intervention comes in. The ABC intervention targets parental nurturance, following the child's lead and avoiding frightening behavior because we see these behaviors as key to healthy development, especially during this sensitive period.

Nurturance

Belinda

When her 10-month-old son, Juwan, cried, Belinda could hear her mother saying, "You'll spoil that baby if you pick him up." But somehow Belinda knew that Juwan needed to be picked up, and she usually went right over to him and said something like, "Hey, what's wrong, buddy? Come here." Providing nurturing care to Juwan was critical for him—he could trust that his mother would be there when he needed her. Even though Belinda's own mother had said Juwan would cry more if he were picked up than if he were not picked up, that wasn't Belinda's experience. He had cried lots when he was several months old, but he became less fussy over time. He cried when he got hurt or when he got scared, but she found that he was easily soothed when she picked him up and held him.

Clara

Clara's own mother had warned her not to pick up her baby when the baby cried, and Clara heeded the advice. She hated the sound

of her baby crying. She had tried a number of solutions, such as putting her baby in another room with the door closed, telling the baby to hush, and acting like she was crying herself when the baby cried. She was convinced that trying to soothe her baby would make things harder for the baby to learn to soothe herself. Her baby, Eloise, sometimes became so upset crying that she couldn't catch her breath. Clara often said to her at such times, "I told you not to cry like that. Look what you're doing to yourself." As Eloise got older, Clara noticed that Eloise acted like she didn't notice when Clara came home from work and often turned away when she was hurt.

These two mothers provide very different experiences to their children. When Juwan feels scared or worried, he can trust that his mother will respond—that she'll be there for him and will help him get through difficulty. Eloise's experience is so different—she learns that her mother will not be there and instead will push her away or make light of her distress. She finds that she cannot trust that her mother will reassure her when she is distressed. As a baby, she needs that reassurance. So Eloise learns to adapt in ways that may not be optimal. In her case, she gets to a point where she learns to turn away when she needs her mother.

The ABC intervention helps mothers such as Clara learn the importance of behaving in nurturing ways with their babies, and it reassures parents such as Belinda that nurturance is important, despite messages they might get from others. We know that providing nurturing care is critical, especially for children who have experienced adversity. From attachment theory and research, we know that nurturance is the key to children learning that they can depend on their parents being available when needed. When children have parents who respond to their needs as Belinda does with Juwan—offering reassurance when he is distressed—the children develop a sense that they can depend on parents, which serves as a model for other relationships. The ABC intervention helps Clara see that her child does things that make it hard for her to nurture, and it also helps her see that she has her own issues that get in the way of providing nurturance. So, even

though nurturance, the first component of the ABC intervention, does not “come naturally” for Clara, she can override her natural tendencies and provide the support her child needs.

Following the Lead

Jonathan

When Jennifer picked up her stuffed rabbit, her father, Jonathan, said, “What you got there, girl?” Jennifer beamed, held her rabbit up, and said, “Bunny bunny.” Jonathan laughed and said, “You got your bunny!” Jonathan, the father of 18-month-old Jennifer, had not had an easy early life. He was in and out of foster care from the age of 3 and was in juvenile detention for 2 years as a teen. Still, since starting ABC, he quickly embraced the notion of following Jennifer’s lead. He had realized that he didn’t know how to interact with her comfortably, so he had done things like tickling her, throwing her into the air, and talking with a booming voice—actions that got her attention but seemed unsettling to her. When his parent coach talked about following her lead, Jonathan almost seemed to breathe a sigh of relief. He said at one point, “Wow, I don’t have to try as hard.” Indeed, for both the parent and the child, following the child’s lead makes the interaction simpler, more rewarding, and less jarring than it otherwise would be.

Cassie

Cassie, the parent of Brian, a child adopted from eastern Europe, was especially concerned about her son’s cognitive delays, so she tried to turn every interaction into a learning experience for him. When he reached for a toy she held in her hand, she asked him to use his words to say what he wanted. When he held out a truck for her to look at, she asked what color the truck was. As a result, she did not follow Brian’s lead well. He quickly lost interest in play with her and shifted from one activity to another. The advice she got from physical therapy/occupational therapy reinforced her belief that it was essential that she push Brian to “use his words.”

When Cassie and her husband, Greg, started working with their ABC parent coach, what they heard surprised them. The parent coach gently urged them to follow Brian's lead, telling them that children will develop language skills best when parents follow their lead. Cassie, in particular, resisted, convinced that Brian's cognitive development would suffer if she did not persist in her approach. She gradually came around and found it wonderfully rewarding to have Brian so much more responsive to her when she followed his lead than when she had not.

Following the lead is the second component of the ABC intervention. When parents follow their children's lead, they serve as effective "co-regulators" for their children (Hofer, 1994), helping children regulate physiology, emotions, and behavior. Over time, with many experiences of smooth interactions in which parents serve in this capacity, children gradually become better able to self-regulate. Following-the-lead interactions are often rich with child-directed speech that builds on the child's focus of attention—like Jonathan commenting on Jennifer's interest in her stuffed animal. In contrast to what Cassie initially believed, these child-directed interactions, rather than "teachy" or parent-led interactions, best support children's early language development (Golinkoff, Can, Soderstrom, & Hirsh-Pasek, 2015).

Harsh and Frightening Behavior

Rochelle

When the parent coach first began meeting with Rochelle, Rochelle's behavior with her 22-month-old daughter, Addison, was concerning. Rochelle glared at Addison when Addison asked her a question while she was talking; she told Addison she would tell her father if she continued crying; she smacked Addison's hand when she reached for her mother's soda; she yelled when Addison pulled a toy from a neighbor child. On each of these occasions, Addison looked frightened in one way or another—she stared blankly when threatened with her father's punishment and jumped when her mother yelled.

Rochelle's own mother had also been a scary figure; she threatened her often and frequently followed up with beatings. Rochelle felt that she had worked hard to avoid being abusive in similar ways with her child, but she was unaware that less overt frightening behaviors could also have adverse effects on her daughter.

We know from the research literature on attachment and stress neurobiology that frightening parental behavior undermines children's ability to develop organized attachments and to regulate their physiology (Bernard & Dozier, 2010; Schuengel, Bakermans-Kranenburg, & van IJzendoorn, 1999). Thus, helping parents recognize and avoid behaving in frightening ways is critical. This is the third component of the ABC intervention.

THE ABC INTERVENTION

The ABC intervention targets nurturing care, following the child's lead, and frightening behavior (see Figure 1.1). It targets these behaviors through both manualized content—that is, content included in a treatment manual—and parent coaches making comments in the moment when they observe relevant behaviors.

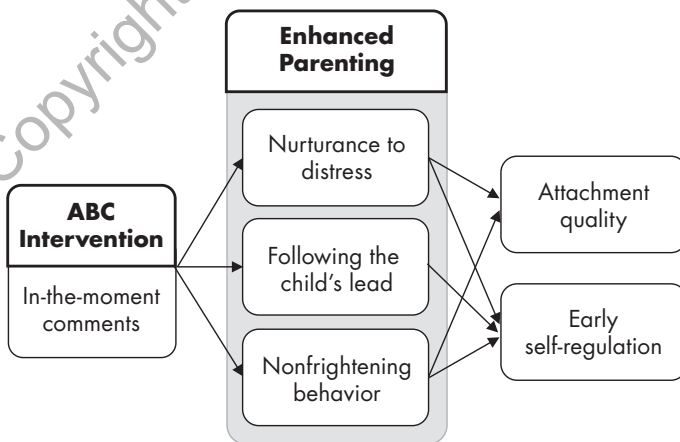


FIGURE 1.1. Overview of the ABC model.

Manualized Content

The ABC manualized content provides the structure for sessions with parent coach, parent, and child. The session content introduces parents to the intervention components of providing nurturance, following the lead, and avoiding frightening behavior (see Table 1.1). Parent coaches present research evidence that highlights the importance of each component. Parents view videos of other parents who show high or low levels of the relevant behaviors (e.g., high or low levels of following the child's lead) to clarify their understanding of exactly what the behaviors are. Parent coaches review on a behavior-by-behavior basis just how the parents in the video are following (or not following) the child's lead. In many sessions, parents are then asked to engage in activities that challenge their ability to follow their child's lead (or other relevant behaviors). Having viewed and discussed the videos, and having the parent coach scaffold them, parents are almost always able to exhibit some following-the-lead (or other relevant) behaviors.

TABLE 1.1. ABC Session Topics

| | |
|----|--------------------------------|
| 1 | Target 1: Nurturance |
| 2 | |
| 3 | Target 2: Following the lead |
| 4 | |
| 5 | Target 3: Frightening behavior |
| 6 | |
| 7 | Voices from the past |
| 8 | |
| 9 | Practice and consolidation |
| 10 | |

Sessions 1 and 2: Nurturing Care

The first two sessions introduce parents to the concepts of nurturing children and following the children's lead, and then go into greater depth in considering nurturing behavior. In the first session, parent coaches introduce common ideas about parenting, which they talk through. For example, parent coaches ask parents to react to the idea that "babies get spoiled if they are picked up when they cry." When Gabriella presented this idea to Sonya, Sonya responded in the affirmative—that she thought James would get spoiled and cry more if she picked him up. Gabriella said, "Yes, that's what you would think, wouldn't you?" As indicated in the manual, Gabriella went on to describe Mary Ainsworth's finding that children actually cried less when they had been picked up quickly than when they had not. The purpose of the discussion of common ideas about parenting is not to dissuade parents of their beliefs, but rather to have them articulate these beliefs and be introduced to one of the primary issues of the intervention in a nonthreatening fashion. Despite thinking that children would cry more if they were picked up, Sonya was surprisingly open to the idea that it was useful for parents to pick up their children when they cried.

Sessions 3 and 4: Following the Lead

In Sessions 3 and 4, parents are introduced to the importance of following their children's lead. In Session 3, after seeing videos of other parents, parents are asked to play with blocks and/or books with their children, with parent coaches making frequent comments to scaffold the parents' behavior. The interactions are video-recorded. Between sessions, parent coaches select one or more video clips to present the following week in which the parent followed the child's lead successfully. These are often very brief clips of about 2–5 seconds.

Sonya watched the videos of the mother who was following her child's lead and was able to articulate ways in which she did this. Nonetheless, when given the chance to play with blocks with

James, she was initially passive, sitting while James hit one block against another. Gabriella provided very gentle scaffolding, commenting that Sonya could just do what James was doing. Sonya banged the blocks together, and James looked back at her surprised; he then broke out in a smile and banged his blocks again. It was this sequence that Gabriella showed at the beginning of Session 4.

In Session 4, parents are asked to make pudding with their child (or engage in a similar activity if the child is too young or if the parent is too uncomfortable to engage in pudding preparation). As in Session 3, parents are first shown a video of a parent following her child's lead, as well as a video of a parent not following her child's lead. The task is intentionally challenging because parents are so accustomed to taking the lead under similar circumstances.

Sessions 5 and 6: Avoiding Harsh and Frightening Behavior

From following the lead, we move in Session 5 first into behaviors that are intrusive and then, in Session 6, into behaviors that are harsh and frightening. This process represents a natural continuum from responsive behaviors that are smooth and regulating (Sessions 3–4) to behaviors that are somewhat perturbing (Session 5) to behaviors likely to undermine a child's ability to regulate (Session 6). Both Sessions 5 and 6 are introduced gently because they are often threatening to parents. In Session 5, parents are helped to think about times when adults behaved in ways that were intrusive to them when they were children. Tickling represents a good example because, although many adults tickle children, parents often recall disliking being tickled as children but being unable to communicate that effectively. Parents are helped to think of other behaviors that seemed intrusive to them. Playing with puppets is an activity that often elicits intrusive behavior. Parents are shown videos of a parent playing with puppets sensitively and of a parent playing in intrusive ways. They are then

given puppets to play with and are reminded that the puppets will likely elicit intrusive behavior.

Despite being somewhat passive at times, Sonya was also intrusive at other times. Before ABC, Sonya would have tickled James with puppets or acted as if the puppets were growling in his face. Having increased success with following his lead, however, she was able to hold the puppets out to him and await his response. When James shied away from them, she put them down and said, “They scare you, don’t they, honey?”

Session 6 asks parents to think about times from their childhood when they felt frightened by an attachment figure. By Session 6, parent coaches will typically have seen frightening parental behavior if it is a problem for the parent. When frightening behavior is a problem, the parent coach usually presents one video in which the parent has managed to avoid behaving in frightening ways, even though the child’s behavior or the context may have elicited it, and another video in which the parent behaved in frightening ways. We emphasize to parents that even if they make changes in other behaviors, their efforts will be undermined if they occasionally behave in harsh or frightening ways. Given that the subject matter is so threatening, introducing this gently and sensitively is key.

Sessions 7 and 8: Voices from the Past

In Sessions 7 and 8, parents are helped to think about how their own attachment experiences affect their parenting. The primary objective is to change parental behavior rather than provide insight into previous relationships for its own sake. Therefore, these sessions are very much driven by the parent coach rather than by the parent. That is, the parent coach identifies the issue or issues that the parent is struggling with behaviorally (i.e., nurturing, following the lead, and/or avoiding frightening behavior), focusing on “voices from the past” relevant to these issues.

The assumption we make is that many parental behaviors are “automatic”—that is, parents engage in these behaviors without

thinking or without considering alternatives. One reason for this automaticity is that the parent may have received care consistent with this approach (e.g., her own parents may not have picked her up when she cried), or she may have heard her parents comment on appropriate parenting (e.g., “Don’t pick up that baby—you’ll spoil him”). What we seek to do is help parents become aware of this influence such that they can interrupt the process. For example, Sonya may have the following run through her head as she overrides a “voice from the past”:

“James hit his head, and I can just hear my mother saying, ‘He’s OK! Don’t pick him up.’ But I realize that that’s my mother’s voice, and does not reflect what James needs. I know he just needs me to pick him up.”

Through this process, Sonya (and other mothers and fathers) can interrupt the previously automatic cycle in which the event is “child is hurt” and the response is “Get up, you’re OK.” What had previously been an automatic response becomes no longer automatic, and the parent can override the voices from the past (see Figure 1.2). For many parents, nurturing or following the lead may never quite come naturally; rather, they may always need to override their voices from the past.

Typically, parent coaches use videos showing parents’ strengths and weaknesses (in nurturing, following the lead, or frightening behavior) to provide a context for thinking through voices from the past. As with Session 6, it is critical to provide parents with support and to introduce potentially threatening topics gently. For example, for a parent who struggles with nurturing, the parent coach may bring in a video clip from a session when the parent picked up the child when he cried. When introducing the video clip, the parent coach describes specifically what aspect of the parent’s response was nurturing. Then, the parent coach shows a time from an earlier session when the parent was not nurturing—for example, a time when the parent mockingly fussed back at the child when he cried—and asks the parent, “That was a bit different than the other video. Did you notice what

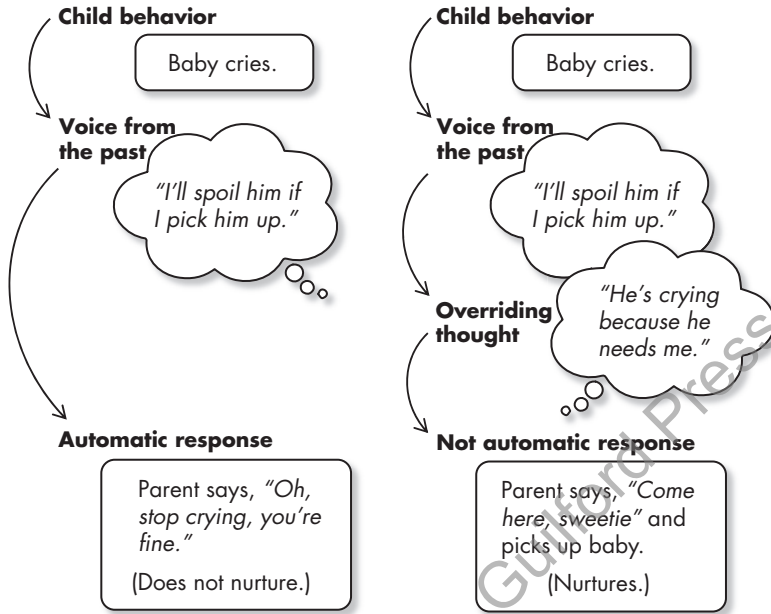


FIGURE 1.2. Voices from the past: Making automatic responses not automatic.

happened then?" Assuming the parent acknowledged that she fussed at or made fun of her child, the parent coach comments, "That's such a strength that you noticed that. You saw that you missed an opportunity to be nurturing. That was a voice from the past that got in your way of being nurturing in that moment." This type of video review allows the parent coach to help parents see how their "voices from the past" affect their behavior. Although parents vary in their ability to connect their own parenting challenges to the way their parents responded to them, most become aware that they struggle to be nurturing or to follow their child's lead, or they may behave in frightening ways at times. This awareness opens the door for making the automatic become no longer automatic. With continued video review and in-the-moment comments that focus attention on the targets in sessions, Session 8 allows the parent to generate and practice ways to override voices from the past.

Sessions 9 and 10: Consolidation

Sessions 9 and 10 help parents consolidate strengths. Typically, no new content is introduced at this point. Nonetheless, given that we have only 10 hours with parents, we use these final two sessions to work to make changes when parents are not yet nurturing, when they are not following their children's lead, or when they are behaving in frightening ways. For example, if frightening behavior is first seen in Session 9, we work on it even though it is the last or next to the last session.

At the end of Session 10, we present parents a montage set to music containing video clips from earlier sessions in which they behaved in nurturing ways and followed their child's lead. This is intended to celebrate parents' accomplishments as well as to remind parents of the importance of nurturing and following the lead in the weeks and months after the intervention ends. It is sometimes tempting for parent coaches to make this the centerpiece of Session 10, but again, we emphasize the importance of using all 10 sessions fully. Sonya's montage was lovely—it included beautiful clips of James going to her crying and settling in her arms and of her following his lead while he lit up with a smile. Sonya teared up as she watched the video and talked about feeling that she could be a good parent to James now, something she wasn't confident in before.

In-the-Moment Comments

Perhaps the most unusual part of the ABC intervention is that parent coaches are expected to make comments about parents' behavior, and to do so at a very high rate. Every opportunity a parent has to behave in a nurturing way (e.g., her child bumps his head) or to follow her child's lead (e.g., her child hands her a toy) is a trigger for a parent-coach comment. Parent coaches need to be aware of opportunities to make comments regarding nurturance and following the lead in ongoing parent–child interactions, even as they are presenting manual content. These comments are important in drawing attention to the parents' specific behaviors

(so that parents are clear about what is referred to), link behaviors to the intervention targets (so that parents can see how a specific behavior relates to intervention targets), and point out the effects of the parents' behaviors on children (so that parents can see the importance of the behaviors for children's short- and long-term outcomes).

Early in the intervention, these comments are almost exclusively positive, highlighting the parent's responding to the child's overtures, however fleeting. For example, if the child fell and bumped his head, the parent coach might say, "That's such a good example of nurturing him. He fell and you said, 'Oh honey.'" Over time, the parent coach should be increasingly able to make comments when parents failed to nurture or follow the child's lead. These comments could support or scaffold the parent's behavior (i.e., suggesting a way to nurture or follow the lead) or could even point out that the parent was not nurturing or following. For example, if the mother took the lead by asking what letter was on a block, the parent coach might say, "What would be a way you could follow his lead now?" or "Who is leading right now?"

The effect of these comments is to draw attention to intervention targets. Rather than merely having discussions about the importance of nurturance and following the lead, parents experience having their own behaviors pointed out to them time and again. Parents essentially practice the target behaviors over and over again, receiving feedback from their parent coach as they do. This approach is strikingly different from most other approaches. Parent coaches sometimes resist making comments initially, fearing parents will be put off by them. However, we almost uniformly find that parents find the in-the-moment feedback rewarding even early on in the intervention and can be seen to light up in response to comments.

ALL ABOUT CHANGE IN PARENTING

Some parenting programs focus on changing parents' feelings and thoughts about their children. Other programs focus on parents'

own attachment experiences, reasoning that parents will not be able to provide nurturance to their children if they are still conflicted about not receiving nurturance themselves. Still others help parents work through traumatic experiences they have encountered because, as a field, we know that not working through such experiences can adversely affect parents' ability to respond in optimal ways to their children (Schuengel et al., 1999). We recognize the importance of each of these issues, but we focus almost exclusively on changing parents' behaviors. Rather than focusing on parents' thoughts, feelings, awareness of their own attachment experiences, or their own trauma, ABC works to change the way parents respond to their children.

We focus on parents' behavior because, in the words of Zero to Three (2016), "Babies can't wait." For the baby's sake, it is critical that parents learn to behave in sensitive and nurturing ways right away. Working through a parent's traumatic issues can be very important, but we argue that parental change can occur before or even without that. In a meta-analysis of over 80 studies of attachment-based interventions, programs that focused solely on changing parents' behaviors were more effective than interventions that focused on changing parents' attachment representations (i.e., cognitive models about attachment relationships) or on providing support (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). In fact, interventions with an exclusively behavioral focus were even more effective than those that tried to change behavior *and* provide social support or change attachment representations. These findings, which held for studies focused on high-risk families, suggest that a targeted behavioral approach, like ABC, may be ideal.

IMPLEMENTING IN THE HOME

It would be so much easier if this intervention could be conducted effectively in an office or a clinic. Intervening in the home is more expensive in terms of staff time than intervening in a clinic.

Rather than being able to see six to eight clients a day in a clinic, parent coaches can usually see only two to four families a day through home visitation.

Why is it so important to implement this intervention in the home? At home, parents can practice nurturing their child and following the child's lead while experiencing the same challenges that they experience in their everyday lives. Generalizing skills from sessions is much easier than it would be if the intervention were implemented in an office. In an office setting, parents might come to understand the concepts and even practice them during a session, but it might be harder to engage in these new behaviors at home. Consider some of the key differences. For example, Cheryl has two children but lives in a house with her mother and sister and her sister's three children. Sessions in the home are noisy, busy, and somewhat chaotic, and often five children and three or four adults are present. If Cheryl were to go through the intervention in a clinic with one or two of the children present, the conditions would not resemble those in which she lives. Although she might change her behavior in the clinic, it would be hard to generalize the new behaviors to her home. Many factors distinguish the two settings. In addition, other caregivers (e.g., sister, mother, boyfriend) are also exposed to the intervention. Having these other caregivers exposed to the intervention makes for a much better buy-in.

ADAPTING FOR DIFFERENT POPULATIONS

The ABC intervention was originally designed for foster parents, with whom we began our work. Children in foster care often return to the care of their birth parents. In our first randomized clinical trial, we planned to intervene with parents wherever children moved, and so we intervened with birth parents when children were reunited with them after living in foster care. To our surprise, the intervention did not require major revamping for use with birth parents. The primary change needed, as detailed

in Chapter 4, was paying attention to frightening and intrusive behavior.

Children adopted internationally are quite different from children involved with the child welfare system in the United States. Although internationally adopted children have often experienced severe early adversity, they enter homes where parents have impressive resources. One of the primary challenges to our intervention targets (especially following the lead) is that many internationally adopting parents are deeply concerned about children catching up developmentally. We emphasize to them that responsive parenting helps children develop regulatory capabilities that are key to school success, but it is sometimes difficult to help them overcome their “teachy” approach, which is at odds with following the child’s lead. Although the concerns of parents adopting internationally might be quite different from foster or high-risk birth parents, our intervention did not need major revision for this population. Other than incorporating attention to issues specific to them (e.g., quasi-autistic behavior and indiscriminate sociability), attention to nurturing care and following the lead remained at the intervention’s core.

EFFECTIVENESS

Chapter 8 provides evidence of the effectiveness of the ABC intervention. In brief, through randomized clinical trials, we found that more of the children whose parents received ABC developed secure attachments, and fewer developed disorganized attachments than children whose parents received a control intervention. The ABC children also showed more normative regulation of biological systems and better regulation of emotions and behaviors than control children. Parents and children continued to exhibit the benefits of ABC at least 8 years postintervention. We now have findings from four randomized clinical trials: with neglecting birth parents, parents adopting internationally, and foster parents of both infants and toddlers. In all four cases the interventions were effective in enhancing child outcomes.

DISSEMINATING THE INTERVENTION

Given that the intervention is effective, we have begun to disseminate it to other places. There are many challenges in implementing interventions successfully in new locations. As we describe in Chapter 9, one key challenge is ensuring that the intervention is implemented with fidelity. We have developed a coding system that both parent coaches and supervisors use to help ensure that the intervention is being implemented as intended. This system focuses on the quality and frequency of in-the-moment comments. Other challenges include developing criteria to identify individuals who will be effective parent coaches and ensuring that we collaborate with agencies that will provide the necessary support for parent coaches to master the intervention.

OVERVIEW OF THE BOOK

In this book, we provide an overview of the ABC intervention, incorporating extensive case material from parents with whom we have worked as we developed and tested the effectiveness of the program. For example, we describe how the intervention worked with Sonya as well as with parents for whom progress was not as straightforward. Given that attachment theory heavily influences the intervention, we begin with an overview of attachment, providing a summary of infants' quality of attachment and how we measure it and of adults' attachment state of mind and how that is measured.

We then describe the development of the intervention—how it came to include its present components and to be implemented in specific ways. The need for intervention among children who have experienced different kinds of adversity, and for adaptations of the intervention for these children, is then developed. We start with what the intervention looks like with parents of infants who had experienced maltreatment and with foster parents. Although high-risk birth parents and foster parents are very different, their tasks are similar: they need to help children overcome a history

of insensitive care, whether at their own hands or the hands of others. We describe the intervention as implemented with young children adopted following orphanage care, including a description of how we deal with issues specific to this population (i.e., indiscriminate sociability and quasi-autistic behaviors). We next present the intervention model as adapted for toddlers, which involves the most significant differences because toddlers present different challenges.

Following our presentation of the models, we describe the evidence base for the ABC intervention. We move from there to the fidelity coding system that we developed to ensure that the ABC model is implemented as intended. We encountered a number of other challenges when disseminating the intervention to new populations and places. We describe these challenges and explain how we worked to create conditions that increased the likelihood that the intervention would have the same effectiveness in the community as when it was implemented through randomized clinical trials. Power of Two, an agency in New York City that is working to scale up ABC for use throughout the city, is described in depth as an example of successful dissemination of the intervention.

We have generally been cautious in making adaptations to ABC that go far beyond our original intentions of enhancing parental sensitivity. However, given that we have seen children in foster care and learned that their birth parents and foster parents struggle with the challenges posed by visitation, we developed an intervention to make visitation work better for all parties. We describe this program, called Fostering Relationships, in Chapter 13.

In Chapter 14, we describe possibilities for the future. Throughout the book, we weave in stories of actual parents with whom we have worked.